



**Dorset**  
Council

**NHS**

*Dorset  
Clinical Commissioning Group*

DORSET COMMISSIONING PARTNERSHIP

# DORSET CARE

**SERVICE SPECIFICATION:  
CARE AND SUPPORT IN A CARE HOME  
(WITH AND WITHOUT NURSING)**

**Segment 3**

**Lot 1**

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## **1. Introduction**

- 1.1 This specification should be read in conjunction with the Commissioning Intentions document, the Dorset Care Framework Overarching Service Specification (Document 1), underlying specifications as instructed, and additional information provided within the appendices. These documents will form part of the final contract for successful bidders.
- 1.2 The Commissioning Partners are commissioning Care and Support in a Care Home with and without nursing as part of a new Framework spanning both community and residential based Care and Support Services.
- 1.3 This document specifies the requirements which apply to the provision of care homes with and without nursing in Dorset for older people, adults with physical disabilities and/or mental health issues. It reflects how the Provider supports the Commissioning Partners in meeting the requirements of the Care Act 2014 for the Care and Support needs of Service Users in a care home so that services:
- provide quality and choice
  - are sustainable
  - innovate to meet the diversity of outcomes for people
  - deliver cost-effective outcomes

## **2. Scope**

- 2.1 Community based Care and Support initiatives that will allow Service Users to be supported through periods of recovery or enablement, maximise or maintain their level of independence, reduce social isolation and provide support to Carers. Refer to the Dorset Care Framework Overarching Service Specification (Document 1), for examples of the types of services which may be provided.

## **3. Aims and outcomes of the service**

- 3.1 It is the intention of the Commissioning Partners that any intervention or service procured as part of this Framework must contribute to the six fundamental outcomes identified by the Association of Directors of Adult Social Services (ADASS). Refer to the Dorset Care Framework Overarching Service Specification (Document 1), for further detail.
- 3.2 The aim of the Service is to provide accommodation, care, support and stimulation to Service Users for whom it is not appropriate, either in the short or longer term, to live in their own homes. This includes those requiring nursing interventions or management of mental health conditions which may affect older people such as dementia. The Service Provider should offer Service Users the opportunity to enhance their quality of life by providing a safe, manageable and comfortable home environment.
- 3.3 Effective Care and Support can positively impact on the demand for a range of services including those commissioned by Health, notably supporting appropriate strategies to reduce inappropriate admissions to acute hospital services, as well as timely discharge through improved effectiveness of all services within the spectrum of Care and Support and by promoting wellbeing and healthier lifestyles.

## **4. Description of the service**

- 4.1 The Service must be provided as set out in the Framework Agreement and in line with legislation, good practice and standards, and must meet the requirements set out in the Care Act 2014.
- 4.2 Providers shall be registered with the Care Quality Commission (CQC) and must meet the appropriate standards determined by registration.
- 4.3 All Providers must remain registered with the appropriate regulatory body throughout the duration of the contract and advise the Commissioning Partners of any notices from CQC relating to non-compliance.
- 4.4 Where any CQC registered Provider is working in partnership and the partner organisation is not providing a CQC regulated activity, it is recognised that the partner organisation does not require CQC registration.
- 4.5 All services should be provided in a way that maintains the Service User's independence and choice in their Care and Support in as many aspects of daily living as possible. This may mean assisting and encouraging Service Users to do something for themselves (self-care) rather than providing direct care, or working alongside the Service User to enable them to maintain control of their own domestic environment, physical appearance, hygiene etc. The services must also be built around the Service User's need and desired outcomes.
- 4.6 The service will:
- Support Service Users to keep well and maximise their independence by providing the highest quality of services to meet their outcomes.
  - Ensure that older people and adults with physical disabilities and/or mental health can access the right care and treatment, stay as well as possible, and can live well with long term conditions and Care and Support needs.
  - Facilitate appropriate and timely hospital discharges, ensuring a visit is made to the hospital within 48 hours of the request to assess prospective or returning Service Users.
  - Meet the needs of Service Users in a residential setting who have Dementia in compliance with Standard 13 Dementia/Mental Health. See Appendix 2: Care and Support in a Care Home (with and without Nursing) Quality Monitoring Standards.
  - Comply with the National Institute for Health and Care Excellence (NICE) quality standard guidance for the care of those with mental health needs in residential care settings.
  - Comply with the NICE guidelines for supporting Service Users with dementia and their Carers in Health and Social Care.
  - Support timely respite for Services Users to support the wellbeing of unpaid Carers and reduce instances of Carer breakdown.

- Support or facilitate access to social, vocational and recreational activities, both on and off-site, in accordance with the individual Care and Support needs of Service Users, including, but not limited to the following:
  - Day opportunities;
  - Arranging transport;
  - Shopping and handling their own money;
  - Accessing Arts and Culture events;
  - Access to books, newspapers, radio and television;
  - Assisting with tasks in and out of the home (following appropriate risk assessments);
  - Local community based services such as church services, social clubs, etc. and;
  - Hospital and other medical appointments
- Actively encourage and promote an asset based approach, engaging with other local Providers and groups such as voluntary organisations, schools, colleges, churches, arts and crafts groups, libraries etc., ensuring all assets are fully utilised to their best effect.
- Raise awareness of dementia, with the setting becoming part of the dementia friendly community.
- Develop a whole system approach where the home is an essential part of the community, including to both existing Service Users and other members of the community and their Carers who would benefit from the activities available through the home.

## **5. Service access and commissioning**

- 5.1 Eligibility for services is based on an assessment of the Service User's needs and risks to independence. Assessments take into account specific Service User needs, including the impact of equality issues such as race, culture, gender, age, disability, sexuality.
- 5.2 Eligibility across the Commissioning Partners differs:
- Adult Social Care Service Users: services are provided to those Service Users who are unable to meet two or more of the outcomes specified in the Care Act, and where there is a significant impact on their wellbeing as a result.
  - Continuing Health Care Service Users: Service Users in receipt of Continuing Health Care will have had their eligibility for services determined via assessment and through the completion of the Decision Support Tool (DST).
- 5.3 The Provider will ensure that the Care and Support Worker will know about any communication needs of the Service User and will receive necessary training to meet these needs. The lines of communication should also be clearly defined.
- 5.4 Where the Service User has an independent advocate or formal Carer, the Provider will take account of the view of independent advocate or Carer in line with the conditions of the Mental Capacity Act 2005. If the Provider is in doubt that the independent advocate is not working for the Service User's best interest, this must be reported to the responsible Commissioning Partner.

5.5 Care home services are available to:

- adults over the age of 18 years who have a physical disability and/or mental health issue or an older person aged 65 years and have received an assessment and where there are no available services within the community to meet the identified need.

## 6. Top Up Contributions

6.1 The following section applies to Service Users receiving placements within Care and Support in a Care Home setting from Dorset Council. It is, however, possible that during the term of the Framework there may be further developments regarding contributions for CCG funded placements. Providers will be engaged as part of this process as appropriate.

- Where the Service User chooses a home that is more expensive than the amount identified for the provision of accommodation in the personal budget, an agreement will be made as to how the difference will be met. This is known as a 'Top Up' Contribution and is the difference between the amount specified in the personal budget and the actual cost of the Services at the preferred home.
- The payment of a Top Up Contribution must be agreed prior to the commencement of the placement. The responsible Commissioning Partner shall undertake a financial assessment to ensure that the Third Party is willing and able to meet the additional cost for the likely duration of the arrangement, recognising that this may be for some time into the future.
- If the responsible Commissioning Partner is satisfied that the Third Party is able to meet the additional cost, the arrangement will be underpinned by the Agreement for a Third Party Contribution. This letter will be signed by the responsible Commissioning Partner, the Service User and the person who will be paying the Top Up Contribution.
- From 1<sup>st</sup> April 2019, the Commissioning Partners shall pay Care Home fees gross and collect Top Ups direct from the Service User or Third Party.
- This method of service take-up will be used throughout the period of the Agreement. **The Commissioning Partners do not guarantee any placements with the Provider.**

## 7. Private fee payers

7.1 Where the Provider accepts a private fee payer into the care home, the Provider shall ensure that the Service User has sufficient finances to support themselves for at least two years. The Provider shall be able to demonstrate that every reasonable endeavour has been taken to achieve this, including the inclusion of a clause to this effect in the Provider's contract with the private fee paying resident.

7.2 The Provider must refer any requests for Care and Support where the Service User requires public funding, to the responsible Commissioning Partner immediately for authorisation. The Commissioning Partners shall not accept responsibility for the payment of the Local Authority Standard Fee or Funded Nursing Care (FNC) Fee where such authorisation has not been obtained.

7.3 In the event of the private fee payer's assets and/or income falling below the level required for public financial support, the Commissioning Partners will not guarantee to fund the cost

of the services. An assessment of need shall be carried out by the Commissioning Partners to identify the needs of the Service User.

- 7.4 The private fee payer will be required to continue paying the private fee rate to the Provider whilst the assessment is conducted by the Commissioning Partners.
- 7.5 Where the outcome of the assessment concludes that the Service User is eligible for public funding, the responsible Commissioning Partner shall be responsible for retrospectively paying the Provider for the placement from a specified date agreed. The responsible Commissioning Partner will only pay a retrospective fee rate equal to or less than the current Commissioning Partners' Standard Fee.
- 7.6 Where the Provider is seeking a placement fee in excess of the Commissioning Partners' Standard Fee, the responsible Commissioning Partners' Care Manager will assess and determine if it is appropriate for the Service User to remain in the care home. If not, the Care Manager will request the Brokerage Team to carry out a search to identify a care home that is willing to charge the Commissioning Partners' Standard Fee. The Care Manager will discuss with the Service User their options including the payment of a third party contribution.
- 7.7 The placement will then be secured in line with the responsible Commissioning Partners' standard placement process.

## **8. Equipment**

- 8.1 All equipment needs are deemed to be the responsibility of the Provider with the exception of custom made items for Service Users. This does not include modular solutions.
- 8.2 All homes are expected to carry a comprehensive range of equipment which would assist them in the delivery of the Service User needs.
- 8.3 Where a specialist service offer is communicated to the Commissioning Partners that is the subject of an additional payment e.g. Bariatric care, then it is expected that non customised equipment required to manage that category of care will be at the expense of the Provider.
- 8.4 All charges for equipment will be aligned with the Integrated Community Equipment and Adaptations Service for Bournemouth, Poole and Dorset. Refer to Appendix 7: Pan Dorset Guidance on the Provision of Equipment to Care Homes and Care Homes with Nursing.

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## **9. Transitional Arrangements**

- 9.1 All new placements will be placed in line with the Tariff based model in Appendix 1 P11.
- 9.2 All existing placements above the indicated Framework rate with Providers on the Framework, will be fixed at that rate until such time as they meet the Framework rate. There will be no uplifts during this time.
- 9.3 Rates for Providers who successfully join the Dorset Care Framework and have current placements above the indicated Framework rate, will be fixed at that rate until such time as they meet the Framework rate. There will be no uplifts during this time.

- 9.4 All existing placements below the indicated Framework rate for Providers who are on the Framework, will be increased to the Framework rate.
- 9.5 All existing placements off Framework will be fixed at their existing rate. There will be no uplifts or increases to off Framework rates.

## **10. Service User involvement and empowerment**

- 10.1 Service Users will be involved in all aspects of the service, as detailed in the Dorset Care Framework Overarching Service Specification (Document 1).

## **11. Health, safety and security**

- 11.1 The Provider shall have policies and procedures in place to ensure that serious concerns such as those relating to risk or harm to Service Users or others are readily identified and reported. Where appropriate this may involve contacting the police and in all cases the responsible Commissioning Partner and taking action to safeguard Service Users and Care and Support Workers.

### Risk Management

- 11.2 The Risk Assessment takes into account risks to the Service User. Action is taken to mitigate risk and the Provider will be provided with information about measures required to manage risk.
- 11.3 The Provider must notify the Commissioning Partners of any risks identified in providing a service to a Service User including risks posed to Care and Support staff and other residents, and work co-operatively with the Commissioning Partners to mitigate risks whilst providing a consistent service to the Service User.
- 11.4 Care and Support Workers should also be aware of Service Users' general state and wellbeing and should ensure that appropriate safety procedures are followed.

## **12. Quality assurance and management**

- 12.1 The Provider must have an effective self-monitoring, quality management system as detailed in the Quality Monitoring Standards.
- 12.2 The Provider will be expected to comply with the Commissioning Partners' self-assessment process. There will also be visits by the Commissioning Partners' nominated Officers who will monitor the Care and Support in the care home service against the quality standards which form part of this service specification, and any specific commitments detailed within the Providers' original or subsequent bids, which all form part of the contractual agreement.
- 12.3 This specification incorporates a range of performance and outcome measures which will drive both improved outcomes for Service Users and seek opportunities to support innovation in service delivery. Outcomes achieved shall be measurable and support commissioning decisions both by the Commissioning Partners and Service Users making their own arrangements.



### 13. Quality monitoring

- 13.1 Services and/or interventions will be monitored in line with Appendix 2: Care and Support in a Care Home (with and without Nursing) Quality Monitoring Standards.

### 14. Performance monitoring

- 14.1 The key performance monitoring measures are set out below and should be submitted on quarterly basis to the responsible Commissioning Partner.

KPI Reference	Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4
R1	Number of Service Users assessed within 2 working days of referral				
R2	Number of service Users assessed outside of the 2 day requirement and why.				
R3	Number of Service users accepted into the service				
R4	Number of Service Users declined and why				
R5	Number of DCC Funded Service Users accepted into residential Beds				
R6	Number of other Local Authority Funded Beds				
R7	Number of Dorset CCG CHC/Fast track service users accepted within home				
R8	Number of out of area CCG CHC/Fast Track service users within the home				
R9	Number of Self Funders Accepted				
R10	Number of self-funders transferred to statutory funded bed.				
R11	Number of FNC funded beds.				

- 14.2 This supports the Commissioning Partners overarching performance monitoring framework. See Appendix 3.

### 15. Tariff based Pricing Model

#### Care Elements

- 15.1 The Commissioning Partners will implement a Tariff based pricing model on 1<sup>st</sup> April 2019, which can be viewed at Appendix 1, also within the Pricing Schedule for this Lot.
- 15.2 The 'Base / Usual' price within the pricing model is the weekly rate paid by Commissioning Partners and includes direct residential care for 20 hours per week. Additional payments are

available as detailed in the tariff, as identified and quantified within the Service User's Care and Support Plan. The Commissioning Partners have developed templates that Providers may request in order to evidence additional care hours required in order to meet care and support needs.

15.3 The 'Dementia Premium' within the pricing model will apply where the service user has a formal diagnosis of Dementia.

15.4 The 'Nursing Premium' within the pricing model will apply where Funded Nursing Care applies, or an application is in process at the point of package sourcing.

15.5 The 'Specialist Care' fee recognises that occasionally an individual's needs will not align to the additional care brackets. Therefore, this pricing element will be used to agree negotiated fees.

15.5 The Locality / Market Factors multiplier applies to the geographic location of the Care Home. A map can be found at Appendix 2 to show application of the boundaries. The map has been developed using source data from the Address Base Premium Data Set offered through Ordnance Survey. The data sets are updated regularly, or upon request. Any dispute in locality should be highlighted to the Commissioning Partners.

## 16. Health Elements

16.1 NHS Continuing Healthcare will apply for adults where they have a primary health need. In order for someone to receive NHS Continuing Healthcare funding, they have to be assessed according to a legally prescribed decision-making process to determine whether they have a primary health need. Health Practitioners are required to use a national Decision Support Tool which records an individual's needs across 12 areas of need known as domains:

- Behaviour
- Cognition
- Psychological and emotional needs
- Communication
- Mobility
- Nutrition
- Continence
- Skin integrity
- Breathing
- Drug Therapies and medication
- Altered states of consciousness
- Any other significant care needs.

16.2 For residential/nursing care specifically the Decision Support Tool will be used to determine the fee that will be paid to the care home – a fee will be applied as below to each of the above domains based on the level of need assessed by the Health Practitioner:

- Low           £0
- Moderate   £23
- High           £69

- Severe £129
- Priority £194

16.3 The total cost per person will be established by using the DST assessed needs plus the Dorset Care Framework base price of £547.23 which will provide a sub-total. The weighting for locality (as set out at Appendix 1) will be applied to the sub-total to give the total cost per week for each individual.

16.4 Negotiated rates may apply for Continuing Healthcare placements where it is clinically recognised that the individual assessment is so severe that a negotiation process will be undertaken with Health Commissioners to establish the fee level appropriate to the placement with increased review and monitoring to ensure needs continue to be met.

16.5 Funded Nursing Care (FNC) will apply to Local Authority and privately funded service users at rates that are current at the time subject to eligibility. Once a service user is in receipt of a positive checklist for FNC the arrangements will be made for payment to be made. It must be noted that FNC is not payable to Continuing Healthcare funded service users.

16.6 Fast tracked service users to Continuing Healthcare who are deemed eligible by Healthcare Practitioners will be funded at a fixed weekly rate of £1,000 per week for a minimum period of 12 weeks.

16.7 Exceptional fast track cases will be subject to specialist commissioning with a rate negotiated and agreed between Commissioning and the Provider.

## **17. Award/Call-Off Process**

17.1 Quality evaluation is based on that of Segment 3. It comprises of pass / fail criteria.

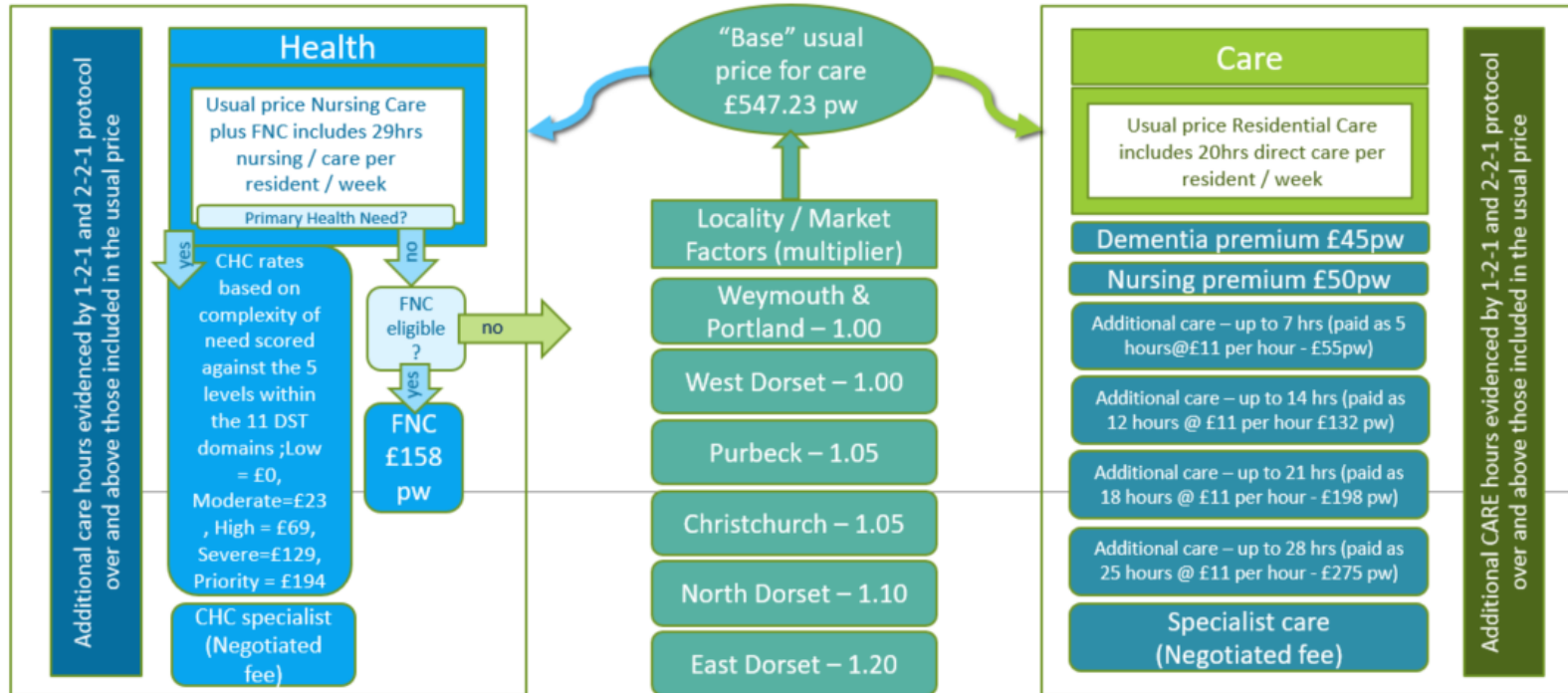
17.2 Price evaluation is based on Bidders confirming their acceptance of the tariff-based cost model developed by the Commissioning Partners. There is an opportunity for Bidders to indicate whether, due to their business model, they have a minimum level of additional hours due to the complexity of care catered for.

The pricing schedule gives clarity to pricing related to placements made with Providers outside of the county of Dorset.

17.3 Placements will be brokered on the basis of those Providers who can meet the Service User needs, as detailed in the Care and Support Plan.

17. Appendix 1 – Tariff Based Pricing Model

## Dorset County Council and Dorset Clinical Commissioning Group Tariff based pricing model for Residential and Nursing Care



**Dorset**

Clinical Commissioning Group



Dorset County Council

## 18. Appendix 2 – Locality Boundary Map

