

NHS Standard Contract 2026/27 Schedule 2A - Service Specification

Service name	Provision Of Care Home with Nursing and Funded Nursing Care
Service specification number	2.0 – September 2026
Population and/or geography to be served	
1. National/Local Context NHS Devon ICB ('The Commissioner') is responsible for meeting the health needs of individuals Service User within or temporarily within the NHS Devon ICB footprint, including exceptional out-of-area placements. This specification applies to individuals who: • Have been assessed as having a primary health need • Are eligible for NHS Continuing Healthcare (CHC) or NHS-Funded Nursing Care (FNC) • Require Section 117 or Section 17 leave • Require placement in a care home with nursing The Commissioner will: • Plan, commission and monitor services • Ensure ongoing case management and reassessment • Maintain clear accountability between care providers and NHS services All Service Users must: • Have 24-hour access to a registered nurse • Receive care equivalent to community nursing provision Short-term placements may be commissioned for: • Hospital discharge, including Acquired Brain Injury (ABI) and spinal DTA placements • Rehabilitation and reablement The responsibility of the Commissioner in relation to assessing, care planning and commissioning services for such people is described in The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (updated July 2022). The National Framework states that, <i>"It is the responsibility of the ICB to plan strategically, specify outcomes and procure services, to manage demand and provider performance for all services that are required to meet the needs of all individuals who qualify for NHS Continuing Healthcare The services commissioned must include ongoing case management for all those eligible for NHS Continuing Healthcare, including review and/or reassessment of the individual's needs"</i>.	

The National Framework also requires that, *“ICBs should ensure that their contracting arrangements with care homes that provide nursing care give clarity on the responsibilities of nurses within the care home and of community nursing services, respectively. No gap in service provision should arise between the two sectors.”* For the sake of clarity, the Commissioner expects that all the Service Users of care homes with nursing funded by the Commissioner have 24-hour a day access to registered nurse. Those nurses should give the Service Users of the home the same range of services that are available to members of the community from district nurses and community psychiatric nurses and delivered to the same high standard.

The National Framework also states that, *“...If the individual is, or will be, supported in a care-home setting, the care home may need to provide certain equipment in order to meet regulatory standards or as part of its contract with the ICB. Further details of the regulatory standards can be found on the Care Quality Commission’s website.”* The Commissioner’s requirements in respect of equipment available to Service Users are contained within the Commissioners relevant geographical area equipment policy.

In addition, the Commissioner is responsible for purchasing short term placements in a care home for individuals on hospital discharge. This is to allow for a period of reablement/rehabilitation/recouperation or to enable a further period of assessment to determine the long-term need and potential eligibility for continued health care funding.

1.1 Evidence Base

Legislation, and any associated case law, guidance, and codes of practice which providers must take account of will include, but is not limited to:

- [The NHS Constitution for England 2012 \(updated January 2021\)](#)
- [NHS and Community Care Act 1990](#)
- [Health and Social Care Act 2022](#)
- [Health and Safety at Work Act 1974 and all subsequent guidance](#)
- [Human Rights Act 1998](#)
- [Equality Act 2010](#)
- [The Data Protection Act 2018](#)
- [Chronically Sick and Disabled Persons Act 1970](#)
- [Disability Discrimination Act 1995](#)
- [Food Standards Act 1999](#)
- [Carers \(Recognition and Services\) Act 1995](#)
- [Community Care \(Direct Payments\) Act 1996](#)
- [Rehabilitation of Offenders Act 1974](#)
- [The Working Time Regulations 1998](#)
- [Management of Health and Safety at Work Act Regulations 1999](#)
- [Manual Handling Operations Regulations 1992](#)
- [Control of Substances Hazardous to Health \(COSHH\) Regulations 2002 \(updated January 2020\)](#)
- [Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
- [Lifting Operations and Lifting Equipment Regulations 1998 \(Updated January 2021\)](#)
- [Provision and Use of Work Equipment 1999 \(Updated January 2021\)](#)
- [Freedom of Information Act 2000](#)
- [Mental Capacity Act 2005](#)

- [The Mental Capacity \(Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence\) Regulations 2008](#)
- [Corporate Manslaughter and Corporate Homicide Act 2007](#)
- [Delivering Dignity Securing dignity in care for older people in hospitals and care homes](#)
- [Enhanced Health in Care Homes](#)
- [The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care \(updated July 2022\)](#)
- [Mental Health Act 1983](#)
- CQC Standards - [Regulations for service providers and managers - Care Quality Commission](#)

The Provider must comply with all statutory and regulatory frameworks and maintain awareness of changes to legislation.

Service aims and desired outcomes

2. Service Outcomes

- The Provider will ensure that Service Users have comfortable and safe accommodation that meets their social and health care needs.
- The Provider will further ensure that Service Users can maximise their potential in relation to their physical, intellectual, emotional and social capacity by providing care that is personalised and recognises their individuality, promoting independence (aligned to rehab and reablement).
- The Provider will ensure that the care Service Users receive is delivered by staff who are motivated, equipped and empowered by the Provider to meet all of the health and social care needs of Service Users sensitively and in ways that enhance their dignity and well-being.
- The provider will ensure they have safe staffing levels to meet the needs of individuals and appropriate staff skill mix.
- Provider to create personalised meaningful activity care plans for individuals who require enhanced supervision or others that may benefit from this approach, to include appropriate activities that benefit individual's needs, outside of generic activities

The expected outcomes for an individual Service User who is residing on a short-term placement (i.e. from hospital discharge to promote independence/recuperation) should be stated in the Commissioning Care Plan with any targets to be achieved with an approximate time span identified. The full scope of care as defined in the Commissioning Care Plan will form an integral part of and is in accordance with the Contract.

The care home provider will submit to the Commissioner Care Plans that relate to the identified long-term outcomes for the Service Users

In addition, the Commissioner is committed to the following aims and objectives:

- Promoting independence and health by continuing to support Service Users to maintain their independence for as long as possible.
- Delivering person centred care

- Challenging discrimination
- Dignity in Care
- Least restrictive practice

Therefore, the provision of the Service will result in the following outcomes:

- That the needs of the Service User will have been met and any specific needs over and above the National Minimum Standards as identified in the Commissioning Care Plan (short-term placements) and agreed to be provided by the Provider.
- That the quality of life and self-esteem of the Service Users will have been improved and that their dignity, independence, choice and privacy will have been promoted.
- A person-centred approach will be developed to ensure that people who use the Service are effectively listened to about what they really want and are helped and supported by all. This will mean that any concerns raised by Service Users are listened to, recorded and dealt with promptly.

Outcomes

The Provider will ensure:

- Safe, high-quality accommodation
- Delivery of personalised, person-centred care
- Skilled and supported workforce
- Safe staffing and appropriate skill mix
- Provision of sufficient, suitable and safe CQC regulated equipment/digital technology to meet each residents assessed need, which is properly maintained.

Outcomes will include:

- Improved wellbeing and quality of life
- Maintenance of independence
- Preservation of dignity, privacy and choice
- Effective engagement and responsive care
- Service that is digitally enabled

Service description and location(s) from which it will be delivered

3. Scope

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- 4.2 Mental Capacity Act (2005)
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- 7.10 Visiting the Care Home
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- 7.12 Moving into the Care Home
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- 7.14 Ongoing Review
- 7.15 Exit from the Care Home
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8. Applicable Service Standards

9. Individual Service User Placement

10. Summary of Individual Contracts

11. Appendices

3. Scope

Service Description

This contract will cover the commissioning for individuals whom NHS Devon ICB have funding responsibility, whose registered GP practice (or originating GP practice) falls within the Devon County Council footprint and whose individual service agreement is issued by Devon County Council on behalf of NHS Devon ICB.

The Commissioner expects that the Provider will meet the health care needs of all the Service Users in the home whose care is being commissioned by the Commissioner. The Commissioner also expects at least the same care standards to apply to the care of other Service Users of the home whose care may be self-funded or funded by another organisation.

The Provider shall provide care home accommodation that includes a single room (unless Service Users wish to share or because of a best interest decision), personal toilet facilities, full board including laundry, personal care, 24hour nursing care (where detailed within a Commissioning Care Plan), equipment and day-time activities that are appropriate to the capabilities of Service Users to participate in and enjoy. Exceptions can be made when agreed with the Commissioner and when appropriately documented on the Service Users Commissioning Care Plan.

The Provider will offer Service Users the opportunity to enhance the quality of their lives by providing a safe, manageable and comfortable environment, plus care, support and stimulation in accordance with the principles of person-centered care using up to date and evidence-based assessments of need.

Determination of the appropriateness of the accommodation and service will be made by the Commissioner and its partner organisations (including, but not restricted to, the Care Quality Commission, Devon County Council, Plymouth City Council) from time-to-time, as required. The environment will include reasonable access to a garden or other outside area.

The tasks and support to be undertaken by the Provider with and for Service Users include the following. This list is not exhaustive and may not be needed in all cases as agreed with the Commissioner.

The Provider Led Commissioning Care Plan should include:

- Care and support in accordance with the Service User's medical condition, health and social needs.
- Access to medical/clinical care as appropriate to the Service User's condition and the facilities available within the home.
- Management and administration of the Service User's medication.
- Identification and appropriate management of continence needs arising from the service users bladder or bowel function. The Provider will use its best endeavours to restore continence by implementing assessment and therapeutic treatment.
- Timely and appropriate referral to other services, including specialist healthcare staff, as and when required.
- Assistance with self-care when this is difficult for a Service User because of his/her frailty, disability or other limiting factors.
- Assisting the Service User to always retain his/her self-respect and dignity.

Participating in any agreed Programme of rehabilitation designed to assist a Service User to re-establish lost skills or to develop new skills. This may include, but is not limited to, personal care and assisting with tasks around the home. Such activities should be meaningful, appropriate to the capabilities and preferences of the Service User and should not be required of the Service User because of staffing or other issue.

Engaging meaningfully with the Service User to maximise their well-being and sense of self. The Provider will take positive steps to ensure that its staff spends time talking to and relating with Service Users and have a good knowledge of their lives prior to their placement. Such engagement will be positively promoted by the Provider and be seen by all staff as part of a culture that is sensitive to the likes and dislikes of individuals, i.e. the use of digital technology or telecare where appropriate.

Assisting each Service User as appropriate and, where documented, according to a comprehensive Commissioning Care Plan, to avoid distress or discomfort. The Provider will pay due regard to the health, safety and dignity of Service Users and encourage the development of their personal skills and their ability to exercise choice and control.

For each Service User the Provider will maintain an up-to-date support plan which will be accessible to all staff and, as appropriate, to the Commissioner, the Service User and the Service User's relatives and/or representatives (if appropriate and within guidance of Mental Capacity Act), and will, as a minimum, contain the following information;

- a front-sheet or essential details form including demographic details, photograph, family contact details etc.
- description of the care needs of the individual (e.g. breathing, mobility, nutrition etc.)
- care needs reviews (to be undertaken at least monthly and more frequently, when required)
- risk assessments, to be carried out at least monthly and more frequently, when required
- records of visits made to the Service User by external agencies and professionals e.g. GP, dietician, social worker etc
- daily record sheets, on which all relevant interactions with and observations of the Service User are noted
- all correspondence relating to the care needs and well-being of the Service User
- a signature sheet recording the signature of all individuals who have contributed to the daily record sheets.
- Treatment Escalation Plan
- 1:1 monitoring sheets
- Health Action Plan for people with a Learning Disability
- reasonable adjustments for treatment to meet health needs for those who lack capacity

In addition, and in the context of a person-centred approach, the home will assist with social, spiritual, cultural and emotional needs such as:

- orientation within the home and outside
- companionship
- games, activities and intellectual stimulation commensurate to the abilities and preferences of the Service User daily

- socialising with friends/family
- arrangements for worship
- special dietary requirements
- fitness activities.

The way in which the service is offered should be sensitive to the ethnic, religious, sexual and cultural background of the Service User. Ascertaining the preferences of Service Users should be part of the comprehensive Commissioning Care Plan. The Provider is expected to observe and adhere to the principles of the Equality Act 2010, particularly in relation to the nine protected characteristics (age (old and young); race, including nationality and ethnicity; disability (including learning disability); religion or belief; gender reassignment; sex; marriage and civil partnership; sexual orientation; and maternity and pregnancy).

For each individual Service User, the determining factor will be the outcomes to be achieved. The Service User, and where appropriate their relative/friend, should always be central to discussions as to how those outcomes should be achieved.

4. Service Conditions

4.1 The Care Act 2014

The Provider must be fully conversant and compliant with the Care Act 2014 and any associated or subsequent legislation.

The Care Act 2014 sets out the duties and powers of local authorities (and their partner agencies) which include assessing a Person's care and support needs and providing or arranging provision that can meet those assessed needs, which includes the use of Care Home Service placements.

The ICB also holds several duties and powers to ensure there is a robust and sufficient local care market that can meet the needs of the local community through the availability of good quality and financially sustainable services.

4.2 Mental Capacity Act (2005)

People have the right to be involved in discussions and to make informed decisions about their care and support. The Provider will ensure that People using their Services are empowered to make decisions for themselves and that these are respected by the Service and Staff. Where People lack capacity to make particular decisions the Provider will ensure the Mental Capacity Act 2005 and its Code of Practice are followed.

The Provider will ensure that Staff involved in making decisions regarding People who lack capacity, or supporting decision-making with a Person who has capacity, follow the 5 key principles set out in the [Mental Capacity Act 2005](#).

The Provider will ensure all Staff understand their responsibilities under the Mental Capacity Act 2005 and have the appropriate level of recognised training to be able to undertake their role.

Mental Health Act (1983)

Section 117 aftercare is a free legal duty under the Mental Health Act 1983 requiring the NHS (Integrated Care Boards) and local authorities to provide community care services for individuals leaving hospital after certain forms of detention

For patients receiving care and treatment within mental health services periods of s17 leave is an important part in their recovery particularly in relation to discharge planning. S17 leave can be part of the s17 aftercare plan can individuals for a successful return to the community with periods of leave being an essential component to this.

The Provider will ensure all Staff understand their responsibilities under the Mental Health Act (1983) and have the appropriate level of recognised training to be able to undertake their role.

4.3 Care Quality Commission (CQC)

The Provider must be registered with the Care Quality Commission (CQC) or successor organisation for the duration of the Contract. This is for the delivery of the regulated activity of Personal Care.

The Provider must refer to the relevant CQC documentation, policy and requirements. It is the Provider's responsibility to maintain up to date knowledge of the current regulatory codes.

The Provider is required to work in partnership with the ICB to satisfactorily and reasonably meet the requirements of any improvement plans put into effect because of poor performance against the scope of the Contract and/or concerns about the quality of the Services delivered.

4.4 The Unison Ethical Standards

The Unison Ethical Care Charter 2 looks to establish a baseline for the safety, quality and dignity of care by ensuring employment conditions do not negatively impact Staff. It also facilitates the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels.

The provider is required to comply with the [UNISON Ethical Care Charter](#) including:

- Those Staff who are eligible must be paid statutory sick pay.
- Zero-hour contracts will not be used in place of permanent contracts unless this is the preference of Staff.

The Provider will have a clear and accountable procedure for following up Staff concerns about the Person's wellbeing.

All Staff will be regularly trained to the necessary standard to provide a good service at no cost to themselves and in work time.

All Staff will be paid at least the Real Living Wage.

All Staff will be covered by an occupational sick pay scheme to ensure that Staff do not feel pressured to work when they are ill to protect the welfare of the Person they are supporting.

4.5 Social Value

The Public Services (Social Value Act) 2012 requires all public bodies in England and Wales to consider how the Services they commission and procure might improve the economic, social and environmental wellbeing of the area. The Provider shall meet the requirements for social value as set out in their tender submission and demonstrate how the Service delivers additional social value. This will be monitored annually or as required.

4.6 Partnership

The Provider will ensure the Care Home Services are delivered as part of the wider integrated health and social care services, working with other professionals including but not limited to GPs, consultants, primary health teams, acute health services, specialist health services, social workers, occupational therapists, physiotherapists, community mental health and nursing teams, the voluntary and community sector and other independent Providers.

The Provider and the Commissioner will build a shared understanding of each party's culture, values and approach to facilitate consensus, resolve any conflict and maintain a level of trust across the organisations.

The Provider and the Commissioner will work in ways that promote trust and openness, recognising the value each party brings, and the context in which the respective organisations operate.

4.7 Fair Access, Equality and Diversity

The ICB is committed to ensuring that equality and fairness are embedded in everything we do as an employer, provider, procurer and commissioner of Services.

The Provider shall not treat any Person or member of Staff less favourably than another on grounds of their age, colour, race, nationality, ethnic origin, disability, gender identity, marriage or civil partnership, religion or belief, gender, or sexual orientation.

4.8 Autonomy, Independence, Rights and Choice

The Provider will ensure rights-respecting cultures are developed within their organisations where the Provider, Staff and People using services all feel empowered to create and sustain environments where everyone is acknowledged with the dignity and respect, they deserve as human beings in line with the FREDA principles. These principles underpin rights-respecting care and help support legal compliance, for example with the Equality Act 2010 and Human Rights Act 1998. The principles are:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy (choice and control)

4.9 NICE Guidance

In observing the principles of care, the Care Home will work to those set out in the [NICE guidelines](#), quality standards and pathways

4.10 Managing Behaviour that Challenges Service Delivery

The Provider will take account of the CQC's guidance on [Positive Behaviour Support for people with behaviours that challenge](#) during Support Planning, where relevant, which states that services supporting People whose needs and histories mean they are likely to present with behaviours that challenge should use 'recovery-based approaches and delivery of care in accordance with the principles of Positive Behavioural Support (PBS).

PBS is a framework used to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists people by:

- Designing more supportive environments (primary)
- Supporting individuals in developing skills that will improve their quality of life (secondary)
- Having clear bespoke and widely agreed planned responses to particular behaviours if restrictive interventions are to be used (reactive).

4.11 Dual Sensory Loss

The Provider is expected to identify and support deafblind, deaf and visually impaired People accessing the Service. The Provider is required to ensure all Staff are trained on sensory loss awareness.

4.12 Person-Centred and Strength Based Approach to Care

The Provider will ensure the Person has their care and support provided so that it meets their identified eligible Needs, in accordance with their Person-centred Care and Support Plan. This is to include social Needs, including meaningful activities. The Provider will ensure the Person's health Needs are met either through direct provision of Nursing or joint working with commissioned health services, in accordance with the status of the Care Home's registration.

The Provider will work in an enabling way that allows the Person to increase or maintain their level of independence and quality of life wherever possible.

The Provider will ensure the Person is actively involved in Coproducing the Service, and where possible, can direct their care and support arrangements. The Provider will ensure this approach is evident in every Person's Support Plan, setting out how the Person is at the centre of the Service delivery and that their meaningful involvement is based on a sharing of power between the Person, the Provider and their Staff.

In accordance with the strategic direction of care and support services in Devon, the Provider will be required to take a flexible, Strengths Based Approach. A Strengths Based Approach will help to increase self-esteem and self-worth by valuing the capacity, skills, knowledge, connections and potential of individuals, ensuring they are supported to identify their strengths and develop the skills and knowledge needed to achieve their goals.

The Provider will develop a positive and dynamic risk management plan with the Person that delivers the least restrictive model of support which is key to strength-based practice.

4.13 Coproduction

The Provider will instil the principles of Coproduction in appropriate aspects of the Service. Coproduction means giving individuals agency over the care and support they receive by giving them the opportunity to influence and make decisions about the Service.

The Provider will actively involve Care Home Service Users and their families, Staff and other Stakeholders identified by the Provider in a range of opportunities to participate in and influence the running and development of the Care Home and the Service. This may include allowing the Person to have an active say in how and when they receive their support and what activities they participate in, as per their own preference

4.14 Care planning

The Commissioner will be responsible for identifying the Person's care and support needs and desired outcomes and for developing a Care and Support plan outlining the Services required to meet their needs.

The Provider will review the Care and Support Plan and develop, within the first seven days following admission, a Support Plan with the Person and their circle of support, informed by the Care and Support Plan and any other information provided by involved professionals.

The Support Plan will be Personalised and will take a holistic approach to meeting the Person's assessed needs, desired outcomes, and health and wellbeing. An integral part of this process will be giving full consideration to the religious, spiritual and cultural requirements of each Person receiving the Service.

The Provider will ensure that the Person's Support Plan is kept up to date, reviewed at least annually and is reflective of their evolving goals and aspirations.

In agreeing to the Care and Support Plan the Provider is expected to meet all of the Person's needs included in the Care and Support Plan. The Provider will:

- Ensure any valid advanced decisions to refuse treatment and defined Best Interest Decisions stated in the Person's Care and Support Plan are adhered to, including Person's end of life wishes (if known) and Treatment Escalation Plan (TEP). Wherever a Best Interest Decision has been made, the Provider will continue to encourage the Person's participation in these decisions. The Provider will notify the Commissioner of any changes in circumstance, which may necessitate a review of the specific Best Interest Decisions.
- Review the Person's care and support Needs on an ongoing basis and no less than monthly, instigating a formal Review wherever the Needs of the Person have changed to the extent that they require a change in the level or type of service provided.
- The Care and Support Plan will include a Risk Assessment record of risks to Carers, Staff, the Person, and other persons associated with the care package. Risks may include:
 - Risks from the care environment;
 - Safeguarding risks;
 - Risks related to the Person's behaviour; and
 - Risk assessments for nutrition (Malnutrition Universal Screening Tool – MUST), pressure ulcers, falls etc.

The Provider will ensure Risk Assessment records include any specific requirements for managing and mitigating risks. It is the Provider's responsibility to review and update these risks within the Support Plan review. The Care Home will agree the funding arrangements with the Commissioner at the point of change and not with the Care and Support Plan reviewer if they are employed by a different Commissioner.

The Provider must ensure that all financial transactions which it carries out on behalf of the Person are carried out in accordance with the requirements identified in the Care and Support Plan and Staff will be supported to fully understand policies and procedures in this regard.

5. Service Delivery

5.1 Standards

The Service Provider shall provide the Service in accordance with its obligations under this Agreement and with all the skill, care and diligence to be expected of a competent provider of services of this type. The Service Provider must comply with all requirements of the Health and Social Care Act 2022, any Regulations made thereunder, and the of the Regulatory Body.

The Service Provider shall ensure that sufficient numbers of people of appropriate ability, skill, knowledge, training or experience, are available to provide and to supervise the proper provision of the Service and to meet the assessed needs of Service Users, as detailed in the Service User's Commissioning Care Plan, where this has been supplied as part of the referral process. This shall include, where appropriate, accompanying Service Users to outpatients' appointments and emergency hospital admissions, and to enable Service Users to partake in other activities outside of the home.

At all times throughout its appointment the Service Provider shall ensure that its personnel are DBS checked and properly and sufficiently skilled and trained in order to deliver the Service and further shall ensure that its staff whilst performing the Service carry out their duties and behave in an orderly manner and in as quiet a manner as may reasonably be practicable having regard to the nature of the of the duties being performed by them.

5.2 General Staffing

It is essential that the Provider can Staff the Care Home flexibly and adequately from the commencement date of the Contract and throughout the Contract period, in order to react to

varying levels of demand, including the need to deal with sudden unplanned increases or decreases in needs.

The usual Background Staffing Establishment of the Care Home must be suitable to provide, as standard, 24/7 care and support to meet the Needs of Service Users that includes but is not limited to:

- Direct support with personal hygiene, washing, grooming, using the toilet and dressing (including Double Handed care for Enhanced placements)
- Activities to support mental and physical wellbeing undertaken as a group
- Activities to support mental and physical wellbeing undertaken as an individual on an ad hoc basis
- Supervision, prompting or administration of medication.
- Community attendance either on an ad hoc basis, as part of a group activity or for medical appointments.
- Some challenging behaviours that may pose a risk to self and others but is responsive to intervention.
- Supervision, prompting or intervention with eating and drinking.
- Reassurance and emotional support with mental wellbeing and agitation.
- Any other support that can be provided within the Care Homes usual staffing establishment that do not require an additional, dedicated member of Staff.

The number of Staff at the Care Home is required to meet the CQC's fundamental standards of care for Staffing.

The Provider will always ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced Staff to meet the Person's eligible Health and Social Care Needs, provide the level of care set out in the Person's Care and Support Plan and to ensure the Care Home is Staffed 24 hours a day, 365 days a year. In an emergency the Provider will instigate their Business Continuity Plan.

The Provider will have a systematic approach to determine the number of Staff and range of skills required in order to meet the needs of all Service Users. This will be sufficient to keep Service Users safe at all times, taking into account:

- The skills, experience and competence of the Staff
- The fluctuating needs of Service Users at different points during the day, week or year
- The size, layout and registration of the Care Home.

The Provider will ensure there is a designated leader on duty at all times. The lead member of Staff will be aware of their roles and responsibilities and will be accessible to both Staff and Service Users at all times.

For Services that support people with Nursing needs, the Provider will ensure there is a registered nurse on duty and on site at the Care Home at all times. This does not include any on call or sleep-in arrangement.

All Nursing Staff must demonstrate the required skills; experience and operational practice and be registered with the NMC. The Provider will check NMC pin number and revalidation status and declaration of any other information relevant to professional registration such as sections of register or restrictions on practice.

The approach taken by the Provider will reflect the current legislation and guidance.

The Provider will ensure the Care Home has a recorded Staff rota in place showing which Staff are on duty at all times during the day and night, the capacity in which they were working. The Provider will also hold a record of any Staff absences for the same period.

Where there is an emergency or other unforeseen event, the Provider will have procedures in place that ensure sufficient and suitable Staff are deployed to cover both the emergency and the routine work of the service.

The Provider will ensure regular Staff meetings take place. Staff meetings will be proportionate based on the size of the Care Home, complexity of Service Users need, any quality and performance issues and will generally be no less than monthly.

5.3 Additional staffing or Dedicated (1:1) Care Hours

Where a need for Dedicated Care Hours has been identified to meet an individual Person's Assessed Needs, the Provider may need to utilise additional Staffing over and above the Provider's usual Background Staffing Establishment of the Care Home.

All additional care will be agreed between the Commissioner and the Provider before it is provided. The Commissioner will not be liable for the cost of additional care that was not agreed in advance.

In exceptional situations where additional care is required but there is insufficient time for advanced agreement, the Commissioner will cover the cost of the care if the Provider:

- Notifies the Commissioner in writing by the next working day.
- Can articulate to the Commissioner the reason for insufficient time to agree in advance and provides the evidence of the emergency or sudden significant change in the Person's condition.

Where Dedicated Care Hours are being provided for the Person, the Provider will ensure there is a member of Staff assigned to the Person for the specified timescale agreed. The Provider must be able to evidence that any additional support required is included on the Staff rota and that this is provided in addition to the normal Background Staffing Establishment for the Care Home. If the Person is admitted to hospital, any Dedicated Care Hours will discontinue immediately and be reinstated when the Person returns to the Care Home. If Dedicated Care Hours are explicitly required in the hospital the Provider must approve this with the Commissioner prior to deploying the Staff to the hospital.

Providers may be required to evidence the delivery of Dedicated Care Hours on a case-by-case basis. Dedicated Care Hours will be monitored and reviewed by the Commissioner and may include unannounced assurance visits.

It is expected that Dedicated Care Hours are delivered by Staff who understand the care and support needs of individuals to ensure that additional care is not a form of 'observed supervision', but an opportunity to:

- Engage proactively and meaningfully in conversations and activities to ensure the Person is supported in a state of wellbeing.
- Understand how to detect changes in behaviour that, if recognised early, Staff can put techniques and actions in place to reduce the individual's anxiety and likelihood of further adverse escalation and harm.

5.4 Agency Staffing

Where the Provider is unable to Staff the Service through their usual pool of Staff including bank workers, or where the Care Home is unable to meet an additional short-term need for additional care within its own workforce, the ICB expects the Provider to source agency Staff. The ICB shall not pay any enhanced rate for the use of agency Staff.

Considerations should be given to current NHS guidance where Care Home (with and without Nursing) Staff should make best endeavours to limit working in multiple locations where possible to limit the spread of infectious diseases.

In an emergency and where the Provider has been unable to source an agency member of Staff, the Provider may request the assistance of the Commissioner to identify care availability, however any purchasing and management arrangement will be between the Provider and the agency identified.

5.5 Staff Training and Development

The Provider shall ensure Staff are trained to suitable and industry standards appropriate to their position.

The Provider will ensure a Staff training and development programme is in place to allow all Staff to deliver a Personalised Service consistent with the latest statutory requirements, guidance and best practice. In addition to general care training, other training shall be specifically targeted to the service user group and focus on issues arising in the Service. The Staff training and development programme is likely to include:

- An understanding of the policies and procedures for safeguarding and protecting adults and children that are in accordance with current legislation.
- An understanding of and ability to work in a Person-centred way.
- The ability to use a wide range of communication techniques including alternative augmentative communication.
- An understanding of and ability to work with People who have varied and different needs and conditions as well as general and specific health needs.
- An understanding of the administration of medication in line with national and organisational policies.
- An understanding of the emotional needs and wellbeing of People who may be using the Service.

- Developing local community networks to facilitate the integration and inclusion of People.
- Health and safety issues, for example moving and handling, risk assessment, the control of infection, fire prevention and evacuation.
- All relevant policies, rules, procedures and standards as required by CQC and the ICB.
- The need to maintain the highest standards of care and support.
- The Provider will ensure Staff have the appropriate level of competency, qualifications, skills and experience to meet the needs of the Person.
- The Provider will ensure ongoing Staff support, training and development including regular supervision, reflection time, appraisal and development plans.

5.6 Nursing Oversight

The Commissioner requires the provision of a registered nurse on site within the care home 24 hours a day 7 days a week. If this is not achievable the Provider must inform the Commissioner without delay.

Where the Care Home is providing Nursing care for the Person, the Provider will ensure the availability of a qualified nurse on site 24 hours a day. Care Homes with Nursing will provide care for the Person where:

- Their primary need is for accommodation and social care but have a Nursing need which requires 24-hour availability of a registered nurse.
- Their primary need is for accommodation and nursing care.

Nursing care will include but is not limited to:

- Direct Nursing tasks required to meet a Person's needs
- Assessment, planning, supervision and monitoring of Service Users health care Needs and delivering appropriate Nursing care.
- Recognising preventable or reversible medical conditions and the changing dependency of the Person's condition
- Offering Nursing interventions in health care and treatment plans including infection control, wound management, continence care, pressure area care, oral care and care of the Person with dementia and End of Life palliative care under the direction of primary or secondary or emergency health services.

The Care Home will ensure all Nursing Staff hold up to date registration and revalidation status with the Nursing and Midwifery Council (NMC) and has a checking process in place to provide further assurance.

The Care Home will ensure Nursing Staff are compliant with NMC Code of Conduct, the professional standards that nurses must uphold in order to be registered to practise in the UK.

Other allied health professionals who are employed by the Provider and working in the Care Home must be registered with the Health and Care Professions Council.

5.7 Disclosure and Barring Service (DBS)

The Provider must (where this is a statutory requirement) carry out checks with the Criminal Records Bureau on all staff or volunteers engaged to provide or supervise the provision of the Service. Failure to do so may result in termination of this Agreement.

Where the carrying out of checks with the Criminal Records Bureau is not a statutory requirement, the Provider must take all reasonable measures to ensure that staff and volunteers are suitable for the work they will be undertaking. This must include staff and volunteers being asked to declare previous convictions and informed that failure to declare convictions which subsequently come to light may result in dismissal.

The Service Provider will assess any information arising from actions taken in line with the above and decide whether the staff member or volunteer can continue working within the service delivered under this specification.

All relevant Staff delivering the service must have an enhanced Disclosure and Barring Service check that is renewed every three years.

5.8 Interdependence with other services/providers

Key interdependencies include NHS-funded services to which Service Users may from time-to-time require access (such as, but not limited to, general practice, general hospital services, dietetics, therapy, continence care, community psychiatry nurses etc.) The provider is expected by the Commissioner to make appropriate referrals to those services as required to meet the healthcare needs of Service Users. The Provider is not required to advise the Commissioner about all such referrals but should do so whenever it believes that there has been a significant or permanent change in the care needs of Service Users that the Commissioner should be aware of.

The Provider is also required to collaborate with the Care Quality Commission and the Directorate of Adult Care and Support, of the Local Authority in which the service is located, in any way deemed by those organisations to be in the best interest of the individual's resident within the home, irrespective of the sources of funding for their care. The Provider may approach the Commissioner in any circumstance in which it is being asked to work collaboratively with another organisation which it believes may not be in the best interest of the Commissioner of the individuals concerned.

5.9 Location of service

The service will be provided at the addresses of care homes from which the Provider provides the service, and which have been registered for that use by the CQC. The service may also be provided at other locations on a temporary basis, subject to appropriate risk assessments and in accordance with the Commissioner's wishes that people receiving the service have as full and meaningful lives as possible. This means that occasional recreational visits to other locations are both permissible and are expected by the Commissioner, dependent on the capacity and wishes of the patients.

The Provider may not transfer any individual whose care is funded by the Commissioner to another location for residential purposes without the Commissioner's explicit permission to do so. The Provider should ask for and receive such permission in writing from the Commissioner before relocating an individual unless the circumstances in which a move is

required are urgent and require an immediate response. This should be fully documented as soon as circumstances allow.

The Provider shall ensure adequate contents insurance is maintained to cover the personal belongings of the Service User. The Provider shall inform the Service User that it is the responsibility of the Service User to arrange personal insurance cover for items of significant value.

5.10 Service User and Carer information

The Provider shall maintain and operate a policy that complies with Good Clinical Practice, good health and social care practice and the Law, and which is fully compliant with regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) and the Care Act 2014. The policy will detail the procedures that the Provider shall follow for the effective management of Service Users records, including, without limitation, Service Users records that are held by the Provider, Service Users records that are shared by the Provider with relevant providers of social care services, and Service Users records that are held by the Service User.

The policy will ensure that Service Users and their carers can be confident that records held by the Provider are accurate, fit-for-purpose, held securely and are kept confidential. The Provider will keep accurate, personalised care, treatment and support records for each Service User who uses the service and ensure that their staffs use them to deliver personalised care that meets the needs of the Service User.

Subject to compliance with the Law, the Provider shall at the reasonable request of the Commissioner promptly transfer or deliver a copy of the Service Users record held by the Provider for any Service User for which the Commissioner is responsible to a third-party provider of healthcare or social care services designated by the Commissioner.

Individual Service User / patient records must be held for a minimum period of 3 years following either termination of the Individual Service Contract or death of a Service user / patient.

In the event of the sale of a Care Home the outgoing Provider must ensure that a full and complete set of Service User / patient's records are passed to the new owners. The new owners must not destroy any Service User / patient records and these must be held for the appropriate time in accordance with the above.

5.11 Complaints

The Provider must have an effective and accessible system for identifying, receiving, handling and responding to complaints, comments and compliments from People using the service, people acting on their behalf or other stakeholders in line with [CQC Regulation 16: Receiving and acting on complaints](#).

The Provider will ensure the Person is supported to make compliments, comments or complaints about the care and support they receive or about any other aspect of the Service, in the knowledge that they will be accepted in a positive light and used, along with other means of assessing the quality of the care provided, to improve the Service currently being delivered.

All complaints must be investigated thoroughly, without delay and any necessary action taken where required improvements have been identified.

When requested to do so, the Provider must provide Commissioners with a summary of complaints, comments and compliments responses and other related correspondence or information.

The Provider shall ensure that the Service User or their representative is aware of the complaint's procedure. The Providers complaints procedure must include a requirement to notify the Commissioner if an immediate local resolution cannot be achieved.

5.12 Assistive Technology, Telecare, Technology Enabled Care (TEC) and Equipment

The Provider will work collaboratively with the ICB to develop a preventative model using a TEC first approach.

The Provider will fully consider the potential use of TEC and/or Equipment to support the Person in maximising their safety and independence, reduce risks based on their medical condition, their lifestyle choices and their desired outcomes.

If preventative telecare is necessary, the Provider must ensure an appropriate level of response is made in the event of an alarm being raised and their resources are adequate to support this.

Where TEC is used, consideration/provision must be given/made to the use of audible alarms/alerts or vibrating devices for those People who suffer from sensory loss or impairment.

The Provider must ensure Staff receive regular appropriate training and development to ensure competence in Equipment and/or TEC use with People. The Staff will visually assess that any Equipment, used in the provision of support is safe before each use and that it has been marked as serviced, where appropriate. They must ensure Staff receive appropriate training and are certificated as competent in the use of Equipment/TEC within their personal and organisational training records.

Staff must be competent in the uses of Assistive Technology (telecare/telehealth) and Equipment (beds, stand-aids, commodes etc.) where required and can identify when it might be helpful.

The Provider will at all times comply with the law (including Health and Safety regulations / Health and Social Care regulations) and any applicable quality and performance indicators in relation to the environment and the Equipment used, and will ensure that they are clean, safe, suitable, adequate, functional and effective, and fit for the purpose of providing the service.

The Provider will store, use and maintain all Equipment strictly in accordance with the manufacturer's instructions and with good practice in relation to infection control.

All Equipment provided by the NHS wheelchair service on long term loan remains the property of the NHS and is loaned to the Person for their use only. All long-term loan wheelchairs must be returned to the NHS wheelchair service if the Person no

longer requires the wheelchair. The Care Home will support the Person to keep the chair clean and in good working order, making sure that the NHS can access it for repair or review, undergoing training to operate the chair where this is necessary.

The Provider shall at all times, at its own cost, provide equipment necessary to provide each service in accordance with the Law and to promote the independence and mobility of Service Users. For the avoidance of doubt, the Provider should refer to the local equipment policy for further details of the Commissioners expectations regarding minimum requirements and process for obtaining any specialist equipment.

5.13 Continence Products

Where it is identified that a Service User requires an assessment for the provision of continence products this will be undertaken in line with local access criteria, by the Provider completing a referral/assessment form.

The Provider will ensure all relevant policies and procedures for toileting and continence care are in place and that Staff are fully aware and appropriately trained. Where the Person has been assessed as requiring continence products these will be supplied by the commissioned supplier authorised by community nursing or ICB health team using the county wide continence product formulary and in accordance with the Royal Devon University Healthcare (RDUH) and Devon ICB eligibility criteria - [NHS Royal Devon | Bowel and Bladder service - adults](#)

5.14 Referrals

When the Commissioner or their agent requests a placement, the Service User's discharge coordinator will liaise with the Provider and provide a comprehensive handover of information. The Provider must be satisfied that it has the appropriate facilities, adequate staffing levels, and suitably trained staff to meet the Service User's needs, as detailed in the assessments, care plan, and risk profile supplied by the Commissioner or discharge coordinator.

Where the Provider identifies that the placement could be safely accepted with additional support, this should be communicated to the Commissioner for further consideration. Communication and the transfer of documentation will increasingly be facilitated through electronic and technological means

5.15 Safeguarding

Safeguarding forms part of the NHS standard contract (**Service Condition 32**). In the first instance the Provider will notify the Commissioner ensuring that the Provider demonstrates compliance with safeguarding duties.

Among the service conditions and duties, compliance will be required from the Provider to comply with numerous requirements and principles set out in the safeguarding legislation and Safeguarding Accountability and Assurance Framework (SAAF)

The 5 R's of safeguarding principles are as follows.

Recognise – the signs of abuse and neglect

Respond – appropriately to concerns about abuse and neglect

Report – concerns to the appropriate authorities

Record – information accurately and appropriately

Review – safeguarding practices regularly to ensure they are effective

5.16 NHSMail and Data Security & Protection Toolkit (DSPT)

The Commissioner will require Providers to use NHSMail (or another secure channel of email communication) to facilitate:

- Secure communications, data transfer and storage of information (both paper records and electronic), and
- An electronic contract and invoicing process.
- The generic NHSMail (or another secure channel of email) account must be monitored regularly, and the Provider must ensure that multiple staff have secure access
- The Provider will have to first complete a Data Security and Protection Toolkit (DSPT) before an NHS Mail account can be issued.

The Commissioner will support Providers through this process. DSPT:

<https://www.dsptoolkit.nhs.uk> / NHSMail Portal: NHSmail 2 Portal - Home

5.17 Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The PSIRF will replace the current [Serious Incident Framework \(2015\)](#).

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

The Provider will ensure they have systems in place for the reporting and collecting of information in relation to adverse events, incidents, accidents, injuries, errors and near misses. This will support appropriate reporting, investigating and learning from adverse incidents and near misses. Incident reporting will promote the consistent recognition and reporting of all incidents and will outline the reporting arrangements to escalate issues, ensure lessons can be learned and practice developed and improved as a result.

The Provider will ensure that Staff are informed and deal confidently with accidents, injuries and emergencies by:

- Ensuring all Staff are aware of and follow all of the Provider's policies and procedures for dealing with medical emergencies.
- Reporting to the CQC, the Commissioner and noting in the Person's records any accidents or injuries to the Person that requires hospital or GP attendance.
- Details of incidents and learning to be incorporated into quarterly workbook monitoring.

The Provider will be responsible for notifying the Commissioner's representative as soon as it is practical to do so, if any of the following occurs:

- Any circumstances where the Person has consistently refused provision of the Service or medical attention.
- Serious accident, serious illness or serious injury to the Person
- Death of the Person
- Outbreak of notifiable infectious disease in the Service
- Any emergency situation e.g. fire, flood affecting the Service
- Unplanned absence of the Person
- Within one working day of a hospital admission and again when the period of time the Person has been in hospital reaches 6 weeks.

5.18 Capacity Tracker

Since July 2022 the Capacity Tracker is the national vehicle collecting monthly information required from Care Homes and Home Care organisations as part of the Adult Social Care Provider Information Regulations.

The Service Provider shall, during the Term of this Agreement, unless otherwise directed by the Service Purchaser or the NHS Devon ICB, adhere to statutory guidance from the Department of Health and Social Care to register for; and maintain registration of an account on the Capacity Tracker.

The Service Provider will:

- a) where possible, ensure there are two registered users able to use Capacity Tracker.
- b) make monthly submissions to Capacity Tracker at such frequencies as are required by DHSC (or any other regulatory body) and/or the Service Purchaser.
- c) ensure providers details and contact details are regularly updated/refreshed on Capacity Tracker.
- d) attend training sessions and; or receive Capacity Tracker communications, to ensure they remain updated/informed of changes and;
- e) regularly update vacancy information, to advise what vacancies can be safely admitted each day

Service Providers are encouraged to update the tracker whenever bed availability changes. The Buyer will use the NHS Capacity Tracker to identify suitable available vacancies.

5.19 Provider Expectations: Core Care

The Provider shall deliver proactive, person-centred care as part of the core contracted service, including:

- a) Anticipation and management of risks (including falls, wandering, and distress);
- b) Maintenance of robust, current risk assessments and care plans;
- c) Use of environmental adaptations, therapeutic approaches, and skilled staff interventions;
- d) Provision of appropriately trained staff and skill mix;
- e) Engagement with multidisciplinary professionals, individuals, and carers;
- f) Application of least restrictive practice at all times.

The Provider acknowledges that the management of predictable, ongoing, or complex needs, including complex dementia care, forms part of standard service delivery and shall not, in isolation, justify additional staffing or funding.

5.20 Provider Expectations: 1:1 Support

The Provider may request additional 1:1 support only in exceptional circumstances where there is clear, immediate high-level risk that cannot be managed through standard care and after all less restrictive options have been tried and documented. Any approved 1:1 support must be temporary, proportionate, closely reviewed, and include a clear reduction and withdrawal plan. It must not be used as a substitute for proper care planning, adequate staffing, or to manage ongoing or predictable risks.

Providers must deliver proactive, person-centred care.

Additional 1:1 support:

- Must be evidence-based
- Time-limited
- Regularly reviewed

The provider must maintain accurate complete and contemporaneous records demonstrating the delivery, nature and outcome of all commissioned 1:1 personalised support, including the times provided, staff responsible, meaningful observations and interventions, the persons response, management of identified risks, staff handovers and any deviation from the agreed support plan.

5.21 Least Restrictive Practice

The Provider shall ensure compliance with:

- a) Mental Capacity Act 2005;
- b) Mental Health Act 1983 (Code of Practice);
- c) Human Rights Act 1998;
- d) Common Law Duty of Care.

All interventions must be lawful, necessary, proportionate, and in the individual's best interests.

5.22 Dementia Care

The Care Home will ensure:

- The Registered Manager or a 'dementia champion' is nominated who will ensure the requirements of this Service Specification and any local dementia strategies and policies are met, as appropriate to this Service.

- All care and support is provided within the legal requirements of the Mental Capacity Act (2005) and Mental Health Act (1983 and 2007), including Deprivation of Liberty and Safeguards.
- All care and support provided for Service Users with dementia is delivered in line with [NICE Guidance](#).
- Staff will receive training in line with the tiered training approach set out in the [Dementia Core Skills Education and Training Framework](#) formulated by Health Education England, Skills for Care and Skills for Health in 2018.
- All Staff will complete mandatory Tier 1 Dementia Awareness training as part of their induction.
- Staff who come into regular contact with people living with dementia are encouraged to complete Tier 2 Dementia training, which further covers awareness, identification, prevention, risk reduction, Person-centred and End of Life dementia care training.

The community health teams are alerted to ensure a diagnosis is made, and that this is documented clearly in the Person's Care and Support Plan and communicated clearly at each transition of care.

The environment is consistent with recognised good practice on creating a dementia friendly environment.

Each Service User that experiences behavioural and psychological symptoms of dementia is referred to the GP to consider a specialist assessment. The formulation of the Person's Care and Support Plan will detail the non-pharmacological interventions for behavioural and psychological symptoms of their dementia to aid in a reduction in the use of antipsychotic and other medication.

Consideration is given to technology to assist the Person with dementia to gain a more fulfilling quality of life.

- Where the Provider is supporting a Person with dementia who requires additional care and support, the Provider will ensure that specialist training and professional development are made available to Care Home Staff to enable them to feel supported and confident in identifying, assessing, and managing Service User's Needs.

5.23 Exceptional urgent nursing response

The Parties acknowledge that, within a dual-registered care home providing both residential and nursing placements, some residents accommodated under residential arrangements may from time to time develop an urgent, unplanned clinical need requiring immediate attention.

Nothing in this Agreement shall prevent a registered nurse employed by the Home from exercising professional judgement to provide an exceptional, immediate, and proportionate nursing intervention to a resident accommodated under a residential placement where:

1. the resident has an urgent clinical need;
2. a delay in intervention would be likely to cause significant pain, distress, deterioration, or avoidable harm;

3. the intervention is within the nurse's competence, authority, and professional scope of practice;
4. the intervention is undertaken only as an interim measure pending attendance, advice, or takeover by the responsible community nursing, medical, or specialist service; and
5. the Home notifies and escalates to the responsible external service without delay and keeps a clear contemporaneous record of the assessment, rationale, care delivered, escalation, and outcome.

For the avoidance of doubt, such exceptional urgent intervention shall not:

- a) convert a residential placement into a nursing placement;
- b) of itself establish eligibility for NHS-funded Nursing Care;
- c) transfer responsibility for planned, ongoing, or routine nursing care from the responsible NHS/community service to the Home; or
- d) require any nurse to practise outside their competence, available resources, or professional obligations.

Any repeated or foreseeable need for registered nursing intervention shall trigger urgent review of the resident's placement, funding, risk, and care arrangements by the responsible commissioner and clinical team.

5.24 Medication Management

General

- The Provider will ensure the Person is supported to take their medication in a manner that is safe and appropriate to their needs and preferences.
- The Provider will have a formal written policy and procedure on medication management, which is prepared in accordance with the Royal Pharmacological Society guidelines, current NICE guidelines for best practice and the Care Home will have an agreement in place with a Medicines Optimisation Team or pharmacy professional to provide information, advice and guidance and to audit the Care Home's management of medication in accordance with the CQC regulations, legal requirements and good practice.

On Arrival at the Care Home

The Care Home will endeavour to ensure that the following information is available for medicines reconciliation on the day the Person arrives at the Care Home:

- The Person's details, including full name, date of birth, NHS number, address and previous address
- GP's details and other relevant contacts defined by the Person and/or the Person's Representative, including but not limited to any consultant, regular pharmacist and specialist nurse. The Provider will check the Person is registered with a local GP upon commencement of the Placement. Where the Person is not registered with a local GP the Provider will arrange this.
- Known or suspected allergies and intolerances to medication or ingredients and the type of reaction experienced
- Medicines the Person is currently taking (prescribed and purchased), including name, strength, form, dose, timing and frequency, how the medication is taken (route of administration) and what the medication is for, if known
- Changes to medication, including medication started, stopped or dosage changed, and reason for change

- Date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day, including weekly or monthly medicines as far back as the last dose administered
- Other information, including when the medicine will be reviewed or monitored and any support the Resident needs to carry on taking the medicine.
- Any support that the Person requires to enable them to continue to use their medicines.

If, this information has not been made available at the point of a hospital discharge, the Care Home will ensure this is escalated without delay to ensure this information is available as soon as possible.

Medication Review

Every Person taking medicines shall have a regular medication review. The interval between these reviews will be determined by health and social care practitioners, based on the needs of the individual. Intervals may differ between Residents.

Medication reviews will be completed at least annually.

The Care Home will ensure that medication reviews involve the Person and/or the Person's Representative and a local team of health and social care practitioners, as appropriate.

Medication Safety

The Care Home will ensure a well-developed culture of safety is implemented to protect the Person from harm that can be caused by medication to include the following. The Care Home will:

- Provide a Medication Administration Record (MAR) for Staff to complete. This will include a recent colour photo of the Person and their name.
- Ensure Staff who are providing Service Users with assistance to take medication, record the details of medication taken, time and dosage on the medication administration record.
- Provide training appropriate to the role of Staff with regard to the handling of medications used by the Person.
- Ensure medications are stored in a suitable secure place that is not affected by extreme heat and moisture and at the appropriate temperature.
- Request a review of the Person's medication by an appropriate health care professional as and when required and not less than an annual basis.
- Ensure well established links with the GP and Community Pharmacy for appropriate advice and support.
- Check the medication against the medication administration chart prior to administration and recording accurately.
- Implement infection control procedures during the administration of medication.
- Regularly audit administration charts, controlled drugs records, disposal records, and stocks including fridge temperatures, expiry dates and dates of opening on short life medications.
- Ensure alerts, reminders, posters and facilities which enable Staff and the Person to follow the correct procedures for managing medication.
- Ensure sufficient Staff and procedures that allow the administration of medication within a short period of time with minimal distraction.

- Have in place a well-established procedure for reporting, analysing and learning from incidents, errors and near misses in relation to medication management.
- Have in place a culture of reflective practice to enable Staff to learn from errors.
- Ensure that all medicine related safety incidents including all 'near misses' and incidents that do not cause any harm to a person's safety are recorded.
- Ensure there is a policy in place and implemented for the ordering, receipt, administration, and storage and destruction of Controlled Drugs and that this policy includes the reporting of incidents that involve controlled drugs including reporting to the Controlled Drugs Accountable Officer, NHS England.
- Where there are notifiable safeguarding concerns, ensure these are reported to CQC.

5.25 Access

The Provider shall grant to Commissioners the right of reasonable access to any member of staff or any Service User who is in receipt of a service under this Contract and to any records or documents pertaining to the Service User, or to any buildings belonging to or controlled by the Provider for the provision of this Contract.

The Provider must ensure open access to individuals to support assessment of wellbeing and care needs. The ICB may directly review and assessment activity, and full cooperation is expected. Where access is denied, this may raise safeguarding concerns and be escalated accordingly.

Whenever possible, the Provider shall be given reasonable notice of a visit by a representative of the Commissioner.

The Commissioner reserves the right to visit the Provider unannounced to ensure compliance with the Provider's own policies and procedures and to ensure the consistent performance of the Service. The Commissioner shall take effort to minimise disruption to Service Users on any such visit.

In visiting or inspecting the provision of the Services by the Provider, the Commissioner shall have due regard for the nature of the Service being provided particularly and adhere to infection control practices and guidance.

5.26 Discharge of a Service User

The Provider will not discharge a Service User from the home without consultation and a clear plan and agreement with the Commissioner.

5.27 Public Health Outcomes Framework

As of March 2025, the Public Health Outcomes Framework sets out two high level outcomes to achieve across the public health system, which includes the provision of Care Home Services:

- Increased healthy life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

Providers are expected to work in line with the framework and outcomes.

5.28 Infection Prevention and Control

The Provider will:

- Identify a named lead who will take responsibility for infection prevention and control and decontamination
- Ensure there are simple, up to date policies, procedures and processes relating to the prevention and control of infection and that all Staff are able to demonstrate knowledge and operational compliance.
- Develop their policy and procedure in accordance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and all related guidance. Include the provision and correct use of Personal Protective Equipment, decontamination of Equipment and waste disposal.
- Ensure that all Staff are trained to work safely with the Person at all times.
- Ensure all Residents are proactively encouraged to be vaccinated against influenza and COVID 19 in line with NHS guidelines and their personal choice. Ensure that all Staff are proactively encouraged to vaccinate themselves against influenza and COVID 19.
- Put in place the necessary emergency plan to respond to any infection or disease outbreaks and ensure early detection and reporting of outbreaks.
- Report any incidents to CQC, UK Health Security Agency and other relevant public health authorities.
- Update all of the required information on the NHS Capacity Tracker (or any replacement) at least weekly or whenever there is a change in circumstance or vacancy situation at the Care Home.

5.29 Business Continuity Plans

The Provider is required to have, and share with the ICB, a detailed Business Continuity Plan which sets out the arrangements for dealing with service supply, service interruptions and to ensure that there is no or minimal disruption, following an event (planned or unplanned) which interrupts the Provider's normal business. This will include events both within and outside of the Provider's Contract, for example, Staff illness.

Providers must evidence that Business Continuity Plans are reviewed, tested and amended as necessary, and provided to the ICB as a minimum annually.

5.30 Absence from the Service and Hospital Admissions

The Provider will ensure that the Registered Manager or his/her nominated deputy are aware of the Person's whereabouts including whether the Person is in the Care Home, on a recreational outing or attending a pre-arranged appointment. A written procedure for dealing with missing Residents must be held by the Provider and will include:

- Time for assumption the Person is missing
- Search of building(s) and grounds
- Telephoning likely places
- Informing Police
- Informing relatives where appropriate
- Informing the Commissioner

The Provider shall inform the next of kin and the ICB when a Person is admitted to hospital.

The Provider shall inform NHS Devon ICB of any hospital admission. The Market Development team can be contacted - d-icb.communityservicescommissioning@nhs.net . The CHC hubs can be contacted – Plymouth/West Devon - d-icb.westernchc@nhs.net North/East Devon - d-icb.chc@nhs.net

If a Service User receiving the Service should become absent from the Home because of admission to hospital, or for any other reason, the Provider shall inform the Commissioner and Care Coordinator within one working day of the period of absence commencing.

Where the Service User becomes absent from the home, except in the case of Fixed Term Contracts which shall terminate in accordance with the Individual Contract or by giving seven days' notice in writing, the Commissioner shall pay the Price excluding any extras which shall cease immediately, for the first twenty-one consecutive days, thereafter the Price shall be adjusted to 80% of the Price for each and every day until the Service User returns or the Individual Contract is terminated.

Where a Service User becomes absent from the Home for more than six weeks in the case of hospitalisation or three weeks in the case of other absences the Individual Contract shall automatically terminate upon the expiry of such period.

Where the period of absence is known or expected to be in excess of six weeks, the Commissioner may terminate the Individual Contract giving seven days' notice in writing.

Where a Provider is no longer able to safely meet the needs of the individual no notice will apply.

When a Person is ready for discharge from hospital, the Provider shall liaise with the Person and the ICB to facilitate a timely and safe return home, taking account of likely changes to care and support needs in line with a revised Care and Support Plan. The Provider must reassess a Person within 24 hours of discharge from hospital and update their Support Plan to reflect any changes in their care and support needs.

5.31 Quality Assurance

As well as the Provider ensuring the quality of Services, the Commissioner and Local Authority partners, Devon County Council (DCC) Quality Assurance Team(s) will, in accordance with this Contract, be responsible for the monitoring the quality of the service. They will undertake a Quality Assurance Review using a risk-based approach in respect of the Provider's performance of its obligations under the Contract.

All Quality Assurance activity will be undertaken in accordance with the Provider Quality Assurance Framework or any subsequent Quality Assurance process adopted by the Commissioner. Where appropriate and to avoid duplication, this information will be shared with Devon County Council. This shall happen in a number of ways:

- by feedback from the Person and / or Staff to care managers on the standard of care provided
- by detailed 1:1 notes, where applicable. The provider must maintain accurate complete and contemporaneous records demonstrating the delivery, nature and outcome of all commissioned 1:1 personalised support, including the times provided,

staff responsible, meaningful observations and interventions, the persons response, management of identified risks, staff handovers and any deviation from the agreed support plan.

- by care managers reviewing whether or not the Placement is meeting the Person's assessed Needs
- by systematic announced and unannounced monitoring visits to the Care Home by the ICB to evaluate and record the service delivery against the Service Specification
- by consulting with the Person and / or their Representatives
- by the investigation of complaints and Provider performance notification of concerns
- by reviewing written procedures and records for both Residents and Staff
- by the implementation of a Quality Assurance Review
- through external inspection reports from the Care Quality Commission
- by information shared by other agencies.

The Commissioner reserves the right to visit the Care Home and inspect any documents or areas of the Care Home required to ascertain that the Provider is able to meet the requirements of this Contract. These visits may be unannounced to ensure compliance and consistency. In undertaking these visits the Commissioner will have due regard for the sensitive nature of the Service being provided.

The Commissioner will use the data gathered from each Quality Assurance Review to:

- Assure the Commissioner that the Care Home meets the Care Home Service Specification, Contract and good practice requirements
- Assist the Provider in improving the delivery of the Services
- Enable the Commissioner and the Provider to deliver their Co-Production objectives
- Enable the Commissioner to assess the overall performance of the contractual agreement between the parties.

Following completion of a Quality Assurance Review, the Commissioner will produce a report of its findings and if required, in the reasonable opinion of the Commissioner, the Provider will develop a Quality Assurance Improvement Action Plan. The Provider will be required to carry out the actions in the plan in order for improvements to be made to the delivery of the Services and in order to satisfy any obligations pursuant to the Contract. The Commissioner report will be produced in draft and the Provider shall have ten working days from receipt to query any inaccuracies or misinterpretations from the report.

The Provider acknowledges and agrees that Officers of the Commissioner may take evidence of risks and concerns identified during Contract monitoring visits, including photographs and photocopies, and for this to be used to formulate a plan of action to ensure the Provider complies with the Service Specification.

The Provider acknowledges and agrees that the ICB may at its sole discretion undertake an unannounced monitoring visit where safeguarding concerns have been raised regarding the Service.

Failure to provide access to premises, records, staff, or information requested as part of a quality assurance review will be recorded as a quality concern and may constitute a breach of contractual obligations. The provider will be asked to provide immediate assurance and cooperate with further review activities. Continued non-compliance may result in escalation through contract management processes, referral to relevant regulatory bodies, enhanced monitoring arrangements, and consideration of commissioning actions

The Commissioner Quality Assurance Process is subject to review and may change during the Term of the Contract. The Provider will be required to comply with any changes to the Quality Assurance process.

5.32 Management of Providers Assessed as Being at Risk of Provider Failure

Management of Providers assessed as at risk of failure requires a vigilant and proactive approach to ensure Service continuity and safeguard the wellbeing of the People using the Service. The Service should be escalated into safeguarding, or other business support processes, where the Provider will be managed and monitored until the risk of failure reduces or a managed closure process for the Service is initiated.

Once the area of failure is diagnosed and categorised into contractual or non-contractual contravention, this will dictate which team leads on the action plan to support either QA (non-contractual contravention) or the Commissioner (contractual contravention).

The Commissioner may from time to time, undertake (or procure the undertaking of) a satisfaction survey for People using this Service or such other assessment as it may deem appropriate, for the purpose of assessing the level of satisfaction among People who access the Service (including the manner in which the Services are provided, performed and delivered) and in particular, with the quality, efficiency and effectiveness of the supply of the Service.

5.33 Closure of the Care Home

Where the Provider takes the decision to close the Care Home, or it is closed under enforcement action by the Regulating Body the Council and NHS Devon ICB will work with the Provider in accordance with the Council and NHS Devon ICB Provider Failure Procedure. Any associated termination will be made in accordance with the requirements of the Contract and the Individual Placement Agreement.

5.34 Registered Manager

The Provider will ensure the Service is led by an effective and competent Registered Manager, who is able to motivate Staff and offers them a role model for best practice delivery of Services.

The Registered Manager will have achieved registration with CQC within six months of the commencement of employment as the Registered Manager in line with CQC requirements.

The Provider will notify the Commissioner of a change in the Registered Manager within 28 days of that change taking place.

5.35 Integrated Neighbourhood Teams and Partnership Working

The Provider will work collaboratively with Integrated Neighbourhood Teams (INTs), primary care, community services, local authorities, voluntary sector organisations and other system partners to support coordinated, person-centred care for residents.

The Provider will actively participate in neighbourhood-based approaches to care and support the development of Integrated Neighbourhood Teams across Devon. This includes engaging in multidisciplinary working, information sharing (in accordance with relevant legislation and

information governance requirements), care planning, proactive care management, and initiatives that improve health outcomes, reduce inequalities, and support people to remain as independent as possible.

The Provider will be expected to develop effective working relationships with neighbourhood teams as they become established and to contribute to service improvement, prevention, and population health initiatives where appropriate.

6. Information Governance and Data Protection

The Provider must have written policies on General Data Protection Regulation (GDPR), including confidentiality, data protection, information security, records management (which includes agreed retention and destruction timeframes and guidance on the secure destruction of information), access to records and a reporting process for information sharing incidents.

All Policies must be understood by all Staff and adhered to. A training programme should be in place to evidence this.

The Provider shall be registered with the Information Commissioner's Office (ICO) as a data controller and data processor.

The Provider will have a named Data Protection Officer for all information governance issues and the protection of all Personal information.

The Provider will fully comply with secure e-mail requirements, including using an email and file encryption product to protect sensitive information shared with the ICB and with other external third parties.

All Staff, both temporary and permanent, must clearly demonstrate their understanding that Personal information disclosed to the Provider is treated as confidential and that it should be held, obtained, recorded, used and shared following the guidance set out in the above policies.

7. Care Home Placements

7.1 Commissioner of Placements

For the avoidance of doubt, where the Service Specification refers to the Commissioner this means Devon ICB.

7.2 Commissioned Rates

The Commissioner will determine the relevant Rates as part of their assessment based on the Person's eligible Needs. Standard / banded rates will be the default position.

Evidence about the hours of care required to meet the Person's assessed eligible Needs will be required to determine the need for any Enhanced or Complex Placement.

7.3 Assessment by Devon ICB

Where a Person has a need for care 24 hours a day, 7 days a week, the Council will give consideration as to whether Continuing Healthcare (CHC) funding may be appropriate. If so, a CHC checklist will be completed. The checklist will then be referred to the Devon ICB for further assessment through their decision support tool.

7.4 Funded Nursing Care (FNC)

FNC is assessed following a Nursing assessment under the Continuing Healthcare assessment process and following a checklist to determine if a full assessment for eligibility is needed. A Person living in a Care Home without Nursing may also be eligible for Continuing Healthcare subject to an assessment but will not be eligible for Funded Nursing Care.

If the Person is eligible for Funded Nursing Care or Continuing Healthcare, this will be paid to the Provider by Devon ICB.

7.5 Interim Placements

Where a Person is assessed by the NHS or any other third party acting on behalf of the Commissioner as requiring a short term Care Home Placement, they will be assessed by the NHS organisation and the funding will be agreed by the Commissioner.

The Provider will be aware of the assessment outcome and length of Placement and funding prior to accepting the Person.

7.6 Placement Purchasing

The Buyer will use the NHS Capacity Tracker to identify suitable available vacancies.

It is the intention of the ICB to move to an e-purchasing system during the life of this contract. This system is intended to allow the Provider to view referrals and access relevant information about the Person, removing the need for manual email requests. The format that the e-purchasing system will take has not yet been finalised at the time of this Specification's publication.

7.7 Pre-Placement Assessment by the Care

The Provider must be able to demonstrate that they have carried out their own comprehensive pre-placement assessment or have appropriately delegated this to another trusted professional or organisation.

Where a vacancy is available, the Provider will use their best endeavours to complete a pre-placement assessment within 24 hours of the date and time of the request being received and inform the referrer as soon as the assessment has been completed.

When considering the compatibility and suitability of the Care Home for the Person the Provider will consider:

- The overall dependency levels of all Residents
- Whether the Care Home has appropriate facilities, Staffing levels and Staff skills to meet the Person's needs

The Provider will confirm they can meet the Person's Needs within the Rates recommended by the Worker.

When accepting any Placement in the Care Home, the Care Home will proactively check whether the Person requires a Needs Assessment to be completed by the ICB. Where this is required, the Care Home will ensure this has been completed prior to the Care Home's agreement to accept the Placement. This is required to determine whether:

- The Person has eligible Needs for care and support
- Funding for the Placement has been agreed by the ICB through the agreed scheme of delegation
- The Individual Placement Agreement is in place, to ensure payment can be made.

7.8 New Referrals from Hospital

Where the Person is placed in the Care Home from hospital, either returning to the Care Home or as a new temporary or permanent Placement, the Provider will either:

- Accept the Placement on the basis of the information provided by the health and social care Staff in the hospital as a trusted assessment OR
- Use their best endeavours to undertake the assessment and arrange for the Person to be transferred to the Care Home within 24 hours of receiving the request for a Service.

7.9 Returning to the Care Home from Hospital

Where a Person has been admitted to hospital from the Care Home the Provider will recognise that the Care Home is the Person's own home and will work proactively with health and social care staff in the hospital to facilitate a timely return as soon as the Person is fit for discharge in accordance with the relevant NICE guidelines for transition between inpatient settings and Care Home settings.

7.10 Visiting the Care Home

The Commissioner will work with the Care Home to discuss and agree an appropriate person-centred transition plan with clear timescales, in order to achieve a smooth and effective admission into the Care Home.

The Person and/or the Person's Representative must be offered the opportunity to visit the Care Home before a permanent placement is made. The requirement for a visit is waived where the placement is temporary, made in an emergency, to facilitate a hospital discharge or where specific infection prevention controls are in place.

7.11 Care Home Individual Placement Agreements (IPAs)

Once the Placement has been agreed the Care Home will be notified that they have been successful and confirm the Placement arrangements in writing.

The ICB will issue an Individual Placement Agreement including the total Placement cost and the Person's Care and Support Plan. This will be shared with the Care Home and the Person who is fully funded health eligible.

7.12 Moving into the Care Home

Following the success of the agreed transition plan, the ICB will work with the Person, the Person's Representative, and the Care Home to arrange and facilitate admission. This will include consideration about how the Person and their belongings will be transported to their new home and will include any special arrangements needed to ensure that the Person has the support they require for a successful move.

The Provider will consider any special pre-admission requirements, for example, Staff training, Equipment or shadowing the current Staff to ensure that they are able to provide all elements of the person's care from the first day of admission.

7.13 Post Placement Review

The purpose of the Devon ICB Review is to determine whether it is appropriate for the Person to remain in the Care Home after the first 12 weeks, and home is an option if this remains the desired outcome. The Health Review will also include the Statutory CHC Review of care plan if the Person is a newly eligible CHC Person and review of eligibility only if needs have changed. The Person's identified Rates may be reviewed at the post Placement review.

The purpose of the Devon ICB interim Placement review is to determine whether it is appropriate for the Person to remain in the Care Home Placement after the first 4 to 6 weeks and will consider if returning to their own home is an option. Long term care options will be reviewed, and this may require a Council or CHC assessment.

7.14 Ongoing Review

If it is considered that the eligible Needs of the Person have changed then any party to the Individual Placement Agreement may reasonably request a Review, which will consider what changes, if any, need to be made. Any changes to the Person's eligible Needs that constitutes a change in the Placement Rates will result in a revised Individual Placement Agreement.

The Provider must inform the ICB if they feel that there is a material change in the Person's needs, or in the way the Person would prefer to have their services provided, which may require the ICB to review the Person's eligible Care Needs and the Care and Support Plan.

The ICB's Review will involve the Person and/or the Person's Representative and/or advocate, and the Provider or designated representative. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.

The ICB will consider the extent to which the outcomes set out in the Care and Support Plan are being met and will identify future objectives.

The Person's Individual Placement Agreement will be amended as appropriate following the ICB Review in accordance with this Agreement.

7.15 Exit from the Care Home

Any termination of the Placement will be made in accordance with the requirements of the Individual Placement Agreement.

The Provider will not discharge the Person from the Care Home except in accordance with this Contract and the Person's Individual Placement Agreement. The ICB and Provider may mutually agree that the current Placement in the Care Home is inappropriate and can therefore be terminated early. These reasons may include but are not limited to:

- The behaviour of the Person is excessively challenging, leading to significant disruption of normal Service delivery.
- The behaviour of the Person is posing a threat to themselves or other Residents in the Care Home.
- The Care Home's environment causes a risk to the Person.
- The Placement is no longer financially viable.

Where it is established by the ICB or the Provider that the assessed Needs of the Person are outside the category of registration held by the Care Home, the ICB will make alternative arrangements for the Person as a matter of urgency. In such instances the Individual Placement Agreement will be terminated in accordance with the Individual Placement Agreement.

The Provider will ensure that timely onward referrals are made to specialist services in the event of any significant change in the Person's condition and informing the Person's Representative and next of kin, as appropriate.

7.16 Death of the Person

Where the Person dies while living in the Care Home, the Individual Placement Agreement will end on the day of the Person's death. The Provider will notify the Commissioner of the Person's death.

The Provider will contact the Person's next of kin or where appropriate the Commissioner to make necessary arrangements, including a funeral, upon the death of a Person.

The Provider will not remove personal belongings without prior consultation with the Person's next of kin, who in normal circumstances should be given a reasonable opportunity to make arrangements for the removal of belongings within a timescale negotiated with the Provider. Where the Person's next of kin is unable to make arrangements for the Person's belongings to be moved from their room, the Provider may relocate these items to a location elsewhere in the Care Home providing items are packed and stored in a respectful manner. This will usually be undertaken in exceptional circumstances, for example where the room is needed for an emergency Placement.

7.17 Temporary Placements

For temporary placements, all requirements set out in the Agreement and Service Specification will apply in accordance with the period set out in the Individual Placement Agreement.

8. Applicable Service Standards

Schedule 4 - Local Quality Requirements (Service Specific)

4.1 Applicable national standards (eg NICE)

All Care Homes must meet the requirements of the [NHS Constitution for England \(2012\)](#) and the [Care Quality Commission \(Registration\) Regulations 2009](#) and the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#).

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- [Delivering Dignity Securing dignity in care for older people in hospitals and care homes](#)
- [Enhanced Health in Care Homes](#)
- [Prevention and control of infection in care homes – an information resource](#)

4.3 Applicable local standards

The following documents are awaiting finalisation and will be agreed with Providers separately:

- Standards for Management of Long Term Conditions
- Minimum Standards for Care Homes – Education for Continence Care
- Minimum Standards for Care Homes – Education for Infection Prevention
- Minimum Standards for Care Homes – Education for Stroke

- Minimum Standards for Care Homes – Medicines Management
- Minimum Standards for Care Homes – Education for End of Life Care
- Minimum Standards for Care Homes – Education for Dementia
- Minimum Standards for Care Homes – Education for Pressure Ulcer Prevention and Wound Management
- Minimum Care Standards for Independent Healthcare Establishments

9. Individual Service User Placement

All placements with an NHS financial contribution, will be confirmed in writing by a care coordinator, health care manager, broker or professional working on behalf of the Commissioner. The confirmation will state the agreed cost of each placement together with the type of placement (i.e. D2A/STS or long-term placement) along with any additional expectations regarding service provision.

10. Summary of Individual Contracts

	Long term placements <i>The expectation is that an individual will reside in a care home for an extended period, often indefinitely.</i>	Fixed Term placements <i>These are often used as a temporary arrangement for a specified period. As an example, but not limited to replacement care or as a trial before a long-term care decision.</i>	Hospital Discharge placements <i>These are temporary placements either on Pathway 2 or 3 that require a Care Act assessment before any long-term care decisions</i>
Individual Contract	Health Service agreement	Health Service agreement (nursing) Your Care and Support Plan (residential)	Health Service agreement
Duration	Start date with no end date	There is a defined duration that has a clear start and end date.	Start date with the intention of care act assessment taking place within 28 days. No end date recorded
Unit of service (section2)	A unit of Service is a 24-hour period beginning at 12 midnight on any day and ending at 12 midnight on the next following day, or any part of that period.	The Service Purchaser will pay for both the day of admission, and the day of discharge For Fixed Term contracts including, replacement care and short stays payment will be made for the number of nights the Service User stays in the home.	For Hospital Discharge placements, payment will be made for the number of nights the Service User stays in the home. Hospital Discharge placements are anticipated to be up to 28 days or until the Care Act assessment has been completed

Does the initial period apply (28 days)	Yes - it is the first 28 days of a long-term placement	No	No
Notice Periods to terminate the individual contract (section 20)	Within the initial period 28-day notice period 7 days' notice is required in writing by either party After the Initial Period 28 days' notice in writing by either party (exceptions may apply, i.e. provider unable to meet reviewed need).	The contract automatically ends on the end date of the fixed term contract. Or 7 Days' notice can be given by either party if term needs to finish earlier.	7 Days' notice can be given by either party
Contract terms for death of a Service User (section 21)	Contract terminates 2 days after the date of death of the Service User.	Contract terminates on the date of death.	Contract terminates on date of death
Temporary absence from the home (section 22)	Provider to inform the Commissioner and Care Co-ordinator within one working day of any hospital admission / period of absence. The Provider shall inform NHS Devon ICB of any hospital admission. The Market Development team can be contacted - d-icb.communityservicescommissioning@nhs.net . The CHC hubs can be contacted – Plymouth/West Devon - d-icb.westernchc@nhs.net North/East Devon - d-icb.chc@nhs.net For long-term placements, the Commissioner shall pay the Price excluding any extras (which shall cease immediately), for the first twenty-one consecutive days, thereafter the Price shall be adjusted to 80% of the Price for each day until the	Fixed Term Contracts which shall terminate in accordance with the Your Care and Support Plan / Health Service Agreement by giving seven days' notice in writing, the Service Purchaser shall pay the Price excluding any one-to-one support or extra support which shall cease immediately.	In the event of a readmission to hospital, the placement will be paid up to 2 days after the admission date and the placement will end.

	Service User returns or the Individual Contract is terminated. Where the period of absence is known or expected to be in excess of six weeks, the Service Purchaser may terminate the Health Service Agreement before the end of the six-week period, giving seven days' notice in writing. Where a Provider is no longer able to safely meet the needs of the individual no notice will apply.		
1:1 provision	If the Individual is taken to hospital, as an unplanned episode, the ICB is responsible for funding the care package to enable the Individual to be supported into a hospital setting, along with support prior to admission, as the clinical responsibility for care remains with the provider. If the Individual is formally admitted into hospital, as an inpatient, the clinical responsibility then sits with the hospital. If 1:1 support is requested by the hospital, then it is the hospital's responsibility to contract requested 1:1 support. For an Individual supported by a domiciliary package of care funding stops at the time of admission. In some		

	instances, funding for a domiciliary package of care may continue for 24-48 hours and this will be defined within the personalised care plan, on a case-by-case basis, and is dependent upon Individual need. If there are additional needs which require clinical or personal care by the provider in a hospital setting, the provider will need an honorary contract with the hospital. Within this contract there will be a process for agreeing any complex training needs. Funding for Individuals whilst under the clinical responsibility of an Acute provider will be defined within the personalised care plan, on a case-by-case basis, and is dependent upon Individual need. At the point of admission, the provider will negotiate a position with the ICB, dependent on the care plan and anticipated duration of admission etc, so that at the point of 48 hours beyond the point of admission an agreement has been reached on the temporary suspension or revision of the care package. It is the provider's responsibility to inform the ICB of any admissions to hospital.		
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