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## **Quality Assurance Framework for Adult and Wellbeing Services**

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# 1. Introduction

## 1.1 Overview

This Quality Assurance Framework sets out the approach that Herefordshire Council will take to ensure local care and support services provide what individual citizens need. It can be seen as a set of processes which are put in place with one goal: to deliver high quality care and support services in Herefordshire.

Herefordshire's social care services are facing challenging times, due to the county's ageing population and the challenges that living in a rural county brings in terms of delivering services. A key priority for Herefordshire Council, however, is that people can be confident that the care and support they receive will be of high quality and that they will be safe and treated with dignity and respect.

This document aims to set out the principles and processes that, together, formulate the Herefordshire Council's approach to securing quality in care services.

## 1.2 Our vision

Herefordshire's corporate plan vision for social care services is:

**“To enable residents to live safe, healthy and independent lives and to maintain service provision, to those with need, within the available resources”**

Building positive relationships between the range of agencies, care providers and people using services in Herefordshire is fundamental to achieving this. It is through supportive partnership based working that continued improvement in quality can be delivered with better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

Quality is everyone's business and the best way to ensure that high quality services are delivered is to involve all stakeholders in assessing how well those services are performing. Stakeholders, therefore, will include people who use the service, relatives, carers, providers, staff delivering the service, social care staff, health practitioners, safeguarding professionals, regulatory bodies e.g., Care Quality Commission (CQC), and Healthwatch.

Involvement with stakeholders will take place at all three stages of the quality assurance process:

- intelligence gathering
- quality monitoring visits
- response and reporting

Diagram 1: Stakeholders Involvement in Quality Assurance



### 1.3 Main Aims of the Quality Assurance Framework

When care and support is needed, the care services required need to be personalised, of good quality, address mental, physical, and other forms of wellbeing and be much better joined-up around individuals' needs and those of carers.

Diagram 2: Quality Framework processes



Herefordshire is committed to learn from high profile national cases where quality has failed in care. For example, we can see how in some cases a culture was allowed to develop where people accepted unacceptable care; many people had concerns but no-one put the whole picture together and acted; targets were met, but this did not assure care was acceptable.

Therefore, it means a whole system approach, where standards are set and communicated well, and all stakeholders work collaboratively to make sure quality is delivered. It is also about monitoring quality and taking clear action where quality is not meeting standards.

Quality assurance is about culture and creating expectations, with people providing services and with those using services.

## 1.4 Key Principles of the Quality Framework

The key principles of the Quality Framework reflect an approach that is **person-centred, intelligent, supportive** and **proportionate**. The principles indicate a shift away from planned activity towards **informed activity**.

In addition, the framework aims to create a culture to support high standards of care and will ensure that:

- Care provision is centred on the needs of people who use services and reflect the dignity principles as outlined in Herefordshire Safeguarding policy [see Appendix 1, page 28]
- A whole systems approach to promoting individual wellbeing and independence is established.
- Quality assurance processes are based on holistic approaches supported by professional partnerships.
- Quality standards are established setting out what good care practice looks like.
- The people who use services are actively involved in their care arrangements and regular opportunities for people and their families to give feedback are offered.
- Quality monitoring is inclusive and supportive of Care Providers.
- Visits, support and interventions are responsive to the individual organisation's requirements, being based on range of intelligence from different sources
- The monitoring process is intelligent and proportionate and based on informed action rather than scheduled inspection.
- People who access services and carers are actively involved through regular opportunities for feedback and information sharing
- The governance review and oversight arrangements are clearly set out so as to enable elected members to satisfy themselves that the Council is discharging its responsibilities properly.

## 1.5 Who does the framework apply to?

Herefordshire Council is responsible for the delivery of care and support for adults normally resident in the area. Included within this responsibility is the requirement that Herefordshire Council assures the delivery and quality of commissioned services. Therefore, this framework will apply to care and support providers serving the people of Herefordshire, and Herefordshire Council itself.

## 1.6 Legal context

This framework is an update current quality assurance processes and reflects the new legal requirements placed on the council by the Care Act 2014. The Care Act 2014 replaces much of the legislation underpinning the framework and places duties on the council towards adults with eligible care and support needs, and carers.

## 2. Implementation of the Quality Framework

### 2.1 Standard Setting

Herefordshire Council is committed to setting very clear expectations of high quality in care and support services provided across the county. These expectations are based upon the principles of good care which include:

- Personalised
- Good quality
- Safe
- Good value
- Formal and informal support measures
- Building on strengths, connections and technology

Standards are already in place for care services through the regulatory regime of the Care Quality Commission (CQC) and these form the foundation of Herefordshire Council's quality expectations.

Herefordshire Council's quality standards for service provision will focus on outcomes for individuals and will be guided by established approaches like *Think Local Act Personal* and *Making it Real*. <http://www.thinklocalactpersonal.org.uk/>

The quality standards are co-produced and have due regard to equalities so that they set out what good looks like in a way that is easy to understand, transparent, practical and fair. (See Quality Standards, Appendix 3, page 27).

### 2.2 Securing Quality

Having clear, set standards for quality, action is needed to put them into practice. The Council will take action to create a culture of quality in care and support in Herefordshire, and communication will be key to this.

Standards will be disseminated widely using all channels available to people who may want to use services. What people are entitled to expect will be made clear, thereby, raising the bar for care.

Herefordshire Council will ensure providers of services are clear about the level of quality they are expected to deliver to. As part of contractual requirements, services commissioned by the council will be required to assume the quality standards.

However, delivering quality takes much more than simply setting expectations. It is also about encouraging a culture where everyone is driven to achieve excellence. Therefore, the Council will look to support providers in delivering quality in care services by:

- Setting out clear standards in contracts with providers
- Supporting the analysis of the care workforce requirements and collaborate with providers to develop training
- Offering practical advice to services on good practice

- Conducting regular meetings between commissioners and providers in local areas or in service areas, providing a forum for sharing good ideas, disseminating key communications and ensuring a shared dialogue about quality
- Supporting providers understanding on how to develop services through our Market Position Statements and other market development opportunities.
- Collaborating with professional partners, e.g., healthcare, for a shared approach to quality.

### **2.3 Monitoring Quality and Intervening**

In monitoring the quality of care in the market the guiding principles are:

- High quality real time market intelligence will be secured from a range of relevant sources in order to create a timely and robust picture of quality
- Analysis of market intelligence will drive the understanding of the market and the performance of all providers
- A risk driven market monitoring programme will be undertaken by the authority based on the market intelligence
- Effective interventions to secure high quality services will be undertaken whenever necessary.

While there is clearly a key responsibility for the quality assurance team, the approach to quality assurance will draw in feedback from the many people who have contact with care services (see Quality Assurance Framework, Diagram 4, page 9).

In addition, the Quality Assurance Team will collate a wide range of information about services in order to understand the fullest picture about quality. This information will be collated and maintained in the Quality Review Dashboard (see Appendix 2, page 29 - 30).

The Quality Review team will ensure every service has a minimum level of contact, but that further contact will be driven by the risk analysis, drawing in such information as CQC outcomes, safeguarding activity, complaints and operational concerns.

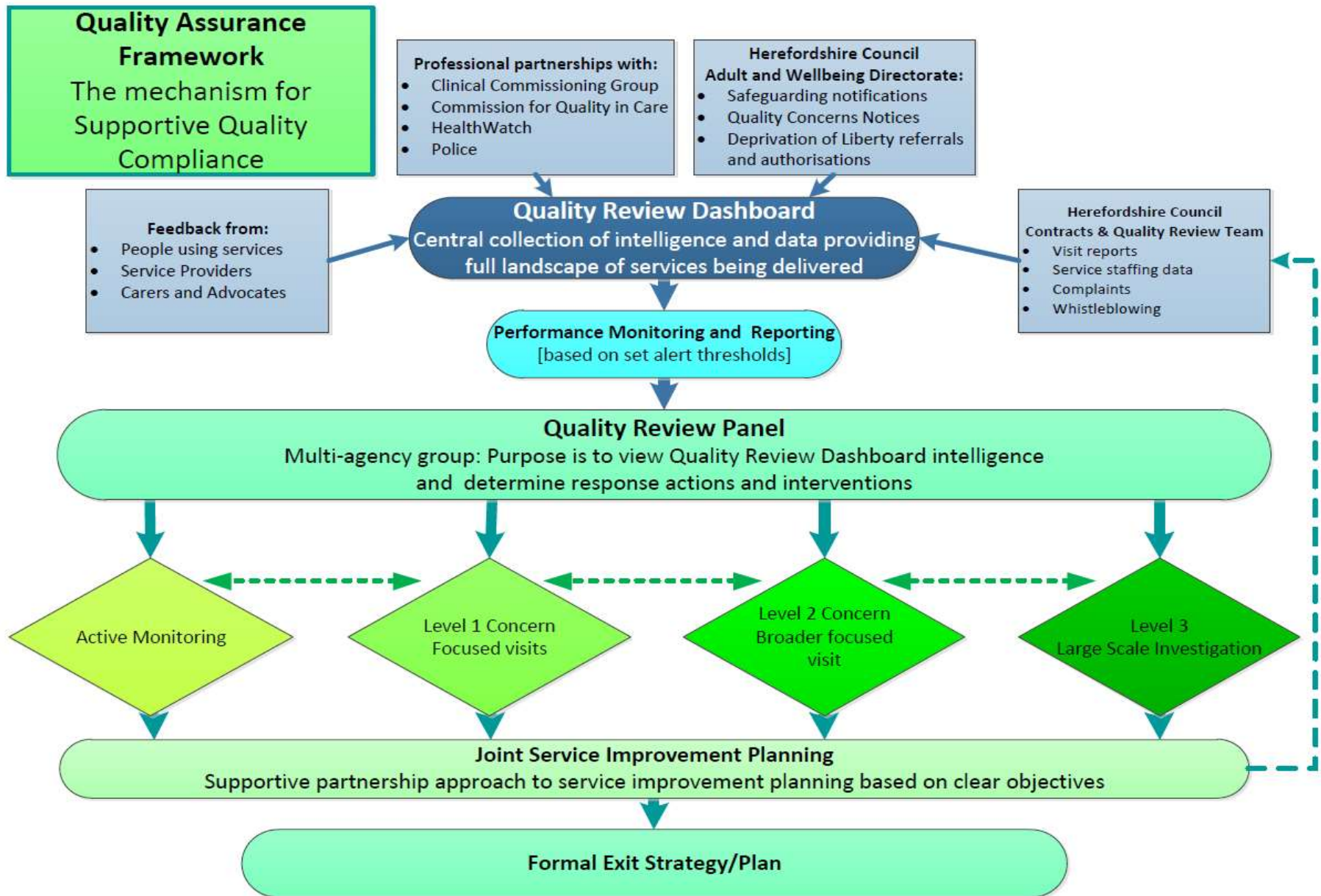
The Quality Review Team may undertake a range of interventions including:

- Service audits to further understand the quality
- Engagement with providers to agree improvement actions
- Provision of support and guidance to facilitate improvement
- Working within safeguarding procedures to consider wider service concerns
- Suspending use of a service where there are significant concerns
- Ceasing to use the service if standards are not satisfactory
- Service users' feedback

The levels of intervention carried out will be differentiated and proportional to the area(s) of concern.



Diagram 4: Supporting and Monitoring Quality of Care in Herefordshire



## **2.4 The Role of the QAF in the Contractual Relationship**

Services commissioned by Herefordshire Council are underpinned by a contract and specification detailing terms and conditions, including how the service should be provided and how quality and performance will be monitored. The Quality Assurance Framework will be the method used to monitor quality and will replace existing quality monitoring arrangements.

When a service is assessed as failing to meet standards under the Quality Assurance Framework process, this will be considered in the context of contractual performance. Consideration will be given to whether the terms and conditions of the contract have been breached and appropriate action will be taken.

At all times the council will seek to be proportionate in its responses to quality concerns, and, where possible, will aim to work with providers to address areas of poor performance.

Following investigation, where a provider has been deemed to be failing in delivery of services, the council will respond in accordance with either the Herefordshire Council Care Home Provider Failure plan or Herefordshire Council Domiciliary Care Provider failure plan, as is appropriate (Appendix 5 and 6, page 27).

Where quality concerns are significant, in terms of severity or volume, the council may decide to implement a large scale investigation as detailed within its Safeguarding Adults Establishment Concern policy (Appendix 7, page 27).

## **2.5 The Role of the QAF in the Context of Care Quality Commission (CQC) Regulation and Healthwatch**

CQC is the independent regulator of health and social care in England. They inspect many of the services that are commissioned by Herefordshire Council. In addition to CQC, Healthwatch have the power to 'Enter and View' providers so that their authorised representatives can engage with people using health & social care services to seek their views of using the service to make their voices heard.

The Council's relationship with the provider is separate to the role of the regulator, whereby the Council is responsible for monitoring how the provider is performing under its specific contract. However, where a commissioned service is regulated by the CQC, the QAF aims to ensure a proportionate approach to performance monitoring by:

- Complementing the inspection process used by the CQC
- Using intelligence gathered from CQC inspections to inform areas for further monitoring under the QAF
- Avoiding duplication with CQC inspections & Healthwatch 'Enter & View' by making an informed judgement where their independent evidence is sufficient to satisfy outcomes under the QAF.

## **2.6 Working in Partnership**

Herefordshire Council is committed to the professional partnerships established with care providers. Quality assurance processes will, then, be inclusive and supportive of care providers and reflect proportionate, responsive actions required to support the individual provider.

### 3. Operational Procedures

#### 3.1 Stages of Operations

The Quality Assurance Framework is underpinned by a cyclical, staged process and will be:

- **Proportionate** to the size of the service/value of contracts held
- **Intelligent** – making full use of a wide range of information sources & methodology
- **Collaborative** – involving stakeholders at all stages of the process
- **Meaningful** – improved and sustainable high quality outcomes will be achieved
- **Responsive** – provides timely interventions, outside of the QAF cycle, to respond to issues that cause concern as they arise

#### First Stage: Intelligence Gathering and Review

In this stage, Quality and Review Officers will gather information about the quality of services from a wide range of sources. A wide range of performance information and delivery data is collected and held, centrally, on the Quality Assurance Dashboard creating a landscape of providers’ service performance (see exemplar dashboard, Appendix 2, pages 29 - 30). Data and information held on the dashboard includes:

Residential Care Services	Community Care Services
<ul style="list-style-type: none"> <li>• Type of care service</li> <li>• Total number of beds and percentage occupancy</li> <li>• Employment start date of current manager</li> <li>• Most recent CQC inspection rating</li> <li>• Last LA inspection</li> <li>• Safeguarding concerns</li> <li>• DoLS referrals and authorisations</li> <li>• Number of ambulance call outs</li> <li>• Number of deaths</li> <li>• Whistleblowing reports</li> <li>• Provider self-assessment</li> <li>• Feedback from adults using services</li> <li>• Outcomes achieved for adults using services [to be further developed]</li> </ul>	<ul style="list-style-type: none"> <li>• Type of care service</li> <li>• Number of people receiving</li> <li>• Number of people requiring double-up calls</li> <li>• Number of new care packages</li> <li>• Number of packages handed back</li> <li>• Employment start date of current manager</li> <li>• Most recent CQC inspection rating</li> <li>• Last LA inspection</li> <li>• Safeguarding concerns and enquiries reported</li> <li>• DoLS referrals and authorisations</li> <li>• Number of ambulance call outs</li> <li>• Number of deaths</li> <li>• Whistleblowing reports</li> <li>• Provider self-assessment</li> <li>• Feedback from adults using services</li> <li>• Outcomes achievedfor adults using services [to be further developed]</li> </ul>

The Quality and Review Officers are responsible for updating the dashboard with intelligence that is current. This enables quality assurance to be an ongoing process, rather than one which is limited to an annual service visit. Furthermore, this will enable earlier identification of potential issues with quality and offer an opportunity to address these before they escalate into wider concerns. The dashboard is accessible to the

Quality Review Officers and authorised representatives of the Multi-agency Quality Assurance Panel and Senior Management only.

On a monthly basis, the Multi-Agency Quality Assurance Panel [MAQAP] meets to review dashboard information and subsequent concerns, actions and progress relating to provider performance. MAQAP decide upon actions or measures required to address identified quality concerns. MAQAP will, also, determine the key personnel requisite in supporting providers' improvements, based on the area of concern and any existing improvement planning. (See Multi-Agency Quality Assurance Panel - Terms of Reference, Appendix 4, page 27).

In cases whereby there is no available data or required information available about a provider, early self-assessment and/or an inspection visit may be carried out.

## **Second Stage: Focused Inspection visits – Level 1 Concern**

Inspection visits will be determined from the intelligence based dashboard identified through the MAQAP. A face to face visit is essential to establish and maintain effective provider relationships, offering the opportunity to assess services whilst they are being provided and to speak with staff, people who use the service and carers. Visits will be undertaken by the Quality Review Officers. The frequency of visits will be proportionate to the size of the service, the nature of service provided, the assessment of intelligence available and the involvement of other teams/agencies e.g., Safeguarding, CQC.

Visits start on a level 1 and may be announced or unannounced. These visits are in response to identified level of concern that could be impacting on the quality of service and the outcomes for the people who use it. The Quality Review Officer and the provider will work in partnership developing a service improvement plan. A service will remain on a Level 1 Concern until the service improvement plan is complete and has been signed off by both parties. If the service improvement plan is not met within the agreed time-frame and there is concern of the quality of care and support provided, the MAQAP will review and agree to escalate to a Level 2 Concern, if required. The Quality Review Officers will ensure good communication with the provider, MAQAP and relevant parties throughout the process.

## **Service Improvement Planning**

Service improvement plans are drawn up in partnership with the provider and provide clear objectives for the identified area of concern along with appropriate action and timescale. As part of all visits a service improvement plan will be drawn up indicating the areas of concern, and the planned improvement objectives for each area. A suitable, phased schedule for improvement will be determined along with clear deadlines and prioritisation of objectives. Appropriate actions, support requirements and training are identified along with identification of persons responsible.

Service improvement plans will form the basis for all actions and support, and details relating to action carried out and/or completed will be recorded on the provider improvement plan, thereby creating an ongoing evidential log of events.

A direct link to any individual provider's service improvement plan is available through the dashboard.

Additionally, the Quality Review Officers will provide weekly updates on providers of concern, which includes report summaries on visits, i.e., details of actions carried out

and commentary on progress. This weekly update will be made to the Contract, Quality and Review lead and will also be available to all authorised staff, i.e., MAQAP members.

### **Third Stage: Broader Focus Inspection Visits - Level 2 Concern**

Following failure to meet the service improvement plan at Level 1 Concern, the Provider will be notified that the level of concern regarding the service has been escalated to Level 2 Concern. Having an increased level of concern that significantly impacts upon its service and the outcomes for the people who use it, this level of concern will involve more extensive visits that may be announced or unannounced. The Contracts, Quality and Review Lead and Safeguarding Lead will meet with the provider to address the issues within the service improvement plan, establish which barriers may be overcome with support and agree the time-frame for completion of the service improvement plan. The Quality Review Officers will ensure good communication with the provider, MAQAP and relevant parties throughout the process. If the service improvement plan is not met within the time-frames and there remains increased concern of the quality of care and support provided, the MAQAP will review and agree if a Large Scale Investigation process is required.

### **Fourth Stage: Large Scale Investigation (LSI)**

A large scale investigation is instigated as a result of serious concerns, including the failure to meet improvements within the given timescale as required at the Level 2 Concern stage. The due process will be followed as detailed within the Safeguarding Adults Establishment Concern policy (Appendix 7, page 27). All potential LSI are reported from the MAQAP to senior management team immediately.

## **3.2 Self-reporting and Monitoring**

In support of gaining intelligence about people's experiences and their feedback on services received, providers are also required to submit self-reported information and data on their service organisation, performance and the impact of services on individuals' expected outcomes.

### **Outcomes for People who use Services**

A range of expected outcomes for the people using services are, currently, in development and, when finalised, will be used to identify and record individuals' experiences and the impact of the services they are accessing. Regular review of outcomes, then, will contribute to the provider self-assessment process and to the monitoring of provider's performance and contract compliance.

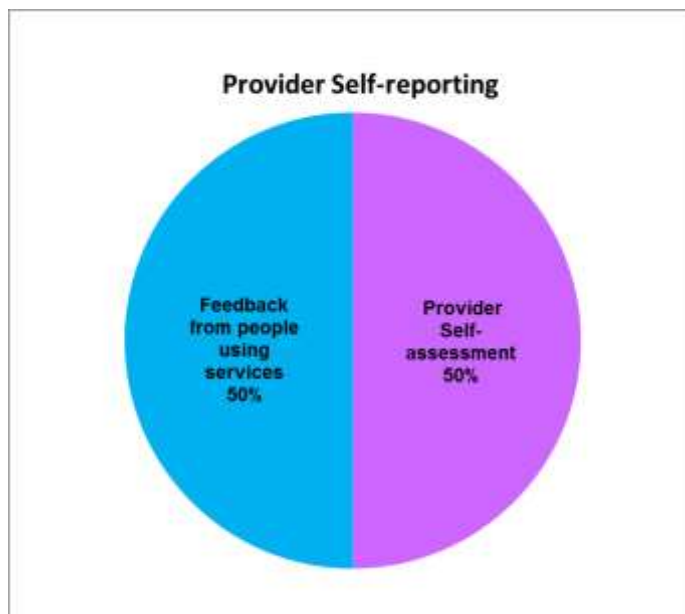
### **Self-reported Reviews**

There are two forms of self-reported review:

- Annual self-assessment
- Outcome monitoring reports

**Annual Self-assessment:** Information for these annual reports will include data on staff organisation, recruitment, training and induction, service capacity and utilisation, and feedback from service staff. Submission of self-reported data and information will form 50% of the overall report. Forming the remaining 50% of the report will be

feedback, gained through questionnaires, from the people using the service who will be asked about their experiences and views. This data is then added to the dashboard.



**Outcome Monitoring Report:** This will be developed in partnership with providers.

## **MOSAIC**

Providers' submissions of annual self-assessment reports will be completed on-line through MOSAIC recording system. All associated document templates for completing reports will be available on MOSAIC.

## **Involvement of People using the Services**

Herefordshire Council is committed to ensuring that systems are in place to support open communication about services and customer experiences across the range of services offered county-wide. Feedback and commentary is welcomed and actively sought from people who use services, their families, friends, carers and/or advocates so as to ensure services are centred upon people's individual needs and reflect the dignity principles as outlined in Herefordshire Safeguarding policy.

Additionally, Herefordshire Council values its partnerships with organisations and agencies that support and give a voice to people using services, e.g., *Healthwatch*, *Making it Real* and *Learning Disabilities Partnership*. The council will ensure channels for open communication and feedback are established through active engagement within these partnerships.

## **3.3 Public Reporting of Concerns**

Included within the network of communication channels is a clear, accessible process for members of the public to report any individual safeguarding or service provider concerns. Public information relating to the Council's contact details and reporting concerns is available via the Herefordshire Council website.

Concerns can be reported directly by telephone, email or post, contact details being available on the council website. Quality concerns relating to a service provider can be

reported directly to the council or as a result of a safeguarding referral. All quality concerns relating to providers' services are directed to the Quality and Review team for further investigation.

### **3.4 Roles and Responsibilities**

The Contracts, Quality and Review Team form part of the Adult and Wellbeing directorate and consist of:

- Contracts, Quality and Review Lead
- Quality Review Officers
- Commissioning and Contract Officers
- Contract Monitoring Officers
- Contract support Officer

Working in conjunction with:

- Herefordshire Council's Safeguarding Adults Team
- Adults and Wellbeing commissioning teams
- Adults and Wellbeing operations teams

**Contracts, Quality and Review Lead:** responsible for ensuring that the Quality Assurance Framework is implemented across all services; decides when to escalate quality assurance process; reports status of QAF implementation and management to the Assistant Directors.

**Quality and Review Officer:** responsible for collating the information gathered under the Quality Assurance Framework, maintaining the Dashboard so as to be current, undertaking face to face visits and jointly preparing service improvement plans with providers.

**Providers:** responsible for delivering a high quality service; works in partnership with the Quality Review Team and regulatory bodies to improve quality where necessary

**Social Care & Health Professionals** – inform the Quality Assurance Framework intelligence gathering process by sharing relevant information about quality standards with the Quality Review team

**Safeguarding Team** – works in partnership with Quality Review Team when quality issues lead to safeguarding concerns and vice versa.

## **4. Governance Review and Reporting**

The Director of Adults & Wellbeing, the relevant cabinet member, the Assistant Directors of Adults and Wellbeing, Contracts Quality and Review lead and Safeguarding lead will need to have awareness on an ongoing basis of the success or otherwise of the revised approach to quality, and of provider issues and market trends that are captured through the framework.

### **4.1 Governance Procedure**

The quality dashboard has been developed to act as a 'hub' to provide performance intelligence about providers and services to the 'Multi-Agency Quality Assurance Panel'. The dashboard will be regularly updated so as to maintain a landscape of provider performance that is current and comprehensive. The dashboard will be hosted on the council's internal SharePoint system and access granted appropriately (senior management level) to support a self-serve approach to accessing provider information, and service development whilst maintaining data protection (see Exemplar Quality Review Dashboard, Appendix 2, pages 29 - 30).

The Multi-agency Quality Assurance Panel consists of representatives from the Council, CCG, WVT, CQC, Healthwatch and community services such as the Police. This group will jointly review and agree the appropriate approach on the level of intervention and support, as appropriate to the quality issue or concern identified from the intelligence dashboard. (See Multi-Agency Quality Assurance Panel: Terms of Reference, Appendix 4, page 27).

Identified services will be reviewed and supported to improve the provision of care through improvement planning, in partnership with the provider. The process will set clear objectives for improvement within agreed timeframes and provide robust supported and monitoring to ensure all outcomes are achieved and quality of service brought to a good standard.

In the case of serious or repeated performance concerns the Multi-Agency Quality Assurance Panel will decide on the level of response required and make a referral to the Directorate Leadership Team.

Market performance will be reported as a standard agenda item at the Adult's & Wellbeing's Directorate Leadership Team meetings through the use of the quality dashboard.

### **4.2 Suspension of Placements**

Herefordshire Council and Herefordshire Clinical Commissioning Group (Commissioners) are committed to promoting quality within the care and support market. Wherever possible the Commissioner would seek to work with providers to support quality improvement. The principle to be followed is to enable a culture of continuous improvement within local service provision, rather than a culture of responding to concerns.

However the Commissioner will always place the safety of vulnerable adults foremost and as such will suspend a contract where the following criteria are met:

- Significant safeguarding concerns are raised
- CQC registration is removed



- Quality concerns are identified and fail to be addressed in line with agreed action plans
- The provider is in substantial breach of contract

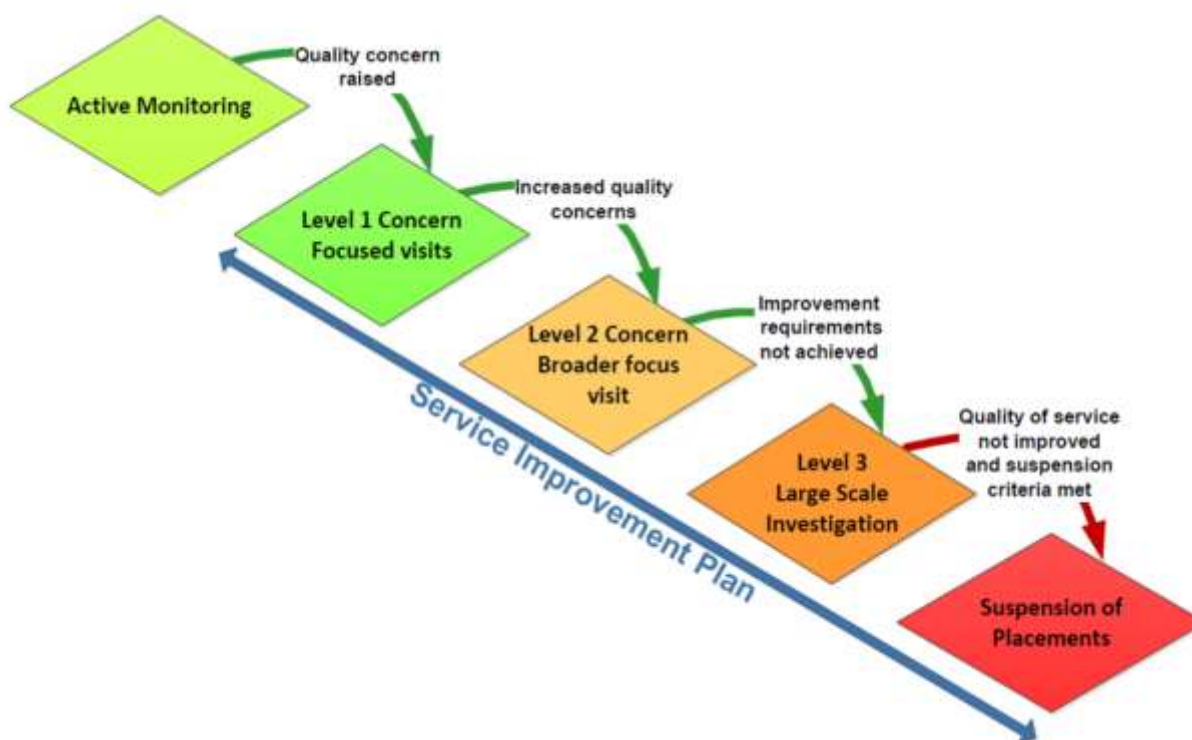
The Commissioner operates a process to share information around concerns with the Care Quality Commission and Healthwatch for the purpose of safeguarding vulnerable adults and supporting quality improvement within the care market.

The purpose of this Protocol is to make the process for a suspension of services open and transparent to Commissioner staff, Providers and partner agencies.

Suspension of services is seen by the Commissioner as a last resort and, apart from the most serious of circumstances, it is the intention of the Commissioner to work with Providers via an agreed Service Improvement Plan to improve the service to a level where suspension can be avoided. If it is not possible to avoid suspension of placements, the Commissioner and partners will work together with the provider to ensure that standards are improved so that the suspension of placements is in place for the minimum possible time period.

As shown in Diagram 4 (page 9) and Diagram 5 (below), it is only after the due process has been completed and a LSI has been undertaken that the Commissioner would formally suspend placements.

Diagram 4: Due process required prior to suspension of placements with a provider



## Types of Suspension

**Unconditional Suspension:** This refers to the cessation of new placements in a residential/nursing home, commissioning of new care packages from a domiciliary care provider etc. for an unspecified period of time.

## **Conditional Suspension:**

1. Number of Placements e.g.: Suspension imposed on the basis of a limited number of placements/care packages per week etc.
2. Contract Type e.g.: Suspension imposed on dementia beds but placements allowed on older people residential beds etc.
3. By room; Suspension placed as a result of a serious breach of regulations, identified through the monitoring procedures e.g.: rooms without radiator covers, incorrect water temperatures etc.
4. Health and Safety Breaches e.g.: Suspension placed as a result of enforcement action by Environmental Health, Health Protection Agency etc.

Contract Non-Compliance Suspension: The Commissioner has in place a contract compliance process which will determine the quality standards for care services. Where there are serious non-compliance issues a suspension will be placed against a care provider which may not relate to a safeguarding of vulnerable adult investigation.

## **Types of non-compliance suspension:**

1. Repeated requests for information to evidence contract compliance
2. Service Improvement Plan not submitted even though revised timescales agreed
3. Service Improvement Plan not met even though revised timescales agreed
4. Service Improvement Plan improvements not sustained within a reasonable time period

(This list is not exhaustive)

**Self-Imposed Suspension:** To support the best interests of service users, a provider may place a self-imposed suspension upon their own organisation following formal notification and agreement with the Commissioner.

NB: If the care service is sold to an alternative provider, the full suspension will remain in place until the Commissioner is satisfied that the new provider meets the contract criteria before care services are commissioned.

**Termination:** Will refer to situations where the Commissioner has issued termination of contract, alternative care provision has been sourced, and service users have been relocated to a different provider. Even though termination of contracts has been issued, the full suspension will remain to prevent further placements/contracting arrangements.

## **Appeals**

If the suspension is related to a contractual issue, the Provider will be given 28 days to appeal against the decision.

Any appeal must be made in writing to the Commissioner in the first instance who will respond within 7 days. If there is further dispute from the Provider then the Commissioners Director of Adults Wellbeing or Herefordshire Clinical Commissioning Group (CCG) Chief Nurse or the Assistant Director Operations & Support will consider the appeal and respond within 7 days.

The decision of the Commissioners Director of Adults Wellbeing or Herefordshire Clinical Commissioning Group (CCG) Chief Nurse or the Assistant Director Operations & Support will be final.

N.B. There is no appeals process for suspensions relating to safeguarding.

## **Lifting of suspensions**

While a suspension is in place the situation will be reviewed on a weekly basis. If at any point during the review process it is considered that the Provider has made significant improvements and this can be evidenced against the Service Improvement Plan, then the Commissioners relevant manager will make a recommendation to the appropriate Commissioners for the suspension to be lifted, providing relevant information to support this decision.

Where Providers have made improvements, consideration will be given to a complete removal of the suspension or where appropriate a phased lifting of the suspension, where the numbers of new placements would be restricted. Close monitoring will be required to make sure that the improvement is sustained.

Relevant information and any decision taken to lift suspension will be shared with all relevant parties.

## **Suspension of Placements by another Local Authority/other NHS body**

If the Commissioners are notified of a suspension of placements by another local authority the process is as follows:

The Commissioners appropriate officer gathers information that details the circumstances of the suspension and informs the Quality & Review team. A database of current suspensions is held by the Quality & Review team.

The process for local suspension should be followed as detailed in this protocol.

If a Commissioners funded resident is an alleged victim of abuse then it must be investigated in accordance with the Commissioners Safeguarding Adults West Midlands multi agency policies and procedures, which can be viewed via the Herefordshire Council website.

It is the responsibility of the Commissioners relevant team manager to make an appropriate decision regarding the review of service users.

A decision on lifting any suspension will follow our own local process.

For full details of Herefordshire Council procedures for suspension please refer to 'Protocol for Suspension of Placements in Residential, Nursing Care, Supported Living and Domiciliary Care Agencies' (Appendix 9, page 27).

### **4.3 Reporting**

Results of quality assurance, improvement planning and performance monitoring will be provided to the providers responsible for a particular area of service to maintain appropriate levels of support and transparency.

Services that have entered level 3 Large Scale Investigation will be included in to the adult wellbeing risk register and escalated to corporate risk register, if required.

Where quality issues are raised by other stakeholders, including through 'whistleblowing' arrangements, proportional feedback will be provided that maintains the balance between positive information flow and data protection (release of commercially sensitive information).

Any issues raised as a result of 'whistleblowing' will be managed in line with requirements set in Herefordshire Council Confidential Reporting Code:  
<http://councillors.herefordshire.gov.uk/ieListDocuments.aspx?CId=332&MId=4894&Ver=4&Info=1>

Where reports are released regarding market trends and concerns, information will be anonymised appropriately to protect the commercial interests of providers.

### **4.4 Policy Auditing**

In respect of the quality assurance of our own activities we will establish and agree an appropriate programme of systemic and thematic quality audits to ensure that we are adhering to our own standards and will support any remedial actions that may be required as well as facilitating opportunities for continuous improvement.

## 5. Sharing of Information

To ensure the safety and welfare of all people accessing services, information on providers of care may be shared with:

- Other Local Authorities and Clinical Commissioning Groups in Herefordshire
- Other Local Authorities and Clinical Commissioning Groups who have residents placed within care homes (where the providers commissioning status is red or amber)
- Relevant employees of Herefordshire Council
- The Care Quality Commission (CQC) who may be informed of any concerns with a provider
- The provider - all concerns will be shared and discussed with the provider, as appropriate, in an open and honest manner. The council will develop any required improvement planning with the provider, and ensure communication is maintained with the provider throughout the process.

All information sharing will be in line with the Herefordshire Council overarching memorandum for information sharing:

[https://www.herefordshire.gov.uk/media/8059617/information\\_sharing\\_overarching\\_protocol\\_v2.pdf](https://www.herefordshire.gov.uk/media/8059617/information_sharing_overarching_protocol_v2.pdf)

## 6. Code of Conduct

Staff undertaking work in relation to care governance will adhere to requirements as set in Herefordshire Council Employee Code of Conduct:

<https://apps.herefordshire.gov.uk/HR/SitePages/Employee%20conduct.aspx>

Additionally, staff will be expected to:

- Be courteous, professional and honest in their behaviour towards all stakeholders, providers, other members of staff and people receiving support
- Equitable in their assessment of the quality of the support provided
- Share their assessment of the quality of support with the provider and agree actions to make improvements

## 7. Public Health Contracts

The Quality Assurance Framework applies to all health and social care services commissioned or delivered by the Council including public health contracts.

Herefordshire council discharges its public health functions through having Memorandum of Understandings (MoUs) in place with Public England and NHS England, Service Level Agreements (SLAs) with the Herefordshire Clinical Commissioning Group (HCCG); and various internal agreements between various teams and directorates within the Council. It has also commissioned a number of the above services from a range of providers including NHS, Non-NHS, Voluntary sector and charitable organisations.

### 7.1 Clinical Governance

The Council requires that all providers of population health and clinical services deliver high quality service and have arrangements in place to continually improve it. It acknowledges that clinical governance (CG) is central to achieving high quality services.

**Clinical governance** is a comprehensive framework for ensuring that high standards of clinical care are maintained and the quality of service is continuously improved.

Clinical governance is composed of the following elements:

- Education.
- Clinical audit.
- Clinical effectiveness.
- Risk management.
- Research and development.
- Openness.

**Diagram 3: Elements of Clinical Governance**



**As the commissioner** of population health and clinical services, Herefordshire Council shall discharge its clinical governance responsibility through the Director of Public Health, who may delegate this responsibility to a senior member of public health team

(e.g., Consultant in Public Health, Public Health Specialist). They will be the point of first contact, if providers need to report an incident or seek advice on matters pertinent to Clinical Governance. Contact address for any public health concern:  
[PublicHealthBusiness@herefordshire.gov.uk](mailto:PublicHealthBusiness@herefordshire.gov.uk)

Where appropriate, providers shall ensure that there is a defined, easy to follow clinical governance structure for the organisation with a clearly designated CG lead, whose position in the organisation enables them to make CG decisions. The provider shall maintain the clinical governance structure throughout the period of contract.

The provider shall demonstrate that they have in place policies and procedures to effect early embedding and promotion of evidence based practice. This will include the implementation of NICE guidelines, advice from Royal Colleges and other relevant bodies.

System-wide integrated patient care pathways must be operated internally and with external partners, which allow for the delivery of prompt, effective treatment at point of access and beyond. Such pathways must be clear and unambiguous to staff, patients and, where appropriate, external partners and referrers.

## **7.2 Policies**

The provider shall ensure that they have the following documentation in force, with clear review procedures and dates, and which are available to the council upon request:

1. Clinical Governance Policy
2. Safeguarding Policy, Adults
3. Safeguarding Policy, Children
4. Equality and Diversity Policy
5. Infection, Prevention and Control Policy
6. Incident Management Policy
7. HR Policy
8. Complaints Management Policy

Where a policy is due during the contract period the updated policy will be forwarded to the council.

## **7.3 Clinical Audits, Complaints and Patient Satisfaction**

Policies and procedures must be in place for the commencement and completion of robust clinical audits which are carried out on a regular timetable. Within the contract period all areas should be audited at least once to ensure that most recent best practice is being followed and that the process conforms to all clinical and legal requirements. Where issues are discovered the provider shall advise the council through the vehicle of contract and performance meetings, unless there is a significant event which requires urgent attention.

Providers must have robust mechanisms in place to canvas and respond to the views and experience of patients and the wider public. This can include surveys, suggestion boxes, and/or online engagement. Such process shall be clear, visible and easy to complete with minimal impact on the public or patient's time. Summaries of views, comments and complaints should be reported to the Council via the contract and performance management meetings.

## **7.4 Workforce**

Providers must ensure that all staff demonstrate full competency to the latest standards of care and delivery in their specific areas of work. A workforce report should be submitted to the council as per contract requirements identifying:

- The staff compliment;
- Their qualifications;
- Knowledge gaps;
- Agency staff at each level and area of work

Upon request the provider shall give the council a copy of the CPD/PDP programme for the year and advise on the ratio of completed CPD/PDP within the service. The provider will be expected to have a formal job appraisal and professional appraisal process which conforms to HR and clinical best practice at all times.

It is a contractual requirement that all staff (including volunteers) must have, dependent on their specific role, DBS or enhanced DBS checks made prior to commencing employment. Evidence shall be provided on request that this has been carried out.



## **8 Relevant National Policies and Guidance**








- 8.1 CQC documentation including the Provider Handbook March 2015  
<http://www.cqc.org.uk/content/provider-handbooks>
- 8.2 Care Quality Commission (Registration) Regulations 2009  
<http://www.legislation.gov.uk/uksi/2009/3112/made>
- 8.3 The Adult Social Care Outcomes Framework 2015/16,  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/375431/ASCOF\\_15-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf)
- 8.4 The Social Care Commitment  
<https://www.thesocialcarecommitment.org.uk/>
- 8.5 Health and Social Care Act 2012  
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- 8.6 Human Rights Act 1998  
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- 8.7 The Care Act 2014  
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

## 9. Relevant Herefordshire Policies and Procedures

The following policies are relevant to quality concerns:

- 9.1 Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands:  
[https://www.herefordshire.gov.uk/media/2450704/wm\\_adult\\_safeguarding\\_pp\\_dr\\_aft1415.pdf](https://www.herefordshire.gov.uk/media/2450704/wm_adult_safeguarding_pp_dr_aft1415.pdf)
- 9.2 Herefordshire commissioning process and contract compliance  
<https://www.herefordshire.gov.uk/business-and-employment/tenders-and-contracts/council-procurement-principles-and-strategy#commissioning>
- 9.3 Herefordshire Health and Safety Procedures  
<https://apps.herefordshire.gov.uk/healthandsafety/SitePages/Policy.aspx>
- 9.4 Herefordshire Incident Reporting and Investigation Procedure, which contains the Critical Incident process  
<https://apps.herefordshire.gov.uk/healthandsafety/SitePages/Policy.aspx>
- 9.5 Complaints Procedure  
<https://www.herefordshire.gov.uk/complaints>
- 9.6a Herefordshire Care Home Provider Failure Plan (Appendix 5)
- 9.6b Herefordshire Domiciliary Care Provider Failure Plan (Appendix 6)
- 9.6c Herefordshire Safeguarding Adults Establishment Concern Policy (Appendix 7)
- 9.6d Herefordshire Care Home Rapid Evacuation Plan (Appendix 8)
- 9.6e Herefordshire Council Protocol for Suspension of Placements in Residential, Nursing Care, Supported Living and Domiciliary Care Agencies (Appendix 9)
- 9.7 Information Sharing protocol:  
[https://www.herefordshire.gov.uk/media/8059617/information\\_sharing\\_overarching\\_protocol\\_v2.pdf](https://www.herefordshire.gov.uk/media/8059617/information_sharing_overarching_protocol_v2.pdf)

## 10. Table of Appendices

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1	Herefordshire Council Safeguarding Dignity Principles	<b>Page 28</b>
2	Quality Review Dashboard	<b>Page 29 - 30</b>
3	Quality Standards	 Quality standards Final Aug 2016.pdf
4	Multi-Agency Quality Assurance Panel: Terms of Reference	 Quality Review Panel TOR.pdf
5	Herefordshire Care Home Provider Failure Plan	 Care Home Provider Failure Plan.pdf
6	Herefordshire Domiciliary Care Provider Failure Plan	 Domiciliary Care Provider Failure Plan.
7	Herefordshire Safeguarding Adults: Establishment Concern Policy	 SG Adults Establishment Concer
8	Herefordshire Care Home Rapid Evacuation Plan	 Care Home Rapid Evacuation Plan.pdf
9	Protocol for Suspension of Placements in Residential, Nursing Care, Supported Living and Domiciliary Care Agencies	 Suspension Protocol.pdf

## Appendix 1:

### Herefordshire Safeguarding Policy Dignity Principles

Principles	“I” Statements
<p><b>Empowerment</b> – People being supported and encouraged to make their own decisions and informed consent.</p>	<p><i>I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.</i></p>
<p><b>Prevention</b> – It is better to take action before harm occurs.</p>	<p><i>I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.</i></p>
<p><b>Proportionality</b> – The least intrusive response appropriate to the risk presented</p>	<p><i>I am confident that the responses to risk will take into account my preferred outcomes or best interests.</i></p>
<p><b>Protection</b> – Support and representation for those in greatest need.</p>	<p><i>I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.</i></p>
<p><b>Partnership</b> – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p>	<p><i>I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.</i></p>
<p><b>Accountability</b> – Accountability and transparency in delivering safeguarding.</p>	<p><i>I am clear about the roles and responsibilities of all those involved in the solution to the problem.</i></p>

## Appendix 2: Exemplar Quality Review Dashboard



### Exemplar Dashboard Layout Residential Care

Quality & Compliance Dashboard		March 2016					Council Visit		CQC / CSSIW				
Fwi Provider Ref. No.	Provider	Type of Care	Total Beds	Beds available	Occupancy	Start date of Manager	Most Recent HC Contract Compliance Visit	Level of concern 0-2	CQC Ref. No.	CSSIW Ref. (Wales)	Most recent CQC inspection	Inspection rating	Number of Foci for improvement [out of 5]
XOXOX	Exemplar provider	Only Residential	29	5	83%		10/08/2015	0	1-11XXXXXXX		10/12/2015	Good	0
XOXOX	Exemplar provider	Only Residential	14	1	93%		28/01/2015	0	1-11XXXXXXX		01/08/2015	Good	0
XOXOX	Exemplar provider	Only Residential	4		100%	01/04/2015	29/02/2016	1	1-11XXXXXXX		01/10/2013	Good	1
XOXOX	Exemplar provider	Only Residential	9		100%		28/03/2013	1	1-11XXXXXXX		01/05/2014	Good	0
XOXOX	Exemplar provider	Only Residential	16		100%		17/11/2014	0	1-11XXXXXXX		01/01/2014	Good	1
XOXOX	Exemplar provider	Only Residential	6		100%		25/06/2013	0	1-11XXXXXXX		01/10/2014	Good	0
XOXOX	Exemplar provider	With Nursing	76	2	97%	01/07/2015	14/10/2014	1	1-11XXXXXXX		01/07/2015	Good	1

Safeguarding					QCN's			DoLS	
Numbers of Concerns in the previous month	Safeguarding Concerns / Occupancy Ratio	Number of Concerns progressed into Enquiries in the previous month	Number of Concerns in the previous year	Number of Enquiries in the last year	Number of Quality Concerns Notices raised previous month	Quality Concern / Occupancy Ratio	Number of Quality Concerns Notices raised in the last year	# of Referrals received (current period)	# authorisations granted (Current Period)
0	0%	0	4	0	0	0%	3	28	12
0	0%	0	0	0	0	0%	0		
0	0%	0	0	0	0	0%	0		
0	0%	0	2	1	1	11%	1	17	9
0	0%	0	1	0	0	0%	1		
0	0%	0	0	0	0	0%	0		
1	1%	0	18	10	0	0%	8	68	11

CCG		Whistleblowing	Annual mortality rates	Mortality rates	Overall RAG	Comments
Monthly Ambulance Incidents	Monthly Ambulance Transports	Numbers of whistleblowing incidents within 12 months	Number of deaths in year	Mortality rates based on home occupancy	Overall RAG	Please enter here any free text comment regarding the provider
2	2	0	2	7%	0	
1	1	0	1	7%	2	
0	0	0	0	0%	12	
0	0	0	0	0%	16	
0	0	1	0	0%	2	
0	0	0	0	0%	2	
7	4	2	28	37%	24	

## Appendix 2: Exemplar Quality Review Dashboard [Continued]



### Quality & Compliance Dashboard Community Care

### Exemplar Dashboard Layout Community Care

Fwi Provider Ref. No.	Provider	Type of Care	Total # of people receiving services April 2016	Number of people requiring double up calls	# of people requiring double up calls	# of new care packages (Monthly) April 16	New care packages / total care packages %	# of care packages handed back (Monthly) April 16	# of Missed Calls (Monthly) from EMS	Date Manager Appointed
XXXOO	Exemplar provider	Homecare	41	2	5%	2	5%	0		Jan-16
XXXOO	Exemplar provider	Homecare	39	3	8%	2	5%	0		Jan-13
XXXOO	Exemplar provider	Homecare	22	1	5%	4	18%	0		
XXXOO	Exemplar provider	Homecare	49	2	4%	2	4%	0		Before 2015
XXXOO	Exemplar provider	Extra Care	29	0		1	3%	0		
XXXOO	Exemplar provider	Supported Living	4	0	0	0	0%	0	NA	May-15

Council Visit			CQC / CSSIW				
Most Recent HC Contract Compliance Visit	Herefordshire Council Rating	Level of Concern	CQC Ref. No.	CSSIW Ref. (Wales)	Most recent CQC inspection (or registration date)	Inspection rating	Number of Foci for improvement [out of 5]
12/05/2015			0 1 2XXXXXXX		11/11/2015	Requires improvements	2
25/01/2016	Satisfactory		0 1 2XXXXXXX		09/01/2015	Registered, not inspected yet	NA
30/08/2013	Satisfactory		0 1 2XXXXXXX		11/08/2015	Good	0
18/07/2013	Not available - self asse		0 1 2XXXXXXX		06/11/2014	Non-compliant in two areas cari	2
07/03/2014	Satisfactory		0 1 2XXXXXXX		26/10/2015	Good	0
26/02/2016	Requires improvement		0 1 2XXXXXXX				

Complaints	Safeguarding (end of Sep 15)						Whistleblowing	QCN's	QCN's	Self Assessment	Comments
	Number of complaints upheld in last 12 months	Numbers of Concerns in the previous month (April 2016)	Concern / Client Ratio %	Number of Enquiries in the previous month (April 2016)	Numbers of Concerns in the previous financial year	Concern/Client Ratio %					
0	0	0	0	0	0	0	1	0	1		
0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	1		
1	0	0	0	0	0	0	0	0	0		

