



Community Services

Maximising Wellbeing at Home (Lot 7)

Solution-Focused Wellbeing Coaching – Advanced Dementia and Behaviours that Challenge

Standard Selection Questionnaire (SSQ) Selection Questions

Two Stage Restricted Process (Above Threshold)

**Joint Commissioning Unit
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Catford**



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September 2022

This document is to be completed in accordance with the Invitation to Tender document and submitted via the London Tenders Portal, with all relevant documentation, by no later than **noon (12pm) on Monday 10 October 2022.**



Maximising Wellbeing at Home: Solution-Focused Wellbeing Coaching – Advanced Dementia and Behaviours that Challenge (Lot 8)

SSQ Selection Questions

The following questions must be answered

9.1	Solution-Focused Coaching	Pass/Fail
9.2	The OSKAR Framework (Outcome, Scale, Know-how, Affirm + Action, Review)	Pass/Fail
9.3	Compliance with the International Coaching Federation (ICF) standards and practices	Pass/Fail
9.4	Compliance with the principles of Scenario: Management of end-stage dementia (NICE)	Pass/Fail
9.5	Safeguarding	Pass/Fail
9.6	Mental Capacity Act	Pass/Fail
9.7	London Living Wage	Pass/Fail
9.8	Compliance with the Health and Safety Executive guidance for 'Domiciliary care provided in people's own homes'	Pass/Fail
9.9	Care Quality Commission regulatory framework	Pass/Fail
9.10	Compliance with the Lewisham Joint Medicines Policy	Pass/Fail
9.11	GDPR and data handling	Pass/Fail
10.1	Experience of delivering solution-focused coaching	17.5%
10.2	Experience in effectively involving and engaging unpaid Carers in solution-focused coaching	7.5%

10.3 Experience working with adult social care staff

5%



9.1 Solution-Focused coaching	
9.1(i)	Please self-certify that the coaching staff in your organisation have the necessary knowledge, skills and experience to deliver solution-focused coaching to external teams
	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.1(ii)	Please self-certify that the coaching staff within your organisation adopt an outcome orientated, competence-based approach, encouraging external teams to take personal responsibility and focus on future actions to direct these towards a specific goal using their personal strengths to their best effect
	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.2 The OSKAR Framework (Outcome, Scale, Know-how, Affirm + Action, Review)	
9.2(i)	Please self-certify that the coaching staff in your organisation have the necessary knowledge, skills and experience to work within the OSKAR Framework https://link.springer.com/chapter/10.1007/978-3-030-53161-4_19
	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.3 Compliance with the International Coaching Federation (ICF) standards and practices	
	Does your organisation have policies / procedures in place to ensure full compliance with the following International Coaching Federation (ICF) standards and practices: https://coachingfederation.org/regulation
9.3(i)	The 11 ICF Core Competencies
	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.3(ii)	Coach Credentialing
	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.3(iii)	ICF Code of Ethics
	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.3(iv)	ICF's Code of Conduct
	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.3(v)	The professional charter for coaching and mentoring
	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.4 Compliance with the principles of Scenario: Management of end-stage dementia (NICE)	
	Does your organisation have policies / procedures in place to ensure full compliance with the principles of Scenario: Management of end-stage dementia (NICE)? These include:
9.4(i)	If possible, plan ahead in the earlier stages of dementia (while the person still has capacity) with the person and their family/carer.
	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.4(ii)	For people living with dementia who are approaching the end of life, use an anticipatory healthcare planning process.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.4(iii)	<p>When providing care for a person with dementia:</p> <ul style="list-style-type: none"> • Personalise care and facilitate shared decision-making (between the person with dementia, their carer/family, and the multidisciplinary healthcare team). • Avoid overly aggressive, burdensome, or futile treatment. • Ensure continuity and coordination of care - People with dementia may require coordination of a diverse range of services (for example primary care, community nursing, physiotherapy, and hospice care) to enable them to continue living at home and to die there if that is their wish. • Provide psychosocial and spiritual support for the person with dementia and their family/carer. • Recognise and discuss the terminal stage with family/carers in a timely way. • Assess the carer's needs and support them - Families/carers may need social support, education on the palliative aspects of care in dementia, and bereavement support. • Seek advice from a specialist (such as the palliative care team or a GP with a special interest in palliative care) if unsure of how to manage any palliative care issues. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.4(iv)	<p>Specific issues that may be a concern in people with dementia at the end of life include:</p> <ul style="list-style-type: none"> • Eating and drinking • Distress or changes in behaviour • Constipation, nausea, and loss of appetite • Withholding or withdrawal treatment • Resuscitation 	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.5	Safeguarding	
	Does your organisation have the following policies / procedures in place:	
9.5(i)	Safeguarding policies and procedures for children, young people and adults which is accessible to staff and volunteers and clearly sets out how they should respond to safeguarding concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.5(ii)	Safer recruitment procedures in-line with regulatory requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.5(iii)	A complaints procedure that is accessible to service users and relatives	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.5(iv)	A whistleblowing policy that is accessible to staff and volunteers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.6		Mental Capacity Act	
9.6(i)	Does the Mental Capacity Act (MCA) feature in every relevant policy and procedure within your organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(ii)	Do all policy and procedures relevant to the Mental Capacity Act (MCA) within your organisation include clear statements to evidence that you promote and work within the MCA five guiding principles?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(iii)	Are staff trained and able to coach how to apply the principles of the MCA when working with vulnerable adults?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(iv)	Is the assumption of capacity clear in the service's ethos and practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(v)	Can you evidence that all staff have an understanding of when it is necessary to assess a person's capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(vi)	Are staff trained to recognise the inherent rights and value of all people whether they have a disability or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(vii)	Can your service and your managers demonstrate an understanding of when a formal assessment is needed and how to record it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(viii)	Can you evidence that your organisation has the knowledge and experience to coach external teams on how to effectively embed a culture which clearly promotes autonomy and choice but recognises when decisions must be made for others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.6(ix)	Does the service ensure staff fully understand and are able to coach external teams on how to apply the best interests decision making principles?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

9.7		London Living Wage	
9.7(i)	Please self-certify if your organisation is fully compliant with paying staff the London Living Wage	Yes <input type="checkbox"/> No <input type="checkbox"/>	For information only
9.7(ii)	If your organisation is not presently fully compliant with paying staff the London Living Wage, please self-certify if your organisation would ensure full compliance by 31 March 2023 in the event of your organisation being	Yes <input type="checkbox"/> No <input type="checkbox"/>	



	awarded this contract.	
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9.8 Compliance with the Health and Safety Executive guidance for 'Domiciliary care provided in people's own homes'		
9.8(i)	Please self-certify that you are compliant with the Moving and handling guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.8(ii)	Please self-certify that you are compliant with the Dealing with challenging behaviour guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.8(iii)	Please self-certify that you are compliant with the Equipment safety guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.8(iv)	Please self-certify that you are compliant with the Hot water and hot surfaces guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.8(v)	Please self-certify that you are compliant with the Slips and trips guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.8(vi)	Please self-certify that you are compliant with the Lone working guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.8(vii)	Please self-certify that you are compliant with the First aid guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.9 CQC regulatory framework		
9.9(i)	Please self-certify that your organisation is fully aware of the regulatory responsibilities of the Care Quality Commission	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.10 Compliance with the Lewisham Joint Medicines Policy		
9.10(i)	Please self-certify that your organisation is fully aware of the Lewisham Joint Medicines Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.11 GDPR and data handling		
9.11(i)	Please self-certify that your organisation has policies and procedures in place to ensure full compliance with GDPR regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.11(ii)	Please self-certify all that all personal data captured and stored within your organisation is fully compliant with GDPR regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>



Q10.1 Experience of delivering solution-focused coaching

Demonstrate your experience of delivering solution-focused coaching in the area of Advanced Dementia and Behaviours that Challenge to external teams, including two examples of contracts you have delivered or are delivering, detailing:

- Number and characteristics of teams coached
- Size of the coaching workforce
- Impact of the coaching
- Any other relevant points

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Q10.2 Experience in effectively involving and engaging unpaid Carers in solution-focused coaching



Demonstrate how you have ensured unpaid carers have been fully involved and engaged in the solution focused coaching delivered by your organisation. Please include examples/case studies from current or previous contracts detailing:

- Number of carers coached
- Impact that the coaching had on the wellbeing of carers
- Challenges faced and how they were addressed
- Any other relevant points

[Word Limit: 750 words]

Q10.3 Experience working with adult social care staff



Demonstrate how you have effectively worked with adult social care staff to support them to maximise outcomes whilst also supporting individual staff members to develop personally and professionally. Include examples / case studies from current or previous contracts to support your answer.

[Word Limit: 500 words]



Signed for Tenderer:

Signature	Print name(s) in full	Position held by each signatory (in the case of a company)

Dated this _____ day of _____ 20__

Full name of Organisation _____

Address for correspondence _____

Registered Address _____

(If different from above) _____

_____ Fax No _____

E-mail address _____

State whether sole proprietor YES/NO* (delete as appropriate)

In case of partnership the full names and address of each partner:

Name	Address