

Service	Long-term care provision in a residential setting
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Provider Lead	
Period	
Date of Review	

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1. Principals

The Agreement covers care provided in the specific Care Home (which is described as the "Provider" on the title page) and is not transferrable. Should the Care Home cease to be an appropriate placement for any reason the Care Practitioner will make the arrangements for future placement.

The specification requires all areas to be underpinned by the following principles:

1. The service user, carers, family and close relationships are at the heart of all care delivery
2. Care is delivered in line with all relevant legislative requirements
3. Care is delivered with regards to the service users individual needs, preferences and choices

Residents, public and staff have helped develop this expression of values that inspire passion in the NHS and services it commissions, and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs.

The NHS values provide common ground for cooperation to achieve shared aspirations, at all levels of the NHS.

Working together for service users

Service users must come first. The Provider should act and collaborate in the interests of the service user, always putting the service users interest before institutional interest, even when that involves admitting mistakes. As well as working with other, health & social care organisations the provider should also involve staff, carers, families, friends and local communities to ensure they are providing services tailored to local needs.

Respect and dignity

Every individual who comes into contact with the provider including other providers of services should always be treated with respect and dignity, regardless of whether they are a service user, patient, carer or member of staff. The provider aims to foster a spirit of candour and a culture of humility, openness and honesty, where staff communicate clearly and openly with patients, relatives and carers.

Commitment to quality of care

The provider aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on the service user experience. Quality should not be compromised.

The provider will deliver safe, compassionate care for every person who uses and relies on the services. High-quality care is dependent on feedback: organisations that welcome feedback from patients and staff are able to identify and drive areas for improvement.

Compassion

Compassionate care ties closely with respect and dignity in that individual service users, carers and relatives must be treated with sensitivity and kindness. The provider must work towards alleviating, distress, and making people feel valued and that their concerns are important.

Improving lives

The provider will seek to improve the health and wellbeing of service users, communities and its staff through professionalism, innovation and excellence in care. It will also support helping people and their communities take responsibility for living healthier lives and planning for their future care needs.

2. Key Team/Definitions

Provider	For the purposes of this specification, the Provider is the Care Home organisation that the NELCCG contracts with
Resident	The individual with a care need who has or is about to take up residency in the care home
Residential Care Home	A residential setting in which people live, either on a short or long term basis. Accommodation, meals and personal care (such as help with washing and eating) is provided
Nursing Home	As above, but with the added component of nursing care, with a qualified nurse on duty twenty-four hours a day to carry out nursing tasks
Dual – Registered Care Home	A residential setting in which people live, either on a short or long term basis. Accommodation, meals and personal care (such as help with washing and eating) is provided. It also provides nursing care, with a qualified nurse on duty twenty-four hours a day to carry out nursing tasks
Care Home/s	Unless otherwise stated, “Care Home/s” will refer to Residential, Nursing and Dual-Registered care homes
DH	Department of Health
BILD	British Institute of Learning Disabilities
CQC	Care Quality Commission
NELCCG	North East Lincolnshire Clinical Commissioning Group
Care practitioner	The social/health care worker who has overall responsibility for the Resident’s care plan and who oversees/reviews the Resident’s care in the Care Home (i.e. Navigo, focus, health)
Keyworkers	A member of the Care Home staff who is allocated to the specific Resident when they choose to enter the Home. This worker acts as the focal point of contact for the Resident, friends and family
PoA	Power of Attorney
DoL	Deprivation of Liberty
Duty of Candour	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20
Health	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
MCA	Mental Capacity Act (2008)
NMC	Nursing and Midwifery Council
Managing Authority	The Deprivation of Liberty Safeguards (DoLS) can only apply to people who are in a care home or hospital. The care home or hospital is called the <i>managing authority</i> in the Deprivation of Liberty Safeguards

3. Population Needs

3.1 National context and evidence base

The group most likely to need long term care in a residential/nursing setting is older people. The number of people in the population aged 85 and over increased by 30 per cent between 2005 and 2014. For some years there has been a focus on keeping people independent for as long as possible in their own homes; despite this, the national trend of Care Home placements has been growing. Between 2005/6 and 2012/13, the number of older people using residential care homes rose by 21 per cent from 135,000 to 164,000. The number of older people using nursing care rose by 22 per cent from 65,000 to 79,000. In 2016, 14,896 residential care homes and 4,664 nursing homes for adults and older people in England were registered with the CQC.

The Care Act 2014 places a focus on prevention and wellbeing both before a long term care placement and during it. The Care Act reiterates that dignity, choice and involvement, personalisation, independence, quality care and safety are key aspects of long term care provision. Local authorities have a duty of care towards all Care Home Residents, both as commissioners of services and through general statutory safeguarding and wellbeing duties under the Care Act 2014.

Via an agreement under s75 of the National Health Service Act 2006, North East Lincolnshire Council (NELC) delegated its adult social care functions and commissioning responsibilities to the North East Lincolnshire CCG (NELCCG). For the purposes of this specification, the legislative and common law duties imposed and/ or powers conferred on local authorities are referred to herein as duties imposed/ powers conferred on the NELCCG.

3.2 Local context and evidence base

There are currently a range of care homes in North East Lincolnshire that NELCCG has a contract with, covering services for older people, those with learning and/or physical disabilities and those with functional or organic mental health problems.

North East Lincolnshire boasts a number of options and services for its population. More than half of the NELCCG's budget is spent on older people's services in particular, and there has been strong investment in recent years in Extra Care Housing and supported living options. This is with the aim of continually driving improvements in the quality of care and supporting Residents to remain independent in their own communities for as long as it is safe and appropriate for them to do so.

The NELCCG has also developed a quality initiative for care homes (the Quality Framework), which allows information to be shared with professionals and the community of North East Lincolnshire about the relative quality of care on offer.

In 2016, several streams of work were launched to support and stabilise the long term care provider market, including;

- Revision of the fees following the Living Wage increase/ introduction of the Living Wage
- Review and refresh of the Long Term Care contract and service specification and Quality Framework
- Launch of a project to improve the overall quality of care provided to Residents residing in long term care, by ensuring the external support to care homes was better coordinated, consistent and supported long term care providers to deliver the best quality of care for their Residents. This project is called 'The Support to Care Homes and those with Multiple Long Term Conditions' Project ('Support to Care Homes' for short)

4. Outcomes

4.1 Domains NHS Outcomes Framework Domains

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

4.2 Adult Social Care Outcomes Framework Domains NHS Outcomes Framework Domains

Domain 1	Enhancing quality of life for people with care and support needs	X
Domain 2	Delaying and reducing the need for care and support	X
Domain 3	Ensuring that people have a positive experience of care and support	X
Domain 4	Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	X

4.3 Local defined outcomes

- Delivery of person centred care and support to individuals. Enabling individuals to maintain as independent a life based on their preferences and history as possible. This will include but not be exclusive to supporting independent living choices, activities, community engagement, rehabilitation, health and wellbeing and End of Life considerations
- Responsive care and support which takes account of changing needs and specific stages in the care journey where both the Resident and their carer/families will need additional support (i.e. end of life, advancing dementia needs, etc.)
- You will provide training which skills staff to deliver against all the needs of Residents and their carers/families (i.e. dementia training, carer awareness training, etc.)
- Where such training is identified as mandatory (see Appendix 2), this must be kept up to date within required timescales
- Re-enablement packages of support in place to meet the specific needs of Residents to prevent or delay any increases in future care needs
- The individual well-being of Residents is understood, met and reviewed
- Delivery of care which demonstrates improvements in Residents' long term condition/s (either through improvement in the condition or in management of it) e.g. Diabetes. Huntingtons etc
- Reduction in the incidences of falls and pressure sores through preventative measures and identifying those at risk, making appropriate and timely referrals to Health and Social Care Professionals
- Reduction in the number of unnecessary urgent call outs (Rapid Response, GP visits, 999 calls)
- Reduction in avoidable admissions to the acute hospital
- Reduction in unnecessary admittance to A&E
- Improvement in the overall quality of Care Homes – a greater compliance against Quality Framework standards
- Work proactively to deliver safeguarding of adults and to learn from any safeguarding enquiries. Learning should evidence changes to practice in line with lessons learnt and recommendations
- Understanding and adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards, following local and national principles
- Reduction in medication waste through improved medicines management from prescribing through to returns and disposals

5. Scope

5.1 Aims and objectives of service

AIM

To deliver to those defined as being adults a long term residential based care and support service or short term placement which recognises the dignity and individuality of the Resident and seeks to maximise their independence, autonomy and wellbeing; the service will be proactive in ensuring that Residents receive all the help, care and support they need to keep them safe and healthy. The service should seek to prevent or reduce as far as possible any deterioration in each Resident's condition.

CORE PRINCIPLES:

The Provider will:

1. Promote a person centred and high quality of life for Residents as paramount.
2. Treat Residents as individuals, not defined by their health condition or disability, and promote each Resident's dignity, privacy and independence.
3. Acknowledge and respect Resident's diversity, values and human rights and meet the requirements of the Equalities Act, taking due regard for gender, sexual orientation, gender reassignment, marital/relationship status, age, disability, race, religion, culture pregnancy/maternity status and lifestyle.
4. Maximise Residents' self-care abilities, maximising their independence, working with a reablement approach wherever possible to support their independence.
5. Recognise Residents' personal preferences, adapting support as required.
6. Acknowledge that Residents have the right to take risks in their lives and to enjoy a normal lifestyle.
7. Provide a safe and caring environment to all Residents, and protection to Residents who need it.
8. Provide support for carers, whether relatives or friends, and recognise the rights of family members and identified attorneys or deputies where appropriate.
9. Support relatives and friends who have actively been a person's carer to maintain meaningful contact and support.
10. Provide information (including details on the availability of advocacy) that supports Resident's and their support network, to understand the care, treatment and support available and to make decisions about it.
11. Encourage Residents and their support network to be involved in the day to day activities carried out in the home or supporting how the home is run to ensure the service feels homely.
12. Ensure that the views and wishes of Residents are considered and demonstrably acted upon.
13. Ensure that all Residents have an up to date care and support plan which clearly identifies all needs and risk mitigation; staff will be encouraged to share their knowledge on Residents that is pertinent to improving care.
14. Work in partnership with all in the health and social care sector to ensure co-ordinated approaches are in place.

OBJECTIVES

1. To encourage Residents' self-care abilities and maximise independence.
2. To provide a safe and caring environment, and protection to Residents who need it.
3. To recognise Residents' individuality and personal preferences.
4. To encourage Residents' to plan for their own future needs including expressing their wants and wishes as part of individualised care planning.
5. To support and promote all Residents' ability to make an informed choice and share their wishes, including those who lack capacity.

6. To encourage Residents to make their own decisions and provide information and support on a range of choices about how they can lead their lives.
7. To treat Residents with respect and maintain their dignity at all times.
8. To provide compassionate, evidence based, up to date care which is delivered by staff that are empathetic towards Residents and knowledgeable about how to meet individual and changing needs.
9. To provide space and privacy to Residents but not to isolate them.
10. To acknowledge that Residents have the right to take risk in their lives and should enjoy the right to a normal lifestyle, including the maintenance of support networks/development of new ones.
11. To create and maintain a strong culture of listening to and involvement of all stakeholders – Residents / representatives, families, staff and professionals.
12. To maintain the confidentiality of Residents unless a disclosure is necessary to protect the health, safety or welfare of the individual Resident or others.
13. To adhere to all legal requirements, including but not limited to those set out within the: Human Rights Act 1998, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), Equality Act 2010, Care Act 2014.
14. To adhere to all national regional and local policy and practice guidance including but not limited to that issued via: CQC, NICE, the NEL Quality Framework, including local incidence reporting/ Safeguarding requirements.
15. To be an active member of the health and social care market locally, through participation in all key local health and care initiatives (including the development of a Market Position Statement for North East Lincolnshire).
16. To promote an outward looking culture and be engaged in the local community, enabling Residents to be included when they want to be.
17. To be responsive to comments and be prepared to learn from both compliments and complaints to improve Residents' services.
18. To have active representation at the Long Term Care Provider/Safeguarding meetings, Dignity Forums and Care Home Link group meetings.
19. To be fully involved in the Support to Care Homes and those with Long Term Conditions Project.
20. To share information across partners proactively, with Resident/advocate's consent as necessary, to ensure the best care experience for Residents and their carers/families.
21. To ensure core staff training is up to date and additional training is provided specific to the needs of those individuals residing in the home.
22. To comply with requirements of infection control and Tissue Viability both locally and nationally, within the context of the care home.

5.2 Service description overview

The Provider will offer a service to temporary and permanent Residents that supports the Residents to live as normal, full and active a life as each individual's health allows. A Resident's wellbeing (defined by reference to section 1 of the Care Act 2014 and its supporting Statutory Guidance as updated) should be paramount at all times.

The accommodation and the environment of the establishment should be fit for purpose and be as domestic in style as possible whilst providing the space and facilities to deliver care appropriate to the level of dependency of the occupying Residents.

The services provided in the Care Home should include a single room (unless Residents wish to share), toilet and bathing facilities, full board, personal care, staffing on a 24 hour basis (including nursing provision for registered nursing homes), with day time and evening social activities tailored to the individual preferences of Residents. Exceptions can be made where recorded on the Resident's care plan as prepared or agreed by the Resident's Care Practitioner and the Resident or their representative.

As well as personal care tasks, providers should make it clear that an expected aspect of the work is for staff to spend time talking to, relating with, and understanding the lives of Residents and supporting them with appropriate activities. The Provider will involve Residents in all decisions which affect the delivery of services including support planning; the service will address Residents' specific communication needs and be responsive to their informed choices and wishes.

The Provider will work in an integrated way with health, social care and the third sector to meet Residents' needs in the most effective and efficient way possible (including as part of the Support to Care Homes Project).

In providing the services the Provider is required to be registered with the CQC and to maintain that registration throughout the contract period. All providers must meet all regulatory requirements as set out in that registration.

The Provider must ensure that it has the ability to deliver the necessary service with sufficient numbers of trained and competent staff in order to provide care for each Resident that are demonstrated via dependency assessments. The Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the service contract as well as all regulatory standards, and be able to demonstrate a commitment to maintaining and delivering high quality services for adults with a variety of needs and/or conditions while providing a service where all aspects of a Resident's care and support needs are met.

The Provider will provide services in a way that supports the safety and security of Residents at all times. The services shall be responsive, reliable and maintain a Resident's dignity and respect. Services shall be accessible and delivered with understanding and without discrimination.

Where possible services must always be provided in a way that enables the Resident to maximise their independence, health and wellbeing and support their social, spiritual, emotional and healthcare needs.

The Provider will ensure that its staff have regard for the equality and diversity of Residents, upholds their human rights (in line with the guidance outlined in the Equality and Human Rights Commission inquiry) and does not discriminate against people for any reason. The Provider's policies will incorporate respect for both staff and Residents.

The Provider must ensure that all staff support Residents in an enabling way that allows them to increase or maintain their level of independence, develop self-caring and move to a reduction in support, where appropriate.

5.3 Care Pathway

The Provider will ensure it provides a service where:

- Residents and their representatives (where appropriate) are informed about, and involved in, the Resident's care
- A full assessment is carried out pre admission; the Provider will liaise with the placing practitioner ensuring that the Resident's full range of health and wellbeing needs can be met
- 6 week reviews following admission
- The Home is proactive in recognising if they can no longer meet the needs of the resident and to work with an incumbent provider to safely transfer. If, during service delivery, a need outside of the remit of the service is recognised, e.g. deteriorating health needs, providers will contact the appropriate health or social care professional or the local Single Point of Access (SPA) to Community Health, Mental Health and Social Care support or advice (24/7) via 01472 256256. Providers must also provide direct support to help individuals access health appointments (e.g. doctor, dentist, health screening etc) as necessary
- To work with Hospital discharge following a period of admission via the Trusted Assessor Model
- There is an appropriate match between individual staff skills, training, knowledge and competence and the specific needs of the individual

5.4 Detailed service description and requirements utilising the Quality Framework

The following service description or requirements which the Provider shall deliver is neither exhaustive nor needed in all cases, and shall depend on which responsibilities are identified as being required to meet an individual's agreed outcomes, in accordance with the specific needs of Residents. The principles of the MCA shall be applied at all times for all Residents. Deprivation of Liberty Safeguards will be complied with where applicable. Where a Resident is unable to make care/treatment decisions for themselves, the Provider shall comply with the MCA by following due process relating to capacity assessments and best interest decisions.

It is a requirement that all providers will be registered with the CQC and will maintain registration throughout the duration of this contract. Therefore, the regulations required for registration (and their associated standards) and the monitoring of the achievement of those regulations and standards are not replicated in full in this specification.

Resident finances

Under no circumstances should any funds of a Resident be placed in any accounts related to the operation of the Provider's business.

The Provider will:

- Encourage all Residents to make appropriate provision for the handling of their financial affairs - this may include appointing a deputy or establishing lasting powers of attorney
- Keep a record of all transactions taken by the Provider on behalf of any Resident where the Resident's money is used
- Provide the Resident with a receipt for all moneys received and a record of all expenditure undertaken on their behalf. This is particularly important where the Provider assists with/does a task regularly (i.e. going shopping with/ doing the shopping on the Resident's behalf)
- Make all staff aware of their responsibilities with regard to the handling of the Resident's valuables and money
- Not hold pension or other benefit books (or similar e.g. re occupational pensions) unless such a task is identified in the Resident Service Agreement or care plan
- Never become a signatory to any legal or financial documents, or act as an appointee or trustee

The Provider or others associated with them will:

- Not borrow/ loan money or enter into other financial arrangements, including the purchase of goods or items, from Residents or their relatives or friends
- Attempt to discourage the receipt of all except token gifts from Residents and discourage any proposal making themselves the beneficiaries of the Resident's will

5.5 General Overview

Funded Nursing Care (FNC) (Care Homes with Nursing only)

Assessment of existing Residents:

Where a care home manager considers that an existing Resident's needs have changed from requiring residential care only to needing the input of a Registered Nurse, the Registered Manager or deputy of the home has a responsibility, *before* charging the Resident for registered nursing care, to arrange for an assessment of the Resident to be undertaken. This assessment must be completed by a Registered Nurse employed by Care Plus or Yarborough Clee, after consent or best interest has been obtained from the Resident or person with Power of Attorney for this purpose. The home must also contact the District Nurse/Community nurse to request a nursing assessment; the nurse will ensure the completion of the NHS CHC checklist.

If the Resident refuses initial consent then this should be recorded and the CCG notified in writing (via the CHC team). The Provider should use reasonable endeavours to co-operate with relevant staff (i.e. CHC staff, district nurse, etc.) in facilitating the assessment in accordance with an individual Resident's needs, by:

- Allowing the CCG's agents or representatives access to the Care Home
- Ensuring that the relevant CCG has access to up-to-date and complete care notes in respect of each of its Residents

The home should expect to receive a copy of the completed assessment or confirmation of refusal.

If the Resident does not meet criteria for FNC and the Resident or relevant person with Power of Attorney wish to privately fund registered nursing care then the appropriate consent needs to be recorded and documented by the home and a separate contract between the home and the individual made. The Care Home will not be a party to the decision to privately fund nursing care.

If the community or District Nurses from Care Plus Group or Yarborough Clee are unable for any reason to complete the checklist the CCG must be immediately informed.

5.6 Population covered

This specification covers commissioned placements for Residents of North East Lincolnshire and those Residents who are registered with a NHS North East Lincolnshire GP practice residing or looking to reside in a NEL CCG commissioned Care Home.

5.7 Any acceptance and exclusion criteria and thresholds

The specification does not refer to Residents of North East Lincolnshire or Residents who are registered with a NHS North East Lincolnshire GP practice residing or looking to reside in a NEL CCG commissioned Residential Care Home who are under 18 years of age.

5.8 Joint working and interdependence

Providers will be expected to develop and sustain productive working relationships with other professionals involved with Residents. Seamless service delivery is dependent on building and maintaining effective working relationships, including the development of robust communication and liaison mechanisms. The Provider needs to work in an integrated and collaborative way with other health and social care providers and professionals. These may include but are not limited to:

- A3 – Single Point of Access
- Allied Health Professionals
- Other care homes
- Carers' Support Services
- Community Nursing Service
- Domiciliary Care Providers
- Equipment (Aids and Adaptation) Services
- focus independent adult social work
- GP Practices
- Dental services Intermediate Tier Services (Rapid Response, the Beacon)
- Mental Health Services
- Northern Lincolnshire and Goole Hospital Trust
- North East Lincolnshire Council
- Supported Living Providers
- Third sector providers including community and voluntary sector organisations
- The Support to Care Homes Multidisciplinary Team

The Provider must ensure that there are effective systems in place to share appropriate information with other services, providing the Resident's consent has been sought or there is a justifiable reason for sharing it without consent – taking account of data protection legislation – and disclosure does not contravene any confidentiality requirements. The Provider will need to be familiar with the roles and expected functions being undertaken by any other organisation contributing to the care and support of the Resident. The Provider will liaise with other organisations involved with the Resident and will keep them informed as appropriate.

6. Applicable Service Standards

6.1 Applicable standards

When delivering the service, providers are required to meet specific service standards as determined by national legislation as well as local requirements, including the Care Act 2014, the Health and Social Care Act 2012, Care Quality Commission (Registration) Regulations 2014 and all relevant current NICE guidelines. There is a responsibility on providers to ensure they remain compliant with changes to legislation as it is enacted. Localised requirements are included in schedule 2 of the contract and the Quality Framework documentation; providers are required to meet these along with any subsequent versions or new related best practice or policy documentation.

The service should be cognisant of the Public Service (Social Values) Act 2012 considering economic, social and environmental factors and the subsequent impact in the North East Lincolnshire area.

The Provider is expected to operate and promote an effective complaints policy in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Business continuity plans must be submitted annually to the contract team email Nelccg.contracts@nhs.net as they are reviewed.

6.2 Deviations in service standards

If the service deviates from the specification, each service/staff group has a responsibility to raise concerns either with the Provider or NEL CCG, depending on the nature of the concern. Subsequently, any concerns or issues should be escalated as appropriate to ensure they are remedied promptly. The Provider's Head of Service (or equivalent) will be involved in this process.

The Provider will be given time to remedy any issues informally, e.g. through the development of an action plan; however, if the Provider continually fails to meet the expected service standard, NEL CCG may be required to issue a notice of improvement followed by a notification of breach of contract (specific scenarios of breaches are included in the contract).

6.3 Suspension of placements

NEL CCG will consider suspension of placements where there are grounds for concern which prejudice the effective operation of the Provider and/or the Provider's future viability as a contractor.

During the period of suspension, wherever possible and appropriate, NEL CCG will work with the Provider via an agreed action plan to improve the service to a level where the suspension can be lifted.

7. Monitoring and Quality Requirements

7.1 Applicable quality requirements

The Provider will be monitored on an ongoing basis against compliance with the specification and the Quality Framework where relevant.

- Where significant concerns from Safeguarding and MCA Leads are raised, or minor concerns are cited, effective and speedy resolution has been affected
- The home will show regular low level monthly reporting to Safeguarding, and appropriate reporting of minor incidents via the appropriate app

Specifically Measurable
<ul style="list-style-type: none">• The home will respond to 90% of requests for completion of discharge assessments from the Hospital within 24 hours
<ul style="list-style-type: none">• The home will respond to 100% of requests for completion of discharge assessments from the Hospital within 48 hours

The Provider will be required to self-report on the items listed in the self-reporting return template on a monthly basis. These elements are subject to review and change from time to time.

Self-reporting does not preclude any one of requests for information that may be required on an adhoc basis.

Self-reporting does not preclude the need to provide more detailed information for the purpose of establishing contract compliance or cooperating with any local or regional work as required.

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