

NATIONAL CARE HOME CONTRACT GUIDANCE

The National Care Home Contract was issued to all care homes in Perth & Kinross in January 2007 after lengthy negotiations at a national level between COSLA (Convention of Scottish Local Authorities) and Scottish Care.

The National Care Home Contract was introduced in April 2007 with a view to promoting a consistent approach to care home admissions throughout Scotland. In March 2010 an updated version of the National Care Home Contract was introduced incorporating previous quality measures. The National Care Home contract covers the whole of Scotland but not England and Wales or Northern Ireland.

The National Care Home contract does not replace the Free Personal and Nursing Care contract or Block contracts. Self-funders have a choice of contractual routes and will only come under the National Care Home contract if they choose to do so AND the Provider agrees.

National Care Standards

The basis of the National Contract is that Care Homes should provide care that meets National Care Standards and these form part of the National Contract although they are not repeated in it. The National Standards for Care Homes outline the outcomes that residents and prospective residents of Care Homes can expect and potentially are a very powerful tool and can be found in full on the Care Commission website (www.carecommission.com).

National Care Home Contract – quality measures

The main quality measures are detailed below and will be monitored by the Contract Compliance Officer (for Older People homes):

- Care Home Brochure must include in it fee details and complaints procedure.
- The care home must have a Residency Agreement in place for all residents.
- Self funder's under 'Route 2' accepted under NCHC at the point when their capital/income reduces to public funding levels
- Care Home Manager must be registered with the SSSC or NMC and will hold a "Registered Managers Award.
- Abide by the SSSC Code of Practice for Employers
- Care Home staff SVQ levels

The schedule for qualified care staff targets will be:

- I. 31/12/10 – **65%** of care staff excluding registered nurses listed on the Care Commission staffing notice, who are qualified at SVQ2 in care (or above). If more than 60% have achieved the reward providers will not be penalised.

- II. 30/04/11 - **65%** of care excluding registered nurses listed on the Care Commission staffing notice, who are qualified at SVQ2 in care (or above). This standard will be consolidated into the NCHC, with the audit undertaken in December 2011.
- If a care home receives a Care Commission QAF score of 2 or less in the themed area of “Quality of Care and Support”, this will trigger a Local Authority review/discussion with the care home

Some specific points in the National Care Home Contract worth noting are:

- Provider shall issue a detailed receipt for any valuables, cash or documents held on behalf of a Resident, to that Resident or their Representative
- Residency Agreement shall detail the level of insurance cover for a Resident’s personal effects insurance **IF** included within the Provider’s policy
- If Resident to be moved from their room -The Provider must seek and obtain the consent of the Resident or their Representative **and** the Council in advance,
- ensure that information about independent advocacy services is regularly provided and that service users / relatives / representatives are encouraged to access such services where appropriate. Link to Independent Advocacy <http://www.iapk.org.uk/>
- Each Resident shall provide their own clothing.
- The Provider shall assist to determine what is an adequate supply of clothing
- Provider shall provide sufficient bed linen, bedding, hand and bath towel
- Provider shall carry out all personal laundry, except dry cleaning
- Loss or damage of a Resident’s personal clothing due to the fault of the Provider or their Staff, the Provider shall be obliged to recompense
- Flannels, sponges, toiletries and similar items shall be for the sole personal use of each Resident and named discreetly, if necessary, and must not be shared amongst Residents.
- Meals must be varied and nutritious and take into consideration the Resident’s food preferences, special dietary or cultural needs and professional advice on best practice in respect of nutrition
- Resident should have access to facilities to make beverages in his/her own room or another designated area
- Resident has access to a sufficient provision of light refreshments at all times.
- Staff must be properly trained to assist the Resident wherever and whenever necessary in eating or drinking.
- The Provider shall ensure that it has adequate transport arrangements to fulfil its obligations under this Contract
- Provider shall ensure that any of its vehicles used in connection with the Service are suitable, appropriate and fit for purpose and are insured
- Where a Resident qualifies for transport from the NHS to attend for a clinical appointment/ treatment the Provider will, where practicable, ensure this is arranged. For the avoidance of doubt, the cost of providing transport for the Resident to and from scheduled medical appointments, as well as emergency admissions to hospital are not covered in the Provider’s Price.

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