

Appendix 1 to Schedule 4 – Standard Rates for Learning Difficulties

CARE HOMES AND CARE HOMES WITH NURSING FOR ADULTS WITH LEARNING DIFFICULTIES

1. Pricing Model

The Order for Individual Services will specify a band based on the complexity of needs of the Resident. A need for additional service elements may be identified through community care assessments and reviews and the price for this will be as per the pricing model below. The identified band and additional service elements will also be specified on the Order.

The level of additional service elements will be reviewed within the first three months of being applied and not less than three times in the first year. The Care Manager will arrange a review with the Provider to determine whether the additional resource is still required. Changes will be agreed, and a new Order issued if necessary.

2. Core Costs

The core costs reflect a combination of the organisation cost's and the support banding. The following are part of the core service cost and are included in the 'core' rate for each of the 'bandings'. This list is not exhaustive:

- Management charge including Scheme Manager
- Senior Support staff
- Care and Support Staff
- Relief and agency staff
- Sleeping-in and waking night staff
- Catering/domestic staff
- Cover for sickness and holidays
- 8 days training per staff member per annum
- Recruitment (including CRB checks) and advertising
- Travel and protective clothing
- Insurance
- Administration costs, including staff, postage, professional fees, banking costs etc.
- Accommodation and Board and associated costs, for example utilities, clinical waste disposal, building maintenance, equipment servicing and damages
- Compliance with NCC and CQC regulatory and contractual responsibilities, including registration fees
- Compliance with health and safety and other regulatory responsibilities, including the implementation of policy and procedural guidance to staff
- All direct costs and services associated with daily living including where appropriate cleaning, minor maintenance, gardening and laundry.

2020/2021 Core Rates per Person per Week - LD
(See tables overleaf for Descriptors of Need)

Note: Where additional 1:1 hours exceed 12 per day on average in bands 2 and 3, the resident may be placed on the next band up and subject to that rate for the remainder of the placement or until the next review of care determines otherwise.

These rates apply to all new placements from commencement of this contract	Number of clients Home is Registered for (CQC)		Number of clients Home is Registered for (CQC)	
	1 to 6		7 +	
Banding / Level of Need	Staff: Resident ratio	Price per person per week	Staff: Resident ratio	Price per person per week
<u>BAND 1</u> Very intensive for high level very complex needs	2:1 x 7 days	£3186.75	2:1 x 7 days	£3155.75
<u>BAND 2</u> Very intensive for high level very complex needs. If the client requires by exception more than 12 hours 2:1 per day on average, then move to Band 1	1:1 x 7 days	£2058.39	1:1 x 7 days	£2027.36
<u>BAND 3</u> Intensive for high level needs. If the client requires by exception more than 12 hours 1:1 per day on average, then move to Band 2	2:3	£991.99	2:3	£960.98
	3:5		3:5	
	1:2		1:2	
<u>BAND 4</u> Medium for substantial needs	2:5	£743.99	2:5	£713.02
	1:3		1:3	
	1:4		1:4	
<u>BAND 5</u> Moderate for appreciable support needs and small homes (registered for up to 4 people)	1:3	£558.01	1:4	£526.99
			1:5	
	1:4		1:6	
	1:5		1:7	
	1:6		1:8	
		1:10		

Notes:

1. The above rates include sleep-in staff. The number of staff to cover a sleep in must be sufficient to meet the needs of the Residents'. However, if the core service level for the home is to provide a waking night member of staff then a payment of £86.80 per night will be added to the appropriate rate, divided between the number of Residents' who share each waking night member of staff.
2. Where a sleep in member of staff is provided as part of the core service, this member of staff is available to be woken up to three times a night to provide any part of the Service.
3. The above rates apply for 52 weeks of the year. There will be no additional charge for bank holidays
4. The above rates include the provision of appropriate activities during the day, seven days a week, to meet the outcomes identified in Resident's care plans as specified by the Care Manager.
5. FNC will be added to the above for a nursing care placement.
6. Ratios are presented as staff: Residents

Additional service elements

Where additional service elements are required, the following rates will apply when the Care Manager has specified the requirements to meet the needs in the Resident's care plan, where these are over and above that expected within the core service. The rate for an additional service element will be shared between all the Residents using it. These additional service elements will be subject to ongoing monitoring.

Convert sleep-in to waking night: £86.80 per staff member

Additional waking night: £124.00 per staff member

Additional sleep-in: £37.21 per staff member

1:1 support: £12.39 per hour

2:1 support: £24.78 per hour

These rates apply 52 weeks of the year. There will be no additional payment for weekends or bank holidays etc.

DESCRIPTORS OF NEED

Bands 1 and 2: Very intensive for high level very complex needs:

Residents' in this group will require a highly specialised environment and a staff team with awareness of and training in the complex presentation of learning disability. The staff team will be able to put into practice specialised, tailored interventions devised by the Community Learning Difficulties Team with a high degree of consistency and complete regular and thorough risk assessments. It will be clearly demonstrated/ assessed by the Care Manager that 2:1 or 1:1 staffing is required during all waking hours (15 hours per day) to minimise risk to the Resident and/or others and to achieve positive outcomes. Residents in this category will demonstrate one or more of the following:

- High frequency, intense severe challenging behaviour requiring a complex (multidisciplinary) treatment programme including specific behavioural intervention and the regular use of physical intervention techniques.
- Complex learning disability/mental health/physical needs presentation.
- Unusually severe or complex Autistic Spectrum Disorder, dementia, epilepsy presentation.

Band 3: Intensive for high level needs

Residents' in this group are likely to require specialised environment and equipment; 24-hour staffing with ratios lending themselves to 1-1, (sometimes 2-1) at frequent intervals and high levels of observation combined with flexible and imaginative tailor-made activities. The following may also occur:

- Severe challenging behaviour requiring specific behavioural intervention and consideration of Breakaway and/or physical intervention techniques.
- Extreme end of the autistic spectrum requiring specific behavioural and communication strategies.
- Significant mental health needs in addition to learning difficulty requiring specialised interventions and monitoring.
- Significant sensory disability.
- Behaviour requiring high levels of supervision and monitoring (e.g. high-risk sexual behaviour).
- Final Stage Dementia requiring specialised interventions and monitoring.
- Significant physical health needs requiring individualised care.

All with substantial input from the Community Learning Difficulties Team.

Band 4: Medium for substantial needs:

Residents' in this group are likely to require staff assistance for a significant proportion of time and support with personal care tasks. Leisure activities will be facilitated individually and in small groups; sleep-in night staff are more likely to be required. The following may also occur:

- Mild challenging behaviour requiring specific behavioural intervention and consideration of Breakaway and other safety techniques.
- Autistic spectrum requiring specialised behavioural and communication strategies.
- Mental health needs in addition to learning difficulty requiring monitoring.
- Mid-stage Dementia requiring monitoring.
- Physical health needs requiring individualised care.
- Assistance with self-help skills.

All with input from the Community Learning Difficulties Team.

Band 5: Moderate for appreciable needs:

Residents in this group are likely to need support with personal care, domestic routines, developing social relationships and accessing a range of community facilities and resources. Whilst a level of independence may be achieved, this will be dependant on regular advice and support. The following may also occur:

- Some inappropriate behaviour.
- Limited sense of personal safety.
- Need for support with developing self-help skills.
- Need for support with developing self-care skills.
- Need for support with physical health care.
- Need for support with mental health care.
- Need for support in planning the activities of daily living.

DEFINITION OF 1:1 AND 2:1 SERVICE

A Resident in receipt of 1:1 staffing must have a dedicated member of staff working only with him/her for the specified period. That member of staff must not be shared with other Residents during the specified period.

The member of staff will:

- additional to the core staffing complement of the home
- have a defined role or task in relation to a named client for a specified period of the day
- work with that named client only at any time
- meet the needs of that client with respect to outcomes agreed with the Care Manager as set out in the Care Plan

Appendix 2 To Schedule 4 – Standard Rates for Mental Health

CARE HOMES AND CARE HOMES WITH NURSING FOR ADULTS WITH MENTAL HEALTH PROBLEMS

1. Pricing Model

The Order for Individual Services will specify a band based on the complexity of needs of the Resident. A need for additional service elements may be identified through community care assessments and reviews and the price for this will be as per the pricing model below. The identified band and additional service elements will also be specified on the Order.

The level of additional service elements will be reviewed within the first three months of being applied and not less than three times in the first year. The Care Manager will arrange a review with the Provider to determine whether the additional resource is still required. Changes will be agreed, and a new Order issued if necessary.

2. Core Costs

The core costs reflect a combination of the organisation costs and the support banding. The following are part of the core service cost and are included in the 'core' rate for each of the 'bandings'. This list is not exhaustive:

- Management charge including Scheme Manager
- Senior Support staff
- Care and Support Staff
- Relief and agency staff
- Sleeping-in and waking night staff
- Catering/domestic staff
- Cover for sickness and holidays
- 8 days training per staff member per annum
- Recruitment (including CRB checks) and advertising
- Travel and protective clothing
- Insurance
- Administration costs, including staff, postage, professional fees, banking costs etc.
- Accommodation and Board and associated costs, for example utilities, clinical waste disposal, building maintenance, equipment servicing and damages
- Compliance with NCC and CQC regulatory and contractual responsibilities, including registration fees
- Compliance with health and safety and other regulatory responsibilities, including the implementation of policy and procedural guidance to staff
- All direct costs and services associated with daily living including where appropriate cleaning, minor maintenance, gardening and laundry.

2020/2021 Core Rates per Person per Week - MH
(See tables overleaf for Descriptors of Need)

Note: Where additional 1:1 hours exceed 12 per day on average in bands 2 and 3, the resident may be placed on the next band up and subject to that rate for the remainder of the placement or until the next review of care determines otherwise.

These rates apply to all new placements from commencement of this contract	Number of clients Home is Registered for (CQC)		Number of clients Home is Registered for (CQC)	
	1 to 6		7 +	
Banding / Level of Need	Staff: Resident ratio	Price per person per week	Staff: Resident ratio	Price per person per week
<u>LEVEL 3 - INTENSIVE</u> High level support needs.	2:3	£991.99	2:3	£960.98
	3:5		3:5	
	1:2		1:2	
<u>LEVEL 2 – ENHANCED</u> Substantial support needs.	2:5	£743.99	2:5	£713.01
	1:3		1:3	
	1:4		1:4	
<u>LEVEL 1 – STANDARD</u> Appreciable support needs.	1:3	£558.01	1:4	£526.99
			1:5	
	1:4		1:6	
	1:5		1:7	
	1:6		1:8	
		1:10		

Notes:

- The above rates include sleep-in staff. The number of staff to cover a sleep in must be sufficient to meet the needs of the Residents. However, if the core service level for the home is to provide a waking night member of staff then a payment of £86.80 per night will be added to the appropriate rate, divided between the number of Residents who share each waking night member of staff.
- Where a sleep in member of staff is provided as part of the core service, this member of staff is available to be woken up to three times a night to provide any part of the Service.
- The above rates apply for 52 weeks of the year. There will be no additional charge for bank holidays
- The above rates include the provision of appropriate activities during the day, seven days a week, to meet the outcomes identified in Residents' care plans as specified by the Care Manager.
- FNC will be added to the above for a nursing care placement.
- Ratios are presented as staff: Residents

Additional service elements

Where additional service elements are required, the following rates will apply when the Care Manager has specified the requirements to meet the needs in the Resident's care plan, where these are over and above that expected within the core service. The rate for an additional service element will be shared between all the Residents using it. These additional service elements will be subject to ongoing monitoring.

Convert sleep-in to waking night: £86.80 per staff member

Additional waking night: £124.00 per staff member

Additional sleep-in: £37.21 per staff member

1:1 support: £12.39 per hour

2:1 support: £24.78 per hour

These rates apply 52 weeks of the year. There will be no additional payment for weekends or bank holidays etc.

DEFINITION OF 1:1 AND 2:1 SERVICE

A Resident in receipt of 1:1 staffing must have a dedicated member of staff working only with him/her for the specified period. That member of staff must not be shared with other Residents during the specified period.

The member of staff will:

- additional to the core staffing complement of the home
- have a defined role or task in relation to a named client for a specified period of the day
- work with that named client only at any time
- meet the needs of that client with respect to outcomes agreed with the Care Manager as set out in the Care Plan

	Longer Stay	Medium Stay	Short stay
Level 1 - Standard	The environment, organisation and staffing levels in the home meet needs for individual attention, enhancing independence, exercising choice (including managed risk-taking) and participation in appropriate in-house and community activities. They are sufficient to ensure the Residents safety and to meet personal care needs with dignity and choice.	The environment, organisation and staffing levels in the home meet needs for individual attention, enhancing independence, exercising choice (including managed risk-taking) and participation in appropriate in-house and community activities. They give Residents opportunities to increase their independence (e.g. self-catering) and to take control over their lives as the first steps towards more independent accommodation.	The environment, organisation and staffing levels in the home meet the need for individual attention and facilitate maintaining or acquiring contacts with the wider community. They give Residents opportunities to increase and demonstrate their independence and control over their lives. Residents have access to activities that promote their recovery, including education, leisure and voluntary or paid work, with practical support if necessary. Housing providers, community groups and other relevant agencies are involved from the start of a placement.
Level 2 - Enhanced	In addition to Level 1: able to manage significant periodic risk issues; give individual support with personal care, physical health issues and when participating in activities (e.g. provide weekly escort to maintain an outside contact); work to promote independence, with some input from secondary mental health services.	In addition to Level 1: able to undertake programmes of work to acquire new skills, give support in taking up community opportunities, managing risk issues. This could be to meet specific additional needs in the early stages of a recovery programme, or as part of a planned move to more independent accommodation. Housing providers and other relevant agencies are involved in care planning.	In addition to Level 1: limited additional one-to-one staffing required to enable a planned move to independent accommodation e.g. to manage risk issues, acquire specific skills, support the involvement of housing providers, community groups and other agencies. Some input from secondary mental health services.
Level 3 - Intensive	In addition to Level 2: able to manage significant and constant risk issues which require high levels of supervision and monitoring, including waking night staff; give substantial one-to-one attention on a daily basis; address significant additional physical health care needs; undertake planned interventions with substantial input from secondary mental health services.	In addition to Level 2: substantial one-to-one staffing required to enable a planned move to more independent accommodation, e.g. meeting emotional support and cultural needs, addressing risks and practical obstacles, engaging the support of housing providers, community groups and other agencies. Substantial input from secondary mental health service	In addition to Level 2: substantial one-to-one staffing required to enable a planned move to independent accommodation, e.g. meeting emotional support and cultural needs, addressing risks and practical obstacles, actively engaging the support of housing providers, community groups and other agencies. Substantial input from secondary mental health service.

Appendix 3 To Schedule 4 – Standard Rates for all other Client Groups

CARE HOMES FOR OLDER PEOPLE INCLUDING ORGANIC MENTAL HEALTH PROBLEMS, ADULTS WITH PHYSICAL DISABILITIES

1. Pricing Model

The Order for Individual Services will specify a band based on the needs of the Service.

2. Core Costs

The core costs reflect a combination of the organisation costs and the support banding. The following are part of the core service cost and are included in the 'core' rate for each of the 'bandings'. This list is not exhaustive:

- Management charge including Scheme Manager
- Senior Support staff
- Care and Support Staff
- Relief and agency staff
- Sleeping-in and waking night staff
- Catering/domestic staff
- Cover for sickness and holidays
- 8 days training per staff member per annum
- Recruitment (including CRB checks) and advertising
- Travel and protective clothing
- Insurance
- Administration costs, including staff, postage, professional fees, banking costs etc.
- Accommodation and Board and associated costs, for example utilities, clinical waste disposal, building maintenance, equipment servicing and damages
- Compliance with NCC and CQC regulatory and contractual responsibilities, including registration fees
- Compliance with health and safety and other regulatory responsibilities, including the implementation of policy and procedural guidance to staff
- All direct costs and services associated with daily living including where appropriate cleaning, minor maintenance, gardening and laundry.

Weekly Payment Levels 2020/2021

BANDING	SHARED ROOM	SINGLE ROOM
Care Homes		
Residential Standard	£567.74	£567.74
Residential Enhanced	£660.34	£660.34
4 – Mentally ill	See separate chart	
5 – Suffering from drug or alcohol dependency	£376.51	£400.27
6 – Learning difficulties	See separate chart	
7 – Physically disabled and disablement began under pension age	£494.76	£519.55
Care Homes With Nursing		
Nursing Standard	£584.07 (plus *FNC @ £165.56 = £749.63)	£584.07 (plus *FNC @ £165.56 = £749.63)
Nursing Enhanced	£640.54 (plus *FNC @ £165.56 = £806.10)	£640.54 (plus *FNC @ £165.56 = £806.10)
11 – Mentally ill	See separate chart	
12 – Suffering from drug or alcohol dependency	£439.90 (plus *FNC @ £165.56 = £605.46)	£464.81 (plus *FNC @ £165.56 = £605.46)
13 – Learning difficulties	See separate chart	
14 – Physically disabled and disablement began under pension age	£498.48 (plus *FNC @ £165.56 = £664.04)	£523.27 (plus *FNC @ £165.56 = £664.04)

*FNC rate is 19/20 figure and will be updated in accordance with NHS directive

Notes:

- Residential Enhanced and Nursing Enhanced only apply to placements in homes that meet the requirements of the specification for Older People with Mental Health Problems
- Where the prices for Care Homes with Nursing includes the element for NHS Funded Nursing Care the Council will be paying this on behalf of Health.

ELIGIBILITY FOR SPECIALIST CARE HOMES

Residential Standard – Older People and Other (including Physically Disabled Pension Age)

Residents in this dependency level will have a degree of disability/frailty (physical, sensory and/or mental) that can be associated with their age. Such Residents may be able to carry out self-care tasks independently but are in general need of assistance in order to maintain a range of daily living functions, including:

- daily assistance to get up and go to bed
- assistance to eat and drink and with food preparation
- assistance to wash
- assistance to bath
- assistance to use the lavatory, including changing incontinence pads and emptying catheter bags
- access to assistance or oversight during unsocial hours
- some supervision or assistance with mobility.

This may involve mild confusion with some degree of lack of concentration and wandering.

Residential Standard – Very Dependent or Blind Older People (including high dependency needs such as a low to moderate degree of dementia)

Residents in this dependency level may have a degree of disability/frailty that can be associated with age, as well as behaviours related to dementia or other significant cognitive impairment and/or behavioural issues.

Physical needs: These Residents will have greater needs than Standard Dependency and require a significant level of assistance (as opposed to simply requiring supervision) with daily living tasks, including assistance with such things as, feeding, toileting and other continence problems, bathing, skin and mouth hygiene, dressing, transfers, ambulation, mobility and/or orientation. Residents may also require the use a range of equipment including hoists to safely effect transfers.

Health Oversight: Such Residents may also be experiencing considerable difficulty arising from sensory disabilities, physical and/or mental disability/frailty, which may require the oversight of district or Mental Health or other Specialist Community Nurses.

Behaviour: It is possible that these Residents will demonstrate varying levels of inappropriate behaviour, which may have an adverse effect for themselves and other Residents, if they are not supported by a staff presence or staff action. However, they will not suffer from the effects of mental ill health with associated behaviour that requires considerable management, support and additional staff attention to mitigate the impact on other Residents.

We expect these Residents to meet the Norfolk County Council criteria for Residential Standard payments as detailed below.

Residential Enhanced – Very Highly Dependent Older People with Organic Mental Health Problems

Residents in this dependency level will be Older People who are suffering from the effects of organic mental ill health with associated behaviour that requires considerable management, support and additional staff attention. This behaviour could have a major effect on other Residents.

Physical needs: All such Residents will need the majority of self-care tasks carried out by someone else,

AND

Behaviour: will have two or more of the following characteristics:

- a) High level of cognitive impairment, which is likely to include marked short-term memory issues and maybe disorientation in time and place. The Resident has a limited ability to assess basic risks with assistance but finds it extremely difficult to make their own decisions/choices, even with prompting and supervision. Constant supervision and an adaptive environment is needed to prevent risk or severe distress.
- b) Psychological and emotional needs such as mood disturbance or anxiety symptoms or periods of distress which do/does not readily respond to prompts and reassurance and has/have an increasing impact on the Resident's health and well-being. Withdrawn from social situations and demonstrates difficulty in engaging in care plans and/or daily activities. Staff will need to be able to reduce the impact of these needs on Resident's wellbeing.
- c) Behaviour that poses a predictable risk to self and/or others. Risk assessments indicate that planned interventions are effective in minimising but not always eliminating risk. Compliance is variable but usually responsive to planned interventions. Such behaviour includes disinhibited behaviour, which may distress others such as inappropriate toileting, uninhibited sexual behaviour, and inappropriate interference with other Residents. Staff attention and behaviour management will need to be able to minimise the occurrence of such behaviour and their impact on Residents and others.

It would be expected that Residents in this group would generally be disorientated in time and place and/or have limited communication and/or require constant reassurance and would for example require the provision of an escort on transport. Residents in this group may exhibit a range of behaviours, which require skilled management, such as restlessness at night, wandering, being noisy or other disruptive behaviours.

Any identified nursing needs will not require the constant availability of a qualified nurse and may be appropriately met by advice, supervision and attention from Community Nursing and/or Community Psychiatric Nursing services.

The ASSD or nominated representative is responsible for the assessment of needs of Older People and determining the appropriate care setting. However, needs will fluctuate over time, both to a lower and higher level. A priority must be to maintain a stable environment for the Resident and therefore the capacity of the Home to support individual Residents in the longer term will be taken into account in determining whether the placement is still appropriate.

ELIGIBILITY FOR SPECIALIST CARE HOMES WITH NURSING

Nursing Standard – Older People and Other (including Physically Disabled Pension Age) with Nursing Needs

Residents who are appropriately placed in a Residential Care Home may need some intervention during the period of their stay for health reasons. Any health care needs will normally be appropriately met by advice, supervision, or attention from the Community Nursing services.

This care category relates to Residents who have nursing needs beyond this level, need attention or care under the constant supervision and availability of a qualified nurse and will need to be considered for placement in a Care Home that provides Nursing Care. These needs would be assessed by the designated nurse in accordance with the National Framework for Nursing Needs assessment, prior to any move.

Nursing Enhanced – Very Highly Dependent Older People with Organic Mental Health Problems with Nursing Needs

In addition to meeting the eligibility criteria above, the Resident will have additional needs, which will require medical intervention and the constant availability of specially trained nurses within the Care Homes.

These will include behaviour of severity and/or frequency that poses a significant risk to self and/or others. Risk assessments indicate that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.

In addition, the Resident will have two or more of the following needs:

- a) Psychological and emotional needs such as mood disturbance or anxiety symptoms or periods of distress that has/have a severe impact on the Resident's health and well-being.
Withdrawn from any attempts to engage them in support, care planning and daily activities.
- b) Inability to reliably communicate their needs at any time and in any way even when all practicable steps to do so have been taken.
- c) Severe cognitive impairment, which may include, in addition to lacking short- term memory, problems with long term memory or severe disorientation. The individual is unable to assess basic risks and is dependent on others to anticipate even basic needs and to protect them from harm.

N.B.: Residents who exhibit behaviour of a severity and/or frequency that presents an immediate and serious risk to self and/or others, and where the risks are so serious that they require access to an urgent and skilled response at all times for safe care, should be referred to an appropriate NHS professional (such as the GP), to ensure appropriate care and interventions are put in place. The Provider will also inform the council (see Service Specification 17.1).

SERVICES AT RESIDENTIAL ENHANCED AND NURSING ENHANCED

In view of the high level of care needs of these Residents the provider must:

- provide an escort for Residents when travelling outside the Care Home
- provide at least two waking night care staff on duty whatever the overall size of the Care Home
- ensure that all new staff members undertake a planned induction programme that includes approaches and skills needed in caring for Older People with Organic Mental Health Problems
- ensure that all staff continually develop their skills and knowledge about Older People with Organic Mental Health Problems through practice-based training
- ensure that staff participate in a specialist training programme that will equip them to care for Older People with Organic Mental Health Problems, based on the Skills for Care Knowledge Set for Dementia

In premises that are registered for more than one Resident group, the provider must:

- ensure that Residents in the Enhanced bands can always be managed safely with minimal risk to themselves and other Residents in the Care Home. Ideally this would be on the ground floor of the Care Home
- ensure that where there are a number of Residents falling within these bands, they are accommodated in small group situations, which may require a designated area of the Care Home.