Specification

Provision of
Block Booked Dementia Care Home Placements

Dementia (DE) Stratified Provider Model

GLOSSARY	
DE	Dementia – decline in mental abilities
EOI	Expression of Interest
EPCO	Enhanced Patient Care And Observation
GP	General Practitioners
NURSING HOME	Residents who require a qualified nurse on-site to provide medical care.
PROVIDER	Successful organisation(s) who will enter into the Contract with the Trust following any award(s) under this procurement process
RESIDENTIAL HOME	Lower level of need/physical dependency and who do not require a qualified nurse on-site as part of their care.
RQIA	Regulation Quality Improvement Authority
SERVICE USER	Individual(s) assessed by the Trust to receive the Service

1.1 Name/Title of Service

The Provision of Block Booked Dementia (DE) Nursing and Residential Care Home Placements via a DE Stratified Provider Model

1.2 Introduction and Service Description

The HSC Trusts, through the Provider Collaborative, have established a formal mechanism for working together on Trusts' most pressing problems for mutual benefit, taking forward agreed priorities, sharing learning, collective commissioning power and resources to deliver NI-wide improvement on key challenges. One of the projects being taken forward by the Provider Collaborative is to look at demand and capacity based on assessed need in relation to Care Home placements.

It has been long recognised that there are insufficient Dementia (DE) Nursing & Residential Care beds available for Service Users living with dementia.

Service Users are delayed in hospital waiting for a suitable Dementia Care Home bed, with prolonged hospital stays resulting in deconditioning, poorer outcomes for patients and hospital flow being adversely impacted. Additionally, Service Users are also delayed in Intermediate Care beds waiting on a permanent Dementia Care Home placement, resulting in delayed transfers of care upon completion of assessment/rehabilitation and impacting on accessibility of beds to support hospital flow.

The purpose of this service is to develop Dementia Care Home Capacity.

The aims of the service are: -

- To introduce DE Stratified Provider Model, for entry level DE care and additional care dementia placements.
- To create block bed capacity in the DE care home sector to primarily respond to discharges from acute hospitals and from an intermediate care bed-based service.
- To provide temporary or transitional DE Nursing & Residential placements, with the potential for a proportion to convert to permanent placements.
- Whilst primarily or initially aimed at supporting bed discharges, the service can provide permanent care for placements from a community setting.

Objectives of the service are: -

- To prevent prolonged hospital delays.
- To enable flow through Intermediate Care Beds.
- To provide the appropriate dementia care and interventions at entry level and additional care levels.
- To reduce rate of readmission to hospital.

- To promote Service User independence and function via bespoke care plans which will address the activities of daily living that maximise independent activity, enhance function and quality of life for the Service User living with dementia

The service will comprise of:

- Ongoing review and re-assessment of the current diagnosis, in conjunction with Trust Care Manager/Key Worker.

- Individualised care plans designed to provide intervention which stimulates cognition, reduce confusion and agitation, where applicable.

- Provision of dementia care in line with assessed needs as per the DE Stratified Provider Model – this may include the management of complex needs and/or distressed behaviours associated with dementia.

- Provision of appropriate communal space and an enabling environment to support suitable interactions and interventions in line with RQIA standards for those living with dementia.

- All beds should be single room occupancy.

- Where Additional Care Beds are being provided, the home must have Entry Level or other standard DE beds operating within the home to allow for service users who, at review, no longer have additional care needs, to continue to be accommodated within the home.

- Management of care needs with GP input.

- Adherence to Mental Capacity Act requirements - Mental Capacity Act 2005.

- Family education and involvement within current government guidelines.

- Discharge planning where applicable.

Nursing and Residential Care Homes must hold a valid Regulation and Quality Improvement Authority (RQIA) registration for nursing and/ or residential care, with dementia (DE) registration, or be actively working towards DE registration.

The Regional Residential and Nursing Home Contract applies to all placements under this service specification.

1.3 Admission

Overview

- The block booked DE Nursing & Residential Stratified Provider Model will primarily and initially be utilised for Hospital and Intermediate Care discharges.

- Provider to be able to **accept referrals promptly, seven days per week**, working alongside Trust staff to facilitate timely discharge and ongoing care transitions.

- The block booked stratified provider model beds will be suitable for those requiring entry level dementia care and those requiring additional support as per assessment of needs.

- Service Users will be admitted only if their assessed needs are within the boundaries of the Homes' Service, and RQIA Categories of Care.

- Prior to admission, the Trust will liaise with the Care Home Manager/Deputy and share person-centred needs assessments including behaviour charts, where relevant.

- Trusts will require a **decision to admit within 3 hours** of Care Home's receipt of relevant assessments.

- Where a face to face assessment is required, this should be urgently facilitated to avoid further delay.

- Admission should be able take place **within 24hrs of decision being made** by the care home.

- The care home must have a nominated decision maker available across Monday to Sunday 09:00 – 17:00 and keep the Trust informed of any changes in arrangements as soon as possible.

- Admissions will be accepted Monday – Sunday 9:00am – 7:00pm (Admissions to include new weekend referrals).

- The Provider must have in place a robust and effective bed management process that optimises bed availability and uptake. The Provider shall ensure that the maximum downtime for a bed to allow for effective cleaning of the room between Service User admissions is no longer than 24 hours, i.e. following the discharge of one Service User the bed should be available for a new admission in no longer than 24 hours. Where a placement is permanent then the Regional Residential and Nursing Home Contract terms will apply, with bed available immediately thereafter.

- A phased implementation of the block booked beds is acceptable as per that outlined in the Provider Expression of Interest (EOI) submission.

Criteria

- Service Users who have been assessed as requiring dementia residential/nursing category of care in a long-term care home placement.

- Service Users who have a diagnosis of dementia or probable/likely diagnosis of Dementia as outlined in RQIA guidance June 23.

- Service Users >65yrs discharging from Hospital following medical assessment and medical optimisation; or discharging from Intermediate Care bed-based service.

- Has had a medication review and/or a full list of current medications provided.
- Adherence to Mental Capacity Act and Deprivation of Liberty Safeguards.
- Service Users requiring entry level & additional care dementia placements.
- Service Users with a history of fall/current high risk of falls, sun downing, or requiring enhanced supervision including 1:1.

Exclusions

- Service Users who require specialist or bespoke care not covered in the additional care model price.
- Those who are COVID positive.

1.4 Staffing

The Nursing and Residential Care Home(s) need to ensure the agreed staffing is in place and that all staff are trained to an appropriate level, dependent on their job role, in order to meet the holistic needs of a person with dementia and associated behaviours, in line with the Dementia Learning and Development Frameworks specific themes
Dementia Learning and Development Framework - DOH/HSCNI Strategic Planning and Performance Group (SPPG)

Entry Level Care & Additional Care Level

With a new stratified model, Trusts have agreed to the following staffing ratios that are requested in line with the assessment criteria, along with the pricing for each level. Please note **no Third Party Charge can be levied on this bed rate**.

Placements in Nursing Care Homes – Staffing Ratios

	Entry Level	Additional Care Level
- Day	1 - 5	1 - 3
- Night	1 - 10	1 - 5
Weekly Rates	**£1,130**	**£1,645**

(Exclusive of registered manager and if applicable deputy manager)

Placements in Residential Care Homes – Staffing Ratios

	Entry Level	Additional Care Level
- Day	1 - 5	1 - 3
- Night	1 - 10	1 - 5
Weekly Rates	**£1,035**	**£1,450**

(Exclusive of register manager and if applicable deputy manager)

Care Needs Associated with DE Stratified Provider Model Rates

Entry Level DE Care	Additional Care Level	Bespoke Care Arrangements

Dementia Associated Behaviours: • Confusion • Wandering/Exit Seeking behaviours • Prompt/Assistance -personal care -feeding -medication -mobility • Agitation/Verbal Aggression • Responsive to Diversionary Strategies • Compliant or non-compliant but no aggression	Amber EPCO i.e. Entry Level associated behaviours with Additional Complexity, for example: • High Risk Feeding • High Risk of Falls • Frequent/ongoing Verbal and Physical Aggression • Risk to self or other's i.e. sexualised behaviour • Non-compliant with aggression	Red EPCO i.e. requires 1:1 support at all times Approval by Enhanced Support Panel

1.5 Times of Service

The Nursing and Residential Home will operate a 24 / 7 service provision with pre-arranged and new referrals/admissions accepted Monday – Sunday 9:00am – 7:00pm.

1.6 Service Duration

Initially this service will operate as a pilot for a period of 12 months, whereupon it will be reviewed and the Trust reserves the option to extend.

Where one or more of the block-booked beds commissioned in a home are not utilised for a consecutive period of 14 days, due to no referrals, the Trust reserves the right to **reduce** the block booking arrangement.

Should either party decide to **cease** the block booking arrangement of the beds, then 30 days written notice should be given by either party. The DE Stratified Bed Model Rate agreed at time of placement will continue and be uplifted as stated in this service specification for each occupied bed at that time. Any vacant beds at that time, and as each placement ends thereafter, will revert to spot purchase terms.

1.7 Financial Arrangements

The price will not be subject to any increase with the exception of any changes in statutory requirements such as an increase in the national minimum wage or in year inflationary annual uplifts as confirmed with the Trust via SPPG. The Trust gives no commitment on the percentage of such uplifts, if to be applied.

The Service will be paid monthly on a 'per bed' block booked contract arrangement for the duration of the contract period via Abacus. During any phased service commencement, beds will be paid on a pro-rata basis as they become available to the Service.

Beds must be available for occupancy 7 days a week. If the Provider is unable to facilitate an admission due to an unforeseeable event e.g. outbreak of norovirus, no payment will be made until the vacant bed(s) become available for occupancy.

1.8 Management, Review and Monitoring

- The Trust reserve the right to suspend further admissions and payment should circumstances arise resulting in the Nursing or Residential Home having an active performance notice in place or other restrictions that result in a suspension of admissions. Equally there should be no regulatory enforcement actions that might impact on admissions to the home.

- The Trust will identify a Key Worker who will monitor the placement to ensure appropriate action is taken to meet the needs of the service user, including ongoing assessment of need, and review of changing needs and monitoring of the placement.

- Occupancy and effectiveness of beds will be reviewed by Trust in conjunction with the Nursing and Residential Care home.

- The Trust will monitor service user outcomes and impact on hospital/ intermediate care flow.

- Monitoring Returns will be provided at award of contract and are to be returned to the Commissioning and Contracts and Community Discharge Teams. See Appendix A for a Sample Monthly Monitoring Return.

- The Regional Residential and Nursing Provider Specification and Contract will apply to this specification. Where these differ, this specification will take precedence.

Appendix A

<INSERT TRUST LOGO>

BLOCK BOOKED - Dementia Care Home Placements - DE Stratified Provider Model - Monthly Activity Monitoring Report

Name of home: | **Month:**

Number of beds under Contract: | **Bed Type:** Please tick ✓ DE -Dementia

Table Completion Guidance:
- If Bed Occupied = INSERT :- Service User Initials, e.g. AB
- If Bed Vacant = INSERT : - 'V'

Insert additional rows if required

Please Return Monthly within 5 working days following month end to the following email addresses:
<INSERT ADDRESSES>

DATES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	NIGHTS OCCUPIED
SAMPLE - Bed 1	*AB*	*AB*	*AB*	*AB*	*V*	*V*	*V*	*V*	*V*	*CW*	*CW*	*CW*	*CW*	*CW*	*CW*	*CW*	*V*	*V*	*V*	*V*	*V*	*JQ*	*JQ*	*JQ*	*JQ*	*JQ*	*JQ*	*JQ*	*V*	*V*	*V*	*18*
BED 1																																0
BED 2																																0
BED 3																																0
BED 4																																0

Declaration

I declare that;

1. The Provider has delivered the levels of activity as specified in this Progress Monitoring Re A

2. The Provider is compliant with the terms and conditions of the contract and robust Governance structures are in place

Approved and signed on behalf of the Organisation		
COMPLETED BY:		
Name (PRINT)	Signature	Position
Date		
APPROVED BY:		
Name (PRINT)	Signature	Position
Date		

Monitoring Return.xlsx

Contract Variation

Date Issued to Provider:	

Provider to complete and return to the Contracts Department by email to:
contractscommserv@belfasttrust.hscni.net

Trust:	Provider:
Belfast Health and Social Care Trust Trust Headquarters 2nd Floor Non-Clinical Support Building Royal Victoria Hospital 274 Grosvenor Road Belfast BT12 6BA	[insert Provider Trading Entity]

Contract Title:	Block Booked Dementia Care Placements – DE Stratified Model
Contract Award	
Contract Period:	

The undersigned, on behalf of **[name of Provider Trading Entity]** acknowledge receipt of the letter dated **[insert date]** and accompanying Contract Addendum and are in acceptance of the above contract variation up to **[insert date].**

Signed on behalf of: [name of Provider Trading Entity]	Signed on behalf of: Belfast Health and Social Care Trust
Signature	Signature
Print Name	Print Name
Designation	Designation
Date	Date

This document extends the existing contractual relationship between your organisation and the Trust. The Trust will append a completed Contract Variation to our copy of the original signed Contract and ask that you please do likewise.