

# Service Specification for Supported Living Services

## 1.0 Introduction

This Specification forms part of the Contract between the London Borough of Havering (“the Council”) and the Provider as the responsible organisation for the Provision of Supported Living Services.

The Council is responsible for the needs assessment, care management and review of adults with eligible social care needs, including the provision and commissioning of services; and the planning and development of services and partnerships.

This Specification describes the Service to be delivered by the Provider on behalf of, and in partnership with, the Council. All definitions and terms contained in the Conditions of Contract shall, unless expressly stated otherwise, apply to this Specification as if they were repeated within this Specification.

The Provider shall at all times during the Contract Period provide the Service in accordance with this Specification and the Conditions of Contract in a continually effective, efficient and safe manner, to the satisfaction of the Authorised Officer.

Although this Specification describes how and when the Service should be undertaken, the Provider shall have the expertise to perform the Service logically if some areas have not been described in detail.

Nothing contained in this Specification absolves the Provider from complying with any legislative standards, practices or such like applicable to the performance of the Service. In performing the Service, the Provider shall be required, as a minimum, to comply with all applicable legislation irrespective of whether such requirements are expressly referred to in this Specification or the Conditions of Contract.

The Provider shall provide a Service that is accessible to all and positively supports the diverse and varied needs of those eligible service users in the borough that access, or wish to access, the Service.

The Provider shall be committed to equal access when delivering the Service; and to removing barriers in accessing the Service that may be related to the age, disability, ethnicity, gender, religion / belief and sexual orientation of staff the service users or their family.

## 2.0 Registration/Licence

Providers must be registered with the Care Quality Commission (CQC) and aspire to and or maintain Good or Outstanding ratings throughout the Contract period.

Providers must be compliant with;

- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 19](#)
- [Care Quality Commission \(Registration\) Regulations 2009](#)
- [Care Quality Commissions Fundamental Standards of Care](#)
- [Housing with Care CQC Guidance 2015](#)
- [Essential Standards of Quality and Safety guidance](#)
- Care Quality Commissions [building the right support](#) and accompanying [service model](#) for people with a learning disability and/or autism, mental health condition or physical disability.
- and any appropriate legislation, guidelines or best practice that may be developed during the contract period.

Human rights and people's needs and preferences are at the heart of CQC registration decisions and inspection judgements. When developing and delivering care, providers must show us that they comply with regulations, apply national policy and nationally recognised, evidence-based guidance and must demonstrate that their services meet the needs of all service users.

Providers will notify the Authorised Officer of the outcome of any CQC review of compliance, or any action being taken by CQC in relation to the quality standards of the Provider.

## 3.0 NICE Quality Standards

NICE Quality Standards are a concise set of prioritised statements designed to drive measurable improvements in the three dimensions of quality: safety, experiences of people using the services; and effectiveness of care services - for a particular area of Health or Social Care.

Quality Standards are developed independently, in collaboration with Health and Social Care professionals, practitioners and those with lived experience. They are based on NICE guidance and other NICE-accredited sources.

The following standards are applicable to all Providers awarded a Contract:

- [QS171: Medicines Management for People Receiving Social Care in the Community](#)
- [QS173: Intermediate Care Including Reablement](#)
- [QS63: Delirium in Adults](#)
- [QS184: Dementia](#)
- [QS13: End of Life Care for Adults](#)
- [QS144: Care of Dying Adults in The Last Days of Life](#)
- [QS86: Falls in Older People](#)
- [QS123: Home Care for Older People](#)
- [QS137: Mental Wellbeing and Independence for Older People](#)
- [QS51: Autism](#)
- [QS187: Learning Disability - Care and Support of People Growing Older](#)
- [QS101: Learning Disability - Behaviour That Challenges](#)
- [QS142: Learning Disability - Identifying and Managing Mental Health Problems](#)

## 4.0 What is Supported Living?

Supported living refers to schemes that provide personal care to people as part of the support that they need to live in their own homes. The personal care is provided under a separate contractual arrangement to those for the person's housing. The accommodation is often shared, usually as a small group, but can be single household.

Supported living enables adults with support needs to live in their own home with the help they need to be independent. It allows them to choose:

- where they want to live
- who with
- how they want to be supported
- what happens in their own home.

Supported living is typically defined as housing where support and/or care services are provided to help people to live as independently as possible. Supported living provides people with individual tenancies. This means that they have a home of their own and will benefit from a greater level of autonomy as far as their environment is concerned.

People may live in an individual flat or have a room in a house with two or three other adults with similar support needs. Personalised care and support are designed and provided according to the needs of the individual, with a focus on maintaining, or if appropriate, increasing independence. Visiting support workers will work with individuals to help them live the way they want to and access services and social activities as required. While meals are not provided, support workers can assist with shopping and cooking as needed.

Supported Living schemes for adults are defined by Havering Council (LBH), and the two property types which fit this definition are:

- A cluster of single occupancy units which are grouped together either within a purpose-built block or within a defined area (such as a street) with an element of shared (core) support for all service users. Havering Council's view is that ideally there would be no more than 14 flats/units clustered together and each single-occupancy unit should have its own bedroom, bathroom/wet room, kitchen and living/dining area.
- Tenants live in a shared house or bungalow and have their own bedroom, ideally with an en-suite bathroom or wet room but share every other part of the property with other tenants. Accommodation should, at a minimum, include a fully equipped kitchen and a communal living/dining area. Group sizes

in this type of tenancy would generally be small, normally no more than 4 tenants depending on the size of the property and communal areas.

Within these schemes there is usually 'shared' and 'core' support. All properties are tenancy based, with the landlord being separate from the support provider. This allows the tenant to change support providers without risking their tenancy.

## 5.0 Purpose of Service

Supported living arrangements aim to increase each individual's independence and skills by reducing dependency over a period of time. This should therefore increase the independence of the adult and reduce the amount of paid and unpaid support that they need. This enables people to try new things, allows the provision of care and support in their own homes and may support people to move-on to more independent forms of accommodation.

The provision of tenancy-based accommodation enables people with disabilities to rent their own home with security of tenure as long as they abide by the rules of their tenancy. This is in line with the Care Act (2014) and is in keeping with adults without disabilities and fits with the principles of living an ordinary life. Tenancy-based accommodation can include property rented from registered social landlords, not-for-profit and charitable landlords. Accommodation should be as stable as possible for the tenant and landlords should avoid short term lease arrangements. Havering requires a minimum 3-year lease.

Within tenancy based supported living options there is a commonly accepted set of principles that are defined in 'Changing Our Lives Quality of Life: Standards & Toolkit' and the Reach Principles: Havering Council would expect that all providers of supported living (landlords and support providers) adhere to the standards and principles and can provide evidence to that effect.

## 6.0 Service Objectives

The REACH standards are a set of voluntary standards recommended by CQC (in 'Registering the Right Support' 2017) that introduce the fundamental principles of Support for Living.

They remain the only nationally recognized standards underpinning 'Supported Living'. The 9 standards are:

1. I choose where I live.
2. I choose who I live with.
3. I have my own home (with a tenancy or ownership)
4. I choose who supports me and how I am supported
5. I choose my friend and my relationships
6. I get help to make changes in my life
7. I choose how to be healthy and safe
8. I choose how I am part of the community
9. I have the same rights and responsibilities as other citizens.

<https://paradigm-uk.org/what-we-do/reach-support-for-living>

The Benefits of Supported Living are:

### For Tenants

- Own home or tenancy. Security of tenure.
- As a tenant or homeowner, the person has a right to choose who provides their support and can change support arrangements without moving home or move home without changing support arrangements.
- As a tenant or homeowner, the person has a right to share their view about who they live with
- As a tenant or homeowner, the person has control of their environment.
- Tenants and homeowners have the right to access the full range of welfare benefits, including Housing Benefit (Universal Credit) and both components of Disability Living Allowance (DLA) or Personal Independence Payment (PIP).

### For Providers

- Opportunity to support people with lived experience to progress on their journey towards greater independence
- Delivery of support with clear outcomes stated for each individual
- Personalised delivery of support which can be flexible to meet needs
- Opportunity to get tenants involved in recruitment

- Opportunity to get tenants involved in who moves in/they live with
- Supports an increase in staff knowledge and experience, to enhance internal promotion and retention of quality staff
- Match staff skills and interests to individual's needs

### For London Borough of Havering

- List of accredited Supported Living Providers who have joined the LBH Framework, ensuring quality outcomes for people with disabilities
- Know what is being purchased against what outcomes and needs
- Clarity at reviews for Social Workers so that they know what Providers are being commissioned to deliver, against clearly defined agreed outcomes
- Ensures that LBH obtain best value and maintain a sustainable market.

## 7.0 Outcomes

The main determinant of the success of the service is the meeting of individual outcomes specified in the service plan.

We expect individuals to achieve outcomes in the following areas which have been developed in partnership with Providers and the Council.

Areas of quality of life	Wellbeing statements
Accommodation cleanliness and comfort	I feel my environment, including all the rooms is clean and comfortable
Control over daily life	I choose what to do and when to do it, having control over my daily life and activities
Dignity	I am treated with dignity and respect by those who care for me. I am listened to and can voice my personal preferences
Meals and nutrition	I feel I have a nutritional, varied and culturally appropriate diet with meals enjoying at regular and timely intervals
Occupation	I feel I am sufficiently occupied in a range of meaningful activities whether it be personal or leisure activities
Personal cleanliness and comfort	I feel clean and comfortable and am groomed in a way that reflects my personal preferences
Safety	I feel safe and secure without fear of being harmed in my home environment
Social participation and involvement	I feel content with their social situation and am happy with the level of social contact with family, friends or the community

Feedback on the achievement of outcomes for individuals will be collected from service users through a variety of methods such as face to face meetings, reviews, telephone calls and surveys.

## 8.0 Support Offered

Individual commissioned support will be identified as part of an assessment/review of eligible needs under the Care Act 2014 in the following categories:

### Care Act 2014 Outcomes

Offering direct support and prompts where required with the following:

- Managing and maintaining Nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family and other personal relationships
- Accessing and engaging in work, training, education and volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services

In addition, although not stated as outcomes under the Care Act 2014, there are health focussed needs which without sufficient support, could also be considered to have a significant impact on a person's wellbeing:

**Personal support** - Advice, encouragement and emotional and psychological support.

**Domestic support** - Supporting people to maintain their domestic environment. This could include practical support to assist people who hoard and have an unsafe home environment to manage and reduce the risks to themselves and others.

**Reabling** - Minimising the effect of deterioration by supporting people to regain skills and reduce need where possible.

**Care and Support planning** - Creative person-centred service planning that is outcome focused.

**Discharge from hospital** - Supporting people discharged from hospital, enabling their prompt discharge and effective person-centred service planning upon their return.

**Medication** - Support with both prompting and administering medication through appropriately trained staff. Accurate daily recording for audit.

**Use of assistive technology** - Supporting people to utilise products or services that maintains or improves the ability of individuals with disabilities or impairments. Providers will be expected to work proactively with new and developing technologies that will facilitate a better quality of life for the Service User.

**Additional 1:1** – 1 to 1 care involves a nurse or carer providing support specifically to one individual which is generally task driven. The type of care given is totally dependent on the person receiving it. It could range from simple activities, such as helping to cook meals and tidy up, to more “full-on” tasks, such as helping the individual with personal hygiene needs or supporting to access the community. Support could also be managing complex behaviours such as engaging with or reassuring the service user and supporting them emotionally.

**Night-time Support** – The care professional is on duty throughout the night and is on hand if required. The carer can provide support for anxieties and sleep deprivation. Support is also provided if an adult wakes several times perhaps being disorientated or needing to go to the bathroom. The professional is there to provide support as and when is needed for the duration of the night.

And any other reasonable requests for support from service users.

## 9.0 Service Scope

### 9.1 Description

Supported Living is defined as housing for Adults with disabilities who want to live independently but may still need some help and support to enable them to do rather than to do for.

The Adult will have a tenancy with a landlord and will receive care and support from a CQC registered Support Provider.

Havering Council has an ambition that all the Supported Living Schemes in the Borough can provide good accommodation to Adults and support them with gaining independence, meeting their outcomes and living meaningful lives.

This will therefore increase the independence of the adult and reduce the amount of paid and unpaid support that they need and may support people to move-on to more independent forms of accommodation.

The quality and type of accommodation will have an impact on the Adult's wellbeing and what they wish to achieve in life and therefore LBH wishes to ensure that accommodation which successfully goes through the on boarding process is of a good standard.

### 9.2 Core Tasks in Supported Living

Supported living aims to promote independence, with individuals often in their own residences or shared settings. Core tasks focus on enabling service users to manage their daily lives, with staff support according to each person's support plan.

- **Personal Care:** Encourage service users to participate in washing, dressing, toileting, and personal and oral hygiene, providing support only as needed. Promote the use and maintenance of visual or hearing aids to enhance self-sufficiency.
- **Nutrition:** Empower service users to plan, prepare, and enjoy meals independently, offering guidance and assistance where necessary. Monitor food and fluid intake collaboratively and help service users manage their own dietary needs or risks.
- **Mobility:** Support service users in maintaining or improving their physical movement through encouragement and coaching during transfers, equipment use, and exercises, with the aim of reducing reliance and preventing falls.
- **Behaviour:** Foster positive behaviour by equipping service users with strategies and skills to manage challenging situations themselves, ensuring the environment enables safe self-management.
- **Cognition:** Facilitate activities and routines that strengthen memory, orientation, and decision-making, encouraging service users to take an active role in understanding information and making choices.
- **Psychological & Emotional Support:** Provide companionship and reassurance, while promoting service users' ability to manage anxiety and emotional well-being independently, guiding them in building their own coping and crisis prevention skills.
- **Communication:** Enable service users to communicate effectively by supporting their use of aids, technology, and tailored techniques, and encouraging independent expression and understanding.
- **Continence Care:** Guide service users in managing their own continence routines and products, offering discreet support and monitoring changes to help them maintain control and privacy.
- **Health Monitoring:** Encourage service users to become aware of their own health and well-being, supporting self-monitoring of vital signs and facilitating their communication with healthcare professionals if needed.
- **Record Keeping:** Involve service users in documenting their care, incidents, and health changes, supporting them to take an active role in their own records where possible.
- **Addiction-Focused Outreach Engagement:** Motivate service users to engage with addiction support groups and outreach services, providing encouragement and accompaniment only as needed to sustain independent participation and progress.

### 9.3 Support Model

#### Daytime core

Daytime core support is an efficient method of delivering support to meet the needs of a group of people within a supported living setting. It is formed by calculating the minimum staffing necessary to manage risks and meet agreed needs, across a group of tenants within a scheme and is most often, although not always, delivered between the hours of 7am to 10pm.

Core hours afford all tenants flexible access to support across an agreed time period, as and when required, rather than being specific hours delivered at a set time. It is flexible and responsive to meet needs as they arise and is particularly beneficial to help manage anxieties and other unpredictable needs.

Adults moving into a tenancy within a Scheme must be made aware of the core element of support and accept that relevant agreed needs will be met by Core Staffing.

#### Night-time core

Shared night support is calculated on the same principles as day core. Once the needs of the tenant group are known, the minimum number of shared night staff are calculated to manage risks and meet needs alongside the use of assistive technology. In addition, the requirement for awake night support versus sleep in support will be determined by the needs of the tenant group. This is most often, although not always, delivered between the hours of 10pm to 7am.

**Additional 1:1** – 1 to 1 care involves a carer providing support specifically to one individual which is generally task driven. The type of care given is totally dependent on the person receiving it. It could range from simple activities, such as helping to cook meals and tidy up, to more “full-on” tasks, such as helping the individual with personal hygiene needs or supporting to access the community. Support could also be managing complex behaviours such as engaging with or reassuring the service user and supporting them emotionally.

The breakdown of the support package will be formulated using the Schedule of Needs Tool which works by considering the needs of each person, side by side.

## 9.4 Assessing Complexity

Complexity is to be addressed on an individual-by-individual basis and the criteria is divided into two categories, both of which must be evidenced for the complex rate to be considered:

- Features of the individual's circumstances and the needs they present
- Features expected of the provider who has been identified as competent to supporting them.

A standardised definition of complexity is needed to ensure transparency in decision making around agreement for this complex rate of funding. It should also be noted that:

- Any decision on an individual's complexity and the complexity of the service they require will be subject to review.
- The decision whether an individual is Complex or Non-Complex is the responsibility of the social worker or care coordinator.
- The decision is to be agreed with the budget holder who will accurately record the evidence to agree or decline a request for an enhanced complex rate.
- Decisions about the level of funding agreed will be recorded and shared.

## 9.5 Definition of Complexity

Features of individuals who could be identified as complex:

- Challenging behaviour is defined as; 'culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities" (source: Emerson 1995)

All behaviours that are identified will therefore be considered in line with their intensity, frequency and duration and may include:

- Self-injurious behaviour that requiring specialised training or skilled support and / or significantly high levels of support
- A clearly identified risk to support worker's health or wellbeing
- There may be behaviour that limits access to the community therefore restricting social inclusion and/or behaviour that leads to serious self-neglect with a substantial impact on the health and wellbeing of the person.
- Behaviour that requires additional monitoring and/ or considerable restrictions to reduce risk to others such as those with a Forensic History
- Presence of a Positive Behaviour Support Plan where the content demonstrates complexity
- A person presenting with a specific syndrome or multiple needs or several chronic conditions that require significant intervention over and above what could be provided by a standard non-specialist service and support team. This could include but is not limited to, Learning Disabilities/ physical disabilities/ autism/ mental health issues/ communication difficulties, acquired brain injury and/or dementia and is often a combination of multiple needs that require significant levels of specialised support.
- An individual who is at risk of placement breakdown or hospital admission and/or who have experienced multiple previous placement breakdowns due to their levels of need and/or risk
- Features of providers required for meeting the needs of individuals who are identified as complex:
- Skilled and trained specialist staff to deliver support to people and other staff, with salary scales that reflect the enhanced knowledge/experience. Training may include for example Tizard or Positive Behaviour Support
- Specific structure and time required around staff supervision, support planning and reflection due to the presenting needs and circumstances of the people being supported
- More specialist and experienced staff required to deliver the support plan. Such as undertaking strength based and pro-active risk-based support, e.g. Person-centred planning, positive behaviour support, sensory needs, Autism, mental health, person centred active support, Total communication
- Skilled management staff to deliver leadership and supervision that reflects an outcome-based approach for individuals and evidence of staff debriefing that may be intense and frequent
- Robust recording systems in place to evidence skills, quality of life and general progression for the person and where appropriate evidence-based reductions in support using SMART objectives. This will include robust recording and analysis of behaviours that challenge, with evidence of using this information to amend the support strategies.

- Where appropriate there is evidence of a total communication approach and sourcing of person-centred training
- Evidence of pro-active joint working with all key members of the persons MDT
- Clear and proactive use of evidence based and MDT approaches to decision making and progression
- Evidence of proactive problem solving and clear evidence of maximisation of technology.

## 9.6 1:1 Tasks in Supported Living

1:1 tasks in supported living are put in place specifically to address significant risks to service users' safety, health, or well-being that cannot be adequately managed through standard support approaches. These interventions are highly personalised and are only provided when a service user's level of risk either to themselves or others requires focused, continuous assistance. The need for 1:1 support will be assessed and clearly recorded within the service user's support plan, with the primary objective of minimising identified risks in areas demanding close supervision and prompt response.

- **Behaviour:** Behaviours that challenge, such as persistent aggression, self-harm, or a tendency to abscond, require close supervision to de-escalate situations and ensure safety for both the individual and others.
- **Cognition:** Severe cognitive impairment, such as advanced dementia, increases the risk of disorientation, wandering, or forgetting essential safety routines, demanding constant supervision to prevent harm.
- **Psychological & Emotional:** Acute distress, severe anxiety, or mental health crises (including suicidal ideation, panic attacks, or psychosis) heighten the risk of self-injury or psychological deterioration and necessitate emotional support and intervention.
- **Communication:** Profound communication difficulties, such as being non-verbal or reliant on complex communication aids, can lead to isolation, frustration, or unmet needs, making effective communication and understanding essential.
- **Mobility:** High risk of falls, severe mobility impairments, or the need for complex transfers demand assistance to prevent injury during movement or use of mobility aids.
- **Nutrition:** Risks such as choking, aspiration, severe malnutrition, or complex feeding requirements (for example, PEG feeding) call for individualised support to ensure safe and adequate nutrition and hydration.
- **Continence:** Frequent incontinence, high risk of skin breakdown, or complex continence management require discreet support to maintain dignity, prevent infection, and manage hygiene.
- **Skin Integrity:** Proneness to pressure ulcers, complex wounds, or inability to reposition independently necessitate care for regular repositioning, wound management, and close monitoring to prevent skin breakdown.
- **Sleeping:** Severe sleep disturbances, night-time wandering, or risk of nocturnal falls or distress require supervision to ensure safety and provide reassurance throughout the night.

## 9.7 Standards

The below requirements are what Havering Council will consider before on-boarding a property for Supported Living. This will apply to any new and existing schemes, the same standards will be applied, and any exceptions looked at on a case-by-case basis. Once on boarded the scheme is expected to be maintained and meet the standards on an on-going basis.

Factors	Essential	Rationale/Source
<p>Number of flats at a Supported Living Scheme*  <i>(*flats defined as self-contained accommodation in a block/cluster or in subdivided house. Own bedroom, kitchen, living area, bathroom, own entrance. Bedsits, i.e., with combined sleeping and living areas discouraged due to lack of demand)</i></p>	<p>No more than 8</p> <p>Set up of the property must meet needs of intended tenants.</p>	<p>From experience of existing schemes in Havering the model of fewer flats in a cluster promotes good practice and an economy of scale. Above that number the personalisation of care can become more challenging for Providers, running the risk of becoming residential or institutional in feel. Large groups of people with disabilities living on one site can create challenges to integration into the local community.</p>
<p>Flat</p>	<p>39 m<sup>2</sup> total size</p> <p>Size of property must meet needs of intended tenants. Larger space may be required for those with complex needs or those that require extra space for wheelchairs or equipment.</p>	<p>GOV.UK Technical housing standards – nationally described space standard:  <a href="https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard">https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard</a></p>
<p>Multiple accommodation/properties on one plot</p>	<p>Single occupancy unit clusters, shared homes, and homes situated together on a single site.</p> <p>Campus style sites pose the risk of creating an institutionalised setting so would not be supported as new developments.</p> <p>The matter of multiple care accommodation located on one site is complex and we would look at it on a case by case basis for existing properties as well as new developments but for the most part new builds of this type would be discouraged.</p> <p>For existing properties of this type, we would recommend:</p> <ul style="list-style-type: none"> <li>- Separate gates/driveways/fencing for separate accommodation units,</li> <li>- Naming of whole sites discouraged in favour of normal addresses for the properties,</li> <li>- Regular home address for tenants,</li> </ul>	<p>Campus style settings do not fit the model of Supported Living, the modern ethos of housing for adults with disabilities and can cause the accommodation provided to stand out from its neighbourhood which may lead to issues with community integration and a risk of stigmatisation of those adults living on the site. The individuals living on such sites may not be experiencing a meaningful life in a community.</p>

	- Avoiding large developments on existing sites turning existing accommodation into ones with a campus/institutional feel	
Number of tenancies in shared house	Usually no more than 4	From experience of existing schemes in Havering over 4 tenants in a shared Supported Living house can unintentionally become more residential in feel. Increased numbers of individuals in a shared environment can make it difficult to implement personalised support.
Shared houses with 2 tenancies	LBH reserves the right to decline new shared house schemes with only 2 tenancies.	All 2-tenancy schemes will be reviewed on a case by case basis, and they may not be on-boarded if it is decided there is not sufficient demand for this type of scheme in a particular area of Havering.  An issue with 2-tenancy schemes is they often, by their set up, have a higher level of core support than is required to meet an adult's Care Act Eligible needs.
Minimum bedroom size (shared housing)	<p>Between 8 m<sup>2</sup> and 10 m<sup>2</sup> as minimum. 12.5 m<sup>2</sup> for a wheelchair user 2.2 – 2.3 m high from floor to ceiling</p> <p>Bedrooms should not open directly into communal spaces (living room, dining room, kitchen). This will give the adult more privacy at times when they may be undertaking personal care, in addition it will aim to reduce the risk of noise disturbance from others who are using communal spaces. The preferred option would be for bedrooms to have an en-suite.' This will still be look at on a case by case basis to judge the impact on the privacy of a potential occupant.</p> <p>Any part of the floor area of a room in relation to which the height of the ceiling is less than 1.5 meters is not to be considered in determining of the floor area in that room.</p> <p>Size of the room must meet needs of intended tenants.</p>	<p>We have chosen to apply the double bedroom standard for minimum bedroom sizes. The rationale for this is twofold:</p> <ol style="list-style-type: none"> <li>1. In shared Supported Living housing an individual's room is their only own personal space</li> <li>2. Adults in Supported Living will be in receipt of support, some of this may need to be delivered by care staff in this room with the individual e.g., for personal care or support with domestic tasks</li> </ol> <p><a href="http://www.legislation.gov.uk/ukpga/1985/68/section/326">http://www.legislation.gov.uk/ukpga/1985/68/section/326</a></p> <p>Wheelchair accessible: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/540330/BR_PDF_AD_M1_2015_with_2016_amendments_V3.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/540330/BR_PDF_AD_M1_2015_with_2016_amendments_V3.pdf</a> (section 3.35)</p>

	Larger space may be required for those with complex needs.	
Minimum bathroom requirements (in shared housing)	<p><b>2 tenants</b> - 1 bathroom (including toilet)</p> <p><b>3 tenants</b> – 1 bathroom (including toilet) and separate toilet</p> <p><b>4 tenants</b> - 2 bathrooms (including 2 toilets)</p> <p><b>Wheelchair accessible minimum sizes for bathrooms*:</b></p> <ul style="list-style-type: none"> <li>• Wet room (shower only) 5.4 m<sup>2</sup></li> <li>• Bath only 6 m<sup>2</sup></li> <li>• Bath and shower 7 m<sup>2</sup></li> </ul> <p><i>*Please refer to specific standards regarding turning circles laid out in standards.</i></p> <p>Bathroom sizes must meet needs of intended tenants.</p>	<ul style="list-style-type: none"> <li>• Ratios any lower than this can result in personal care not being able to be delivered at times required by the tenants.</li> <li>• The requirement of support whilst using these facilities for tenants can take longer dependent on need.</li> <li>• Tenants may find it challenging if there is a substantial wait to access facilities</li> <li>• Care staff will also need to access facilities during their work, making the bathroom/toilet to individual ratio higher</li> </ul> <p>Wheelchair accessible standards:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/540330/BR_PDF_AD_M1_2015_with_2016_amendments_V3.pdf">*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/540330/BR_PDF_AD_M1_2015_with_2016_amendments_V3.pdf</a> (section 3.36)</p>
Communal areas (in shared housing)	<p><b>1–3 tenants</b> – Kitchen/living/dining area: 20 m<sup>2</sup>  <b>Wheelchair accessible:</b> 27 m<sup>2</sup></p> <p><b>4 tenants</b> – Kitchen/living/ dining area: 28 m<sup>2</sup>  <b>Wheelchair accessible:</b> 29 m<sup>2</sup></p> <p>The kitchen, living room and dining room in both an open plan arrangement and in separate rooms must be able to accommodate the Adults living at the home.</p> <p>Where Adults might be preparing meals in the kitchen or developing skills around food preparation the kitchen must be of an appropriate size to enable them to do so.</p> <p>The kitchen must not be so small in size that it becomes limiting when more than 1 person wishes to use it.</p> <p>The size of the shared spaces also must consider staff being present or delivering support.</p>	<p>Better Homes Greater Choice:  <a href="https://www.kent.gov.uk/data/assets/pdf_file/0016/52018/Learning-disability-supported-accommodation-design-principles.pdf">https://www.kent.gov.uk/data/assets/pdf_file/0016/52018/Learning-disability-supported-accommodation-design-principles.pdf</a></p> <p>Wheelchair accessible:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/540330/BR_PDF_AD_M1_2015_with_2016_amendments_V3.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/540330/BR_PDF_AD_M1_2015_with_2016_amendments_V3.pdf</a> (section 3.31)</p>

	<p>No signs, staff notices etc. should be present or displayed unless legally required. The property should look like a domestic dwelling.</p> <p>The size of the shared areas must meet the needs of intended tenants.</p>	
<p>Parking</p>	<p>Availability of parking spaces and ensuring that staff cars parked outside the property do not block the drives of other properties or restrict access for other service users or access for emergency vehicles.</p> <p>New Supported Living developments must demonstrate that considerations have been made for sufficient parking spaces and the potential impact on the local area.</p> <p>The planning department also make it a condition for all new permissions under category C3(b) to have an electric car charging point installed.</p>	<p>For service users, staff and visitors.</p>
<p>Garden/ outside areas</p>	<p>If a garden is present it needs to be maintained to a reasonable standard, free of overgrowing weeds or broken garden furniture etc.</p> <p>The landlord must give permission for new features to be put up in the outside/garden space of the property e.g.: decking, summer houses, pergolas, sheds etc.</p> <p>The landlord can agree with the tenant/tenants that sets up such features for them to maintain it or for the landlord to take up the maintenance responsibility.</p> <p>If maintenance is not provided and the feature falls into disrepair, then it will be the landlord's responsibility to fix/replace if desired or remove it.</p> <p>The garden should be free of loose paving or slippery surfaces.</p> <p>Tenants may undertake gardening as a task in their free time if they wish.</p> <p>The garden should be accessible for tenants with mobility needs.</p>	

Staff Sleep-in room(s)	Separate room for sleeping night staff to sleep in.	
Rent levels	<p>Eligible rent level met by local housing allowance benefit.</p> <p>Council tax in shared property must be in Landlord's name and part of core rent.</p> <p>If registered social Landlords – eligible rent in line with housing benefit.</p>	<p>LBH Housing Allowance:  <a href="https://www.havering.gov.uk/info/20012/housing_benefit_and_council_tax_support/476/local_housing_allowance_lha">https://www.havering.gov.uk/info/20012/housing_benefit_and_council_tax_support/476/local_housing_allowance_lha</a></p>
Stability of property	<p>If property owner is not the Landlord, Minimum 3-year lease.</p> <p>Total rental income meets property cost (mortgage or cost of lease).</p>	Ensuring stability of accommodation for the tenants.
Tenancy Type	Assured Tenancy or Assured Short hold Tenancy available in easy read format and where appropriate, in alternative formats.	Ensuring stability of accommodation for the tenants.
Choice of support Provider	<p>Each Supported Living Scheme to have a core support Provider (or ability to introduce core).</p> <p>This Provider should not be linked to tenancy as there needs to be flexibility for the Provider to change.</p> <p>Additional 1:1 support to be provided by support Provider of tenant's choice.</p>	
Utilities	<p>If in sole occupancy, individually metered flats – utilities to be in individual's name.</p> <p>If in shared accommodation or if there are shared bills across a provision, utilities are to be in Landlords name and cost split between tenants.</p> <p>If a property is converted into flats and individual meters are not available, then utility bills would be in the landlord's name and then the payments due split between the tenants as it would happen in a house of multiple occupancy.</p> <p>Separate bills such as TV subscriptions or sole use telephone or internet connection can also be in an individual's name if in shared accommodation</p>	

Utility meters	Gas, electricity and/or any utility meters must not be housed within a room which is to be used as a tenanted bedroom.	
Decorative standard / state of accommodation	<p>Walls, ceilings and flooring in good condition (for example no peeling paint, peeling wallpaper, holes, lifting of flooring, trip hazards, no obvious damage).</p> <p>Adequate natural lighting, heating and ventilation.</p> <p>Shared spaces must be free of rubbish and waste. Waste bins provided.</p> <p>Property should be free of heavy wear and tear, staining, mould etc. Hygienic environment.</p> <p>Property to be decorated in a neutral style which tenants can adapt if required with Landlord permission and subject to the property being returned to its original state at the end of the tenancy.</p> <p>No signs, staff notices etc. should be present or displayed unless legally required. The property should look like a domestic dwelling.</p>	<p>Decent Homes Standard:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7812/138355.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7812/138355.pdf</a></p>
Meeting the sensory needs of Tenants	<p>Consideration to the sensory needs of tenants is given to the design of living environments.</p> <p>This may include things such as:</p> <ul style="list-style-type: none"> <li>- Lighting</li> <li>- Smells/ventilation</li> <li>- Sound proofing</li> <li>- Temperature control</li> </ul> <p>The National Development Team for Inclusion (NDTi) have developed a report titled 'Supporting autistic flourishing at home and beyond: Considering and meeting the sensory needs of autistic people in housing' which offers advice and guidance on designing environments which consider the sensory needs of autistic people. The report also includes a helpful checklist to support improvements to the environment.</p> <p>Each individual's sensory needs are different, and this should also be considered when designing</p>	<p><a href="https://www.ndti.org.uk/assets/files/Housing-paper-final-formatted.pdf">https://www.ndti.org.uk/assets/files/Housing-paper-final-formatted.pdf</a></p>

	environments, with the individual involved in the process as much as possible.	
Repairs and Maintenance	<p>Any repairs and maintenance that are carried out at the property (to the property itself as well as appliances etc.) must be:</p> <ul style="list-style-type: none"> <li>• carried out in a timely way</li> <li>• to a good standard</li> <li>• the organisation carrying out the maintenance or repairs has awareness of the needs of Adults with disabilities</li> <li>• considerations must be made for the needs of the Adults living at the property to avoid where possible causing any distress or major disruptions</li> </ul>	
Disabled Facilities Grants (DFG)	When a Disabled Facilities Grant (DFG) application is made for an adaptation or installation of specialist equipment in shared supported housing, the landlord should consider ongoing maintenance and repair and ensure necessary agreement has been reached before approving the works.	
Energy Efficiency	<p>Domestic private rented properties are legally required to have an Energy Performance Certificate (EPC) if the property is let on an assured tenancy, has been marketed for sale, let, or modified in the past 10 years.</p> <p>Since April 2020, landlords can no longer let properties if they have an EPC rating below E, unless they have a valid exemption in place. Landlords are required to make improvements to the property to better its rank if it is below E.</p> <p>A cost cap of £3,500 is in place and if that sum cannot improve the property rating an exemption can be obtained.</p> <p><u>Improvements to property that can increase its rating are:</u> room-in-roof insulation, internal or external wall insulation, solid floor insulation, increase hot water cylinder insulation, draught proofing, low energy lighting, high heat retention</p>	<p>Government guidance for private landlords in relation to minimum energy efficiency standards: <a href="https://www.gov.uk/guidance/domestic-private-rented-property-minimum-energy-efficiency-standard-landlord-guidance">https://www.gov.uk/guidance/domestic-private-rented-property-minimum-energy-efficiency-standard-landlord-guidance</a></p> <p>To request an EPC assessment please visit: <a href="https://www.gov.uk/get-new-energy-certificate">https://www.gov.uk/get-new-energy-certificate</a></p>

	<p>storage heaters/dual immersion cylinder, solar water heating, replacing single glazed windows with double glazed ones, solar photovoltaic panels.</p>	
Safety / Fire Safety	<p>Safety features such as fire alarms must be present.</p> <p>Doors both external and internal must be in working order, able to be closed or locked if needed (no broken locks, door handles or warped doors that will not close). The same criteria apply to windows at the property.</p> <p>No exposed or leaking piping or exposed, unsafe electrical wiring.</p> <p>Landlords are expected to have available all required safety certificates such as the annual Gas Safety Certificate and 5 Year Fixed Wiring Test Certificate and to comply with the Housing Act 2004 and associated HHSRS guidance.</p> <p>Please refer to the NFCC Specialist Housing guidance for staff and tenant fire evacuation procedures to ensure adherence to best practice.</p> <p>If there is any doubt about the safety of the property, please contact the local Borough authority.</p>	<p>Government health and safety guidance for Landlords:</p> <p><a href="https://www.gov.uk/government/publications/housing-health-and-safety-rating-system-guidance-for-landlords-and-property-related-professionals">https://www.gov.uk/government/publications/housing-health-and-safety-rating-system-guidance-for-landlords-and-property-related-professionals</a></p> <p>National Fire Chiefs Council: Fire Safety in Specialised Housing Guidance</p> <p><u>NFCC Specialised Housing Guidance</u></p>
Furnishings	<p>In shared accommodation the landlord is responsible for furnishing the communal areas (table and chairs for dining, sofa(s), window dressings/blinds) living room and kitchen this includes white goods (fridge-freezer, oven, stove, washing machine).</p> <p>White goods must be in working order and if any break they must be fixed or replaced by the landlord.</p>	

<p>Digital and Technology</p>	<p>There must be the option to install a care line or introduce assistive technology solutions if they would increase independence of Adults or improve their quality of life.</p> <p>Examples of this could be falls alarms, bed/toilet sensors, smart plug sockets, Amazon Alexa's or Google Echo's, a talking microwave or a smart kettle.</p> <p>Communal lounge and bedrooms should have TV aerial points. Suitable phone lines should be available if the tenants wish to have an internet connection installed (the tenant would cover the monthly cost of their internet provision).</p>	<p>The Use of assistive technology can support people to utilise products or services that maintains or improves the ability of individuals with disabilities or impairments. This technology is especially useful in conjunction with Sleeping / Waking Night services for monitoring of tenants.</p>
<p>Planning Permission</p>	<p>All new supported living developments need relevant planning permissions. Havering Council might request to see the documents supporting this.</p> <p>Planning permission would be beneficial from Providers/Landlords wishing to receive a letter of support for development of a new Supported Living scheme.</p>	<p><a href="https://www.gov.uk/planning-permission-england-wales">https://www.gov.uk/planning-permission-england-wales</a></p>
<p>Building Control</p>	<p>Building Regulations cover the alteration and extension of buildings, for example:</p> <ul style="list-style-type: none"> <li>• install a bathroom that will involve plumbing</li> <li>• change electrics near a bath or shower</li> <li>• replace windows and doors</li> <li>• replace roof coverings on pitched and flat roofs</li> <li>• install or replace a heating system</li> <li>• structural alterations</li> </ul> <p><u>This is not an exhaustive list.</u></p> <p>Supported Living schemes must conform to building regulations.</p> <p>Havering Council may request to see the documents supporting this.</p>	<p><a href="https://www.gov.uk/building-regulations-approval">https://www.gov.uk/building-regulations-approval</a></p>

<p>Regulatory Judgements and Notices</p>	<p>Registered providers (RPs) are subject to Regulation by the Regulator of Social Housing (RSH). The Regulator undertakes reviews of RPs from time to time.</p> <p>Large RPs (with 1000+ units) will receive a judgement based on viability and governance criteria, with a score from 1-4 for each. The RSH considers RPs who have a score of 1 or two against each criterion (e.g., V1, G2) to be competent. A score of 3 or 4 in either category suggests the RP is not a competent landlord. LBH will not support developments from large RPs with a judgement of V3/4 and/or G3/4.</p> <p>Small RPs (&lt;1,000 units) are subject to a slightly different regime. Following a review, where the RSH has concerns about the RP they will issue a Regulatory Notice. LBH will not support developments from small RPs with a current Regulatory Notice.</p>	<p><a href="https://www.gov.uk/government/publications/regulatory-judgements-and-regulatory-notices">https://www.gov.uk/government/publications/regulatory-judgements-and-regulatory-notices</a></p>
<p>Required Licences</p>	<p>LBH will require evidence that if a property falls under House of Multiple Occupation licensing requirement, that the HMOs are licenced, and any inspections or Notices received in respect of licenced properties.</p>	<p><a href="https://www.gov.uk/house-in-multiple-occupation-licence">https://www.gov.uk/house-in-multiple-occupation-licence</a></p> <p>The law requires HMOs with at least 5 occupants forming at least 2 separate households to be licenced with the local housing authority. Local authorities are entitled to include additional licencing conditions locally, so developers are advised to check local policies for compliance.</p>
<p>Temporary Structures</p>	<p>Temporary structures must meet the accommodation requirements set out above and must have a predicted lifespan of at least 10 years for LBH to consider them as suitable homes.</p> <p>In line with the principles of supported living, these properties must have their own postal address, so that mail can be delivered directly to the adult; be registered for Council Tax and have a required planning and building control consents.</p>	

## 9.8 Tenancy Agreements

The tenancy agreement should be established between the provider and the tenant(s) for letting a property in supported living. The purpose of the tenancy agreement is to provide accommodation for tenants who have identifiable support needs and who, according to the Council's conditions, are eligible for supported living. Tenancy agreements should be available in the language and format suitable to the individual and which may include easy read versions and where required, in other accessible formats.

Providers should consider the role of court of protection in getting tenancies signed where a tenant lacks capacity. If providers have evidence that the person lacks mental capacity, in terms of the tenancy only someone with legal authority can act on their behalf. Such legal authority could be: A Court of Protection appointed Deputy with authority to make decisions on the tenancy agreement or an Attorney (or attorneys) under a Lasting Power of Attorney or Enduring Power of Attorney for Finance and Property or an Order from the Court of Protection which makes provision to enter, end, assign or vary a tenancy. If there is no such person with legal authority, then an application may need to be made to the Court of Protection.

In circumstances where Landlords require to give notice to any tenant, due legal process should be followed as per any other tenancy arrangement.

## 9.9 Assessment of Tenants Needs

### **Role of the local authority social care**

It is the funding authority's social care department to ensure that a detailed assessment of need is undertaken by adult social care to clearly identify Care Act 2014 eligible needs and the tasks and outcomes to be met within any proposed commissioned support package.

### **Role of the Service Provider**

It is the Service Providers responsibility to consider suitability for any given scheme and to evidence how they would propose to meet the stated individual's needs. It is not the role of the Provider to assess the need of anyone being referred to a scheme.

## 9.10 Making the move into Supported Living

Compatibility is key when moving someone into an established shared household. Equally, when developing a new Scheme with a grouping of self-contained accommodation, it is key to get the grouping of tenants right. If this mix of tenants moving into Supported Living Accommodation is not right, it can adversely affect the quality and viability of the Scheme.

Incompatibility can put tenancies at risk though anti-social behaviour, cause conflict and in worst case scenarios cause the individual, other tenants or care staff to be harmed. Not carefully considering the mix of tenants/potential tenants can mean best value is not realised. For example, an individual that has much lower needs moved in with Adults with higher needs. That individual would need to buy into to an equal share of core support they may not need. That tenancy could be used more effectively by someone with similar levels of need to current tenants.

Placing individuals in an emergency or not fully considering need can mean a Scheme is not financially sustainable. This can be both for the Landlord and for Havering Council (LBH). For example, if a person is moved into a shared house where in fact their needs are best met in self-contained accommodation, long term voids can be created. If individuals are incorrectly placed in shared accommodation, it can mean other potential voids in shared houses can be very difficult, if not impossible to fill. This means Landlords may be unlikely to achieve the rental income they require long-term to make a Scheme viable. It also can mean LBH miss an opportunity for an individual to share an element of support with others around them due to them being placed in the wrong environment. Single, stand-alone packages may not be needed if individuals have options in the right setting. This may include a self-contained accommodation in a cluster of flats that enables them to have their own space and support, but able to share support at times where appropriate, possibly night-time support.

## 9.11 Assistive Technology

Assistive technology (AT) is a growing industry wherever more products are being developed to help people to live more independently whether they live in the community or a care setting. Technology is a growing part of all our lives, whether it be the way we use mobile devices, voice activated devices in our home or security systems. We are expecting Supported Living Schemes to embrace technology as a means of supporting people to stay connected to their families and communities, support with independence and play a part in promoting safety and managing risk where appropriate.

## 9.12 Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) shall be completed by the Provider on an annual basis. The DSPT is an online self-assessment tool for demonstrating compliance and to measure performance of Providers against the data security and information governance requirements mandated by the Department of Health and Social Care (DHSC), notably the 10 data security standards set out by the National Data. The DSPT is not only related to technology and digital records but also about any information that care providers hold about any person – staff, Service User, funders, partners or visitors – including paper records.

The Provider shall realise the potential benefits of the DSPT as:

- NHS Mail - allows exchange of information securely and quickly.
- Enables Providers to keep Service User's confidential information safe
- Protects Providers business from the risk of being fined for a data breach and from the disruption of a cyberattack
- The DSPT will demonstrate compliance with legal and CQC requirements (How you manage data securely - Key Lines of Enquiry)
- Shared Care Record - This allows care Providers and the NHS to see each other's patient records transforming how care is delivered.

The Provider must be DSPT compliant at the time of signing the contract and ensure the required standards are met. Support is available from North-East London Health and Care Partnership.

## 9.13 Moving On

As part of an individual's development, it is expected that the support they receive enables them to increase their independence. As a result of outcome focused support, individuals may well progress to a level where the amount of paid and unpaid support that they need can be reduced or they can progress to independent living, with or without support. The support that Providers are delivering, according to agreed outcomes, will be looked at during an individual's review. Where it is thought that support is either not fully being delivered, or that support provided is not meeting assessed need, Social Services may invite the Provider to a commercial meeting to discuss.

## 9.14 Assisting and Moving

The format for assisting and moving assessments are not prescribed by Havering, but without prejudice to the generality of health requirements all assessments shall conform to the guidance in the Manual Handling Operations Regulations (1992) as amended.

To fulfil legal requirements assessments must:

- Take into account risk factors which shall include but not be limited to the Service user's physical function and capacity to follow instruction, the tasks, the environment, and the Employee's ability and any equipment in situ.
- Identify the level of risk to the Service user and the Employee for each task.
- Identify and implement measures to avoid, or if not reduce the risk, such as reorganising the room layout or provision of equipment to mechanise the process and support where safe to do so single handed care.

The provider shall exercise reasonable care when using any equipment within the service user's home. Equipment that appears in any way faulty or outside of a LOLER test it shall not be used until it has been reported to, checked by and deemed safe by a qualified person from the appropriate service.

The provider shall ensure a separate moving and handling risk assessment training is undertaken by a member of staff who is trained for the purpose, as required under the Manual Handling Operations Regulations 1992 and current Care Standards legislation and guidance.

The provider shall draw up a written moving and handling assessment for staff assisting a service user within forty-eight (48) hours of service start which must be dated and signed. This shall be made available to all staff members involved, and a copy left with the service user/carer in the home. The assessment of risk shall be undertaken by suitably competent persons as indicated in above.

Responsibility for bespoke specialist equipment will be detailed in the individual support plans. While the costs will be handled as part of the overall care planning process in conjunction with the local authority or the ICB, the Provider is expected to ensure the availability and maintenance of such equipment.

## 9.15 Personalisation

Central to the wellbeing principle is the ethos that the individual is best placed to make decisions about their care and support, and that a person-centred system takes account of the individual's views, wishes and beliefs. Engagement with the individual and their participation in the assessment and planning processes is key. Equally important is the service user's dialogue with the Provider about how their care and support is delivered to meet their chosen outcomes. The Provider will need to be flexible and adaptable in how it tailors its service to meet individual needs and to support people to live the life they want.

## 9.16 Advocacy

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need." – Support Empower Advocate Promote (SEAP), Advocacy code of practice. The Provider will take a positive and co-operative approach and support individuals to access independent advocacy where required. At the service planning stage, it is particularly important that if the service user does not have an appropriate individual to assist them, and if the individual has 'substantial difficulty' in being involved and at the centre of the decision making process, that an advocate is found for the individual.

## 9.17 Medication

The Service Provider shall ensure medication is administered in accordance with current best practice, including The Use of Medicines Study, Quality Safety Health Care 2009; 18:341-346, National Institute for Health and Care Excellence (NICE) guidance (including Managing Medicines in Care Homes and Community) and other relevant National and Local guidance. [Medicines management | Topic | NICE](#)

Providers must protect individuals against the risks associated with unsafe use and management of medication by making appropriate arrangements for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines for the benefit of individuals.

Medication assistance and administration must be carried out in compliance with the Relevant Regulatory Authority Standards and Providers must ensure that staff training is kept up to date.

Providers must ensure that staff handling medicines have the skills and competencies needed and there are clear procedures in place which are followed in practice and regularly monitored and reviewed. The written medication policy and procedure must include:

- When the care worker may assist a service user with medication or administer medication.
- The limitations of assistance with prescribed and non-prescribed medication and which healthcare tasks the care worker may not undertake without specialist training.
- Detailed procedures for safe handling of medication, including requesting repeat prescriptions; collecting prescriptions and dispensed medication; procedure for administration, including action should the person refuse the medication; records of medication procurement, administration and disposal (return); procedure for removal of unwanted medication; procedure to deal with a medication error.

Providers must ensure that they make a record of medication taken or any prompts to take medication given and must check with the individual or any other carer involved that medication is being taken in accordance with the prescribers' instructions (this is particularly relevant where the Provider's staff are 'taking over' from another caring individual or organisation where record keeping may not be reliable).

Providers must ensure that they have appropriate systems in place for reporting any errors to the appropriate regulatory authority and the Council's Safeguarding Adults Team and/or the Council's Authorised Officer (the Council's nominated lead for the contract).

## 9.18 Valuing Care Staff

LBH support the development of care workers in Havering and will regularly offering training opportunities to upskill the workforce through our provider portal Care Network such as:

- Flourish Learning <https://flourish.co.uk/community/>
- Skills for Care E-Learning
- Significant 7+
- Falls Coordination

The Provider must ensure that their staff are paid a minimum of the national minimum wage. This will include appropriate remuneration for any time spent travelling between appointments. Providers will be required to

regularly evidence how much front line care staff are paid for both delivering care and for travel between appointments.

We encourage providers to join the Havering Care Association <https://cpvnel.co.uk/>. They represent providers on the Borough Partnership, the safeguarding board and more recently members have been appointed to the Havering clinical and care leadership team, ensuring providers can influence how services develop in future for those who use their service. They are also part of Care Providers Voice North East London which focuses on recruitment, resources, representation for providers and support for staff on visas.

### 9.19 Recruitment and Training

It will be the responsibility of the Provider to recruit, through best practice recruitment process, and employ adequate numbers of staff with the appropriate skills, attitude and approach in order to provide the highest standards of care and support and obtain the best outcomes for service users.

There will be an expectation that Providers have organizational frameworks that support the continuous improvement and innovation of service provision, including use of digital technology to deliver services in line with national guidance and legislation in relation to these areas.

Care staff/support workers will be expected to attain the Level 2 Adult Social Care Certificate. This will set out the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care and provides a framework under which they can be assessed.

The Provider must ensure that a training needs analysis to identify any need for refresher and update training is carried out at least annually during staff performance appraisal and is incorporated into a staff development and training programme. The free skills for care online data collection service the Adult Social Care Workforce Data Set (ASC-WDS) can be used to support providers in running their business and provide access to funding for staff training.

Throughout the Contract Period all Employees who undertake Regulated Activity have an enhanced Disclosure and Barring Service (“DBS”) check. At the time of recruitment of the Employee, the Provider shall, at the providers own cost, carry out an enhanced DBS check and shall not permit the Employee to commence work until such time as the result of the check has been received and the Employee has due clearance to perform the ILSS. The Provider shall meet all costs associated with carrying out DBS checks, including, where necessary, the expense of registering with the DBS; ensure that all DBS checks are updated at least every three (3) years; and shall maintain records of all DBS checks undertaken and the results of the DBS clearance on all Employees undertaking Regulated Activity. DBS certificate copies shall be made available to the Authority upon request.

### 9.20 Suspension from Brokerage System

The Council may suspend the Provider from receiving referrals from the brokerage system for a period of time (the duration of which will be assessed by the Council acting reasonably) if any of the following events occur:

- The Provider has not satisfactorily complied with its safeguarding requirements (as set out in the Safeguarding section of the Service Specification);
- The Provider has not delivered the Services to the standard required by the Council;
- Following a CQC inspection the Provider has an overall score of ‘Requires Improvement’ or ‘Inadequate’;
- The Provider has failed to meet the Council’s Quality Criteria to a significant extent;
- The Provider has unreasonably terminated a service to an individual;
- The Provider has failed to respond to communications from the Council (not responding to requests for new packages within the agreed timescales, or at all, is an example);
- The Council reasonably believes that the Provider is encountering financial difficulties;
- The Provider is otherwise in significant breach of its obligations under the Service Contract.

If the Council suspends the Provider from the brokerage system, the Council will notify the Provider in writing immediately.

## 10.0 Obligations of the Council

From time to time, the Council may appoint one or more representatives to act as the Councils Representative, generally for specified purposes or periods. The Council’s Representative shall be deemed able to act for and on behalf of Council in matters relating to this contract.

The Council will provide the Provider with a detailed assessment based on the Care Act Assessment which identifies the Service user's needs ("the Care Plan"). This will include any additional, specialist or specific information required to enable delivery of the Service to a high standard and quality in line with this contract.

The Council will provide four weeks' notice (twenty-eight days) to the Provider of any amendment alteration, postponement or cancellation of the Service. Notwithstanding the provisions of this clause any specific notice provision to the contrary included in this contract will apply.

The Council shall be free to make reasonable enquiries, checks and visits to ensure that the Provider is able to provide the Service which is required.

The Council will respond to any appropriate issues raised by the Provider at or between Reviews, by ensuring issues are addressed and responded to within a five (5) day timescale.

The Council will make necessary arrangements, working as closely as possible with the Provider, to enable individuals to move on out of the service, in appropriate circumstances.

The Council will liaise with the Service users' relatives, as appropriate with respect to the care received by the Service user at the Provider's Provision.

For clarity, no obligation arises under the terms of this contract on the Council to make placements to the Provider. A Provider's right to receive payments for Services is deemed to arise initially once a service user has been placed with the Provider and subsequently pursuant to the contract executed between the parties.

## 11.0 Obligations of the Provider

The Provider is obliged to provide a Service to the service user as set out in the Care Plan and Pre Placement Agreement until ended.

## 12.0 Commencement of Service for Service users

The Council will contact the Provider in order to obtain a Service, if a Service user has been assessed by the Council as requiring that Service.

The Provider will not be obliged to accept any individual Service user referral. However, where the Provider accepts such a referral made under the Pre Placement Agreement and subject to availability of places, the Provider will be required to meet the care needs of the Service user and shall provide the Services to Service users whose assessed needs can be suitably met at the provision in accordance with section 8.0 of the Service Specification and the service users Care and Support Plan.

The Provider must not change the Service user's accommodation (as described in the Care Plan) without prior written consent of the Service user and a person of the Service user's choice (the "Service user's Representative") (if they have one).

The Provider will ensure that the service meets and is maintained to the satisfaction of the CQC and meeting the Essential Standards of Quality and Safety Guidance.

## 13.0 Personal Care & Support

The Council shall provide the Provider with a detailed assessment of the Service users' personal care and support needs via the Care Plan.

The Provider shall ensure that Service users are involved in and receive care and support that respects their right to make or influence decisions about their care.

The Provider shall uphold and maintain the privacy, dignity and independence of Service users.

The Provider shall ensure that preference and individual choice are made available in the provision of personal care and clear work practice guidelines will be agreed with the Care Manager and observed by the Provider.

Situations relating to personal care and support and in particular intimate care will be monitored at reviews to ensure that arrangements are appropriate for each individual Service user, including ensuring they reflect cultural and ethnic requirements.

On all occasions personal care should be undertaken with dignity and respect to the Service user.

## 14.0 Record Keeping

Providers shall have clear procedures which are followed in practice and are monitored and reviewed to ensure that individuals' personal information is accurate, up to date and held securely and Providers shall have clear procedures in place which ensure that shared information is transferred securely.

A record of all care visits and tasks undertaken shall be held. These records should be made available for those receiving care to access should that be required. It is the provider's responsibility to collect and store these records securely.

The Provider shall maintain such records as required by the CQC and the Essential Standards of Quality and Safety Guidance in maintaining registered status and in addition will supply the Council with all reasonable requests for information regarding the delivery of the Service including financial or company information.

All records kept by the Provider relating to any placements or any Service user shall be held and processed in accordance with the Data Protection Act 2018.

It is expected that Providers will be moving from a paper based system to digital systems accessing the funds and help provided by the NHS digital schemes. As such there is a requirement for all Provider's to complete the Digital Toolkit DSP and have access to a secure NHS email.

## 15.0 Reviews

We want to review care and support plans at early phases in the individual's journey. Providers will regularly review and update support to reflect changes in an individual's abilities, using an evidenced based person-centred approach. Evidence of progress towards meeting assessed outcomes should be maintained and shared at the annual review.

### 15.1 Service User Reviews

The Care Act guidance refers to the different routes to reviewing a care and support plan including:

- a planned review (the date for which was set with the individual during care and support or support planning, or through general monitoring);
- an unplanned review (which results from a change in needs or circumstance that the local authority becomes aware of, e.g. a fall or hospital admission), and;
- a requested review (where the person with the care and support or support plan, or their carer, family member, advocate or other interested party makes a request that a review is conducted. This may also be as the result of a change in needs or circumstances).

The first planned review shall be an initial review of the planning arrangements 6-8 weeks after sign-off of the personal budget and plan. This will be followed with a planned review which will take place annually, the date of which will be agreed with the individual.

We would like the Provider to involve an appropriate representative from the organisation who knows the tenant well in the planned review to jointly discuss the achievement of outcomes and whether the service plan has achieved the goals and wishes of the individual. The Provider will need to balance how to facilitate this. The service user must agree with care staff being involved in the review.

### 15.2 Scheme Reviews

A scheme review involves undertaking individual evidenced based reviews, to ascertain the detail of support required to meet eligible needs. Those needs are then inputted into the Schedule of Needs tool by the Social Workers, followed by an analysis of the information to create a core and 1:1 hour's approach, to maximise opportunities for increased independence and decrease unnecessary dependence on paid support.

Reviews for all tenants living in a scheme, will be undertaken in the same time frame.

The Schedule of Needs tool will be completed or reviewed in the following circumstances:

- Making placements into a new scheme
- Making placements into an existing scheme

- When a tenant(s) moves in or out of a scheme
- Where the needs of any proposed new tenants, impact on the support provided to others within the scheme

## 16.0 Termination of a Placement

Without prejudice to any other provision for termination in this contract, the Pre Placement Agreement may be terminated by the Council in any one or more of the circumstances:

### 16.1 On the date agreed between the parties.

- 1 Where a Service user becomes absent for a continuous period from the provision provided by the Provider in the case of hospitalisation or twenty-one (21) days in the case of other absences and the outcome of the re-assessment carried out deems that the Placement can no longer meet the needs of the Service user, then the Council may terminate this Agreement. Additional 1:1 hours or 2:1 hours will cease immediately if an adult leaves the provision or is admitted into hospital.
- 2 Where there is a planned move of a Service user from the Provider, without a precise move out date readily available, the Council shall endeavour to give the Provider four weeks' notice (twenty-eight days) for long term Placements or two weeks' notice (fourteen days) for short term Placements. Notwithstanding the notice given, where the move out date exceeds or takes less than the length of time contained in the notice, the Provider undertakes and agrees that the Council shall only be liable for payments calculated up to and including the final date the Service user is in receipt of Services and is physically present within the Provider's Care.
- 3 By the Council giving the Provider two weeks' notice (fourteen days) to terminate a short term/temporary placement and/or a placement during a Trial Period for any reason whatsoever;
- 4 The Provider may give the Council seven days' notice in writing specifying the facts relied upon, where:
  - In the Provider's opinion, to be confirmed in writing by the Care Manager, the Service user's behaviour is dangerous to themselves or others and no reasonable management plan can be devised to satisfactorily resolve the situation.
  - In the Provider's opinion, to be confirmed in writing by the Care Manager, the Service user's medical condition deteriorates to such an extent that their needs can no longer be met by the Provider.
  - The notice served shall specify which ground applies and the relevant details.
- 5 In circumstances where the Provider intends to close its provision or reconfigure services, a minimum of six (6) months' notice must be given to the Council.

### 16.2 Handing Back a Care Package

Once a care package has been accepted by a care provider the expectation is the care provider will continue providing care for that individual until it is no longer required.

If there are exceptional circumstances, where all other options have been explored to resolve the issue, and it remains not possible for the provider to continue providing care then we would expect the provider to work with the Council and hold the care package until an alternative arrangement is agreed. This could take up to four weeks (twenty-eight days).

### 16.3 Upon the death of a service user.

The termination date shall be taken to be the date five (5) full days after death of the Service user (to include the date of death) in relation to a long term placement of 28 days or more or one (1) full day after death of the Service user (to include the date of death) in relation to a short term placement of less than 28 days, and payment of the net placement fee by the Council shall continue until that date.

### 16.4 Circumstances for Termination

- 1 If in the Council's reasonable opinion, alternative care is required because the Service user's needs can no longer be adequately met by the Provider.
- 2 If in the Council's reasonable opinion, the Provider is failing to provide adequate care or support for the Service user as agreed in the Care Plan.

- 3 If in the Council's reasonable opinion, the Provider has, either fully or partly, failed to meet any of the requirements of this contract.
- 4 If in the Council's reasonable opinion, the Provider has failed to respond to an instruction to rectify service failure required in the quality or quantity of Service, such instructions having been made in writing.

### 16.5 Overpayments due to Termination

Where any payments have been made in advance to the Provider, beyond the termination date, they shall be refunded to the Council immediately.

## 17.0 Change of Ownership or Closure

In the event of a proposed change of ownership, the Provider will inform the Council immediately and, prior to entering into any formal agreement, provide assurances and evidence of the new Provider's ability to provide high quality care. This and CQC authority will be required, along with the Council's written consent before any transfer of existing service users to the new Provider takes place. There shall also be a full, informed and engaging consultation period with Service users and associated next of kin prior to any change.

In addition, the Provider shall ensure that part of its agreement with the new owners incorporates a term ensuring a Deed of Novation in a form satisfactory to Council is prepared at no expense to the Council and executed by the Council, the Provider and the new Provider. The Provider shall ensure that such Deed of Novation includes a covenant for the new Provider to take over all liabilities of the former Provider that are in existence as at the date of the transfer.

In the event of closure, the Provider must give a minimum of six (6) months' notice to the Council. Social work teams will need to have access to all service users and their records in order to complete a review of their needs in order to source a new placement. There shall also be a full, informed and engaging consultation period with service users and associated next of kin prior to the closure.

## 18.0 Quality Assurance

For all service provisions, quality and safety underpins all our intentions. Havering council is responsible for monitoring the standard of care and support services delivered, whether directly commissioned or not, to ensure services are safe and of a good quality.

The Havering Quality Outcomes Team works collaboratively with providers to acknowledge good practice and to ensure that services are safe, deliver high quality outcomes to service users and evidence compliance with regulatory and contract requirements. The provider will be expected to share information with Havering when requested.

The team work with a range of individuals and organisations including care practitioners in the community and a variety of teams and organisations within and outside the council. These include the Quality & Surveillance Group with health partners, Hospital Assessment Community Review Team (HACR), the Safeguarding Team within the Council, reporting where necessary to the borough Safeguarding Adult Board, Healthwatch Havering and the Care Quality Commission.

The CQC and the Council both set minimum standards for services across a range of areas. The Council believes that these are appropriate standards to be met by any organisation providing this Service. Consequently, adherence to any appropriate regulatory standards which are relevant to the Service provided is a requirement of this contract.

The Provider must regularly seek the views of Service users, persons acting on their behalf and persons employed, to enable the Provider to come to an informed view in relation to the standard of care provided to Service users. The Provider must have in place a system to continuously identify, analyse and review risks, adverse events, incidents, errors or near misses and to use this information to develop solutions and risk reduction actions.

## 19.0 Policies & Procedures

The Provider should have clear policies and procedures for the following:

### 19.1 Administrative Policies

- Data Protection Policy
- Equality and Diversity Policy
- Whistle Blowing Policy
- Bullying and Harassment Policy
- Fraud and Money Laundering Policy
- Anti-Terrorism Policy
- Modern Slavery Policy
- Social Media Policy
- Business Continuity Plan

### 19.2 Quality of Care Policies

- Safeguarding
- Complaints Policy
- Quality Assurance Policy
- Key Safe Policy

### 19.3 Staff Code of Conduct Policies

- Appropriate Standards of Dress
- Alcohol and Smoking
- Confidentiality
- Best Interest of Service user

### 19.4 Health and Safety

- Health and Safety
- Lone Working
- Control of Substances Hazardous to Health (COSHH) Register
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Portable Appliance Testing (PAT) Register
- Infection Prevention and Control
- PPE
- Risk Management

## 20.0 Safeguarding

The Provider must ensure that service users are safeguarded from any form of abuse or exploitation. However, this does not mean preventing them from making their own choices and having control over their lives. The information and guidance provided to a service user must cover who to tell when there are concerns about abuse or neglect and what will happen when such concerns are raised through the safeguarding adults process.

Providers must act under Havering's Safeguarding Protocols and implement necessary steps within the service provision to ensure all Children and Adults are safeguarded from harm. Employees, local authorities, professional regulators and other bodies have a duty to refer to the Disclosure and Barring Service with information about individuals, children or vulnerable adults where they consider them to have caused harm or pose a risk of harm. The Borough's Safeguarding Procedures take precedence at all times, and Providers will be expected to report serious incidents through this route within the relevant time frames.

This service must be committed to safeguarding and promoting the welfare of children, young people and adults at risk and it is expected that all staff and volunteers share this commitment.

Staff and volunteers must be effectively trained in all aspects of safeguarding legislation and practice and follow the multi-agency policy and procedures to safeguard adults from abuse. The Provider shall prepare its own internal guidelines to protect adults from abuse which must be consistent with Havering's Safeguarding Protocols and the multi-agency policy and procedures.

The Provider must ensure that individuals are safeguarded from abuse, neglect and harm and that staff take action to follow up any allegations and concerns in line with the multi-agency safeguarding procedure. Staff

members should be made aware through induction and ongoing training of the importance of confidentiality and the security of information.

The Provider must include the safeguarding of adults and children in induction and training at a level appropriate to staff members' roles in the Safeguarding Adults process of alerting the correct agencies in the case of suspicion of abuse.

The Provider must ensure that staff know how to make accurate, factual records at the time of concern and to date and sign all written records/entries and ensure that all incidents of abuse, as required by Havering's Safeguarding Adults Local Protocol, are referred to the Havering Safeguarding Adults Team for investigation without delay.

The Provider is reminded of its legal obligation to refer relevant information to the Disclosure and Barring Service (DBS), where there is a concern relating to the harm or the risk of harm to children and vulnerable adults or where there is a concern about the behaviour or conduct of an individual. The Provider agrees to comply with this obligation in a timely manner and in accordance with the guidance issued by the DBS and as set out in the multi-agency safeguarding procedure where an employee of the Provider is accused of abuse or neglect.

## 21.0 Health & Safety

The Provider shall have in place appropriate and relevant Health, Safety and Welfare Procedures that comply with the Health and Safety Executive requirements and all relevant legislation and guidance pertaining to health and safety.

The Provider must ensure all Employees are made aware of, understand, and receive appropriate training in relation to health and safety and the Provider's procedures in relation to their role and responsibilities;

The Provider is reminded to record and report to the Authority the volume of accidents and incidents that have occurred in relation to the delivery of care for which the provider is contracted.

### 21.1 Lone Working

The Provider shall ensure it has effective systems in place to identify and support Employees that are lone working in all aspects of their work.

### 21.2 Risk Assessment and Risk Management

The Provider shall assess the potential hazards / risks to the service user and its Employees associated with the delivery of the service users care. The assessment shall be carried out before the Employee commences direct work with the service user and shall be updated annually or as and when a new hazard / risk is identified or incident occurs.

The Provider shall respond appropriately to physical and verbal aggression by a service user, their Carer or relatives and ensure this is responded to by using non-physical intervention. The Provider shall be aware of and operate within the framework of the law and current guidance issued by Department of Health and Social Care, reducing the need for restraint and restrictive intervention.

Where a Service user may present with behaviour that challenges (including use of alcohol and / or drugs) the Provider shall undertake a risk assessment with a view to minimising risks to the service user and Employees, identifying ways to manage behaviour appropriately.

In a situation where a service user, carer or relative presents violence, aggression, unacceptable behaviour, or unacceptable working conditions to Employees,' the Provider shall approach the commissioning team to discuss the concerns. The Provider shall maintain detailed records that evidence the use of any de-escalation techniques or interventions.

### 21.3 Fire Safety

The Provider shall ensure a procedure is in place for reporting fire risks and for contacting the relevant Fire Rescue Service to arrange Fire Safety Checks.

The Provider shall complete a Person-Centred Fire Risk Assessment ("PCFRA") when a Service user is at risk from fire, considering factors such as their lifestyle, mental capacity, and physical ability to evacuate in the event of fire.

## 22.0 Feedback

The Provider will assist in identifying service users to attend formal Service user Reference Groups as and when convened by the Council. The purpose of which will be to meet the service users and obtain feedback. The Provider will also establish groups of its own service users to assist with continuous improvement.

The Council will be collecting feedback independently directly from the individuals the Provider is supporting. This will be under the key outcome areas identified in the outcomes section of the specification.

The Provider will be required to attend and contribute to Provider forums co-produced with the Havering Care Association. Attendees and their role will be named by the Provider. It is expected that at least one named attendee will be at a senior level, where messages between Provider and the local authority can influence improvement and change where necessary.

## 23.0 Complaints

The Provider shall make available to people who use the service a copy of its complaints procedure at the commencement of the service. The complaints procedure should be available in the main community languages, easy read format and where appropriate, in alternative formats.

The Provider's complaints procedure must meet the requirements of the Council's complaints procedure. The Council will require the Provider to investigate and respond within the required timescale to any complaint received by the Council concerning the Provider. The Provider must ensure that their complaints procedure provides contact details of the Local Government Ombudsman.

The service user will have the right to make a complaint directly to the Council, independent of the Provider, and this shall be made clear to people who use the service. The Authorised Officer and/or the Council have the right to investigate a complaint at any stage.

The Provider shall maintain a written record of all complaints and outcomes in an agreed format with the Council. The Provider will indicate how any complaints and outcomes have been used to improve the service. These shall be made available upon request from the Authorised Officer for monitoring purposes.

The Local Government and Social Care Ombudsman website contains some useful information and guides for providers on responding to complaints.

The Authorised Officer shall be made aware of any serious complaint immediately, and the Authorised Officer will decide on the appropriate action to be taken.

## 24.0 Serious Incidents

There can be a number of reasons for declaring an incident 'serious' and it is not possible to provide an exhaustive list. Furthermore, each Provider shall already have in place an Incident Reporting Policy which will detail the nature of various levels of incident and the reporting procedures that should apply.

Some examples of incidents that would constitute a 'serious incident' are:

- Serious crime or violence by, or to, service user, staff, volunteers or members of the public directly involved with the service
- Serious threats by, or to, service user, staff, volunteers, or members of the public directly involved with the service
- Suicide or attempted suicide by a service user or any other person on the premises of a service user
- Death or serious injury of a service user or any other person on the premises of a service user
- Abuse (physical, verbal or financial), or exploitation of a service user by another person
- Serious neglect of a service user by any other person
- Emergency admission to hospital of a service user, subject to circumstances e.g. regular falls victim would be excluded as reporting would be through another route
- Any theft, burglary, or serious accident in the provider's property or service user's home.

It is essential that the Council receive immediate notification of any serious incident. If the service Provider is uncertain whether an incident is sufficiently serious in nature to warrant reporting, then the Provider should contact the Council for advice.

The Provider is required to have a policy which details the process by which incidents will be described, recorded, investigated and reported. In addition, this policy will include the process by which outcomes will be reviewed, corrective actions identified and, where necessary, risk will be managed and avoidance procedures implemented.

This policy shall also identify specific timescales for the processes concerned, in relation to the nature of the incident and outcomes, and should provide the details of the responsible person(s) who will undertake these processes and ensure service user are protected.

The Provider's Serious Incident Policy will be reviewed as part of any contract and performance monitoring process implemented under the service contract and compliance will be required in respect of the paragraph above.

## 25.0 Business Continuity

The service Provider will develop and maintain a service-based Business Continuity Plan that addresses key risks which might affect delivery of the service. These will include, but not be limited to, adverse extremes of weather and exacerbated staff absence due to outbreaks of disease or seasonal factors. The Business Continuity Plan will be regularly updated by the service Provider as new business continuity risks emerge and risk management is refined.

Havering's Establishment Concerns and Failure Procedure and Guidance has been developed as a means for responding to potential business failure and managing large scale investigations of service Providers. The Council will work in collaboration with Health, CQC or nominated lead agencies to address business failure. Providers have a responsibility to inform the Council or any risks to business failure.

## 26.0 Equalities & Diversity

The Council's obligations and core commitment to equality and diversity are highlighted in its Corporate Equality in Service Provision policy. The service Provider will adhere to this policy and ensure that it complies with the Public Sector Equality Duty, as set out in the Equality Act 2010. The service Provider will not treat any service user less favourably than others on grounds of their age, colour, race, nationality, ethnic origin, disability, gender identity, marriage or civil partnership, pregnancy or maternity, religion or belief, sex or sexual orientation.

The general population of Havering is diverse and changing rapidly in terms of faith, ethnicity, culture, language, gender and sexuality. This service is expected to develop a diverse workforce and promote sensitive and appropriate delivery. The service Provider will be expected to demonstrate a commitment to ensuring that their services meet the diverse needs of the local community.

The service must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication. The service must provide appropriate care to people's needs and shall not discriminate under any grounds.

As a minimum the Council expects the service Provider to ensure that:

- A written statement of equal opportunity policy covering anti-discriminatory practice, harassment and bullying and anti-social behaviour is in place, along with a documented plan for implementing it. The effectiveness of the policy and plan is periodically reviewed and updated in line with any legislative or good practice changes and staff and service users are made aware of the policy;
- This statement must refer to the duty to provide accessible and inclusive services and not to treat service users and service users unfavourably on the grounds of one or more protected characteristics;
- Staff must be sensitive to the particular needs of service users with protected characteristics and will undertake relevant Equality and Diversity or Cultural and Disability awareness training to ensure this.

The service Provider will be required to demonstrate that it actively seeks to ensure fair access to the service and to regularly monitor and report on service user take up, satisfaction, complaints, referrals, acceptances and rejections broken down by relevant protected characteristics.

## 27.0 Modern Day Slavery

Modern Day Slavery (MDS) is an important issue and unfortunately can be found across many supply chains. Despite the Modern Slavery Act 2015, a recent study by the Centre of Social Justice (17) suggested there are still tens of thousands of individuals who continue to work in slave-type conditions.

The service Provider should actively raise awareness of Modern Day Slavery within their organisation and hold regular risk assessments.

The service Provider should be where appropriate compliant with S54 of the Modern Slavery Act 2015 and should be able to provide details on where their statement is available on their website, risk assessments and documentation of acts taken to prevent Modern Day Slavery.

More details on Modern Day Slavery can be found here: [Modern slavery | London Borough of Havering](#)

## 28.0 Social Value

The service Provider must ensure that travel is kept to a minimum thus reducing the carbon footprint.

The service Provider must give consideration to the employment needs within their local community when recruiting and selecting staff and as such must give consideration to how their recruitment processes support the local economy.

In accordance with the Public Services (Social Value) Act 2012, the service Provider must work with the Authority to enhance the social value associated with this service in terms of sustainable employment and investment in the workforce.

The Council anticipates that the service provider will deliver and demonstrate social value through their service delivery. While we will not specifically monitor these contributions, providers are expected to have their own mechanisms in place to evidence social value as part of the overall contract management process.

## 29.0 Charges and Payment

The Charges shall be calculated on the basis of the rates and prices set out on the London Borough of Havering Website and all providers are expected to accept the set rates paid by Havering. Individual placement costs will be confirmed for all service users via the Provider Portal.

Payments will be made to the service Provider two weekly in arrears and two weekly in advance.

Providers will be required to submit invoices four weekly to the Council. Payment shall be made within 28 days of a valid undisputed invoice.

Provider's will be required to log all care visits or on the rare occasion this is not possible keep a record as evidence.

The service Provider will maintain an accurate record of accounts and will provide a detailed annual report of all income and expenditure relating to this service.

It is a contractual requirement that the service Provider operates on an 'open book' basis so that the Council has access to financial information in relation to the contract at all times.

## 30.0 Service User Contribution

The Service User Contribution shall be determined by a full financial assessment of the service user's ability to contribute towards the costs of their care in accordance with The National Assistance Act (Assessment of Resources) 1992. The Service user shall pay their Fairer Charging Financially Assessed contribution direct to the Council.

The Service user shall abide by the requirements of the Council as set out in the Council's own rules from time to time in force and communicated to the Service user and shall pay to the Council such sums as are due in accordance with the assessment of contributions and immediately notify the Council of any material change in circumstances which may affect that assessment.

In the event of the service user ceasing to make payment in accordance with the Social Care Financial Assessment, the Council must make reasonable attempts to recover the debt. If the Council at its sole discretion is satisfied that these steps have been taken, then the Pre Placement Agreement may be terminated by the provision of one weeks' notice to all parties.

## 31.0 Third Party Contribution

If a Service user requests it, the Council must arrange for care in accommodation more expensive than its Baseline Fee. A third party or, in certain circumstances, the Service user, must be willing and able to pay (to 'top up') the difference between the Baseline Fee and the Core Fee. In no other circumstances may a Service user or a third party be asked to contribute additional funds towards the Service.

Where a Third Party has offered to pay a 'top up' contribution, the Council must be advised, so that the Council can assure themselves that the third party has the resources to continue to make the required 'top-up' payments. The Council will write to the Third Party outlining their responsibilities in this respect.

This shall be applicable until such time as the Service user dies or is permanently accommodated elsewhere, or the contract is otherwise validly terminated.

In the event of the Third Party ceasing to make payment in accordance with the Social Care Financial Assessment, the Provider must make reasonable attempts to recover the debt. If the Council at its sole discretion is satisfied that these steps have been taken, then the Pre Placement Agreement may be terminated by the provision of one weeks' notice to all parties.

## 32.0 Split Funding

Where funding is to be split between Adult Social Care and Health, both parties must agree to the funding arrangement. This shall be applicable until such time as the Service user dies or is permanently accommodated elsewhere, or the contract is otherwise validly terminated.

In the event of any part of the funding split ceasing to be provided in accordance with the agreement, the Provider must make reasonable attempts to recover the debt. If the Council at its sole discretion is satisfied that these steps have been taken, then the Pre Placement Agreement may be terminated by the provision of one weeks' notice to all parties.

## 33.0 Fee Review & Uplift

Each year the Council will undertake a project which reviews the rates we pay for all provider types. As part of this project, the Council will consult Providers in January of each year to take into account a wide range of factors.

The uplift approach will continue to standardise rates across all service types within the financial constraints set and the council endeavour to be in touch each year in March to advise of the review findings and any uplifts to the rates for the next financial year if approved.

Any change towards the Weekly Fee in accordance with a Fee Review will be effective from the 1<sup>st</sup> April and until such time as the Council undertakes a further Fee Review.

The Council do not award any in-year uplifts, unless the care needs have significantly changed for service users.

If there is a significant change in the care needs of service users, providers must approach the Havering Access Team requesting a review at [adultsocialcare@haverling.gov.uk](mailto:adultsocialcare@haverling.gov.uk) where the case will be passed to the appropriate team and a review arranged.

# Appendix 1 – On boarding of Property & Scheme Approval Process

## 1. Proposed Schemes

Proposed Schemes are at various stages readiness when a Provider and/or Landlord notifies Havering Council (LBH) of the intention to develop a Supported Living Scheme. These can include:

- Developers making tentative enquires as to demand for services in an area
- A Provider/Landlord may have a property they are thinking of purchasing
- A Provider wishing to deregister a former or current residential care home for development into a Supported Living Scheme
- Provider and/or Landlord have a property that they wish to have on-boarded as a Supported Living Scheme
- Developers, Landlords or Providers have plans for a new build for a Supported Living Scheme

LBH will want to understand the intended Scheme more and be able to support by way of guidance and advice. Developers, Providers and Landlords may want to know a little more about demand in Havering and what the expectations are prior to committing to going forward with development. Dependent on where the Scheme is geographically and in terms of development, will depend on next steps:

### **Scheme not yet developed**

Developer/Provider/Landlord to have an initial conversation with LBH commissioning to determine if the proposed Scheme is something which is required in Havering. This is an opportunity to make early enquiries through the provider webpage on Havering's website.

### **Development of a Scheme has begun or will be going ahead**

Developer/Provider/Landlord to have an initial conversation with LBH commissioning. A meeting may be arranged to discuss more formally. Provider/Landlord may request a letter of support from Havering Council through the on-boarding process outlined below.

### **A building exists, and Provider/Landlord wish to on-board the property for use by LBH as a Supported Living Scheme**

Developer/Provider/Landlord to have an initial conversation with LBH commissioning. This could include the de-registration of existing residential home. A meeting may be arranged to discuss more formally.

The earlier LBH is aware of the intention of a Developer, Provider or Landlord to create a Supported Living Scheme, the earlier we can work together. Joint working is crucial to support sustainable and high-quality accommodation and support options for the service users of Havering who require them.

## 2. Scheme Approval Process

### 2.1 Quality Team

All potential schemes must in the first instance make contact with the Quality Team. Once contact is made they will start the provider verification process which will include:

- Requesting of documentation and licences.
- Checks on any appropriate HMO licence / Certificate of Lawful Development / planning permission.
- Check the tenancy to ensure there is not a link between the Landlord and Provider.
- Checks on the Care Quality Commission website for current/proposed Provider rating. If rating is not 'Good' or above, or if the service has yet to be inspected, the process would be paused until it is confirmed the Provider has received at minimum a 'Good' rating.
- Checks on the property to ensure it meets the supported living minimum standards.

### 2.2 Brokerage Team

Packages for service users requiring supported living provisions will be put onto the brokerage system describing the level of need the service user has and the support required. Providers will be invited to bid for individual packages of care and should describe how they would support the client and meet their assessed needs.

The Provider shall not provide any element of the service until the Provider is awarded an individual care package via the electronic placement system. Following award of an individual package to the Provider, the Provider shall be bound to deliver the personalised outcomes set out in the service plan in accordance with all terms of the Contract.

# Appendix 2 – Schedule of Needs for Supported Living Placements

## 1. Schedule of Needs Overview

London Borough of Havering commissions support packages in Supported Living using a process called Schedule of Needs. The Schedule of Needs process works in two stages:

### **Stage 1**

The individual needs, identified because of the Care Act assessment, are entered by the Social Worker, into a weekly schedule called the Schedule of Needs. This shows all needs associated with living within and managing a tenancy.

### **Stage 2**

The information in the weekly schedule is then analysed to identify the best use of staff support time, to maximise opportunities for independence.

This results in support packages for everyone being broken down into day core, night core and additional 1:1 hours which will ensure that the tenant and the Service Provider having clarity about what support is being commissioned to meet which needs.

## 2. Shared/Core Support

### **Day time core**

Daytime core support is an efficient method of delivering support to meet the needs of a group of people within a supported living setting. It is formed by calculating the minimum staffing necessary to manage risks and meet agreed needs, across a group of tenants within a scheme and is most often, although not always, delivered between the hours of 7am to 10pm.

Core hours afford all tenants flexible access to support across an agreed time period, as and when required, rather than being specific hours delivered at a set time. It is flexible and responsive to meet needs as they arise and is particularly beneficial to help manage anxieties and other unpredictable needs.

Adults moving into a tenancy within a Scheme must be made aware of the core element of support and accept that relevant agreed needs will be met by Core Staffing. element of choice. Additional individual hours can be commissioned via a direct payment if so desired by the tenant.

### **Night-time core**

Shared night support is calculated on the same principles as day core. Once the needs of the tenant group are known, the minimum number of shared night staff are calculated to manage risks and meet needs alongside the use of assistive technology. In addition, the requirement for awake night support versus sleep in support will be determined by the needs of the tenant group. This is most often, although not always, delivered between the hours of 10pm to 7am.

The calculation of Core day/night support hours is arrived at by the completion and analysis of the information entered into the Schedule of Needs tool which shows all the needs of tenant groups side by side; it also evidences times when individual support hours may be required.