

Development of Bracknell Adult Social Care Quality Assurance Framework

Outline of Proposals

Principles

1. Our working definition for the Quality Assurance Framework (QAF), is “a set of principles, structures and processes that defines what quality is, how it will be measured and how it will be improved”.¹
2. The primary purpose of the QAF is to raise the quality of services, as experienced by the people receiving those services. Participation of the QAF as set out here should be made a condition of contract with Providers.
3. The Council is not the regulator of care services – that is the Care Quality Commission (CQC). The QAF is designed to act a complementary set of measures to the regulatory framework as provided by CQC rather than a duplication. The Council is well-placed as the local commissioner of services to stand as an intermediary between providers and CQC – supporting providers to help them meet the regulatory requirements while also acting as a primary source of information for the Commission where practice is thought potentially to jeopardise the health and wellbeing of people who use services. The QAF is the proposed way that the Council seeks to fulfil both functions.
4. There are 2 versions of the QAF – a “standard” version which applies to all registered services and other similar services such as supported living (except those detailed in Para 5 below), and a “lighter-touch” version which applies to most non-registered services where the Council funds the service on a recurring basis over and where the funding is above a threshold of £5K per year.
5. Registered Providers should not be made subject to any of the elements of the QAF if they have 3 placements funded by the Council unless the following applies :

¹ The Quality Assurance Framework for Adult Health and Wellbeing Directorate Services, London Borough of Tower Hamlets, 2012.

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a) As an Out-of-Borough Provider it has not been possible to get assurance from the host Authority that the quality of services is monitored appropriately on a regular basis.

b) As an In-Borough Provider concerns have been raised about the quality of care provided or the performance information collated indicates that there may be quality issues.

6. As part of the QAF a number of tools have been developed to assist providers to raise the quality of their services :

These include the following :

A list of Mandatory Expectations. This is designed to be a simplification of current contract specifications, which makes it easier for Providers to ensure that they are meeting what is required of them and easier for the Council to check that this is the case. If these are not met then the continued use of that service will have to be considered by the Care Governance Board.

A set of statements as to what constitutes a good service. Providers will be encouraged to use this as a tool to review where and how they need to change in order to improve their service. It is an expectation that they will annually at least seek feedback from people receiving the service and those with an interest in their welfare, and these statements can also be used as the basis for framing such questions.

A self-assessment tool. This is a mechanism to enable providers to examine their practice in detail and identify further more specific ways in which they might improve, as well as prepare for inspections from CQC. The expectations are ordered in relation to CQC's Key Lines of Enquiry (KLOEs), which are the basis for the new Inspection Regime. It includes a notion of basic standards that all providers should reach and some additional standards that providers can aspire to if resources are available, and if they wish to position themselves as an "Outstanding" provider. The "mandatory expectations" which all Providers will be routinely assessed against are also included where these directly relate to the KLOEs. Two versions of the self-assessment have been produced. A standard version which aligns with the new CQC KLOEs, and a "lighter-touch" version for those subject to the lighter-touch QAF.

An Evidence Guide. This sits alongside the self-assessment and is to help Providers to consider how they could assure themselves that they do meet the standards set out in the self-assessment.

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A Service Development Plan template. As set out below – all Providers will be required to develop a Service Development Plan (SDP) as part of the QAF, and we have developed a template for them to use if they wish to (but is not obligatory).

7. Under the Standard QAF all Providers will initially be divided into 3 categories based on experience to date of working with them

Category 1 – Providers which have a history of being red-flagged or a failure to meet CQC standards in the past (or are subsequently graded as “poor”)

Category 2 - Providers where some concerns have previously been raised by Bracknell Forest staff or CQC Inspectors.

Category 3 – All other providers.

Additional information collected can lead to providers’ classification being changed. Responsibility for agreeing and reviewing this classification should be the responsibility of the Care Governance Board.

8. All Standard-QAF Providers will be subject to the following requirements :

- a) They will be required to produce and supply a Service Development Plan (or Improvement Implementation Plan as explained in para 9) at least annually. This can be a format of their own creation or using the QAF template developed.
- b) There is a limited amount of information that they will be required to provide on a regular basis
- c) They will be subject to an Annual Review which will have a set agenda, and will involve checking that the evidence is there that the mandatory requirements are being met.

9. Beyond this providers will be treated differently depending on how they are categorised, with a clear focus on helping Category 1 providers to meet the required standards of care.

For **Category 1** Providers the Council will look to agree a detailed Implementation Plan of improvements that are required over the next 12 months (this will replace the requirement to provide a Service Development Plan). This will involve all

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Mandatory Requirements being met within 3 months (although the Council reserves the right to require more rapid compliance). These providers will be encouraged to use the *Statements of What Constitutes a Good Service* as a basis to consider their operation and make plans for improvement in conjunction with the Council. This approach should involve at least 3 meetings and regular contact over the phone / email. Progress against the Implementation Plan will be monitored through communication with the Provider at least bi-monthly. At the end of the 12 months the Provider will be asked to complete the self-assessment alongside the Review Officer if it is felt that they are then ready for that. If not the Implementation Plan can be renewed for a further year.

Category 2 Providers will be sent the list of mandatory expectations, self-assessment and evidence guide. They will initially be asked to confirm as to whether they meet the Mandatory Expectations. A meeting will be held to check the evidence and at the same time to help explain how to use the self-assessment and the evidence guide. They will be invited to undertake the self-assessment in relation to *basic expectations* and using that they will be asked to draw up a detailed Service Development Plan, which will then be checked and if necessary a second meeting organised if the SDP is not felt to be adequate. The Council reserves the right to insist that a self-assessment is completed if it has not been. A further update on progress against the SDP will be asked for at least once during the year.

Category 3 Providers will have their attention drawn to all the tools provided under the QAF and asked to consider how they might use them but there will be no obligation. Compliance with the Mandatory Expectations will be checked at the Annual Review Meeting.

10. As part of the QAF, and in line with its market management duties as set out in the Care Act and associated guidance, the Council should aspire to making available to all providers access to a good-practice information bank with guidelines on how to meet the expectations contained in the self-assessment and links to other sources of advice and guidance available on the Web.

11. In relation to the lighter-touch QAF the principle is to introduce a degree of consistency into the way that quality is guaranteed or raised in relation to these non-registered services, and to base this upon similar principles to the QAF introduced for registered providers. There is a similar expectation that a Service Development Plan will be produced, agreed and reviewed. As part of the agreement of renew contracts or grant agreements providers are expected to confirm that they meet all Mandatory Requirements that apply to their specific service, and to confirm that the basic expectations either are met or will be within 6 months. Monitoring remains the responsibility of budget holders as now, but Contracts staff may be

called upon to do an “unplanned visit” if certain triggers take place. More detail is provided in a separate appendix (Appendix 8).

12. Service Development Plans are the key document and concept at the heart of the QAF, and all Providers are required to have one in place, except Category 1 providers who instead have to agree a more detailed Improvement Implementation Plan.

It is designed with 2 purposes in mind.

1. To facilitate an approach among providers of continuous improvement.

The very fact of going through the process of creating them makes providers think about what they need to do to improve the service they provide, and the requirement to report progress keeps management focus on these improvements.

2. To serve as an indicator of where further attention may be required by the Council’s monitoring team.

An organisation that has very limited intention or plans to improve is potentially one that requires further scrutiny. Even more an organisation that is continually missing their own targets in terms of implementation is also one that potentially requires further scrutiny.

A standard template has been devised but providers may develop their own format for approval. Any SDP is expected to cover any policies or procedures in need of development or review, any areas of performance where there is currently less than total satisfaction, any changes in practice required, any changes to staffing, any training and development needs for groups of staff, any requirements in terms of new resources, and new areas of work that the provider wishes to move into / explore. Ideally this template should be made available electronically, and be completed through a Portal. This would allow for providers to choose from a pre-determined drop-down list for certain questions, and come pre-populated with previous answers so only changes need be entered.

The Council has to agree the SDP. For Category 2 providers a proposed plan has to be submitted within 4 weeks of having been requested from the Council. This will be during the year. For Category 3 providers the SDP should be sent in 2 weeks

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before the date of the Annual Review so that the Council Review Officer can give it proper scrutiny in advance of the meeting.

In considering whether to approve the Plan the Council will take note of the following :

- Whether there are specified issues that the Council feels should appear in the Plan have not been included
- There are less than 2 identified issues that require some action
- There is no proposal to review any policies or procedures
- More than 50% of the date targets for implementation have been missed since the last submission
- There is only minimal change from the Development Plan produced 12 months previously

There is no hard and fast rule however as to what is required to constitute approval.

13. The standard agenda for the Annual Review should be as follows :

1. Validation of Mandatory Expectations
2. Review of Performance Indicators
3. Issues to be raised by the Provider
4. Information exchange in relation to developments in the local care economy
5. Review of Service Development Plan.

A standard format for recording the Annual Review should be produced.

14. One of the principles behind the QAF is for time and attention to be focussed on helping those providers who are struggling to meet basic standards to improve, and secondarily to focus work with other providers on those areas of practice where improvement is still required. One of the key ways of doing this is to ensure that the Council pools its collective intelligence about what is going on in Services. In particular to benefit from the intelligence gained by Care Managers carrying out individual reviews with people receiving services. This is partly about ensuring that any issues raised by those Reviews are compiled on a Service by Service basis as well as being recorded against the individuals. It is also about using these opportunities to collect feedback from people about the service being delivered and attempting to measure the impact

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of that service on their wellbeing. Proposals are set out in accompanying papers. This will require amendments to the Case Management System (Protocol).

15. A deliberate attempt has been made to try and minimise any additional information that a provider has to supply to the Council. Aside from what has already been explained domiciliary providers will be required to participate in the call monitoring system and this generates performance data. At the same time all registered providers are required to use the National Minimum Data Set to enter staffing information, and this needs to be made available as well (may require the Provider to transpose it and supply it to the Council). Information about incidents have to be communicated according to the terms of the current contract. On top of this the only proposed additional information that should be regularly requested is information about complaints and user feedback exercises undertaken.

16. It is intended that these different sources of information / evidence will be collected together in order to generate a performance dashboard in relation to each contracted Service within the standard regime.

The information captured within the Dashboard is intended to be as follows :

- Provider self-assessment (if completed)
- Provider Service Development Plan
- Provider Complaints Log
- Provider Feedback Data
- Provider Staffing Data (from National Minimum Data Set)
- Provider Electronic Call-Monitoring Data
- Individuals and Circle of Support Feedback Results
- Impact Measures
- Results of CQC Inspections
- Feedback from health and social care practitioners
- Care Governance intelligence on safeguarding alerts, incidents etc.

This will be updated in full for each Provider quarterly. It is hoped to find ways to do this that minimise the amount of effort involved.

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17. The Performance Dashboard will potentially have the following impacts (and will be regularly reviewed by the Care Governance Board) :

- Inform the discussion at the Annual Review
- Lead to issues to be raised with the Provider in terms of their Service Development Plan
- Lead to unplanned scheme visits in relation to specific issues.
- A re-classification of the Provider from Category 3 to 2 or from Category 2 to 1.

18. Concerns may well be raised during the year, either directly, or as a consequence of the result of the performance information requested. This may lead to the need for an Unplanned Visit to a service to review particular areas of practice. Depending on the issue raised it may be appropriate to give the Service notice of such a visit – up to 2 weeks. Again dependent on the issue raised asking for the evidence to support the relevant part of the self-assessment is likely to be part of such a visit.

19. The intelligence gained through the QAF will be shared as required with CQC and other local authorities, within a spirit of working together to improve service quality and people's experience of services. It is hoped that this will be a mutual and productive relationship.

Detailed Papers as Appendices

1. What Constitutes a Good Service
2. Service Development Plan
3. Mandatory Expectations
4. Self-Assessment Standard Framework
5. Self-Assessment Lighter Touch Framework
6. *Self-Assessment – Evidence Guidelines*
7. *Annual Review - Record*
8. Proposals for Lighter Touch QAF
9. Individual and Carer Feedback
10. Measuring Impact
11. Performance Dashboard
12. Complaints Log

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