

Provider Quality Support Policy

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Process training for all operational staff, safeguarding teams and other relevant adult commissioning and health staff. CareFirst training. Current DSAB Responsible Manager Training should be reviewed.			
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Quality Threshold Policy			

Document Amendment History

Date	Version No.	Amendment summary	Completed by:
22/12/2016	Initial Draft v1	Initial draft v1 distributed to QAIT for comment. Comments received and amendments made.	Steve Blandford
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08/11/2017		Presented to Cabinet for approval	

Quality Impact Assessment (QIA)

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The policies and procedures referenced above need to be reviewed alongside this policy, but are not likely to require substantial amendment. Successful implementation of this policy should result in a sustained reduction of whole service safeguarding proceedings, creating the need to review current resource allocations. This is particularly so for business support currently dedicated to safeguarding, which is a pre-requisite for implementation of this policy.		
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>		

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	Councils	<input checked="" type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Others (please state):	Commissioning Involvement Group Devon Safeguarding Adults Board Care Quality Commission Healthwatch		
<i>Note: It may not be sufficient to just speak to other health & social care professionals.</i>				

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The Provider Quality Support Policy (Quality Policy)

1. Introduction / Purpose

The Provider Quality Support Policy (Quality Policy) has been developed to establish a formal and coordinated response to quality concerns in relation to residential and nursing care homes, domiciliary care services and unregulated care services (e.g. day services, supported living services etc.) for all adults and older people.

The Quality Policy establishes a formal means of responding to provider concerns where thresholds for whole service safeguarding adult Enquiry are not met, but where there is a clear need for service improvement to minimise the risks presented to service users by the quality of care being provided.

The purpose of the Quality Policy is to: -

1. enable remedial actions to take place for the specific areas of concern identified, thus stabilising poor operational performance and subsequently improving and sustaining the standards of care delivered by a provider;
2. coordinate activity across all agencies to enable effective communication, avoid any duplication and minimise involvement to ensure a proportionate response;
3. clearly describe to providers what the quality threshold levels are, the procedures for escalation and de-escalation between quality threshold levels and what this means for providers, making it clear how quality concerns will be followed up;
4. proactively avoid whole service safeguarding and escalation of provider quality concerns;
5. contribute towards improving the overall quality of the provider market.

2. What is a Provider Quality Support Review (Quality Review)?

A Provider Quality Support Review (Quality Review) is a process by which concerns are managed with respect to a number of adults considered to be at risk in one establishment / service, or where there are concerns about poor quality of care being delivered but for which the thresholds for whole service safeguarding are not met. A Quality Review is a supportive process aimed at enabling the provider to improve and sustain the quality of their services.

Dealing with concerns about providers is routinely a matter for the local Health and Social Care Community Services Manager (CSM) or Disability Lead who will ordinarily act as the Responsible Manager (RM) for a Quality Review (see section 7). In terms of Quality Review thresholds (see section 4) this is represented by threshold level 1 and should make up the bulk of the work done to support providers. At this level work is mainly preventative, aimed at avoiding concerns from escalating further. It is a discussion with the provider about the concerns raised, preferably held at the location of the service, or if this is not possible then held at the local office of the commissioner, with constructive advice and support offered.



If concerns should escalate to the extent as indicated by threshold level 2 (or above) a Quality Review Planning Meeting (or if appropriate a whole service safeguarding initial enquiry meeting) should be convened to consider the need for a Quality Review. The purpose of a Quality Review is not to shift responsibility, but to provide appropriate and proportionate wraparound (specialist) support to the RM to resolve provider quality concerns at a local level. The diagram

above illustrates the relationships between the RM and the wrap-around support accessible through a Quality Review.

This policy is intended to supplement the guidance provided in the Devon and Torbay Safeguarding Adults Board Multi-Agency Policy, which should always be considered in the first instance and throughout a Quality Review to ensure the most appropriate and proportionate route is taken. A Quality Review should never run in parallel with a whole service safeguarding Enquiry. However, a Quality Review may supplement, but does not replace individual safeguarding adults Enquiry. There should be an individual safeguarding Enquiry for each separate adult victim if a concern is deemed to meet the threshold. Concerns escalating to Quality Threshold Level 3 are increasingly likely to meet Whole Service Safeguarding thresholds and Service Closure (Quality Threshold Level 4) should always be managed under Whole Service Safeguarding.

3. What can trigger a Quality Review Planning Meeting?

There are five main routes that can trigger the Quality Review Planning Meeting.

i. Where it is decided that the risk and concerns do not meet the necessary thresholds to proceed under a whole service safeguarding adult Enquiry.

In the event that the outcome of a whole service safeguarding initial enquiry meeting is that risks and concerns do not meet the necessary thresholds, attendees should decide whether a Quality Review provides an appropriate and proportionate response to the concerns presented.

The RM has delegated authority to make this decision and for this reason it is essential that either they (or their nominated deputy) are a core attendee.

Where the threshold for a whole service safeguarding adult Enquiry is not met and it is decided to hold a Quality Review, consideration must be given to whether the issues of concern warrant the serving of a contract default notice and if there is sufficient evidence to support this.

Note: *In the interests of time and efficiency it is desirable for a whole service safeguarding initial enquiry meeting to morph into a Quality Review Planning Meeting where possible.*

ii. Following the closure of a Multi-Agency Whole Service Safeguarding Adults process.

Once a Multi-Agency Whole Service Safeguarding Adults process has concluded attendees should consider whether any quality concerns remain and whether a Quality Review might provide an appropriate and proportionate response to those concerns. The RM has delegated authority to make this decision.

Note: *The RM should ensure the smooth handover of the Chair to the (S)QAIO, attendees reviewed and those no longer required stood down, and any outstanding action points and all relevant information passed across to the Quality Review.*

iii. Use of the Risk and Sufficiency Profiling Tool

Devon County Council has developed a risk and sufficiency profiling tool to enable a structured and proactive approach to monitoring the care delivered by commissioned services and supporting quality improvement. The tool merges information from a variety of sources (e.g. Care Quality Commission (CQC) inspection outcomes, safeguarding concerns, NHS preventable admissions, contract monitoring information etc.) and an algorithm produces a stratified and graded (High/Moderate/Low) risk profile score for each provider.

High and Moderate graded scores are reviewed regularly by both the Quality Assurance and Improvement Team (QAIT) and through joint DCC/NHS/CQC regional meetings, to consider whether a Quality Review provides an appropriate and proportionate response to the concerns presented.

In both cases the Principal Social Worker for Commissioning and Health (or nominated deputy) can recommend a Quality Review Planning Meeting to the relevant CSM or Disability Lead.

iv. As the result of an Inspection by CQC or Other Regulatory Body

Where CQC or another regulatory body (such as the Environmental Health Officer or Fire Officer) has inspected a provider and raised concerns in relation to the safety of the provision or to the risk of harm to service users, a Quality Review should be considered.

If CQC inspect and rate the provider overall as **Inadequate** (under the current regulatory framework) this would automatically warrant a Quality Review Planning Meeting, with a contract default notice being served and invoking a placement suspension. When the provider is re-inspected by CQC and their rating has improved, or where a Quality Review concludes that the provider has made satisfactory progress against identified outcomes / action plans, the action(s) taken against the provider can potentially be de-escalated (i.e. the contract default notice reviewed, placement suspension lifted or changed to Advisory Notice) and the Quality Review potentially ended.

If CQC inspect and rate the provider overall as **Requires Improvement** (under the current regulatory framework) or **Requires Improvement** in most areas, particularly when coupled with CQC notices, this could on a discretionary basis warrant a Quality Review Planning Meeting.

The Principal Social Worker for Commissioning and Health (or nominated deputy) can recommend a Quality Review Planning Meeting to the relevant CSM or Disability Lead.

v. As a direct response to Commissioning or Procurement Information, Complaint, or Incident Reporting routes.

If the Adult Commissioning and Health Commissioning Team and/or Procurement Team raise concerns about financial viability or any other changes to a provider organisation that have the potential to introduce risk of service disruption with the potential to impact on safe and effective service delivery, a Quality Review Planning Meeting should be considered.

Examples of other information that might escalate concerns are provided in section 5.

The Principal Social Worker for Commissioning and Health (or nominated deputy) can recommend a Quality Review Planning Meeting to the relevant CSM or Disability Lead.

4. Quality Review Threshold Guidance

Selecting the correct Quality Review Threshold Level should be approached from a perspective of which level is most appropriate in order to: -

- ensure the continued safety of service users;
- establish an appropriate and proportionate level of resources to enable remedial actions to take place for the specific areas of concern identified, thus stabilising poor operational performance and subsequently improving and maintaining the standards of care delivered by the provider;
- coordinate activity across all agencies to enable effective communication, avoid any duplication and minimise involvement to ensure a proportionate response;
- enable control measures to be established (e.g. placement suspensions, contract default notices etc.) where this should prove necessary;
- achieve the desired level of engagement with and/or cooperation of the provider;
- provide updates to relevant organisations / groups.

Whilst selecting the right threshold level is a balance of all these factors, the continued safety of service users is paramount. Whole service safeguarding thresholds should be considered at all times to ensure the most appropriate approach is taken.

The Threshold Level should initially be set at a Quality Review Planning Meeting and reviewed at subsequent Quality Review Progress Meetings, although it may be necessary / desirable in exceptional circumstances to do so in-between Meetings. The procedure for escalation / de-escalation between threshold levels is described in section 6.

The following diagram is intended as a guide to the characteristics of Quality Review Threshold Levels as a means for ensuring consistent application of the Quality Policy.

Note: A Quality Review must not run alongside Whole Service Safeguarding. Concerns escalating to Quality Threshold Level 3 are increasingly likely to meet Whole Service Safeguarding thresholds and Service Closure (Quality Threshold Level 4) should always be managed under Whole Service Safeguarding.

Level	Quality Review Threshold Level Description	Characteristics	
		Note: A Quality Review Threshold Level does not necessarily have all, but is likely to have a combination of some of these characteristics.	
4	Service Closure	<ul style="list-style-type: none"> Service Closure procedure invoked Serious or persistent contract default notice served 	<div>Quality Review</div> <div>Safeguarding</div>
3	Major Concerns	<ul style="list-style-type: none"> Overall CQC rating "Inadequate" or "Requires Improvement" in <u>all</u> areas CQC Notices of Proposal / Decision to Cancel Registration Invoking the Service Closure procedure is being considered Repeated safeguarding / quality concerns, levels that are outside what you would expect for a service of its size and nature, but whole service safeguarding thresholds not met Further contract default notice(s) served in the event of timescales for delivering service improvements not being achieved Advisory notice or placement suspension has been in place for >3 months Provider remains unwilling to engage and/or appears to be using deflection tactics and/or lack of cooperation with Commissioners Direct QAIT involvement mandated at the discretion of Commissioners 	
2	Moderate Concerns	<ul style="list-style-type: none"> CQC rating is "Requires Improvement" in most areas CQC Warning Notices / Compliance Actions Repeated safeguarding / quality concerns, levels that are outside what you would expect for a service of its size and nature, but whole service safeguarding thresholds not met Quality concerns are more widespread and/or more serious in nature Timescales for delivering service improvements not achieved Contract default notice served Advisory notice or placement suspension issued Provider unwilling to engage and/or appears to be using deflection tactics and/or lack of cooperation with Commissioners QAIT support may be offered at the discretion of Commissioners Provider Self-Assessment Form demonstrates a lack of self-awareness and/or gives rise to additional concerns 	
1	Minor Concerns	<ul style="list-style-type: none"> Overall CQC rating not worse than "Requires Improvement" Levels of safeguarding concerns are broadly what you would expect for a service of its size and nature Minor and relatively isolated quality concerns Provider is generally delivering service improvement to timescales Provider is willing to engage with Commissioner to improve the quality of service provision QAIT support considered Provider Self-Assessment Form (if requested) demonstrates self-awareness and does not give rise to additional concerns 	
0	Business as Usual	<ul style="list-style-type: none"> Overall CQC rating is "Good" Levels of safeguarding concerns are as you would expect for a service of its size and nature Little or no quality concerns Feedback received about the provider is generally positive 	<div>Managed routinely by the local Community Services (Team) Manager</div>
-1	Accredited Provider	<ul style="list-style-type: none"> Characteristics of level 0 (Business as Usual) are met, additionally ... <ul style="list-style-type: none"> Overall CQC rating "Outstanding" or "Good" in <u>all</u> domains No quality concerns Feedback received about the provider is largely positive Additional criteria for achieving "Accredited Provider" status are met 	

The following is a guide to the Control Measures associated with each Quality Review Threshold Level.

Level	Quality Review Threshold Level Description	Control Measures
4	Service Closure	<ul style="list-style-type: none"> • Service Closure procedure invoked • Automatic serious or persistent contract default notice issued • Termination of contracts • Reported to strategic Local Authority/NHS/CQC sub-group meetings and NHS England South (South West) Regional Quality Surveillance Group
3	Major Concerns	<ul style="list-style-type: none"> • Quality Review Planning Meeting / Progress Meeting(s) to discuss concerns and review progress, held at local office • Invoking the Service Closure procedure might be considered • Automatic contract default notice served. Further contract default notice(s) issued in the event of timescales for delivering service improvements not being achieved • Automatic advisory notice or placement suspension • Direct 1:1 QAIT support mandated at the discretion of Commissioners • Communication with service users / relatives considered • Updated Provider Self-Assessment Form automatically requested • Reported to strategic Local Authority/NHS/CQC sub-group meetings and NHS England South (South West) Regional Quality Surveillance Group
2	Moderate Concerns	<ul style="list-style-type: none"> • Quality Review Planning Meeting / Progress Meeting(s) to discuss concerns and review progress, held at local office • Contract default notice served in the event of timescales for delivering service improvements not being achieved • Advisory notice or placement suspension issued at the discretion of Commissioners • Direct 1:1 QAIT support offered at the discretion of Commissioners • Provider Self-Assessment Form automatically requested • Reported to relevant area Local Authority/NHS/CQC sub-group meetings
1	Minor Concerns	<ul style="list-style-type: none"> • Provider meeting involving local operational manager(s) and QAIT to discuss concerns, held at the service location or local office • QAIT support considered <ul style="list-style-type: none"> ○ Direct 1:1 Support ○ Themed Support ○ Information, Advice and Resources Tools • Provider Self-Assessment Form requested at the discretion of Commissioners • Reported to relevant local area 'Quality Huddle' meeting
0	Business as Usual	<ul style="list-style-type: none"> • No control measures • Provider may apply for "Accredited Provider" status
-1	Accredited Provider	<ul style="list-style-type: none"> • No control measures • "Accredited Provider" status

5. What information might escalate concerns?

It is essential that any concerns where screening and threshold information indicate that an adult(s) may be at risk of harm or abuse (as per the Multi-Agency Safeguarding Adults Policy) are forwarded to the Safeguarding Hub for triage.

The following are intended as guides to what information might escalate concerns to the point where a Quality Review Planning Meeting might be considered. See also Section 4 (Quality Review Threshold Guidance) and Section 6 (Escalation / De-escalation Procedure).

I. Abuse in Care Project (Marsland et al, 2012)

The project identified environments and cultures which may indicate risk of abuse and / or poor practice within services for adults with learning disabilities and older people. The full toolkit can be found at the following website (<http://www2.hull.ac.uk/fass/care/safeguardingadults.aspx>) and may be used as a guide to cross reference the concerns identified with the early indicators of concern which would justify a Quality Review Planning Meeting. A summary grid can be found at Appendices 3 & 4. The toolkit can either be used by one person or a group of people who wish to record concerns and can evidence to a provider the need to involve them in a Quality Review.

II. Risk Profiling Tool

See section 3(iii) above.

III. Other Triggers

The following list is not exhaustive, but is intended to give an indication of the kind of concerns that might lead to the initiation of a Quality Review: -

- A Safeguarding Adults Enquiry where there are concerns about organisational abuse;
- Multiple safeguarding adult concerns within a three month period (judgement would need to be made based on the size of the provision and the nature of the concerns, as a high number of concerns may show that staff are good at recognising and responding to abuse);
- Injury or unexplained deterioration in condition of service users where poor care practice or neglect is suspected (for example, moving and handling, wound/pressure area care, catheter care);
- A concerning CQC inspection outcome of a provider where key standards are not met;
- CQC Warning Notice / Notice of Proposal / Notice of Decision;
- Report of a serious crime within the provider resource or involving their staff, which requires police involvement (for example, sexual assault, theft);
- Medication errors leading to harm or risk of harm to multiple service users;
- Poor or lack of recording of serious incidents / injuries, wounds, medication errors;
- Sustained evidence of lack of or poor management / leadership within the provider organisation;
- Lack of willingness to engage with, or sustained unresolved poor relationships with, partner / commissioning agencies;
- Admission of service users whose needs cannot be met within the remit of the provider organisation;
- Evidence of inability to learn from previous safeguarding adults Enquiries or Quality Reviews;
- Quality assurance procedures are ineffective / no proactive approach to service improvement resulting in repeated / reactive attempts to improve quality;
- On-going concerns of poor quality of care provision within the provider organisation;
- A number of complaints, incidents or concerns expressed about a provider or any whistleblowing activity;
- The conduct of the provider does not meet expected standards as set out in contracts;

- A provider of personal care who is not CQC registered, or CQC registration has been refused;
- Repeated failure to achieve outcomes detailed in service improvement plans / contract default notices.

6. Escalation / De-escalation Procedure

As described in section 4 (Quality Review Threshold Guidance) setting the Quality Threshold Level and subsequent escalation / de-escalation between Threshold Levels is usually done at Quality Review Planning / Progress Meetings.

Timescales for delivery of improvement must also be considered. All Quality Reviews are different and timescales for delivery of improvements required will be set within individual service improvement plans, but as a general guide should be three months in duration. Progress will be reviewed in Quality Review Progress Meetings and if insufficient progress has been made this would give rise to the need for further escalation.

For example: -

- For provider concerns at Quality Threshold Level 1 – where insufficient progress has been made within timescales set (generally within three months) this would give rise to the need for escalation to Quality Threshold Level 2. Associated control measures will include requesting the Provider Self-Assessment Form (if not previously requested), convening a Quality Review Planning Meeting and might include QAIT involvement, serving a contract default notice and consideration of an advisory notice or placement suspension;
- For provider concerns at Quality Threshold Level 2 – where insufficient progress has been achieved within timescales set in the service improvement plan (generally within three months) this would give rise to the need for escalation to Quality Threshold Level 3. Associated control measures will include requesting an updated Provider Self-Assessment Form, QAIT involvement, serving a contract default notice, issuing an advisory notice or placement suspension and consideration given to communication with service users / relatives.

In exceptional circumstances it may be necessary to make more urgent decisions, but the same general principles, scheme of delegation (e.g. authority to make decisions, communication, action planning etc.) and timescales must be followed.

A Provider Quality Review must not run alongside Whole Service Safeguarding. Concerns escalating to Quality Threshold Level 3 are increasingly likely to meet Whole Service Safeguarding thresholds and Service Closure (Quality Threshold Level 4) should always be managed under Whole Service Safeguarding.

Updates to relevant organisations / groups must be provided, which will vary depending on the level of escalation. See 'Reporting Arrangements' in section 12 for further information.

7. Who is the decision maker within a Quality Review?

The Responsible Manager (RM) for a Quality Review will ordinarily be the CSM or Disability Lead (or delegated lead) for the geographic locality within which the service provider is based, or their nominated deputy e.g. Team Manager for escalation up to and including to level 2.

Note: *If the majority of service users are NHS funded the RM will be the senior manager for that organisation.*

In exceptional circumstances (e.g. where the locality is already managing a service closure) it is permissible for the RM (or nominated deputy for escalation up to and including to level 2) to arrange cover from another locality.

In the event of concerns relating to a provider of services covering multiple localities or a provider of strategic importance to commissioners, further consideration should be given to appointing either the relevant CDP Centre Manager or Assistant Director as RM and involving relevant Senior Manager(s) from Adult Commissioning and Health.

8. Who should take part in a Quality Review?

The RM has delegated authority to call a Quality Review Planning Meeting.

The RM or their nominated deputy (for escalation up to and including to level 2) will be supported by a (Senior) Quality Assurance and Improvement Officer [(S)QA&IO] and together they will meet within 2 working days of concerns being identified to agree who else should be involved in the Quality Review Planning Meeting based upon the nature and severity of the concern(s) and what is known at the time about case responsibility of service users. The scale of proceeding and group representation should be proportionate to the assessed level of risk and escalation i.e.

- escalation to Quality Threshold Level 2 would ordinarily involve a small group of professionals working with a provider, referring back to the RM for decisions and communicating / reporting to all other interested parties;
- escalation to Quality Threshold Level 3 (due to the more serious nature of concerns) would directly involve the RM and all relevant parties. Concerns escalating to Quality Threshold Level 3 are increasingly likely to meet Whole Service Safeguarding thresholds;
- escalation to Quality Threshold Level 4 – Service Closure (due to enduring quality issues and/or the severity of concerns) should always be within Whole Service Safeguarding.

The intention is that the same professionals identified to attend the Quality Review Planning Meeting should subsequently attend Quality Review Progress meetings, albeit that this could change during the Quality Review according to the level of escalation.

Decisions affecting someone's care or placement must be made by the organisation funding that care or the service they have commissioned to plan, manage and oversee the quality and safety of that person's care. Managers in joint health and social care roles must be clear about who has authority to make care or health decisions on behalf of a person when they decide about a person's service and placement. If the person is primarily NHS funded, the decision will be taken by NHS Commissioners. If the person is self-funded or Local Authority-funded, the decision will be on behalf of the Local Authority. This must therefore be taken into consideration in terms of the membership at Quality Review meetings.

As the CCGs commission the specialist services if relevant the safeguarding / patient safety leads should attend in their own right, independently of the RM.

Where a significant proportion of service users are the responsibility of another Health and Social Care Community Services Team, consideration should be given to their attending Quality Review. All relevant CSMs, Disability Leads and Team Managers should be kept informed in all circumstances.

In preparation for the Quality Review Planning meeting the RM and (S)QA&IO should consider the need to serve a contract default notice, which may be required for processes at escalation level 2 and will be automatic for processes at escalation level 3.

All Quality Review meetings should be formally recorded and must be overseen by the RM. For processes at escalation level 2 this will take the form of CareFirst recording coupled with any other specific reports e.g. QAIT visit reports.

For Quality Review meetings at escalation level 3 and above the RM will assume responsibility for arranging a minute taker from the centralised Business Support Team, organising relevant local operational involvement and coordination of involvement across all professionals involved.

As part of a Quality Review additional resources may be required for support, investigation and remedial activity. The RM (or their nominated deputy) should therefore ensure that attendees have the authority to commit resources should this prove necessary.

Service users / their carers or advocates would not normally be invited to Quality Review meetings. However, consideration should be made to section 9 (What should happen in a Quality Review Planning Meeting?) and section 10 (What should happen in a Quality Review Progress Meeting?) of this Quality Policy which refers to communication with residents, family or their nominated representatives.

In all cases the list of appropriate participants and attendees will be agreed and defined within the Terms of Reference of a Quality Review. A Terms of Reference Template is attached at Appendix 5 as a guide, but there is no set itinerary for all Quality Reviews and this should be reviewed at the Quality Review Planning Meeting and any subsequent Quality Review Progress Meetings based on the information available, to ensure that attendance is appropriate, proportionate and includes the right resources and necessary skill sets.

By no means exhaustive the following individuals or groups would be considered for attendance in a Quality Review: -

Internal and other NHS/ Local Authority representation:

- RM or nominated deputy (see section 7);
- CSM (or nominated person) or where relevant Disability Lead for any other operational team where there is a significant proportion of service users who are their responsibility;
- NHS commissioners (if it is identified that any service users are primarily NHS funded);
- QAIT manager / officer;
- Relevant members of partners agencies (e.g. Devon Partnership Trust);
- Devon County Council Procurement representatives;
- Devon County Council Legal representatives;
- Relevant Adult Commissioning and Health Sector Lead;
- Principal Social Worker for Commissioning and Health;
- Representative of the Safeguarding Adults Team;
- Representative from other funding Local Authorities;
- Health managers responsible for specialist areas of the service relevant to the enquiry e.g.
 - Medicines Optimisation / Community Pharmacists;
 - Community Nursing services;
 - Primary care;
 - Specialist medical or clinical leads;
 - CCG Safeguarding / Patient safety Lead.

External and other partner Agencies representation:

- The Provider i.e. the legal owner or a nominated senior representative of the provider's organisation (CQC nominated Responsible Individual / Registered Manager);
- CQC (where concerns are with respect to a CQC regulated service);
- Health & Safety Executive officers;
- The Police (if a criminal offence has or may have taken place);
- Fire Safety Officer;
- Environmental Health Officer.

Roles and Responsibilities of Core Participants

The following have been identified as the core participants expected (where relevant) to attend.

- Responsible Manager (RM):
 - Decision maker within the process;
 - Organising a minute taker for Quality Reviews at level 3 and above;
 - Organising relevant local operational involvement;
 - Coordination of involvement across all professionals involved.
- QAIT:
 - Chair the meeting (for escalation up to level 3);
 - Agree Initial plan and on-going review of the terms of reference for the Quality Review;
 - Provide support to the provider and to report on progress;
 - Draft contract default notices for signature by the Head of Category – People and issuing by the Procurement Team;
 - Arrange to issue placement suspensions (where appropriate) on behalf of the Head of Adult Commissioning and Health.
- NHS (where relevant):
 - Responsibility for decisions affecting someone's care or placement must be made by the organisation funding that care or the service they have commissioned to plan, manage and oversee the quality and safety of that person's care. If the person is primarily NHS funded, the decision will be taken by NHS Commissioners. If the person is self-funded or Local Authority-funded, the decision will be on behalf of the Local Authority. This must therefore be taken into consideration in terms of the membership at Quality Review meetings

Note: *If the majority of service users are NHS funded the RM will be the senior manager for that organisation.*
- Sector leads (where relevant, for meetings involving providers of strategic importance to commissioners and always where escalation to level 4 is being considered):
 - Provide business / commercial advice and support to the provider as necessary.
- Principal Social Worker for Commissioning and Health (for meetings involving providers of strategic importance to commissioners and always where escalation to level 4 is being considered):
 - Provide support to the provider and to report on progress;
 - Maintain an overview of all whole service safeguarding and Quality Review meetings across the DCC footprint.
- The Provider (i.e. legal owner or a nominated senior representative of the provider's organisation):
 - Fully engage with the Quality Review;
 - Provide sufficient resources to achieve and sustain the improvements required
 - Develop and maintain a service improvement plan in order to coordinate and prioritise required improvements and provide updates at Progress meetings
- 'Out Of Area' Commissioners (i.e. any Other Local Authority or CCG commissioning placements with the service)
 - Responsibility for decisions affecting someone's care or placement must be made by the organisation funding that care or the service they have commissioned to plan, manage and oversee the quality and safety of that person's care
 - Coordination of control measures

9. What should happen in a Quality Review Planning Meeting?

If the decision has been made that concerns would best be managed by a Quality Review then a Quality Review Planning Meeting should be held within 5 working days to consider all relevant facts and evidence before undertaking the following: -

- confirm appointment of the RM (see section 7);
- confirm attendees (whilst not exhaustive the list of individuals and groups outlined in section 8 should be considered);
- decide whether Quality Review thresholds have been met (see threshold guidance in section 4 and guide to what information might escalate concerns in section 5);
- validate that whole service safeguarding thresholds have not been met;
- agree the resources to be provided by the local authority, NHS and any other relevant partner agency to support improvement in the service;
- define the terms of reference for the Quality Review and all roles, responsibilities, actions and timescales;
- decide whether to request the Provider Self-Assessment Form;
- decide whether to serve a contract default notice;
- recommend* issuing a placement suspension or advisory notice;
- determine the level of escalation (see section 4), confirm this with the provider along with details of any control measures and (where relevant) request the Provider Self-Assessment Form for prior to the first Progress Meeting;
- provide updates to relevant organisations / groups.

General Note: *When the provider is re-inspected by CQC and their rating has improved, or where a Quality Review concludes that the provider has made satisfactory progress against identified outcomes / action plans, the action(s) taken against the provider can be de-escalated (i.e. the contract default notice reviewed, recommendation* for placement suspension lifted or changed to advisory notice) and the Quality Review closed. In all circumstances the decision around whether to lift a placement suspension or withdraw a contract default notice are linked but independent decisions within a Quality Review.*

***Note:** *Assistant Directors must approve the recommendation to issue or lift a placement suspension or advisory notice.*

The agenda for Quality Review meetings is attached at Appendix 6.

The Provider Self-Assessment Form is attached at Appendix 7.

A Provider Quality Review must not run alongside Whole Service Safeguarding. Concerns escalating to Quality Threshold Level 3 are increasingly likely to meet Whole Service Safeguarding thresholds and Service Closure (Quality Threshold Level 4) should always be managed under Whole Service Safeguarding.

Where the decision is that a Quality Review is not required the provider may still need information, advice and support to improve quality and an appropriate response should be determined. It may be useful in such circumstances to request the Provider Self-Assessment Form to gain further insight and enable more targeted support. Any such decision should be clearly recorded with details of who will take responsibility to follow up actions and timescales for completion. The chair of the meeting will assume responsibility for ensuring all agreed actions are completed.

Communication

Attendees at the Quality Review Planning Meeting will agree the communication plan and the list of named contacts and recipients of information throughout the process. This should be reviewed at all subsequent meetings.

The communication plan will cover communications with the provider, service users, their family / advocates where appropriate and any relevant internal and external stakeholders, including any 'out of area' commissioners. Whilst not exhaustive the list of individuals and groups outlined in section 8 should be considered for receiving regular communications. Internal communications should also consider who should be consulted or briefed under the scheme of delegation as outlined in sections 3 and 7 and governance arrangements outlined in section 12.

At all times information governance and data protection requirements must be adhered to.

The Provider must be informed of their right to appeal any decision made within a Quality Review**. Providers must submit their appeal in writing within 10 working days of the date of the decision, and will be considered by the RM within 28 days of receipt of the appeal.

****Note:** *There is no right to appeal against a Contract Default Notice enshrined in the contract.*

10. What should happen in a Quality Review Progress Meeting?

Work with providers to address quality concerns will be managed by means of an action-planning process, led by the RM who is supported by the QAIT. This will be coordinated through a service improvement plan (SIP), developed by the provider within an agreed timescale after the Quality Review Planning Meeting and maintained by the provider thereafter, who will present updates at future Progress Meetings.

Quality Review Progress Meetings will ordinarily be at 28 day intervals, but timing should also take into consideration other factors such as service improvement plan timescales, known CQC inspection timescales, availability of reports by visiting officers etc.

If the provider has been requested to provide their Provider Self-Assessment Form this should have been received prior to the first Progress Meeting to enable all participants to have reviewed it in advance alongside the SIP.

The QAIT and any other visiting professionals involved will also provide reports on any visits made to the service, highlighting progress made by the provider and any further concerns that might have been identified.

Any further actions required to ensure the continued safety of service users and to address quality concerns should be incorporated within the providers SIP. Priorities and timescales for all actions should be reviewed having due regard for any timescales set by CQC and where relevant reflected in contract default notices. Any clarification required of the improvement actions within the SIP must be conveyed to the provider and the revised SIP must be agreed by all parties.

Once all information has been received and actions agreed the Quality Review Progress Meeting will consider: -

- the potential risk to current or potential service users placed with the provider. If any new information has come to light then whole service safeguarding thresholds should be reconsidered to ensure the appropriate approach is taken*;
- the level of escalation within the Quality Review by use of the threshold guidance (section 4) and escalation / de-escalation procedure (section 6).

***Note:** *this must not prevent any actions from happening that have already been identified to ensure continued safety of service users;*

Depending on the level of concerns escalation might include: -

- requesting a Provider Self-Assessment Form;
- serving (or re-serving where previously agreed timescales for service improvements have not been achieved) contract default notices;
- recommend issuing a placement suspension or advisory notice on new placements**;
- serving a persistent default notice (where more than 2 default notices have been served within a 6 month period) or a serious default notice (where concerns are considered severe enough to warrant doing so);
- relocation of current residents.

****Note:** Assistant Directors must approve the recommendation to issue a placement suspension or advisory notice.

General Note: such decisions will only be made after detailed consideration of the severity of the concerns identified, the immediate risks presented and will only be made when justified and based on sufficiently evidence-based risk. Concerns escalating to Quality Threshold Level 3 are increasingly likely to meet Whole Service Safeguarding thresholds and Service Closure (Quality Threshold Level 4) should always be managed under Whole Service Safeguarding. Serving a persistent default notice or serious default notice may lead to termination of contracts and as such may only happen at escalation level 4.

Communication with service users, their relatives and carers and other professional bodies (such as other local authorities) should be conducted throughout the Quality Review as per the Communication Plan set-up in the Quality Review Planning Meeting.

11. Concluding a Quality Review

The terms of reference for a Quality Review should be reviewed and amended appropriately, along with the Communication Plan, group membership (etc.) and future meeting date(s) set.

The Quality Review will only be closed with the agreement of attendees at a Quality Review Progress Meeting. Risk to service users must be reviewed as part of the decision to conclude the Quality Review.

The rationale for closure of the Quality Review should be fully recorded. The Responsible Manager must write to the provider to confirm that the Quality Review has been closed. Debrief opportunities for staff working for the service provider should be considered in partnership with the proprietor or manager of the service (or Responsible Individual / Registered Manager in the case of a service regulated by CQC).

In the event of a Quality Review closing where quality concerns remain (e.g. in the event of service closure, provider insolvency etc.) the Responsible Manager must include within the letter a statement which states that quality concerns remained at the end of the process in order to put this on record for (potential) future reference.

Any on-going monitoring arrangements should be agreed e.g. a one-off visit at a later date to test embeddedness of agreed arrangements, or a requirement for the provider to submit an updated copy of their service improvement plan.

Agreement should be reached as to the circumstances and conditions required to trigger a subsequent “lessons learned” review of the Quality Review. Findings and learning should be shared appropriately with all stakeholders. Any learning or actions agreed as a result of the findings should be allocated to named responsible professionals, and timescales set for their achievement. This should encompass a review of the early indicators of concern and whether (upon retrospective review) there were warning signs but our systems / processes did not spot them and if there is anything we can do to improve upon this in future.

12. Governance and Reporting Arrangements

Governance Arrangements

Devon County Council has pre-determined routes for organisation governance and reporting which help to ensure the right levels of accountability, decision making and coordination is maintained across the organisation as a whole. Those relevant to the Quality Review are as follows: -

- Devon Safeguarding Adults Board (for assurance of follow through of SAR recommendations);
- Adult Care and Health Leadership Team;
- Adult Commissioning and Health Leadership Team;
- Adult Care Operations and Health Leadership Team;
- Adult Care Operations and Health Community Services Managers Forum;
- Social Care Leadership Group;
- Joint Local Authority/NHS/CQC Meetings;
- Quality Assurance and Improvement Team;
- Devon Safeguarding Adults Team Managers;
- Adult Commissioning and Health – Commissioning Team.

It is wholly necessary to ensure the relevant internal and external stakeholders are kept informed of progress and any actions being undertaken within a Quality Review. Therefore both the internal and external governance and reporting requirements will be agreed and recorded during a Quality Review Planning Meeting and reviewed at subsequent Quality Review Progress Meeting(s).

General expectations of all professionals operating within a Quality Review are: -

- Openness, transparency and clear communication across all agencies and with providers;
- Clearly documented procedures covering all professional involvement;
- Robust documentation of all work undertaken.

Overarching governance of the Quality Review will be through the Adult Care and Health Leadership Team, whilst regular monitoring and review will be through joint Local Authority/NHS/CQC Meetings.

Collectively these governance arrangements help to protect the commissioning body from legal challenge as a result of the consequence of its decisions.

Reporting Arrangements

Tight restrictions will be applied to email distribution of any reports on activity associated with the Quality Policy to ensure information governance procedures are adhered to.

Weekly reports for any services where advisory notices, placement suspensions or contract default notices have been issued will be provided to individuals in job roles where immediate access to such information is required e.g. staff in arranging support teams.

Monthly summary position statements of Quality Reviews have been aligned with reporting around whole service safeguarding. Reporting to organisations / groups will follow

- Threshold Level 1 – reported to the local area 'Quality Huddle' meeting;
- Threshold Level 2 – reported to the local area Local Authority / NHS / CQC sub-group meeting;
- Threshold Level 3 & 4 – reported to strategic Local Authority / NHS / CQC meeting and NHS England South (South West) Regional Quality Surveillance Group.

Reporting around the overall effectiveness of the Quality Policy and overarching market analysis will be aligned with existing quarterly reports to the Adult Care Operations and Health Leadership Team and the Adult Commissioning and Health Leadership Team.

Reports to Adult Care and Health Scrutiny, Adult Care and Health Leadership Team and Devon Safeguarding Adults Board will be provided upon request.

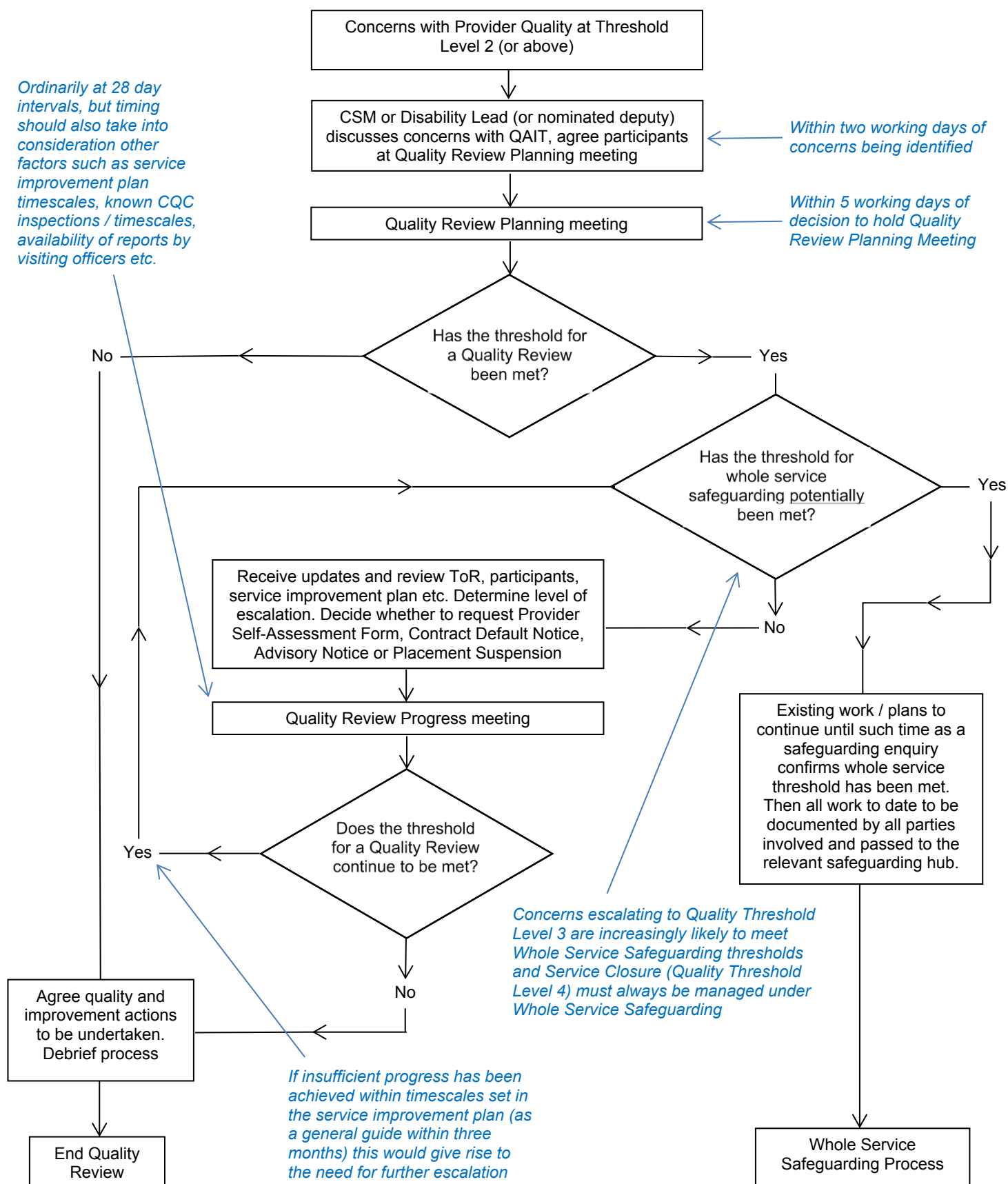
13. References

Adapted from London Borough of Hackney Establishment of Concerns Protocol
<http://www.hackney.gov.uk/Assets/Documents/establishment-concerns-protocol.doc> (link reviewed 21st December 2016)

Marsland, D., Oakes, P., White, C. (2012)
Early Indicators of Concern in Residential and Nursing Homes for Older People - A Guide
Early Indicators of Concern in Residential Support Services for People with Learning Disabilities - A Guide
<http://www2.hull.ac.uk/fass/care/safeguardingadults.aspx> (link reviewed 21st December 2016)

Devon Safeguarding Adults Board Multi-Agency Policy and Guidance
(<https://new.devon.gov.uk/devonsafeguardingadultsboard/policy>) (link reviewed 21st December 2016)

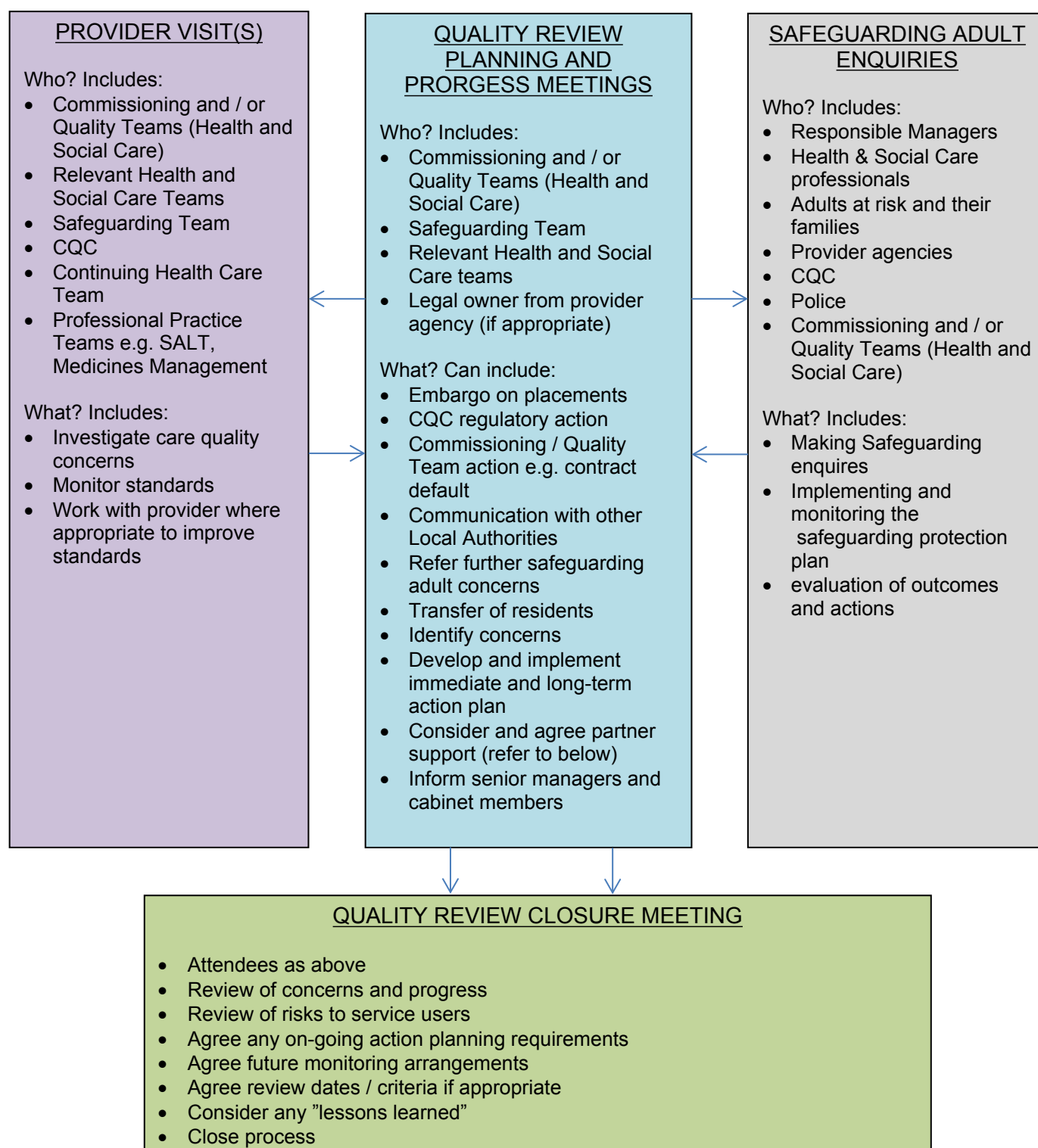
Quality Review – Process Flowchart



QUALITY REVIEW – PROCESS SUMMARY

(Where there are concerns about a number of adults at risk in one establishment and/or where there are concerns about poor quality of care which do not meet threshold for safeguarding adult whole home / large scale intervention)

ORGANISATIONAL ABUSE SAFEGUARDING ADULTS REFERRAL OR NOTIFICATION OF CONCERNS BY OTHER MEANS



Early Indicators of Concern in Residential and Nursing Homes for Older People (examples from the research)

<p>1. Concerns about management and leadership</p> <ul style="list-style-type: none"> ☐ There is a lack of leadership by managers, for example managers do not make decisions or set priorities ☐ The service/home is not being managed in a planned way, but reacts to problems or crises ☐ Managers appear unaware of serious problems in the service ☐ The manager is new and doesn't appear to understand what the service is set up to do ☐ A responsible manager is not apparent or available within the service. 	<p>2. Concerns about staff skills, knowledge and practice</p> <ul style="list-style-type: none"> ☐ Staff appear to lack the information, skills and knowledge to support older people/people with dementia ☐ Staff appear challenged by some residents' behaviours and do not know how to support them effectively ☐ Members of staff are controlling of residents ☐ Members of staff use negative or judgemental language when talking about residents ☐ Record keeping by staff is poor 	<p>3. Concerns about residents' behaviours and wellbeing</p> <p>One or more of the residents:</p> <ul style="list-style-type: none"> ☐ Show signs of injury through lack of care or attention ☐ Appear frightened or show signs of fear ☐ Behaviours have changed ☐ Moods or psychological presentation have changed
<p>4. Concerns about the service resisting the involvement of external people and isolating individuals</p> <ul style="list-style-type: none"> ☐ Managers/staff do not respond to advice or guidance from practitioners and families who visit the service ☐ The service is not reporting concerns or serious incidents to families, external practitioners or agencies ☐ Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families 	<p>5. Concerns about the way services are planned and delivered</p> <ul style="list-style-type: none"> ☐ There is a lack of clarity about the purpose and nature of the service ☐ The service is accepting residents whose needs they appear unable to meet ☐ Residents' needs as identified in assessments, care plans or risk assessments are not being met ☐ The layout of the building does not easily allow residents to socialise and be with other people 	<p>6. Concerns about the quality of basic care and the environment</p> <ul style="list-style-type: none"> ☐ The service is not providing a safe environment ☐ There is a lack of activities or social opportunities for residents ☐ Residents do not have as much money as would be expected ☐ Equipment is not being used or is not being used correctly ☐ The home is dirty

Ref: Marsland, D., Oakes, P., White, C. (2012) *Early Indicators of Concern in residential and Nursing Homes for Older People: A Guide*, (online), Available: <http://www2.hull.ac.uk/fass/care/safeguardingadults.aspx> (20 December 2013).

Early Indicators of Concern – Learning Disability Services (examples from the research)

1. Concerns about management and leadership <ul style="list-style-type: none"> ☐ The Manager can't or won't make decisions or take responsibility for the service ☐ The Manager doesn't ensure that staff are doing their job properly ☐ The Manager is often not available ☐ There is a high turnover of staff or staff shortages ☐ The Manager does not inform Social Services that they are unable to meet the needs of specific service users 	2. Concerns about staff skills, knowledge and practice <ul style="list-style-type: none"> ☐ Staff appear to lack knowledge / understanding of what it means to have a learning disability ☐ Members of staff appear to lack skills in communicating with individuals and interpreting their interactions ☐ Members of staff use judgemental language about the people they support ☐ Members of staff are controlling and offer few choices ☐ Communication across the staff team is poor ☐ Abusive behaviours between residents are not acknowledged or addressed 	3. Concerns about residents' behaviours and wellbeing <ul style="list-style-type: none"> ☐ Residents' behaviours change – perhaps becoming withdrawn or anxious ☐ Residents' communications and interactions change – increasing or stopping for example ☐ Residents' needs appear to change ☐ Residents' skills change – self care or continence management for example ☐ Residents behave very differently with different staff or in different environments e.g. day centre
4. Concerns about the service resisting the involvement of external people and isolating individuals <ul style="list-style-type: none"> ☐ There is little input from outsiders/professionals ☐ Individuals have little contact with family or other people who are not staff ☐ Appointments are repeatedly cancelled ☐ Members of staff do not maintain links between individuals and people outside of the service e.g. family, friends, ☐ Management and/or staff demonstrate hostile or negative attitudes to visitors, questions and criticisms ☐ It is difficult to meet residents privately 	5. Concerns about the way services are planned and delivered <ul style="list-style-type: none"> ☐ Residents' needs are not being met as agreed and identified in care plans ☐ Agreed staffing levels are not being provided ☐ Staff do not carry out actions recommended by external professionals ☐ The service is unsuitable for some residents but no better option is available ☐ The resident group appears to be incompatible ☐ The diversity of support needs of the group is very great 	6. Concerns about the quality of basic care and the environment <ul style="list-style-type: none"> ☐ There is a lack of care of personal possessions ☐ Support for residents to maintain personal hygiene is poor ☐ Essential records are not kept effectively ☐ The environment is dirty/smelly ☐ There are few activities or things to do ☐ Residents' dignity is not being promoted and supported

Ref: Marsland, D., Oakes, P., White, C. (2012) *Early Indicators of Concern in Residential Support Services for People with Learning Disabilities: A Guide*, (online), Available: <http://www2.hull.ac.uk/fass/care/safeguardingadults.aspx> (20 December 2013)

Appendix 5

Provider Quality Support Review (Quality Review)

Terms of Reference

1. Aim

1.1 To ensure the continued safety of service users.

1.2 To establish a formal and coordinated response to quality concerns in relation to residential and nursing care homes, domiciliary care services and unregulated care services (e.g. day services, supported living services etc.) for all adults and older people.

1.3 To proactively avoid escalation of provider quality concerns and whole service safeguarding.

2. Purpose

2.1 To establish a formal means of responding to provider concerns where thresholds for whole service safeguarding adult Enquiry are not met, but where there is a clear need for service improvement to minimise the risks presented to service users by the quality of care being provided.

2.2 To establish an appropriate and proportionate level of resources to enable remedial actions to take place for the specific areas of concern identified, thus stabilising poor operational performance and subsequently improving and maintaining the standards of care delivered by the provider.

2.3 To coordinate activity across all agencies to enable effective communication, avoid any duplication and minimise involvement to ensure a proportionate response.

2.4 To clearly describe to providers what the quality threshold levels are, the procedures for escalation and de-escalation between quality threshold levels and what this means for providers, making it clear how quality concerns will be followed up.

2.5 Where it should prove necessary: -

- to achieve the desired level of engagement with and/or cooperation of the provider
- to enable control measures to be established e.g. placement suspensions, contract default notices, cancellation of contracts etc.

3. Membership

3.1 The scale of proceeding and group representation should be proportionate to the assessed level of risk and escalation i.e.

- escalation to level 2 would ordinarily involve a small group of professionals working with a provider, referring back to the Responsible Manager (RM) for decisions and communicating / reporting to all other interested parties;
- escalation to level 3 (due to the more serious nature of concerns) would directly involve the RM and all relevant parties;

- escalation to Quality Threshold Level 4 – Service Closure (due to enduring quality issues and/or the severity of concerns) should always be within Whole Service Safeguarding and follow the process as detailed in the “Decisions and Planning in Care Service Closure” paper.

3.2 The intention is that the same people identified to attend the Quality Review Planning Meeting should subsequently attend Quality Review Progress meetings, albeit that this could change during the Quality Review according to the level of escalation.

3.3 As part of a Quality Review additional resources may be required for support, investigation and remedial activity. The RM (or their nominated deputy) should therefore ensure that attendees have the authority to commit resources should this prove necessary.

3.4 Service users / their carers or advocates would not normally be invited to Quality Review meetings. However, consideration should be given to communication with residents, family or their nominated representatives.

3.5 In all cases the list of appropriate participants and attendees will be agreed and defined within the Terms of Reference of a Quality Review to ensure that attendance is appropriate, proportionate and includes the right resources and necessary skill sets. By no means exhaustive the following individuals or groups would be considered for attendance in a Quality Review: -

Internal and other NHS/ Local Authority representation:

- RM or nominated deputy (see section 7);
- CSM (or nominated person) or Disability Lead for any other operational team where there is a significant proportion of service users who are their responsibility;
- NHS commissioners (if it is identified that any service users are primarily NHS funded);
- QAIT manager / officer;
- Relevant members of partners agencies (e.g. Devon Partnership Trust);
- Devon County Council Procurement representatives;
- Devon County Council Legal representatives;
- Relevant Adult Commissioning and Health Sector Lead;
- Principal Social Worker for Commissioning and Health;
- Representative of the Safeguarding Adults Team;
- Representative from other funding Local Authorities;
- Health managers responsible for specialist areas of the service relevant to the enquiry e.g.
 - Medicines Optimisation / Community Pharmacists;
 - Community Nursing services;
 - Primary care;
 - Specialist medical or clinical leads;
 - CCG Safeguarding / Patient safety Lead.

External and other partner Agencies representation:

- The Provider i.e. the legal owner or a nominated senior representative of the provider's organisation (CQC nominated Responsible Individual / Registered Manager);
- CQC (where concerns are with respect to a CQC regulated service);
- Health & Safety Executive officers;
- The Police (if a criminal offence has or may have taken place);
- Fire Safety Officer;

- Environmental Health Officer.

4. Roles and Responsibilities of Core Participants

4.1 The following have been identified as the core participants expected (where relevant) to attend.

- Responsible Manager (RM):
 - Decision maker within the process;
 - Organising a minute taker for Quality Reviews at level 3 and above;
 - Organising relevant local operational involvement;
 - Coordination of involvement across all professionals involved.
- QAIT:
 - Chair the meeting (for escalation up to level 3);
 - Agree Initial plan and on-going review of the terms of reference for the Quality Review;
 - Provide support to the provider and to report on progress;
 - Draft contract default notices for signature by the Head of Category – People and issuing by the Procurement Team;
 - Arrange to issue placement suspensions (where appropriate) on behalf of the Head of Adult Commissioning and Health.
- NHS (where relevant):
 - Responsibility for decisions affecting someone's care or placement must be made by the organisation funding that care or the service they have commissioned to plan, manage and oversee the quality and safety of that person's care. If the person is primarily NHS funded, the decision will be taken by NHS Commissioners. If the person is self-funded or Local Authority-funded, the decision will be on behalf of the Local Authority. This must therefore be taken into consideration in terms of the membership at Quality Review meetings
Note: *If the majority of service users are NHS funded the RM will be the senior manager for that organisation.*
- Sector leads (where relevant, for meetings involving providers of strategic importance to commissioners and always where escalation to level 4 is being considered):
 - Provide business / commercial advice and support to the provider as necessary.
- Principal Social Worker for Commissioning and Health (for meetings involving providers of strategic importance to commissioners and always where escalation to level 4 is being considered):
 - Provide support to the provider and to report on progress;
 - Maintain an overview of all whole service safeguarding and Quality Review meetings across the DCC footprint.
- The Provider (i.e. legal owner or a nominated senior representative of the provider's organisation):
 - Fully engage with the Quality Review;
 - Provide sufficient resources to achieve and sustain the improvements required
 - Develop and maintain a service improvement plan in order to coordinate and prioritise required improvements and provide updates at Progress meetings

5. Timing and Frequency of Meetings

5.1 From the point at which the potential need for a Quality Review has been established the Quality Review Planning Meeting will be held within 5 working days.

5.2 Subsequent Quality Review Progress Meetings will ordinarily be at 28 day intervals, but timing should also take into consideration other factors such as service improvement plan timescales, known CQC inspections / timescales, availability of reports by visiting officers etc.

6. Agendas, Papers and Minutes

Date: 04/08/2017

Version: Final Draft v7

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6.1 The standing agenda for Quality Review Planning Meetings and Quality Review Progress Meetings are attached.

6.2 Wherever possible reports from visiting professionals involved will be circulated to attendees in advance of meetings.

6.3 All Quality Review meetings should be formally recorded and must be overseen by the RM. For processes at escalation level 2 this will take the form of CareFirst recording coupled with any other specific reports e.g. QAIT visit reports.

6.4 For Quality Review meetings at escalation level 3 and above the RM will assume responsibility for arranging a minute taker from the centralised Business Support Team.

7. Review

7.1 The terms of reference will be reviewed annually to evaluate the outcomes of the Provider Quality Support Policy to ensure it is meeting the needs of the organisation.

Appendix 6(a)

Quality Review – Planning Meeting

AGENDA

1. Introductions and Apologies
2. Confidentiality Statement
3. Purpose of the Quality Review Planning meeting:
To review information and consider whether what is being presented meets the threshold for a Quality Review (as defined in section 4 of the Provider Quality Support Policy)
4. Confirm appointment of the nominated Responsible Manager
5. Summarise the concerns leading to the Quality Review Planning meeting
6. Consider outcomes of any individual safeguarding enquiries which may indicate further concerns
7. Enquire with attendees as to detail of any additional factual evidence of concerns
8. Summarise any tabled reports evidencing concerns
9. Feedback from any regulator on activity and outcomes
10. Feedback from Quality Assurance and Improvement Team on any involvement to date
11. Feedback from contract monitoring action plans
12. Feedback from other funding authorities
13. Any incident reporting to be considered
14. **Threshold decision making:** has the threshold for a Quality Review been met as defined in section 4 of the Provider Quality Support Policy?
15. If consensus that Quality Review thresholds have NOT been met:
Meeting to consider and agree what quality and improvement actions with appropriate agencies need to be undertaken. Then close the Quality Review
16. If consensus that Quality Review thresholds ARE met: next steps as below are to be taken
17. Agree and summarise identified areas of concern
18. Legal considerations: MCA, MHA, DOLS, Care Act, Police involvement

Agree lead agency for further detailed action or investigation

19. Agree how the Quality Review will be carried out, consideration to be given to the terms of reference for the review
21. Agree initial Service Improvement Plan, ensuring immediate risk is identified and addressed, timescales, who is responsible for completing actions
22. Determine the level of escalation as defined in section 4 of the Provider Quality Support Policy (Quality Review Threshold Guidance)
23. Determine if appropriate to request a Provider Self-Assessment Form
24. Decide whether to serve a Contract Default Notice
25. Consideration as to whether an Advisory Notice or Suspension of Placements is required
26. **Threshold decision making:** has the threshold for whole service safeguarding potentially been met as defined within Section 4.1 of the Safeguarding Adults Operational Guidance Whole Service Enquiries (October 2016) guidance document?
27. If consensus that whole service safeguarding thresholds ARE potentially met: next steps as below are to be taken
28. All existing work / plans to continue until such time as a safeguarding enquiry confirms whole service thresholds have been met. Then all work to date to be documented by all parties involved and passed to the relevant safeguarding hub. Close the Quality Review
20. Communication – inter agency, legal owner / director / provider staff, affected adults / family / representatives / advocates, staff involved in the review, senior management, commissioners, media, internal
29. Any other business
30. Date of next meeting

Appendix 6(b)

Quality Review – Progress Meeting

AGENDA

1. Introductions and Apologies
2. Confidentiality Statement
3. Purpose of the Quality Review Progress Meeting:
to review information and consider whether what is being presented continues to meet the thresholds for a Quality Review (as defined in section 4 of the Provider Quality Support Policy)
4. Re-confirm appointment of the Responsible Manager
5. Agree any previous minutes, including amendments
6. Update action points from previous Quality Review meeting
7. Summarise the history and current status of the Quality Review
8. Summarise the terms of reference for the Quality Review
9. Review the Provider Self-Assessment Form (if appropriate)
10. Provider update on progress with Service Improvement Plan
11. Seek information from each agency (including reports received) which may provide information about new concerns identified, or additional information that could substantiate or refute concerns identified previously
12. Legal considerations; MCA, MHA, DOLS, Care Act, Police involvement
Agree lead agency for further detailed action or investigation
13. Consider any new concerns which may have been received during the review
14. **Threshold decision making:** does the threshold for a Quality Review continue to be met as defined in section 4 of the Provider Quality Support Policy?
15. If consensus that Quality Review thresholds have NOT been met: next steps as below are to be taken
16. Meeting to consider and agree what quality and improvement actions with appropriate

agencies need to be undertaken.

17. Debrief process – inter agency, legal owner / director / provider staff, affected adults / family / representatives / advocates, staff involved in the review, senior management, commissioners, media, internal.
18. Close the Quality Review
19. If the consensus is that Quality Review thresholds ARE continuing to be met: next steps as below are to be taken
20. Agree and summarise identified areas of concern
21. Discussion with provider as to how they will work to address these areas. Update Service Improvement Plan, ensuring immediate risks are identified and addressed, timescales, who is responsible for completing actions
22. Agree actions for other agencies, again ensuring any immediate risks are identified and addressed, timescales, who is responsible for completing actions
23. Review the level of escalation as defined in section 4 of the Provider Quality Support Policy (Quality Review Threshold Guidance)
24. Determine if appropriate to request a Provider Self-Assessment Form
25. Decide whether to serve or lift a Contract Default Notice, Persistent Default Notice or Serious Default Notice
26. Consideration as to whether an Advisory Notice or Suspension of Placements is required, should be continued or lifted
27. **Threshold decision making:** has the threshold for whole service safeguarding potentially been met as defined within Section 4.1 of the Safeguarding Adults Operational Guidance Whole Service Enquiries (October 2016) guidance document?
28. If consensus that whole service safeguarding thresholds ARE potentially met: next steps as below are to be taken
29. All existing work / plans to continue until such time as a safeguarding enquiry confirms whole service thresholds have been met. Then all work to date to be documented by all

parties involved and passed to the relevant safeguarding hub. Close the Quality Review

- 30.** Communication – inter agency, legal owner / director / provider staff, affected adults / family / representatives / advocates, staff involved in the review, senior management, commissioners, media, internal
- 31.** Any other business
- 32.** Date of next meeting

Appendix 7

Care Homes with Nursing/Residential Care

Provider Self-Assessment Form

Please provide a summary of information for the below Quality Areas numbered 1 – 12

This form should be completed by (date for completion) and returned to (name and address / mailbox of where the document should be returned)

Any questions regarding completing this form please contact (name and contact details for any queries).

Guidance Notes

The Quality Areas - The Quality areas listed includes, for your information, detail of the part of the Health and Social Care Act 2008 regulations the Quality areas relate to.

The Criteria - The Criteria is a basic description of the required evidence that should be in place at the service and available for CQC inspectors and Commissioners to view on request.

In Place - Please indicate with a X mark in the box provided to indicate that the criteria is in place at the service, fully completed, dated and reviewed appropriately.

Not in Place - Please indicate with a X mark in the box provided to indicate if the criteria is NOT in place at the service, or has not yet been fully completed, dated and reviewed appropriately.

Date of Expiry/Review - Please complete this box with a date that the criteria may expire and/ or will be reviewed

Comments/Name of Contractor – Please provide any additional information/comments, including details of contractors who have provided evidence of how you have met the criteria. For example: Fire safety may have been provided by an external contractor (please give name of contractor) who has provided testing of equipment or training and has provided certification or receipts of work carried out.

Self- Assessment Service Improvement/Action plan - Please provide a summary plan (template shown for your use) which indicates, the quality area(s) and the actions to be taken to address any area(s) that you have identified as **NOT IN PLACE**. Please also include who the actions will be allocated to and the date you expect the actions to be completed.

Provider Self-Assessment Form

Care Homes with Nursing/Residential Care PROVIDER SELF-ASSESSMENT

Name of Care Home :		Registered places :	
Name of Proprietor :		Current email contact(s):	
Name of Manager :		Current CQC Rating and last inspection date:	
Management / Ownership Any changes within the last 12 months		Care Home Specialisms/Services:	

QUALITY AREA	CRITERIA	In Place	Not in Place	Date of Expiry / Review	COMMENTS/ NAME OF CONTRATOR
1. Insurances HSCA 2008 Regulations 15	Sufficient annual insurance in place				
	Public Liability Insurance on display				
2. Business Continuity and Emergency Plans HSCA 2008 Regulations 12, 15 and 17	Written Business Continuity Plan to include: <ul style="list-style-type: none"> Major incidents / road traffic accidents 				
	<ul style="list-style-type: none"> Pandemic, Infection control incidents 				
	<ul style="list-style-type: none"> Fire, Flood and Power Outages 				
	<ul style="list-style-type: none"> Inclement Weather 				
	<ul style="list-style-type: none"> Fuel shortage 				
	<ul style="list-style-type: none"> Security / Intruder alerts 				
	<ul style="list-style-type: none"> Emergency Evacuation 				
	<ul style="list-style-type: none"> Staff Shortage and how this will be addressed (i.e. less than 50% of planned staff not at work, in times of crises, such as due to epidemic.) 				
	<ul style="list-style-type: none"> Critical Equipment Breakdown or equipment not fit for use (e.g. passenger lifts where the home has more than one floor.) 				
	Contingency plans in place.				
Record of Business Continuity Plan review					
Emergency call-out and out-of-hours support arrangements available and accessible to staff					
PEEPS for Service Users including					

QUALITY AREA	CRITERIA	In Place	Not in Place	Date of Expiry / Review	COMMENTS/ NAME OF CONTRATOR
	summary for emergency services and staff				
	First Aid Kit (to include regular stock audit of contents)				
3. Providers Quality Assurance HSCA 2008 Regulations 12, 15 and 17	Medication Audit Record				
	Infection Control Audit Record				
	Nominated Infection Control Lead				
	Environment/ Building/ Grounds Audit Record				
	Kitchen Audit Record				
	Care Plan Audit Record				
	Assessment, care plan and review records in place for all service users				
	Call Bell Audit and Service Record				
	Service Users' Feedback and Evaluation				
	Families, Carers and other professionals Feedback and Evaluation				
	Staff Survey Feedback				
	Staff meetings				
	Resident meetings				
	Statement of Purpose / Service User Guide (updated and reviewed)				
	Current CQC Inspection Rating on display				
HSCA 2008 Regulation 20A	Complaints & Safeguarding contact info available and on display				
4. Incidents/ Accidents HSCA 2008 Regulation 12/ CQC Regulation 18	Are outcomes of Incidents/ Accidents (including any Action Plans) reviewed (at least annually) to identify trends				
5. Complaints HSCA 2008 Regulation 16 and 20	Are outcomes of Complaints fed back to complainants and reviews completed (at least annually) to identify trends				

QUALITY AREA	CRITERIA	In Place	Not in Place	Date of Expiry / Review	COMMENTS/ NAME OF CONTRATOR
6. Health and Safety Compliance HSCA 2008 Regulations 12 and 15	Sufficient PPE for all staff				
	HSE Health and Safety Poster updated and visible to staff				
	COSHH information available and chemicals stored securely.				
	Clinical Waste contract in place				
7. Equipment HSCA 2008 Regulations 12 and 15	Passenger Lift(s) service Certificate				
	Stair Lift(s) Service Certificate				
	LOLER Service Certificates				
HSCA 2008 Regulations 12 and 15	Manual handling equipment				
8. Environmental Health HSCA 2008 Regulations 12 and 15	Current Legionella Risk Assessment in situ				
	Water Temperature Checks and flushing Records				
	FSA Rating on display and Safer Food Better Business (SFBB) Documentation in situ or alternative appropriate documentation in situ				
9. Fire Safety HSCA 2008 Regulations 12 and 15	Fire Risk Assessment Annual Review				
	Fire Alarm Panel Service Certificate				
	Fire Equipment Service Certificate				
	Emergency Lighting Service				
	Annual Staff Fire Training Records				
	Fire Log – Record of in-house fire alarm testing				
	E-Cigarettes / Smoking policy				
10. Electrical Safety HSCA 2008 Regulations 12 and 15	PAT Testing Certificate				
	5 Year Building Wiring Certificate				
	Gas Safety Certificate Boilers				

QUALITY AREA	CRITERIA	In Place	Not in Place	Date of Expiry / Review	COMMENTS/ NAME OF CONTRATOR
11. Gas Safety HSCA 2008 Regulations 12 and 15	Gas Safety Certificate Kitchen				
	Gas Safety Certificate other e.g. laundry				
	Check of Engineer's Registration http://www.gassaferregister.co.uk/				
12. Policies HSCA 2008 Regulations 12, 15 and 17	Policies in place (reviewed, dated and signed) to support staff and staff induction:				
	▪ Mental Capacity/ DoLs				
	▪ Medication including:				
	▪ Controlled Drugs				
	▪ Covert				
	▪ Staff Administering of Medication				
	▪ Choking				
	▪ Nutrition including MUST tool or similar				
	▪ Safeguarding and Whistleblowing				
	▪ Infection Control				
	▪ End of Life including TEP and advanced care plans				
	▪ Mobility and Manual Handling				
	▪ Missing Persons Policy				
	▪ Falls Management Policy				
	▪ Incident/ Accident reporting				
	▪ Complaints and Concerns				
	▪ Emergencies and Crisis				
	▪ Confidentiality and Data Protection				
	▪ Information Governance				
	▪ Code of Conduct				
	▪ Gifts and Legacies / Professional Boundaries				
	▪ Recruitment and Induction				
	▪ Supervision and Appraisal				
HSCA 2008 Regulations 12 and 15	▪ Staff Training				
HSCA 2008 Regulations 12 and 15	▪ All Registered Professionals employed hold current effective registration status				

I declare that the above provider self-assessment return is a true representation of the home's current

Date: 04/08/2017

Version: Final Draft v7

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position.	
Signed:	Date:
Role	

Self assessment - Improvement (action) plan				
Quality Area	Action(s)	Allocation(name of person allocated to complete this work)	Due Date	Completed