



Buy With Confidence +Care Schedule of Additional Requirements

Please note: The precise wording may be subject to slight variation when published on the website, however, this schedule represents the standard by which Buy With Confidence +Care membership will be assessed in Hampshire. We will give you notice of any such amendments.

Introduction:

This document has been developed in order to ensure that the additional requirements relating to delivering personal care and support are clearly highlighted.

Membership of the Buy With Confidence +Care Scheme is subject to compliance with these additional requirements.

The requirements are not intended to replace statutory requirements, reviews or inspections, but do support and compliment the fundamental standards set out by the Care Quality Commission. It is important that this schedule is read in conjunction with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This schedule is formed of 28 Requirements split across two parts:

- Part 1: Business Practice Requirements

There are 15 Requirements in this part

- Part 2: Care Delivery Requirements

There are 13 Requirements in this part

There is a resource list at the end of the Standard detailing additional Acts and National Guidance that should be referred to.

Section 1: Business Practice Requirements

No:	Requirement Name:	Criteria for meeting requirement
1	Financial Viability	The organisation must be financially viable. Appropriate financial checks will be carried out prior to formal agreement being entered into.
2	Insurance	The organisation will have in place up to date insurance policies that offer an appropriate level of cover for the care sector.

3	Business Continuity and Continuous Improvement	<p>The organisation shall have in place prior to the formal agreement being entered into, a robust service specific Business Continuity Plan which shall set out the procedures and actions which will be taken if an emergency or disruptive occurrence event occurs which will affect the running of the service.</p> <p>The organisation shall test its Business Continuity Plan on a regular basis or when there has been any change to the method in which the services are provided or when there has been an occurrence requiring the Business Continuity Plan to be used.</p> <p>We reserve the right to request at least five (5) Working Days' notice of the organisation's intention to undertake a Business Continuity Plan test and also reserves the right to appoint a representative to attend the Business Continuity Plan test.</p> <p>The organisation must ensure that services are delivered within a culture of continuous improvement. This Standard should be used as the basis for ensuring that the key aspects of service improvement are being continuously evaluated and improved.</p>
4	Security, Health and Safety	<p>The organisation will ensure the Security, Health and Safety of all individuals, clients, staff and the wider community are protected.</p> <p>The organisation must have a health and safety policy which has been reviewed in the last three years and is in accordance with all relevant current legislation. Staff must be able to describe the health and safety procedures and their impact as relevant to their work.</p>
5	Fair Access Diversity and Inclusion	<p>The organisation has a demonstrable commitment to fair access, fair exit, diversity and inclusion that ensures both clients and staff are well-informed about their rights and responsibilities.</p> <p>There should be clear policies relating to equal opportunities, diversity, anti-discriminatory practice and harassment. This should include a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.</p>
6	Staffing, Training and Development	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, a sufficient level of suitably trained managers and staff are deployed to ensure the consistency</p>

		<p>of the service being delivered at all times including cover for staff holidays or absences, planned or unplanned. All staff must receive appropriate training and development opportunities including access to courses relevant to their role.</p> <p>Specialist training should be provided which meets the needs of the individual setting.</p> <p>Staff should be adequately supervised to ensure they are properly performing their duties.</p> <p>The organisation should regularly assess and review the competency of staff and outcomes should be recorded and influence any developments required.</p> <p>In the event that the organisation experiences staffing difficulties which impact significantly on service delivery, the organisation must notify us as soon as is reasonably practicable.</p>
7	Complaints and Compliments	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.</p> <p>To meet this requirement, the organisation will be able to evidence that it is committed to seeking feedback from clients about the quality of services and the delivered service. There will be a written Complaints and Compliments policy which will have been reviewed in the last 3 years. The Complaints and Compliments procedure will specifically address complaints from those in receipt of services, external individuals and interested organisations. A log must be maintained which details the outcomes and the appropriate action taken of each complaint.</p> <p>The organisation should also be able to evidence how reviews of policy, procedure and complaints received have been used to improve service delivery and ensure that there is sufficient awareness of the procedure amongst staff.</p> <p>The organisation must promote an open culture in which anyone feels able to raise concerns and, where they feel that they need to, raise it further as a complaint. This will include making information about raising concerns and making complaints accessible, and providing support to enable</p>

		people to raise concerns and make complaints.
8	Client Involvement and Empowerment	<p>The organisation is committed to empowering clients and supporting their independence. Clients are well informed in order to help them communicate their needs and views and to aid with making informed choices. Clients are offered opportunities to be actively involved in improving the quality of the service provided and to participate in their running.</p> <p>Where applicable, clients are empowered in their engagement in the wider community and the development of social networks.</p> <p>The organisation must ensure that staff are aware of their responsibilities under the Mental Capacity Act 2005 to ensure that clients without capacity are treated in line with the best interest decision making principles of the Act.</p> <p>Prospective clients wanting to access a service should be provided with information about the range of services available to meet their needs so they can make an informed decision before accepting an offer.</p>
9	Fire and Safety	<p>The organisation must ensure that all staff receive fire safety training and have an understanding of the risks related to fire when supporting clients and can identify those at increased risk.</p> <p>Where staff are working in client's homes, the organisation must ensure that all risk assessments and care plans carried out with clients include an assessment of risk in relation to fire and actions to manage these risks. The organisation must also ensure that all clients who are identified at risk are referred to the local Fire and Rescue Service for a home safety check.</p> <p>If the organisation is providing residential support, it must have suitable fire protection arrangements in line with the Regulatory Reform (Fire Safety) Order 2005.</p> <p>All fire risks should be highlighted to the Local Authority Adult Social Services department including where the client does not agree to a referral to the local Fire and Rescue service and if there are concerns that any others are affected by the fire risks.</p>
10	Governance	The organisation shall have in place and shall have implemented robust up-to-date policies and procedures and must regularly review and update them to reflect best practice.

		<p>There must be robust quality assurance and governance systems.</p> <p>It should be evident that staff and managers understand their roles and responsibilities and there must be a clear process for staff to account for their actions.</p> <p>It will also be evident that the organisation learns from experiences, complaints, incidents and safeguarding concerns and that investigations are thorough, questioning and objective.</p> <p>There must be a whistle-blowing policy in place.</p> <p>There will be a commitment to seeking regular feedback from clients, families, staff and external stakeholders and that the feedback received will be used to improve the service.</p> <p>The organisation shall at all times comply with the Data Protection Act 1998 (DPA) including, where appropriate maintaining a valid and up to date registration or notification under the DPA. Particular attention shall be paid to ensuring that staff understand the importance of client confidentiality.</p> <p>Where regulated activities are undertaken the organisation must ensure that they comply with the Fundamental Standard covered by Regulation Number 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>To meet this requirement, organisations must have oversight of planning, delivery and monitoring of all care and treatment, what action is taken to mitigate risks to the quality and safety of care and treatment, and what action is taken in response to issues raised by monitoring activities. This includes ensuring that it has access to all relevant information about its service(s), including information about the experience of clients and others, which is necessary to manage the risks clients if it is not meeting the requirements of the regulations in Part 3.</p> <p>The organisation must also take timely and appropriate corrective action where there is a risk of a regulatory breach occurring, or where a regulatory breach has occurred.</p> <p>The organisation must securely maintain appropriate and accurate records as follows:</p> <ul style="list-style-type: none">• Records about all aspects of the care and treatment of each client.
--	--	---

		<ul style="list-style-type: none"> • Relevant records about persons it employs for designing and delivering care and treatment. • Any other records which may be appropriate for managing the carrying on of regulated activities including communication with professionals. <p>The organisation must also continually evaluate and make improvements to the systems and processes that are used to achieve the above.</p>
11	Regulated Activities	Regulated Activities are defined fully in Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where regulated activities are being undertaken, the organisation must comply with Part 3 Section 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (This section details the requirements for partnerships and individuals and organisations other than partnerships and also Registered Managers and Directors.)
12	Fit and Proper Persons Employed	The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, persons employed for the purposes of carrying on a regulated activity must be of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.
13	Duty of Candour	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, they must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.</p> <p>The intention of this requirement is to ensure that organisations are open and honest with clients and other relevant persons (people acting lawfully on the behalf of clients) when things go wrong with care and treatment, and that they provide them with reasonable support, truthful information and a written apology.</p> <p>To meet this requirement, the organisation must ensure an open and honest culture exists across and at all levels within its organisation.</p> <p>The organisation must ensure it has systems in place for</p>

		<p>knowing about notifiable safety incidents and must tell the relevant person(s), in a timely manner, when such an incident has occurred. This includes providing a truthful account of the incident, providing an explanation in writing about the enquiries and investigations that will be undertaken and offering an apology in writing where this is required.</p> <p>In addition, the organisation must maintain appropriate written records and offer reasonable support in relation to any incident where harm has occurred.</p>
14	Partnership working	The organisation must be able to evidence that it will work in partnership with Councils and other bodies to ensure the service user is able to access the most appropriate and effective services.
15	Support for Care Act 2014	The organisation must be prepared to co-operate with and support compliance with the requirements of the Care Act 2014.

Section 2: Care Delivery Requirements

No:	Requirement Name:	Criteria for meeting requirement
16	Person-centred care	<p>The organisation must ensure that upon entry to a service, all clients receive an assessment of their support needs and any associated risks.</p> <p>Clients must have an up-to-date support and risk management plan which will include positive risk taking.</p> <p>Assessment and support planning procedures must place clients' views at the centre and must be managed by skilled staff and involve other professional and/or carers as appropriate.</p> <p>The organisation must ensure that the service delivered enables clients and maximises independence. To this end, wherever possible the organisation should work in such a way as to reduce a client's dependency on paid staffing. Where the support plan relates to end of life care, the content of Requirement 23 should be noted.</p> <p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the care and treatment of clients must be appropriate, meet their needs and reflect their preferences.</p> <p>In the event that a client lacks capacity to make care and welfare decisions these should be undertaken in line with the best interest principles of the Mental Capacity Act 2005.</p> <p>To meet this requirement the organisation must assess each client's needs and preferences in collaboration with the client or relevant person and must design and deliver care and treatment that is appropriate for each individual, that meets their needs and that they make all reasonable efforts to accommodate preferences. In doing this, the organisation must make available information and support that helps people understand the care and treatment options, so they are able to make informed choices and decisions about their care and treatment.</p> <p>Organisations must ensure that relevant persons have opportunities and information to be involved with and manage (as appropriate) the client's care and treatment if they wish, and the organisation should make any reasonable adjustments to facilitate this. This should include those with Power of Attorney for clients who lack capacity.</p>

		<p>The organisation should use a thorough pre-admission and initial assessment process for newly referred clients and ensures that the service is able to meet their identified needs. Specialist reports should be requested from health and social care professionals involved and utilised in the decision-making process.</p> <p>Individuals admitted for respite care must be assessed to ensure their needs can be met in a short-term placement.</p> <p>Risks must be assessed using standardised risk assessment tools where available. These include moving and handling risks, malnutrition, skin viability, choking and aspiration, falls and bathing and showering.</p> <p>The organisation should use pain assessment tools to ensure that client's pain is recognised and appropriately treated (examples are Abbey pain scale, Painad and DisDat tools).</p>
17	Dignity and respect	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, clients must be treated with dignity and respect.</p> <p>To meet this requirement, the organisation must demonstrate respect for clients by treating them with care and compassion, addressing them in the manner they have indicated they prefer and treating all clients equally regardless of their level of understanding or ability to express their views.</p> <p>The organisation must maintain client's privacy and dignity at all times, including, for example, if they are asleep or unconscious.</p> <p>The organisation must understand the level of autonomy and independence that each client requires and should enable and promote their involvement in the community that is important to them (where this is relevant to their care and treatment).</p> <p>Organisations must have due regard to the age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation of each client, as defined in the Equality Act 2010.</p>
18	Need for	The organisation must ensure that in line with the

	consent	<p>Fundamental Standard covered by Regulation Number 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, care and treatment of clients must only be provided with the consent of the relevant person.</p>
19	Safe care and treatment	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, care and treatment must be provided in a safe way for clients.</p> <p>To meet this requirement, the organisation must take appropriate steps to assure itself that the care and treatment it delivers is safe for all clients.</p> <p>The organisation must ensure that care and treatment is designed and delivered with due regard to individual needs and circumstances, and that it is designed and delivered in partnership with other organisations where care and treatment is shared or transferred, to ensure the health, safety and welfare of clients.</p> <p>The organisation must ensure that it acts in accordance with relevant legislation in relation to infection prevention and control and the management of medicines as outlined in Requirements 24 and 26 of this Standard.</p> <p>It would not be deemed possible for an organisation to be able to meet any of the requirements of this regulation if it did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to provide the care and treatment being planned or being delivered, or if it did not have access to the necessary equipment or medicines, or did not use equipment safely.</p>
20	Safeguarding service users from abuse	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, clients must be protected from abuse and improper treatment.</p> <p>To meet this requirement, the organisation must take appropriate steps to ensure a zero tolerance approach to abuse, including neglect and subjecting clients to degrading treatment, and to prevent clients from being abused by its staff or others with whom they come into contact when using the services and those visiting.</p> <p>All staff will receive safeguarding training to the level relevant to their role.</p>

		<p>The organisation must take appropriate steps to ensure a zero tolerance approach to unlawful discrimination or restraint and to unnecessary or disproportionate restraint or deprivation of liberty.</p> <p>Where any form of abuse is suspected, occurs, is discovered, or reported by a third party (which may be external to the organisation) the organisation must take timely and appropriate action, including investigation and/or referral to an appropriate body.</p> <p>The organisation will be able to evidence a sound understanding of how to prevent, identify and report abuse and how it works cooperatively with Local Authority Adult Social Services and other agencies to investigate incidents.</p> <p>The organisation will also record all safeguarding incidents, reporting these to the appropriate agencies as required by the multi-agency safeguarding adults policy and procedures.</p>
21	Meeting nutritional needs	<p>The organisation must ensure that in line with Fundamental Standard Number 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the nutritional and hydration needs of clients must be met.</p> <p>To meet this requirement, the organisation must assess each client's nutrition and hydration needs on an ongoing basis and provide food and drink (including parenteral nutrition and dietary supplements) to meet them, including accommodating any religious/cultural needs and reflecting their preferences.</p> <p>While this Standard is not specifically about the quality of food, the organisation is expected to ensure that food is nutritious, presented in an appetising manner, can easily be consumed (the client can eat it regardless of any limitations they may have) and is easily accessible to the client.</p> <p>The organisation is expected to provide help if the client needs support to eat and drink where this is assessed as being required, including supporting with the use of aids and adaptations.</p> <p>Adequate water should always be available and accessible to the client and the organisation should help them if they need support to drink.</p> <p>Where appropriate, the organisation is expected to engage relevant expertise to ensure that the nutrition and hydration it</p>

		<p>provides adequately meets the needs of each client.</p> <p>Where a client is assessed as being at risk of malnutrition weight should be monitored and recorded and the support plan should reflect action required.</p>
22	Cleanliness, safety and suitability of premises and equipment	<p>The organisation must ensure that in line with the Fundamental Standard covered by Regulation Number 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, all premises and equipment used by the organisation must be clean, secure, suitable for the purpose for which they are being used, properly used, properly maintained and appropriately located for the purpose for which they are being used.</p> <p>To meet this requirement, organisations must act in accordance with current legislation and guidance relating to premises and equipment.</p> <p>They must also ensure that premises are located and designed/configured to meet the client's needs as far as possible, and that they have due regard to make premises accessible to clients.</p> <p>Premises should be appropriately secure so clients feel safe.</p> <p>Organisations must ensure that equipment is used for its intended purposes and in accordance with the manufacturer's instructions.</p> <p>Where the equipment required to deliver care and treatment is owned by the client, or is supplied by a third party (for example, a different service or an independent supplier) the organisation must make every effort to ensure the equipment is suitable for use. If the equipment is unsuitable or not clean, the organisation may decide not to provide care and treatment until it is clean (which may mean the organisation needs to clean it, if appropriate) and/or suitable, or when replacement(s) are available. We would expect the organisation to have taken all reasonable steps to ensure that it addressed the issue in a timely manner, and that it made appropriate support or alternative arrangements for the client to receive their care and treatment.</p>
23	End of life care	<p>The organisation must ensure that clients and the people that matter to them are involved in end of life plans.</p> <p>Information should be provided about Advanced Decisions to Refuse Treatment and appointing lasting power of attorney/s and access to specialist palliative care will be provided.</p>

		<p>Specialist support should be accessed including palliative care.</p> <p>Emotional support will be provided to clients and their family/friends.</p>
24	Medicines management	<p>The organisation must adhere to national guidance in relation to the administration of medication, its storage and disposal.</p> <p>Staff should receive training on the safe use of medicines including administration, possible side effects and controlled drugs.</p> <p>Support should be provided to enable individuals to safely manage their own medicines.</p> <p>The organisations should also ensure that behaviour which is challenging is not controlled by excessive use of anti-psychotic medications in line with national guidance.</p> <p>Any medication administered covertly should be in line with support plans and the Mental Capacity Act 2005 principles.</p> <p>All medication errors should be reported internally investigated and steps taken to minimise the likelihood of a repeat occurrence.</p>
25	Managing challenging behaviour and deprivation of liberty	<p>The organisation must adhere to DOH national guidance on positive and proactive care: reducing the need for restrictive interventions.</p> <p>They must have positive behaviour support plans in place to provide guidance to staff working with individuals with challenging behaviour.</p> <p>The organisation will work with health and social care professionals to understand behaviours and respond to them in the most appropriate and safe way.</p> <p>It should be evident that staff understand what may constitute restraint.</p> <p>The organisation should ensure that any restrictive practices used are part of a documented, multi-disciplinary care plan and reviewed frequently.</p> <p>The organisation must not inappropriately restrict the freedom of clients.</p>

		<p>To comply with this standard, the organisation must ensure staff and managers are familiar with the Deprivation of Liberty Safeguards (part of Mental Capacity Act).</p> <p>Where it is believed that a client may be deprived of their liberty, is under constant supervision and control and requires care that means they are not free to leave for their own safety the organisation must apply for authorisation from the Local Authority Adult Social Services department as a supervisory body.</p>
26	Infection prevention and control	<p>The organisation must have robust infection prevention and control procedures.</p> <p>In a home setting, the cleaning schedules of the home must be regularly monitored to ensure all areas are clean and hygienic. The organisation must have an infection control lead who promotes best practice and produces an annual report.</p> <p>The organisation must ensure that outbreaks of infection are reported appropriately to Public Health England.</p> <p>Personal protective equipment must be readily available to all staff.</p> <p>The organisation should encourage all frontline staff to receive vaccinations and maintain a record of staff who have been vaccinated for the current year.</p>
27	Activity and engagement	<p>The organisation should actively work to ensure that people are protected from social isolation and enabled to maintain relationships. It should also ensure that any activities promoted are meaningful and relevant to the person.</p> <p>If in a home setting, the home should create opportunities for people to contribute to the life of the home such as by organising events.</p> <p>All staff should be involved in facilitating activity and occupation within the home.</p> <p>The organisation should ensure that the environment provides stimulation and orientation by the provision of interest and accessible signage.</p> <p>Independence and self-determination should be facilitated by an enabling environment that includes, for example, the use of colour contrast and good lighting.</p>

28	Carer Support	<p>The organisation should be alert to the needs of carers and should be committed to assisting all carers access assessments relating to their own needs.</p> <p>If the health and/or wellbeing of carers is deteriorating and this could impact on the needs of the cared for person, carers should be supported to access appropriate assessment and/or support.</p> <p>The organisation should communicate with the Local Authority Adult Social Services department in respect of carers needs, with the consent of the parties concerned.</p>
----	---------------	---

