**Lancashire County Council**

**Learning Disability Framework**

**Provisional Quality Criteria 2014/15**

**Matrix for provider evaluation**

**Provider criteria**

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| 1. **Quality, Monitoring & Procedures**

**1.1 Driving Up Quality Standards**1. Sign Up to DUQ (Tier 1&2)
2. Upload an action plan specific to Lancashire to include how the Lancashire values are being met (This will be actively reviewed by LCC – Tier1)
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| * 1. **Monitoring**

*Commitment & Evidence/Action Plan of how:* 1. Self advocates will be included in the monitoring of quality
2. Families will be included in the monitoring of quality
3. Peer monitoring with other service providers
4. The Lancashire Values are being met
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| **1.3 Remodelling & Community Involvement** Evidence of how the provider1. Has experience of remodelling services (Tier 1)
2. Has experience of maximising community Involvement (Tier1)
3. Commitment to link in the future to remodelling services and move to personalisation (Tier 1&2)
4. Commitment to maximising community Involvement (Tier 1&2)
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| **1.4 Responding to change in need**1. Commitment to managing people when things go wrong or if people become unwell – (Tier 1&2)
2. Evidence of managing people when things go wrong or if people become unwell – (Tier 1)
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| **1.5** Commitment for **involvement of service in partnership board arrangements**Activities such as partnership boards, task groups, networks etc.1. Tier 1&2 Commitment to be actively involved in the above.
2. Tier 1&2 Commitment to inform family members' of partnership board activities and associated activities.
3. Tier 1&2 Commitment to support self advocates to attend partnership board activities and associated activities.
4. Tier 1 current active involvement in the above
5. Tier 1- demonstrate active support to self-advocates to attend partnership board activities and self advocate forums
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| **1.6 Commitment to working with other stakeholders around local workforce issues and development**Tier 1 & 2 |
| **1.7** **To participate in any audits or mapping exercises conducted by or on behalf of the local authority** Tier 1 & 21. Fire Safety
2. Housing Audit
3. PCP Audit
4. Health and Social Care Self-assessment Framework
5. Other information gathering exercises
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| **1.8 Achievement of IIP or external nationally recognised accreditation which includes staff development in a vein similar to IIP**Tier 1 & 2 A copy of current certificate to be provided. |
| **1.9 CQC Rating & Latest Report**Tier 1 & 2 Complete the attached spreadsheet (*to be supplied at tender stage*)and enter details of your organisations most recently published (and therefore publicly available) CQC Inspection(s) relating to your provision of domiciliary services for people with Learning Disability in Lancashire/North West of England. |
| **1.10 Management Structure & Qualifications** 1. Tier 1 - Evidence of Local Management Arrangements –expectation of any middle management being physically based in Lancashire and close to the supported living tenancies rather than schemes being remotely managed?
2. Tier 1&2 – Commitment to Local Management Arrangements
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| **1.12 Operational references**Providers to provide reference details of two major contracts they have been awarded  or currently hold within the last three years for the provision of services, supplies or works similar to those required by the Council. References for works with Local Authority or other Public Sector bodies should be considered preferable. In order to avoid the potential for a conflict of interest, references should not be supplied for works undertaken on behalf of Lancashire County Council. However, if such references are the only ones that can be provided then the council may accept the references subject to the Council’s absolute discretion to reject any reference(s) that create or may be considered to create a conflict of interest. |
| 1. **Mental capacity, Physical intervention & Safeguarding**

**2.1 Mental Capacity Act 2007 & deprivation of liberty safeguards –** 1. Commitment to the 5 Key Principles of the MCA (Tier 1 & 2)
2. Provide a recent case study (last 12 months) of how you have applied the 5 principles of the MCA Case Example - 500 words. (Tier 1 & 2)

1. Training (guidance and awareness) for service users and families via handbooks, tenants meetings etc. (Tier 1 & 2)
2. Providers able to demonstrate an awareness of difference between restriction of liberty demonstrating best interest decision making process for restrictions and the necessary approval for any deprivation of liberty – Case Example - 500 words. (Tier 1 & 2)
3. Recording of completion and review of decision specific  capacity assessments and  best interest decision making processes,  providing evidence of how  meaningful decisions for service users are made,  together with evidence of involvement of family / friends and appropriate advocate e.g.  IMCA /IMHA/ non-instructed advocacy. (Tier 1 & 2)

**2.1.1****Mental Capacity Act awareness training** All staff should undertake ½ day briefing/awareness training and a proportion of staff in the organisation to have undertaken 1 day training. Provide evidence that the training is cascaded to staff. **2.2** **Policy & Procedures on Positive Responses to Encourage and Maintain Positive Behavioural Support.**1. Signed up to the North West Core Competencies for Services for People with Challenging Behaviour (Tier 1 & 2)
2. Completed the Core Competencies for Services for People with Challenging Behaviour Service Self-Assessment Document (Tier 1 & 2)
3. Detailed plan about how they would meet the competencies by Nov 2015 (Tier 1)

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| **2.3 Physical Intervention** 1. Providers only use a BILD accredited Physical Intervention Technique (Tier 1 & 2)
2. A submission for a Quality Check, where available, is made for all people. who have Physical Intervention in their Care Plan  and  a supported outcome is achieved (Tier 1 & 2)
3. Commitment to timely MDT working and referrals to appropriate specialists and professionals (Tier 1 & 2)
4. Training – (if appropriate to the service) Understanding of behaviour management techniques, training courses in conjunction with Workforce Development Task Group. Should be linked to individual service user and support plan. (Tier 1 & 2)

**2.4 Safeguarding****Practice around Vulnerable Adults and Abuse – Safeguarding Adults policy**1. Providers adhere to Lancashire's Safeguarding Adults Multi Agency Procedure. (Tier 1 & 2)
2. The provider shall have and maintain in force a Safeguarding of Vulnerable Adults policy.(see criteria 1.11) (Tier 1 & 2)

Policy/Procedure must include:1. Links to "Lancashire Safeguarding Adults Multi Agency Procedure”.
2. Flow Chart or quick reference guide for reporting incidents or suspected incidents.
3. Details of named responsible manager with responsibility for safeguarding adults procedures and staff awareness and training,
4. a named person outside the local office (advocate or someone at head office in cases where service user not comfortable to refer/report within services)
5. details of CQC and LCC for people who wish to contact direct.
6. mechanisms for informing service users and families of the policy
7. mechanism for recording service user’s permission as to who knows and has access to this information.

**Safeguarding Adults training** Evidence of current training plan (Tier 1 & 2) that shows1. All staff must be fully aware of aware of Safeguarding Adults policy & have had basic awareness training - evidence from matrix or induction training records (QCF??)
2. Each organisation to have person who has undergone "Train the Trainer" Safeguarding Adults training.
3. Evidence of Safeguarding Adults Investigation training for person responsible for 'enquiries' to be in line with The Care Act.
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| 1. **Staff Criteria**

**3**.**1 Commitment to limit use of Agency Staff** To produce position statement to set out how the use of agency staff will be limited (Tier 1)To have or to work towards arrangements in house or between providers that negate the need for use of agency staff. (Tier 1 & 2) |
| **3.2 Minimising the use of zero hours contracts (ZHC) & Fair Pay**1. Commitment to zero hours contracts not being the default approach within the organisation. (Tier 1 & 2)
2. Commitment that ZHC should not extend beyond the traditional bank staff function, i.e. as a means to employ casual staff to cover unforeseen absences or social activities. (Tier 1 & 2)
3. Commitment to work with the council and workforce representatives to implement the Lancashire Charter for Home Care with the aim of minimising the use of zero hour contracts and stretching pay levels towards the 'Living Wage'. (Tier 1 & 2)
4. Commitment to pay all staff at least the Lancashire Homecare Living Wage, currently £7.20 per hour by April 2016 (Tier 1 & 2)
5. Commitment to paid travel time for staff between individual visits to service users. (Tier 1 & 2)

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| **3.3 Staff consistency in tenancies** 1. Commitment to ensuring staff consistency in tenancies (Tier 1 & 2)
2. To provide a position statement as to how this is being achieved including consultation with service users when changes do occur (Tier 1)
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| **3.4 Demonstration of pre-employment security checks (provider records or statement from HR dept. as applicable**) **and relevant policy**  *DBS, references, identity checks etc. including agency and bank staff. (Tier 1 & 2)* |
| **3.5 Training matrix for the organisation for all staff** 1. Evidence that individual training plans are related to the person centred plans of people they support. (Tier 1)
2. Sign up to National Minimum Data Set (NMDS) notify they have inputted their workforce information on an annual basis in October (Tier 1 & 2)
3. Mandatory training QCF
4. To provide evidence of participation in and contribution to collective cross provider training arrangements. (Tier 1)
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| **3.6 Specialist Training** (relevant to needs of service and service users)1. Sourcing training for specialist needs; including any training required for challenging behaviour moving and handling, use of equipment, posture care, dementia, administration of medication etc.
2. Work with the multi-disciplinary health team and other specialists to identify and meet the training needs of their staff.

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| 1. **Personalisation Criteria**

**4.1        Person centred planning and support planning** i.        Providers are committed to person-centred support planning and ensure that all the staff in the organisation are trained and coached to use person-centred thinking, tools and practices. (Tier 1 & 2)ii.       Individuals have up to date person-centred support plans in a format that is meaningful to the person, and that are acted upon by staff. Providers can demonstrate use of person-centred thinking tools and reviews to record what they are learning and to continue to develop and update the support plan. (Tier 1 & 2)iii.      Providers know and have a record of each individual’s gifts and strengths. Providers actively use this information to support people to develop relationships and to contribute to their communities. (Tier 1)iv.      Providers know what is important to each individual they support. This is clearly recorded and includes specific, detailed information including relationships, routines and interests. Everybody they support has a one page profile. (Tier 1 & 2) |
| **4.2  PCP and Person Centred Approaches for** **i.              Lifestyle**a)     Evidence of Person Centred Opportunitiesb)    Evidence of Person Centred Opportunities that are not 'off the shelf' (Tier 1)c)     Evidence of Personalised, meaningful Day Time Activities**ii.            Health** a)     80% of people supported have an active Health Action Plan who want one and supported to annual health checks by people who support them (Tier 1 & 2)b)    80% of people who want one have a hospital passport (Tier1)c)     Commitment to the *Health Charter for Providers* (Tier 1 & 2)d)    Commitment to complete the *Health Inequalities Framework* (Tier 1 & 2)e)     Commitment to utilising *Planning for a Good Death* (Tier 1 & 2)**iii.           Employment** a)     Commitment to and evidence of using Person Centred Tools to look at supporting people into paid/unpaid work (Tier 1 & 2)**iv.           Community & Relationships**a)     Providers have a clear commitment and focus on community and ensure staff have a good local knowledge. (Tier 1 & 2)b)    Providers know the places in the community that are important to the person, and other places they may like to be part of. This is recorded, for example on a community map. (Tier 1 & 2)c)     Providers have a specific, measurable plan to enable the person to be fully part of their community, and making a contribution (for example through using presence to contribution). This is regularly reviewed and there is evidence that people are becoming part of their community and contributing to it. (Tier 1)d)    Providers support people to meet new people and develop and sustain relationships and friendships in their community (other than staff and any other people who live with the person). This is recorded, for example on a relationship circle. Staff see this as a main purpose in their role. (Tier 1)e)     Providers have an educational role with the community and prioritising what people need for universal services (Tier 1)f)     Non paid staff support networks & resources (Tier1) |
| **4.3  Evidence of Outcome focused reviews**  i. Providers ensure that all the people they support have person-centred reviews that are outcome focused and that the person and those close to them are at the centre of this process. (Tier 1 & 2) ii.       Reviews are recorded in a way that is understandable by the person and their family and clear, measurable actions are set. (Tier 1 & 2) iii.      Evidence of day to day ongoing activity supporting reviews and outcomes for individuals (Tier 1 & 2) |
| **4.4 Inclusion of service users in recruitment & compatibility with staff from service user’s perspective**1. Recruitment and selection process demonstrates a person-centred approach. Providers recruit by selecting people for their values and beliefs, and personal characteristics, not just their experience and knowledge. (Tier 1 & 2)
2. Job descriptions, wherever possible, are developed with the people you support to ensure that they are person centred, using information from staff matching. It is common practice for people to be involved in recruiting their own staff, in a way that works for them. (Tier 1 & 2)
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| **4.5        Independence/ Risk Management**1. Providers have developed an approach to risk in conjunction with the people we support, their families and other stakeholders and believe they have an approach to risk that is based on listening to what is important to people. This is recorded in person centred risk assessments. (Tier 1 & 2)
2. Providers can demonstrate that our approach to risk thinks as much about what happiness is and what’s important to the person as it does about how to stay healthy and safe. All staff are clear about their responsibilities in this respect and positive risk taking is actively encouraged. (Tier 1)
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| **4.6        Use of Personal Budget** i.        Provide each person supported with details of the cost for their service in a format that is meaningful to them. Providers are clear with people that they can use their budget flexibly. (Tier 1 & 2)  ii.       Providers can demonstrate that how they have facilitated creative options to provide support that is more natural supports (unpaid) such as volunteers, neighbours, friends and family and the wider community. (Tier 1)  |
| **4.7 Communication**1. Provider knows how each individual communicates (particularly people who do not use words) and actively and consistently support the person’s communication. (Tier 1 & 2)
2. One page communication profiles, communication passports/guides and other tools are used to record how people communicate and these are actively used in supporting communication with others.(Tier 1)
3. The provider takes a total communication perspective and ensures the communication environment supports choice and control for the individual. (Tier 1 & 2)
4. There is evidence of ongoing learning and testing of beliefs about each person’s communication and this is evidenced through the use of communication learning logs. (Tier 1 & 2)
5. The provider ensures that the workforce has the required range of communication skills to enable the people they support. The communication check list is used to audit workforce skills and an action plan to address gaps in skills and understanding is developed. (Tier 1)

1. The “Five good communication standards” are demonstrated in support to all individuals the provider supports. (Tier 1)
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| **5. Advocacy**1. Providers’ commitment to an awareness and criteria for engaging with and actively referring to advocacy services, including non-instructed advocacy and self-advocacy. (Tier 1 & 2)
2. Providers to record numbers of people referred by them to advocacy services with outcomes in the last 12 months. (Tier 1)
3. Providers to provide a case example of a referral and the outcomes (Tier 1)
4. Providers ensure everyone they support is aware of self advocacy networks and of how they can get involved. (Tier 1 & 2)
5. Providers demonstrate that people who want to participate in self advocacy networks are actively supported to do so. (Tier 1)
6. To ensure provider tenancy meetings link into self advocacy networks and are able to feed issues raised into partnership networks.(Tier 1)
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| **6. Involvement of Family Carers**  1. Providers to sign up to the Provider Charter for Carers (co-produced with LCC) (Tier 1 & 2)
2. Providers to make all family carers aware of and have access to copies of the 'Provider Charter for Families'. Tier (1+2)

1. Providers can demonstrate that they are actively fulfilling the Charter and contribute to the ongoing development of supporting tools for the charter. (Tier 1& 2)
2. Providers can demonstrate that families are kept informed in a way which works best for the family carer but with the person remaining at the centre of the communication. (Tier 1)
3. Providers can show how they clearly communicate with family carers, including involving them in a satisfaction surveys and Driving up Quality assessments. Providers to demonstrate active engagement of family carers in co-production for the development and improvement of their service. (Tier 1)
4. Providers to give evidence that they have developed clear ways of working with involving families when the individual does not have capacity to share information and/ or make day to day decisions.  (Tier 1)
5. Providers to commit to working with family carers as 'experts by experience' and can demonstrate how family carers' input is valued and included in service and organisational decisions. (Tier 1)
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| **7. Financial Stability**1. A Dun and Bradstreetcomprehensive report will be obtained by the Council to assess an organisation's financial viability.  This includes a risk indicator which will be scored.
2. Providers will also need to demonstrate that they have met their obligations to any banking facilities/loan agreements/creditors/staffing/tax and national insurance.
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