THE HERTFORDSHIRE CARE STANDARD

1. Introduction

The Hertfordshire Care Standard ("the Standard") has been developed following feedback from service users and their families and sets out HCC's expectations of Providers delivering Support.at Home. The Standard has been designed to support people of Hertfordshire who receive care and support services to be treated with compassion, kindness and dignity.

It sets out the framework for how Support at Home Providers will recruit, deploy, develop and retain staff, as well as how they should plan support with the people they support.

This updated version follows a review of the Standard to ensure it aligns with the NICE homecare guidelines issued in September 2015 and incorporates feedback on other key issues.

2. Background

In response to the 2012 national survey entitled "Time to Care", UKHCA's paper *"A Fair Price for Care"* and The Cavendish Review, Hertfordshire has developed The Hertfordshire Care Standard.

The Hertfordshire Care Standard seeks to address concerns relating to care practitioners' terms and conditions and the impact this can have on care delivery. The Standard also seeks to improve the level of support, training and skill care practitioners possess and move away from time and task based service models.

Support at Home Providers will have responsibility for ensuring adherence to the Hertfordshire Care Standard.

Since its launch in April 2015, HCC have evaluated the outcomes of the Standard and – in consultation with Hertfordshire Care Providers Association, Support at Home Providers and operational staff – identified key elements of the new NICE guidelines for homecare to be included in this new Standard.

3. The Hertfordshire Care Standard

The Hertfordshire Care Standard is a set of requirements that will require Support at Home Providers to demonstrate that they:

- Fully comply with relevant Equalities legislation
- Manage risks associated with missed or late visits effectively and ensure robust plans are in place for any missed visits
- Build a culture in which reporting of safety and abuse concerns is understood as a marker of good care, not just as a negative outcome of poor care
- Select all newly recruited staff through a value based recruitment approach that identifies compassion as well as ability (for example 'Our Culture of Compassion' (Department of Health 2012)). If you need help with this, HCPA run fully funded courses on this area http://www.hcpa.info/training/leadership_suite
- Support all staff to sign up to the Skills for Care 'The Social Care Commitment' and can evidence their understanding of the 'Dignity in Care' 10 Point Challenge

- Can demonstrate all care staff have received a robust training programme, including The Care Certificate for those new to care, and mentoring to enable them to deliver care effectively
- Show leadership competence and continuing professional development by working towards 'Silver' HCPA membership within 12 months and keeping this current year on year
- Pay care practitioners a **sustainable wage** that is competitive with other local service industries and that attracts individuals who wish to work within the caring sector and is in line with the expectations of the government's timescales for implementing the National Living Wage.
- Pay care practitioners sick pay and holiday pay, travel time (or an enhanced blended rate which compensates for travel time), travel costs and other necessary expenses such as training, mobile phones and uniforms and DBS checks (unless the care practitioner has chosen to register with for the update service).
- Offer care practitioners a choice about the type of contract they take and have the option to switch contract type upon request - e.g. zero hours, variable hours, fixed and permanent. Providers should have a relevant range of contract types and whilst care practitioners should be given a choice it is accepted that available options for each individual practitioner will be subject to business and service user needs.
- Give people who use or who are planning to use home care services and their carers details of different funding mechanisms including self-funding, where to find information about the range and quality of services available, what needs the home care services are able to address
- Ask people about their aspirations, needs and priorities, as well as what gives them peace of mind, and makes them feel safe and unsafe.
- When assessing risk, balance the risk of a particular behaviour or activity with how it is likely to benefit the person's wellbeing and help improve their quality of life
- Liaise with healthcare practitioners and other people involved in a person's care and support to ensure the homecare plan promotes wellbeing, particularly in relation to:
  - medicines management
  - pain management
  - overall skin integrity and preventive care.

Support at Home providers will also:

- Ensure there are robust mechanisms that will encourage and support continuing professional development of care practitioners.
- Have established and effective ways to mentor, supervise, monitor and assess care practitioners, and offer opportunities for peer and field based support.
- Comply with CQC supervision standards of four per year in addition to Hertfordshire's expectation that each member of staff has an annual appraisal and a minimum of 4 spot checks per year.
- Support the workforce to safeguard vulnerable adults and addressing issues of poor care quality support they may observe.
- Plan care provision with service users and/or their carers, family, friends or advocates that is not focussed on 'Time and Task' but planned around meeting the service user's needs, risks and aspirations.
- Demonstrate support planning that reflects service user choice and control and is focussed on achieving people's specified outcomes.
- Work in partnership with Hertfordshire's commissioners and social care operational teams to improve services and deliver key outcomes for Service Users and carers.

4. Continuity of Care

It is important for providers, social care operational teams and commissioners to work together to ensure care is person centred and that people who are receiving care benefit from building a trusting relationship with their care practitioners.

To promote continuity of care practitioner and ensure the Service User knows their care practitioners and that care practitioners are familiar with how the person likes support to be provided and can readily identify and respond to risks and concerns, it is a requirement of the Hertfordshire Care Standard that Support at Home providers:

- Introduce people to new care practitioners
- Build teams of regular care practitioners around the Service User and their carer
- Inform people in advance if their care practitioner will be changed and explain why
- Work together with Service Users and their carers to negotiate any changes that may need to be made

As a guide, and using feedback from Providers, Service Users and outcomes of monitoring, the Standard has established the following indicator for size of care team in relation to the number of care visits a person receives each week per rolling 4 week period:

Visits per Week	Maximum Number of Care Practitioners
1 – 3	2
4 – 7	4
8 – 14	8
15 – 28	10
29 - 41	14
42 +	16

5. Monitoring of the Hertfordshire Care Standard

As part of the East of England Quality Monitoring Framework, Health and Community Services will review employment, recruitment, staff support and training practices, as well as how care provision of Service Users is planned.

Support at Home Providers will need to evidence through staff files, policy and client records how they meet the Hertfordshire Care Standard.