Quality Standards Framework

Hull City Council

Provider Information

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Contents

1. Overview

1.1 We aim to work jointly with providers in an inclusive manner that provides good outcomes for people. The expectation is for all stakeholders to support continuous improvement, striving towards excellence.

1.2 Where practise requires improvement we will work with providers using a variety of support tools to support improvement. However, where providers fail to meet required standards we will take action as necessary.

1.3 The Contract Performance and Quality Team (CP&QT) are part of the wider Adult Social Care (ASC) commissioning function, which also includes the Commissioning Team and Brokerage Team. Together they ensure that services are commissioned, serviced and monitored to not only meet the contractual requirements but more importantly meet the outcomes of people using them. For example, the CP&QT support the Commissioning Managers in the delivery of a Commissioning Strategy and advise on commissioning activities based on market intelligence, including information from regulators such as the Care Quality Commission (CQC) and other internal/external agencies such as Safeguarding, Locality Teams, Clinical Commissioning Group (CCG), Healthwatch. (Please see appendix 1. CP&QT Process Workflow Flowchart).

1.4 The key elements of this framework are a comprehensive set of quality standards and key performance indicators (appendix 2. CP&QT Quality Standards and Key Performance Indicators) against which all commissioned ASC services are measured (these standards are based on the 'ASC Quality Matters' document published in 2017[1])

1.5 The framework also relates and cross references the following documents;

- 'Four Pillars' of Quality Assurance document published by Association of Directors of Adults Social Services (ADASS) Yorkshire & Humber Region
- Care Quality Commission – Key Lines of Enquiry[2]
- National Institute for Health & Care Excellence (NICE) People's experience using adult social care services Quality standard [QS182] Published date: February 2019[3]

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[1] (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643716/Adult_Social_Care_-_Quality_Matters.pdf)

[2] (https://www.cqc.org.uk/guidance-providers/adult-social-care/key-lines-enquiry-adult-social-care-services)

[3] (https://www.nice.org.uk/guidance/qs182/chapter/Quality-statements)

1.6 To enable a clear and transparent understanding of how the Quality Standards can be achieved and how they will be measured a risk rating system has been developed against which services are scored.

1.7 This framework supports and promotes continuous improvement in terms of ASC service delivery by both in-house and external providers and enables the Council to track and predict the performance of all contracted services in a consistent manner, including those services provided by the voluntary, third and private service sectors. It also provides clear guidance to providers of those services as to the range of measures available to the CP&QT based on their service(s)' risk rating(s). This could include issuing a remedial action plan or conducting validation work for medium and high risk services.

1.8 The CP&QT Officers hold a service area portfolio and have an individual delivery plan that contributes to the overall team responsibilities for contract performance and quality. (Appendix 3. CP&QT Evaluation Workflow Flowchart)

1.10 Officers are responsible for assessing standards of service delivery, providing objective feedback and putting in place appropriate improvement and mitigation plans and working with strategic partners where necessary.

1.11 Officers will work with the manager to escalate, where necessary, performance issues and concerns so that non-complaint providers can be managed under the agreed protocol. Officers will also work with providers to share good practice and quality in order to contribute to the principle of continuous improvement across services.

2. Quality Standards

2.1 The Quality Standards are a set of 9 standards against which all ASC commissioned services are measured. The standards are not weighted and the number of quality standards met by a service is an indicator within the risk rating calculation for that service. The standards are focussed on that services' ability to meet the needs, preferences and choices of the person.

2.2 The Quality Standards are formulated from the 'ASC Quality Matters' document that has been recognised as the paramount document to meet the needs of individuals from all agencies involved within the Social Care Sector.

2.3 The principals supporting this (based on the ADASS 4 Pillars of quality assurance) are;

2.4 **Intelligence** - sources/capture and crucially, used as an evidence base to inform quality improvement related actions.

- As a minimum, commissioners should operate a RAG rated system approach to identify risk areas in order to prioritise quality assurance and review visits. This should include feedback from sources such as Fire Service, Service Users and Family/Carers, Complaints as well as Concerns. Also intelligence from Elected Members, Community Nursing and Care Management Staff.
- Commissioners should have a system of capturing customer feedback from the services they commission which informs their contract review. This intelligence should provide a 'real time' indicator of how good services are.
- Care home providers should be utilising the Care Home Capacity Tracker to aid occupancy and capacity analysis.

2.5 **Whole system** - the extent to which partners – CQC, CCG, IPC, Healthwatch providers etc. are involved/link in e.g. provision and exchange of intelligence, any routine/periodic meetings/forums to discuss, action plan etc. join visits/working etc.

- Quality standards are clear and set out what good care looks like.
- Provider visits, support and interventions are responsive and proportionate to the needs of individual organisations' requirements and are based on a range of intelligence from different sources, taking into account the quality and experience of the leadership of a service or organisation together with the CQC ratings especially around safe/well led for that service.
- Commissioners maintain good and effective working relationships with partners for the sharing of intelligence and quality assurance activity supported by a provider forum or similar.
- Commissioners have robust provider involvement (co-production) structures in place e.g. providers are involved in production of the Market Position Statement and designing future contracting arrangements.

2.6 **Process/systems** – the framework which underpins delivery of the quality review/ improvement work and how systematised it is to support consistency/ standardisation of approach e.g. triggers for actions, proforma/ documentation, allocation of work etc.

- Commissioners should ensure they operate a system where they can gain a good skills and knowledge base across the services they operate. This could include undertaking 'back to the floor' visits for commissioners to understand more about how the provider implements the requirements of the service specification.
- Commissioners should have in place a local market failure protocol which has been developed in conjunction with providers, health partners and CQC and is reviewed accordingly.
- Frequency, complexity and length of review visits to providers should be proportionate to the size, value and risk assessment of the commissioned service and a clear rationale in place. A realistic portion of these visits should be unannounced.

- The Quality Assurance process will be inclusive and supportive of care providers and reflect proportionate, responsive actions required to support each provider.
- Commissioners require all providers to undertake self-assessments – either to inform compliance visits or in between compliance visits.

2.7 **Resources** – essentially the quality improvement/review staffing levels to undertake the work (this is important as this will probably influence and impact on the design and delivery of Process/ systems e.g. things like the number/ frequency of contact/ visits), recognising that it is not intended to determine what an appropriate level of resource should be, but to contextualise and inform this work.

- Commissioners should have a sufficient number of recognised skilled staff in place to undertake quality assurance of services along with compliance and have in place a recognised structure to deal with quality assurance and review. This is particularly so in the case of services which are commissioned jointly with health or other partners.
- Commissioners have put in place systems to ensure that commissioning activity and provision is of the highest standard possible, providers are supported to improve and service users are safe.
- Commissioners have systems and resources in place to ensure that the communication of outcomes arising from quality assurance activity and safeguarding are linked and vice-versa. This should not be limited to Section 42 concerns but to safeguarding issues more generally or where numerous low level concerns are received.

2.8 The methods used by the CP&QT to determine whether a service has met or not met each quality standard are shown under each standard so that providers of those services are aware of how the CP&QT will determine whether they have met those standards.

2.9 Similarly aligned to the Quality Standards are the 'Think Local Act Personal' (TLAP) 'I' statements, and the NICE Quality Standards & Statements. The statements are not exhaustive. These are further supported by the contractual requirements of the relationship between the Council and provider. This provides clarity that each standard is supported by at least one or more contractual requirement.

3. Process

3.1 A key method in determining whether a service has met the Quality Standards, as well as measuring the service's performance against the contract (where one exists), is a quarterly cycle of data and information submission (appendix 4. CP&QT Provider Information Collation). This is to be submitted by all providers delivering services, reviewed by Officers using a similar collation of data (appendix 5. CP&QT Information Collation). This will be accompanied by a quarterly cycle of person, carer and/ or family member engagement (appendix 6. CP&QT Person Conversation) conducted by the CP&QT. Datasets submitted by the providers will be linked to the contract between the Council and the provider for that service (where one exists) and the Quality Standards.

3.2 The data will then be discussed at a quarterly cycle of meetings with each provider (held at the service(s) delivered by the provider) together with any risks, issues or challenges of which the team are aware and/ or the provider is facing in delivering the service(s). (Appendix 7. CP&QT Provider Quarterly Meeting Agenda)

3.3 In addition to data and information from Providers, any data and information relating to the services in scope received from other Council Teams/ Departments such as Commissioning, Brokerage, Safeguarding, Housing and Locality teams, as well as other agencies such as the CQC, CCG, Healthwatch, etc. will be desktop reviewed by Officers. This information is predominantly communicated to the CP&QT via the use of a concern form to ensure a robust review trail; however, information could also be received at Boards such as the Integrated Contracts Review Group. Information received is directly linked to indicators in the risk rating calculation for a service i.e. level and type of safeguarding concerns.

3.4 The team also responds to concerns and complaints submitted as part of the ASC Complaints process. Intelligence received via this route would constitute a concern and so will be directly linked to indicators in the risk rating calculation.

3.5 Provider forums are organised by the CP&QT for all service types in scope. These enable groups of providers delivering the same types of service to meet on a regular basis to receive information from Council departments and external agencies, to network and share best practice. Providers' attendance and their communication at these forums are directly linked to indicators in the risk rating calculation.

3.6 Whilst the CP&QT will retain responsibility for reviewing provider performance and quality against the Quality Standards and contracts, the team's focus moving forward will be on supporting and advising providers, working with them to deliver good quality services across Hull.

4. Risk Rating System

4.1 To enable the efficient use of available resources and ensure that all services in scope are robustly monitored, the team will use the Risk Matrix (appendix 8. CP&QT Provider Risk Rating) to calculate a Risk Rating for each ASC commissioned service, on a minimum quarterly basis after the meeting with the provider of that service. The risk rating may be revisited more frequently i.e. upon receipt of a concern from the Safeguarding Team or another agency.

4.2 Ratings to be used are low, medium, high or extreme. The risk rating will be communicated to the provider of the service and others such as Commissioning, Safeguarding, CQC, CCG etc. as required.

4.3 Risks affect everyone: people, staff, families, providers and other stakeholders. Risks are something that might happen in the future to prevent achievement of an outcome or objective, which may impact on the quality of a service – or the wellbeing of the person.

4.4 Risk Management is a planned approach to identify, evaluate, manage and control those risks by working with providers and people and other stakeholders involved in that person's life or care.

4.5 Risks and their consequences should be considered by everyone at all times. If there is a change of any kind that has an impact on service delivery or in meeting a person's needs, then the associated risks should be evaluated and any new risks identified.

4.6 In particular, providers should clearly evidence those risks - and include a risk assessment to manage those risks - whether that be changes in continence needs, skin care, mobility, behaviour and so on.

4.7 With regards to Performance and Quality, the level of intervention may escalate or de-escalate based on the findings of an Officer – and any other relevant agencies and regulatory bodies. Therefore, an officer undertaking an assessment of the provider submission or at a review needs to evaluate any potential or perceived risks being presented against each Quality Standard or Service outcome. This will also take into account peoples wishes (positive risk taking) and the quality of support and policies already in place.

4.8 Officers will consider 3 areas when evaluating risks:

1. What is the risk that needs to be treated? The risk needs to be defined at a level to which it is going to be managed, and owned." Something unexpected might happen" is too high-level and cannot easily be managed. The risk needs to be the root cause of the issue and can have multiple actions.

2. What existing controls are in place? The likelihood and impact of the risks need to be considered after the existing internal controls and general ongoing

management and systems have been evaluated as to their effectiveness. Reviews can help in identifying if existing internal controls or external support is sufficient. Once identified, the risk and having considered existing controls - and given the risk a score - a determination of any additional actions are required.

3. What level of Risk is acceptable? There will need to be a consideration of what is acceptable, and the levels at which providers intend to manage that risk down immediately or over time. This will help develop the most appropriate mitigation when developing Service Improvement Plans (SIP) or Remedial Action Plans (RAP). When considering actions, robustness of existing or additional controls needs to be balanced against the potential consequences if the event occurred. The cost of implementing and operating a control should not normally exceed the benefit.

4.9 Risk Rating

LOW	Officers may meet with the providers every quarter and review.
MEDIUM	Officers will meet with the providers every quarter and undertake a focussed review of the Quality Standards not being met, and support the provider by agreeing a Service Improvement Plan (SIP) to reduce to LOW.
HIGH	Manager/Officers will meet with the providers as required (determined by the SIP) and undertake a focussed review of the Quality Standards not being met by means of a RAP and/or suspension of the service. Should the risk rating remain the same or if there is no significant improvement then termination of the contract may be enacted.
EXTREME	Manager/ Head of Service (HOS) will meet with the providers as soon as possible to ensure the safety and wellbeing of people and instigate business continuity protocols.

4.10 The risk rating will indicate any further action to be undertaken by officers to ensure that the Quality Standards are maintained, enhanced and where necessary to support the provider.

5. Performance

5.1 The review may be ‘announced’ or ‘unannounced’ and follow the same initial process (appendix 9. CP&QT Review Process Flowchart). Upon arrival the officer/s will introduce themselves and request to see the Registered Manager, or if unavailable then the most senior person on duty. The officer/s will be professional and courteous at all times. Upon following the providers’ signing in and Health & Safety procedures for visitors they will then meet with the Registered Manager (or other nominated person) and confirm their presence and the area/s to review.

5.2 For announced reviews, or where an in-depth review is required, a notification email/letter will be sent at least 10 working days prior to the date of review. This will confirm the details of the date and approximate time, who will be attending, the reason for the review and an outline of the information to be reviewed. This will also assist providers with any preparation to ensure a true reflection of practice is assessed and recorded on the day of the review.

5.3 Where the officer/s request to meet with staff they will indicate the number and approximate time to be available. The provider will decide the staff to attend unless specified by the officer/s. If the officer/s have to re-schedule the date/time they will contact the provider as soon as possible and arrange a mutually agreeable date time within 10 working days of the initial review date.

5.4 For unannounced reviews the officer/s will make a random selection of information against the service outcomes they want to evaluate, based on local or national trends, or any issues raised.

5.5 The provider must ensure information is accessible to staff and management and when requested by the officer/s, information should be presented on the day of the review in order that they can complete in a timely and effective manner. With the least disruption to the provider service.

5.6 Officer/s may accept policies and procedures being sent at a later date at their discretion, for instance where the provider's staff and/ or management can't access the information at the time. It will not be possible for officer/s to return to consider any documentation that was not made available at the time of review or prior to the next review. However, a desktop validation (information sent to Officers) may be considered, but only under extenuating circumstances, and agreed by the Manager.

5.7 The process will involve collecting all the information and overall judgements of whether the outcome is "met", or "not met". If information and evidence has not been made available for these judgements in the timescale requested, it will not be possible for the officer/s to judge an outcome as having been met.

5.8 The team will also respond to concerns and complaints received and act upon them independently of the Quality Standards framework.

5.9 They will work within the time constraints of the complaints process and responding to the complainant ensuring that their expectations are managed to enable a satisfactory outcome. Where this cannot be achieved then the complaint is to be escalated in line with the complaints procedure.

5.10 Providers must be able to evidence how they meet all of the Quality Standards and outcomes reviewed by officer/s.

5.11 The CP&QT approach is to collect the detail that provides robust evidence that Quality Standards and service outcomes or a person's defined outcome (as detailed within their Support Plan) is being satisfactorily met; and that the

provider has the relevant systems and processes in place to meet those outcomes.

5.12 The CP&QT will focus on the personal experience of people using commissioned and contracted support or services. . A person centred approach seeks to promote outcome-focussed practice on the front line of health and social care. Officer/s will select a number of Quality Standards, which may be highlighted as priority areas.

5.13 The Quality Standards chosen to be reviewed by the officer/s may also be influenced by a wide range of local intelligence from partners, CQC, Healthwatch, Safeguarding, Locality Teams, Health Officials – as well as people, families and carers (internal and external sources) .

5.14 Feedback from person surveys, questionnaires or interviews will also be used to direct officer/s when undertaking reviews.

5.15 On completion of the review a verbal update by the officer/s to the provider will be given. This will detail what has been evidenced by the provider and, where applicable, observations made during the review. This will be recorded and signed by both the Officer and provider representative.

5.16 The Review Report will be issued to the provider within 10 working days. The provider will be given an opportunity to comment on the content of the report and request factual changes based on the evidence that was seen on the day.

5.17 If the officer/s and the provider cannot agree the content of the report, the provider may make representations to the Manager and/or HOS who will consider the evidence. A judgement will only be made on the presenting information - not additional information presented after the date of the review.

5.18 If the provider cannot satisfy a service outcome, a SIP (appendix 10. CP&QT Service Improvement & Remedial Action Plan Flowchart) will be developed and agreed with the provider to achieve the standards to improve the service.

5.19 The timescales for the change must not put people at risk; time frames may be reviewed and any issues in meeting those deadlines highlighted by providers to ensure the pace of change does not impact on the quality or safety to people they provide a service to.

5.20 Both officers and providers must ensure that consultation with people and stakeholders about any changes in services, or changes to the standards of those services, is undertaken and recorded.

5.21 Where performance and quality issues pose a risk to people, or where a SIP continues to be unsatisfactorily met, the CP&QT may consider issuing a RAP and/ or suspend or terminate/ de-commission services in order to safeguard people.

6. Suspension & De-commissioning

6.1 Officers, Manager and the HOS will follow the Suspension and De-commissioning protocol as follows (appendix 11. CP&QT Suspension Process Flowchart);

6.2 As a result of safeguarding concerns officers may undertake a focused review visit whereby they will select specific outcomes relating to the safeguarding issues in order to identify areas of immediate improvement, or to evidence good practice, for example in the administration and handling of medication.

6.3 Depending on the risk being presented to the person as a result of the poor quality of care and or safeguarding alert, a specific timeline will be set by the officer/s in which the matter should be resolved based on the initial CP&QT Review Report.

6.4 All suspensions of services are to be endorsed by the ASC HOS following submission of the recommendation by the Manager. A consideration that must be taken into account is the market stability and potential reduction of service provision. This will include the Operational Performance Escalation Levels (OPEL) which potentially impacts partner agencies such as the NHS. The provider will receive a formal letter and action plan within 7 working days. The Care Quality Commission (CQC), Commissioners, Safeguarding and other associated agencies as necessary will be informed via a Suspension Alert.

6.5 The CP&QT reserves the right to invite other statutory agencies such as CQC, partner agencies such as the CCG and/or other internal departments, such as Safeguarding, Public Health etc., to support a joint review, where poor quality has been identified that impacts a number of areas of the service.

6.6 Feedback from providers is welcomed as part of the improvement and lesson learning process and a provider Feedback Form (appendix 12. CP&QT Provider Feedback Template) will be circulated following the quarterly review meetings, reviews, remedial action plans and/ or suspensions.

Suspension of Service Protocol

6.7 ASC contracts with a number of care homes, care homes with nursing, homecare and non-residential care services, including supported living and consultancy services. To be included within one of the Framework Agreements the provider must submit an accreditation, with supporting documentation, and an evaluation process is completed, pending a procurement process. In some instances it may be necessary to consider suspending a provider from a Framework Agreement, for example providers for whom there are verified issues of performance arising from the CP&QT review process or from other bodies such as CQC.

6.8 The purpose of this document is to make the process for a suspension of services open and transparent to Hull City Council (HCC) staff and providers.

6.9 Suspension of services is seen by HCC as a last resort and even when a suspension is implemented, apart from the most serious circumstances, HCC's intention is to work with the provider via an agreed SIP, or if not agreed then a RAP, to improve the services to a level where the suspension can be lifted. The action plans will contain a timeframe for the improvements and also for reviews of the suspension by the Council.

Suspension Process

6.10 CP&QT will consider suspension if there are major grounds of concern which prejudice the effective operation of the provider or are so serious as to prejudice the provider's future viability as a contractor. This will be based on the Quality Standards Risk Rating being HIGH or EXTREME based upon the following;

- Providers for whom CQC have raised verifiable concerns about compliance with essential standards.
- Providers where a number of complaints have been received, investigated and upheld by the Council.
- Providers where a number of safeguarding issues (or a significant adult protection issue) have been investigated and found to be substantiated. It is acknowledged that the number of issues raised, particularly where they have originated from the provider themselves, is not in itself a reason for suspension. In fact, a large number of alerts from the provider may be a positive response on their part showing awareness of safeguarding issues. Also, in cases where issues have been substantiated the remedial action taken by the provider will be taken into account.
- Concerns identified during the evaluation process, financial irregularities, lack of insurance, etc.
- Contract performance issues, which are serious and recurring.
- A combination of any of the above.

6.11 In these instances consideration will be given to the circumstances leading to complaints or safeguarding investigations to ensure this is not related to changes in reporting practices within the provider organisation or other reasonable explanation.

6.12 A suspension could also be applied to a provider with whom we are not currently working with, i.e. there are no current placements, but where they have been included onto a provider list and there are significant concerns.

6.13 A suspension would also be applied where the host local authority for a provider on the provider list has decided to suspend the provider.

6.14 The process will also be initiated by receipt of information that is verified by the CQC relating to non-compliance with essential standards or where there are

concerns relating to complaints, safeguarding issues or others detailed in this process.

6.15 CP&QT, Commissioning and Procurement will routinely collate information regarding major concerns from operations staff, Brokerage, CQC, other local authorities etc., as well as feedback from internal staff working closely with the provider. We will also collate information regarding all homes/offices of the provider (both within and outside HCC boundaries) to identify whether the same issues may be present elsewhere in the provider organisation.

6.16 All communication within the ASC regarding the consideration of the provider's status and any subsequent suspension will be channelled through the CP&QT once authorisation is obtained by the Head of Service leading the CP&QT. This will prevent any duplication or crossover of information.

6.17 ASC Managers, Safeguarding Officers, Commissioners and Procurement Officers will liaise regarding identified concerns. ASC Departmental Management Team (DMT) will be kept informed of any action taken by the CP&QT regarding the suspension.

6.18 The provider will be invited to a meeting with the CP&QT Manager and Commissioning Manager (and other agencies, which may include other local authorities currently purchasing services from the provider, CQC, etc., if appropriate) to discuss the situation. The provider will be asked to share their proposals for improvement in the service. In all but exceptional circumstances, information will be shared with the provider prior to the meeting regarding the reasons for the consideration of the suspension.

6.19 Discussion will take place between operational staff, Commissioners, CP&QT and the provider regarding the appropriateness of informing people receiving the service and family members. Where it is agreed that People and their families should be informed, providers will be expected to undertake this task. However operational staff, Commissioners, and CP&QT will work with the provider to agree wording of this communication.

6.20 The progress of the provider will be reviewed within the agreed timescales which will have been communicated to the provider. This will allow the review of improvements and consideration regarding the ongoing suspension.

6.21 All meetings held to discuss concerns and actions to be taken will be recorded, in writing, and will be shared with the provider within 10 working days of the meeting.

6.22 If it is felt that it is necessary to suspend the provider, either as an initial step to ensure the safety of people or following lack of progress in achieving an improvement plan, the CP&QT will, in consultation with the HOS make a recommendation to DMT, which takes into account the views of operational staff. This recommendation will detail whether the suspension relates to new placements or whether alternatives should be considered for those people

already placed. Also, where a provider has more than one care home, homecare operation or other social care service, consideration may be given to the possibility of the issues leading to the suspension affecting their other homes, offices, services and whether these homes, offices, services will also be suspended from the list. Where the views of operational and contracting staff differ both views will be provided to the HOS/ DMT for a decision.

6.23 When considering the suspension, it will be determined whether respite or short term packages can proceed. Where respite/short term packages have already been planned/received, and where making alternative arrangements would be detrimental to the person in receipt of the service, i.e. additional confusion/agitation for someone with dementia, permission may be given for these placements to proceed by the Manager/HOS. This will be considered on a case by case basis.

6.24 Where a suspension is agreed, the provider will be notified in writing, and timescales for reviewing the situation will be specified. Other local authorities in the local regions plus any purchasing services from the provider will be notified of this decision.

6.25 The CP&QT and operational staff will agree the review process and keep each other informed of progress or any additional concerns. The CP&QT will maintain regular contact with CQC and monitor any changes in the provider's status, where relevant.

Appeals Process

6.26 The provider will be given five working days to appeal against the decision to suspend from the provider list, with any appeal being made in writing to the HOS in the first instance. If the provider appeals against the decision by the HOS, the information regarding the decision will be provided to the ASC Deputy Director (ASCDD) for further consideration.

6.27 The decision of the ASCDD will be shared with the provider within 10 working days of receipt of the appeal. This decision is then final. In the absence of the ASCDD then two Heads of Service will be consulted.

6.28 The appeal process does not include appeals made in circumstances where a suspension of service has been made as a result of serious safeguarding.

Lifting of a Suspension

6.29 While a suspension is in place the situation will be reviewed on a regular basis. This will include reviewing people's needs against the support plan held by the provider and by giving people and/or their relatives/carers an opportunity for private discussions with a member of staff from health and ASC. If it is felt that the provider has made sufficient improvements and this can be evidenced using the RAP/RAP2 which will have been communicated and clarified in all circumstances with the provider at the commencement of the suspension,

the Manager will make a recommendation to lift the suspension to the HOS/DMT.

6.30 Consideration will be given to a complete removal of the suspension or phased lifting, where the numbers of new placements would be restricted. Where providers have made improvements, close review may be required to ensure standards are being maintained in the longer term.

6.31 If the suspension is lifted the provider will be notified in writing and the suspension will be removed from the provider list. The CP&QT will notify operational staff and other interested parties that the suspension has been lifted.

6.32 If the lifting of the suspension is not agreed by the HOS/DMT, officers of the Council will continue to work with the provider.

6.33 The Manager will update the HOS/DMT at regular intervals and will continue to monitor the situation regarding the lifting of suspension.

7. Contingency planning process for closure of service provision

7.1 This document details the process followed when there are serious concerns regarding the potential closure of a service. This applies to all providers that ASC have a contract with for a service. (Appendix 13. CP&QT Decommissioning Process Flowchart)

7.2 **Assess Risk to the Service** - Identify the nature of a potential risk and whether it is based on:-

- Substantiated or unsubstantiated information
- Early notice given by the provider
- The suspension or removal of placements/packages by the Council and other funding agencies due to loss of confidence/ performance in the provider.

7.3 **Identify People in receipt of Service** - Identify the number of people accessing the service and, where possible, gather information in relation to their names, dates of birth, addresses, assessed needs and next of kin. Information will be collected as far as possible in terms of the number of self-funding people currently accessing the service and who may need support at this time. This could be an estimate based on the number of registered beds and the number of people placed by HCC or information from the attendance register. If

appropriate, a formal request can be made to CQC, via the CP&QT to obtain a full list of people in receipt of the service.

7.4 **Identify a Core Group** -Where there is potential for people to be displaced from the service a Core Group should be established. Depending on the nature and size of the provider/ service and the circumstances this may include:

- DMT Representative
- CCG Representative
- CP&QT Manager
- Locality Team Manger
- The Lead Procurement Officer
- Safeguarding Officer

The Core Group will be made up of as few people as possible so that discussions can be focussed and not unnecessarily time consuming. A member of the core group will be identified as the lead to coordinate with other local authorities, CCG, CQC, Police and any other relevant agencies.

7.5 Communication Strategy

A communication plan will be developed which will include the time and manner in which people and their families/carers are notified of concerns, and details of communication methods and timescales for updating the Corporate Director (ASC), Portfolio Holder, other Elected Members as well as all other stakeholders. Consideration will also be given to the requirements for any press releases and as such the HCC corporate media team will also be engaged.

The communication strategy of the provider should be obtained, where possible, to ensure that information is shared from either party in a planned way and people can be referred to either party for additional information, in order to minimise any potential anxiety for people and their families. The Core Group may allocate a Team Manager or Social Care Assessor to attend people/family meetings to offer any assistance.

7.6 Options Appraisal

Options for service continuity will be considered by the Core Group, in partnership with other funding agencies, where appropriate.

7.6.1 **Care Homes** - options may include:-

- Vacancies in alternative care homes, including elderly people's homes (EPH) will be considered.
- Where occupancy levels are being reduced in an EPH due to being earmarked for closure, and where the site is not needed immediately for redevelopment, consideration will be given to the use of this site as a temporary measure to keep people safe.

- Where the service is a nursing home, the CCG will be asked to consider similar arrangements within assessment units or recently closed wards.
- Consideration will be given to offering management input, direct care support or direct nursing support, including increased District Nurse input, to maintain the service in its original setting until such a time as alternative arrangements can be made.

Any of these options will be discussed fully with CQC to ensure that they accept the position and no course of action would breach regulatory requirements.

7.6.2 **Homecare** – options may include:-

- Capacity within other local services will be monitored.
- Include any other in house provision.
- Care home vacancies will be monitored in case short term residential care is required to maintain peoples' safety.
- Other sources of support i.e. increased voluntary visiting or telephone contact to identify the priority for personal visits.

7.6.3 **Community Based Care Services** – options may include:-

- Consideration to the nature of the service and the risk posed to individuals if the service is ceased or postponed for a short period.
- Telephone contact may be made with people to discuss the situation. Individual contingency plans may be required.
- The possibility to relocate a service, on a temporary basis, utilising non-residential staff, in the short term.

7.7 Even at short notice, the aim should be for people to be able to move to alternative services in a planned fashion and with the minimum disruption and distress.

8. Service Provider Forums

8.1 All providers will have a forum in which to discuss and highlight not only concerns but be an arena for sharing information and good practice. These will be initially organised by ASC with the intention that the Forums will be co-produced with providers. The draft Forum 'Terms of Reference' will be disseminated to all providers within each Service Area to consider and comment on with a view to agreeing (by a majority present) at the first or second meeting.

8.2 Each Forum will be followed by an opportunity to feed back to ASC formally to ensure that the aims of the forum are met and that any actions required to be undertaken to improve 'quality' aspects are completed in conjunction with providers.

9. Summary

9.1 This Quality Framework is the basis of continuous improvement and will be reviewed annually, or as a result of changes to legislation/good practices where required. The aim is to support, promote and embed excellence in care.

10. Contacts

ASCContractsPerformance&Quality@hullcc.gov.uk

11. Appendices

Appendix 1. CP&QT Process Workflow Flowchart
Appendix 2. CP&QT Quality Standards & Key Performance Indicators
Appendix 3. CP&QT Evaluation Workflow Flowchart
Appendix 4. CP&QT Provider Information Collation
Appendix 5. CP&QT Officer Information Collation
Appendix 6. CP&QT Person Conversation / Engagement
Appendix 7. CP&QT Provider Quarterly Meeting Agenda
Appendix 8. CP&QT Risk Rating Matrix & Schedule
Appendix 9. CP&QT Review Process Flowchart
Appendix 10. CP&QT Service Improvement & Remedial Action Plan Flowchart
Appendix 11. CP&QT Suspension Process Flowchart
Appendix 12. CP&QT Provider Feedback Template
Appendix 13. CP&QT Decommissioning Process Flowchart