Quality Improvement Protocol

A guide for Oxfordshire Social Care staff and external providers of care, support and education services

Contents

Introduction

Oxfordshire County Council has a duty to ensure the care and support that a person receives meets their needs is safe and of good quality. Where these support needs are met by external providers, Oxfordshire County Council will monitor their performance and work with them to make improvements.

The following pages outline how the council monitors services and the organisations that provide them, to ensure people receive high quality care.

Quality assurance is about culture and creating expectations for people providing services and for those using services. It is also about taking clear and decisive action where quality is not meeting standards. The council will monitor and work with providers to ensure that care and support quality is as high as possible, to share best practice and to provide support and guidance.

The key principles reflect an approach that is person-centred, intelligent, and supportive.
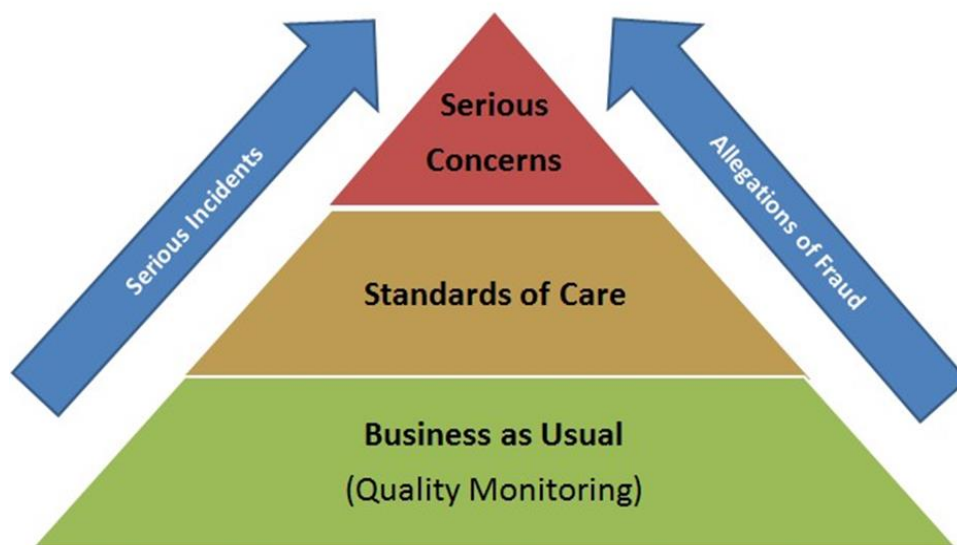
Quality Monitoring

The council's Quality Improvement Team undertake a range of monitoring interventions gathering performance data and where required conducting regular contract monitoring meetings. They will also conduct periodic on-site reviews and work with safeguarding, regulatory bodies, inspectorates, as well as commissioning and operational teams where there are issues of concern.

The team operate a 'traffic light' approach to providers where there are concerns.

Performance Data gathering

The Quality Improvement team will have access to a wide array of data sources that can provide both quantitative and qualitive means of assessing provider quality.

Data is obtained from:
- KPI data from the provider
- Provider assessments by the Quality Improvement Team
- Surveys and feedback from people who use services, their families and carers
- Shared data with partner agencies e.g., CQC, Ofsted and Healthwatch
- Internal Council teams e.g., complaints, serious incidents, finance checks
- Council Social Care and Education client systems
- Capacity Tracker data
- Information sharing group with partner agencies
- Quality checkers (experts by experience)
- Information from other Local Authorities where the provider is out of county

This data is analysed by the Quality Improvement Team and further action may be taken where poor performance is identified.

Quality Monitoring reviews

The limited resources of the Quality Improvement Team mean that they will take a risk-based approach to reviewing services. For consistency, providers are assessed and managed dependent on the degree of risk which is determined by the annual contract value (aggregated where there is more than one contract) and an assessment of service criticality.
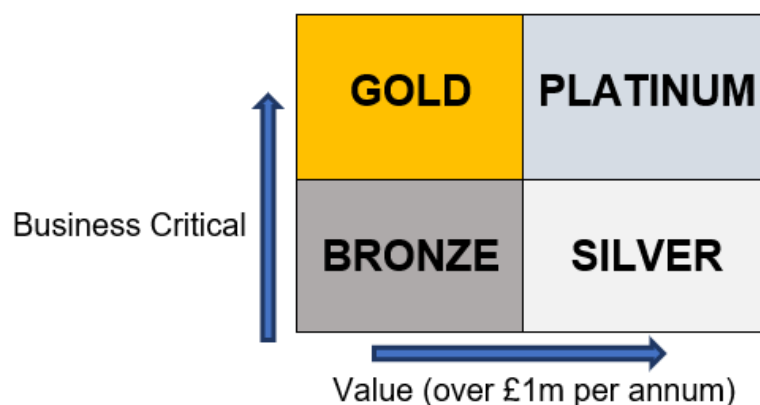
Providers who are deemed a higher risk may have a higher number of people using their services and a higher complexity of service provision and will therefore require more Quality Improvement Team involvement than a provider who has a low number of people using their services and fewer complex needs.

Ten quality standards of good care

When monitoring providers Oxfordshire County Council assess against:

1. Leadership and management
2. Staffing levels and recruitment
3. Staff skills and training
4. Approach to personalisation
5. Care and support plans and risk assessments
6. Health and safety
7. Safeguarding
8. Service quality and quality assurance (including complaints)
9. Involvement and engagement
10. Partnership working

The Quality Improvement Team use the standards of care in our assessment tools which includes PAMMS and offline assessment documents e.g. The Quality Improvement Review Tool for Start Well.

The Quality improvement team will have 3 levels of review that they can deploy as part of regular monitoring. Any areas of immediate concern, particularly those impacting on the welfare of service users must be escalated at the earliest opportunity.

Level 1. Self-assessments

Self-assessments may be issued to providers that are deemed to be low risk. It requires the provider to assess themselves against the above quality standards.

The self-assessment tool will be issued by the Quality Improvement Team with a deadline for return. If the self-assessment indicates that more intervention is required the Quality Improvement Officer will use Level 2 or 3 reviews as appropriate.

Level 2: Desktop reviews

A desk-top review is used for providers where there is a medium level of risk and will include a detailed look at the providers performance including evidence from various data sources including policies, performance data and the views of people using services.

A desktop review may be used as a way of gathering information ahead of a level 3 on-site review or visit to the provider's premises.

Level 3: On-site reviews

On site reviews will be used for services which pose the highest risk due to complexity of needs or the number of people who use their service. They will also be used to assess services that have not been visited for some time. The reviews are

an in-depth look at the service and how it operates. It will include interviews with the staff, people who use services, management and families to gain a rounded picture of the care and service delivery.

The Quality Improvement Officer will also look at policies, workforce documents, business continuity plans and other documents to gather evidence to support the review's findings.

If the quality review outcome is 'Requires Improvement (RI)' the Quality Improvement Officer will ask the provider to develop an action plan typically to be completed within three months).

If action plan progress is slower than the time period and improvement with the service, then the provider will need to be considered for a traffic light – see below.

Contract monitoring meetings

Strategic providers or providers that are deemed 'platinum' or 'gold' will be prioritised for regular monitoring meetings to discuss their performance, KPI reports and other issues related to their contract. The frequency of these meetings will be determined on an individual basis. Higher risk contracts will have more frequent meetings. There may be a need to meet with providers regularly even if they are not deemed 'strategic'.

These meetings will be chaired by the Quality Improvement or Commissioning team member responsible for the provider and attended by representatives from the provider organisation and other colleagues as deemed necessary.

Pre-service checks (new services)

Where the service has not been previously commissioned by Oxfordshire County Council it is important that checks are carried out before we use them.

The Quality Improvement and Brokerage Teams will check the provider's registration status, financial stability, and reputation before using their services and will supply information or make a recommendation on whether they are safe to be used.

Raising a concern

Safeguarding is everyone's responsibility, so it is important that alerts are raised with the appropriate safeguarding teams or Local Area Designated Officer (LADO) as soon as possible.

Where concerns are urgent or significant risk has been identified it should be raised with the Safeguarding team, LADO, Commissioning team or Operational team as required and appropriate actions should be taken to ensure the people receiving the service are safe.

Fortnightly information sharing groups chaired by the Safeguarding Operation Manager (adults) or LADO (children) is an opportunity to gather information from partners and colleagues about provider performance that may be of less urgency.

Standards of Care / Serious Concerns

Internal decision making on serious concerns/ standards of care or traffic light
The meeting must be convened quickly for all relevant parties by the team/ person that is **first informed** of the issues. *e.g. if our PAMMS review is the source then QI officer convenes the meeting, if it is because of an increase in safeguarding alerts related to a provider then it would be the Safeguarding Team.*

That meeting needs to establish:
- The facts of the case
- Relevant stakeholders for information purposes (including directors and senior managers)
- The person that will lead the discussions with the provider and other attendees required at those meetings
- Whether there needs to be a change in traffic light status
- Whether it should be addressed through Standards of Care or Serious Concerns
- Communications with the provider
- Next steps

Meetings with the provider
These meetings need to:
- Be at frequency that is proportionate to the concerns being raised. *If people are at imminent risk, then action must be taken immediately. The lower the risk the less frequency they need to be.*
- *Be focused on the providers action plan to address the concerns.*
- Be evidence based- *if there is no evidence of improvement then the action remains open and if it continues action will need to be taken*
- Each action needs to have a target date for completion that is achievable. *Failure to meet a timeframe may be a cause for concern or it may be reasonable- this is a judgement call for officers involved.*

Escalation
Providers cannot continue to perform below our expected standards for long periods of time. Quality Improvement Officers will ensure that appropriate decision making occurs decisively where there is a reasonable expectation that a provider will not meet the required timeframes for improvement. This may include but is not limited to ending our contracts with the provider or moving packages of care to other providers

Where a decision needs to be made the Quality Improvement Officer will need to convene a planning meeting with relevant colleagues to consider:
- Contract exit strategy inc. notice periods
- Reviews of people receiving the service
- Alternatives to the provider and any mitigations
- Letters to people receiving the service
- 'Need to know' email for senior leaders – these need to include a brief rundown of the issues, the decisions we have made, the actions we have taken to date and the next steps.

Standards of Care- Low or medium levels of risk

Where there are lower-level concerns with low/medium levels of risk they may fall within the Standards of Care process. This process for OCC staff can be found here.

The Quality Improvement Manager (Start Well, Live Well or Age Well) will decide whether the threshold has been met. If it has, it will result in an amber traffic light as a minimum.

Serious concerns- High levels of risk

Where there are severe concerns, with high levels of risk, the Serious Concerns process will need be followed. This might be due to one high risk incident or there may be several risks which when added together lead to a high level of risk. The process for OCC staff can be found here.

All instances that are deemed 'serious concerns' will result in a red traffic light.

The responsibility for deciding whether a serious concern has been resolved will rest with the Chair of the Serious Concerns Meeting Where there are still low-level concerns, the Chair may recommend that a Standards of Care process is followed.

"Traffic lights"

The Quality Improvement Team are responsible for ensuring that Commissioning, Brokerage and Operational teams are aware when there are concerns about a provider's contractual performance or their quality of their care through reviews. This is done through the "Traffic Lights".

The overall rating may vary according to the level of importance and severity of the issue highlighted.

A **Red, Amber or Green (RAG) rating** is applied individually to each of the ten standards **Traffic Light**	Description
RED	Indicates that Quality Monitoring has identified a major unresolved issue. If any one of the Standards **4 to 7** are red the overall rating will be RED. The Quality Improvement Team recommend that Oxfordshire County Council do not enter into new placements or care package agreements until the necessary improvements have been made.

AMBER	Indicates that Quality Monitoring has identified an issue or a piece of information that may adversely affect the service being provided. As a minimum all Standards **4 to 7** should be GREEN or AMBER. The Quality Improvement Team recommend that Oxfordshire County Council only enter into new placements or care package agreements with <u>caution</u> and with a risk assessment. The issues identified will mean that the Quality Improvement Team are working with the provider around their quality or performance.
GREEN	Indicates that all areas of Quality Monitoring are adequate to good, or better. As a minimum all Standards **4 to 7** should be GREEN.

Process

Each amber or red traffic light needs to have an officer assigned to it who will be responsible for attending the meetings as well as updating with progress.

When a provider has been rated 'red' or 'amber' the Quality Improvement Team will:

- Send a letter to the provider informing them of the decision
- Update the Quality Improvement Directory and email the relevant teams
- Arrange meetings with the provider and Safeguarding Operations Manager and other relevant professionals to develop an action plan and timescales
- Identify the frequency of any further review meetings and a membership of a core group to monitor progress against the actions identified.
- When the actions have been satisfactorily resolved:
    - *The Quality Improvement Lead and Safeguarding Operations Manager for adults/ Head of Safeguarding for Children's Social Care will need to jointly approve a change to the red traffic light status.*
    - *Quality Improvement Managers will need to approve a change to the amber traffic light status*

Annex 1 – Standards of Care/ Serious Concerns Process

1. What is a "Standards of Care" or "Serious Concerns" process?

A "Standards of Care" or "Serious Concerns" is a process to manage the risk to individuals within a service where there are concerns about poor quality of care.

Standard of Care	=	Low to medium risk
Serious Concerns	=	Medium to high risk

It should be noted that this process does not replace individual safeguarding investigations.

2. What should be considered?

Trigger	Source of evidence	Level
Safeguarding Adults alerts/investigations over a 3-month period which has demonstrated repeated patterns of concerns which have not been remedied	• Safeguarding • LADO • Information from the provider • Reg 44s • Quality Improvement Team • Operational colleagues	Standards of Care/ Serious Concerns
Ongoing concerns of poor quality of care provision within the provider organisation	• Safeguarding • LADO • Information from the provider • Reg 44s • Quality Improvement Team • Operational colleagues • CQC/ Ofsted/ ISI information • Complaints • Schools • Statutory CYP reviews	Standards of Care/ Serious Concerns
A Safeguarding/ LADO investigation where concerns are about organisational abuse with high levels of risk for several service users.	• Safeguarding • LADO	Serious Concerns
Multiple alerts where the alleged perpetrator is the same staff member.	• Safeguarding • LADO	Standards of Care/ Serious Concerns
A safeguarding strategy meeting/ LADO meeting which identifies numerous concerns regarding the care and well-being of all service users within the service.	• Safeguarding • LADO	Standards of Care
Injury or unexplained deterioration in condition of	• Safeguarding • LADO	Serious Concerns

service users where poor care practice or neglect is suspected (for example, moving and handling, wound/pressure care, catheter care).	• Information from the provider • Reg 44s • Quality Improvement Team • Operational colleagues • Complaints • Whistle-blower	
Multiple medication errors leading to harm or risk of harm to multiple service user/s.	• Safeguarding • LADO • Information from the provider • Reg 44s • Quality Improvement Team • Operational colleagues • Complaints • Whistle-blower	Serious Concerns
Multiple complaints that demonstrate that the provider is failing to address standards of care and quality	• Safeguarding • LADO • Information from the provider • Reg 44s • Quality Improvement Team • Operational colleagues • Complaints • Whistle-blower	Standards of Care
Multiple whistleblowing reports of a low/medium concern that demonstrate repeated patterns of concerns which have not been remedied	• Safeguarding • LADO • Information from the provider • Reg 44s • Quality Improvement Team • Operational colleagues • CQC/ Ofsted/ ISI information	Standards of Care
CQC, Ofsted, Independent School Inspectorate (ISI) inspection reports which highlight compliance issues	CQC/ Ofsted/ ISI information	Standards of Care / Serious Concerns
Report of a serious crime within the provider resource or involving their staff, which identifies large scale abuse and requires police involvement (for example, sexual assault, theft).	• Police • Safeguarding • LADO	Serious Concerns
Several service user reviews which identify concern regarding the overall quality	• Quality monitoring visits • Social Care reviews. • Statutory children's reviews i.e., LAC, PEP, TAF, CAF, Early Help, ECHP, placement reviews • CQC/ Ofsted/ ISI information	Standards of Care
Contract/auditing monitoring identifies a lack of progress linked to corrective action planning	• Quality monitoring visits • Social Care reviews. • Statutory children's reviews i.e., LAC, PEP, TAF, CAF, Early Help, ECHP, placement reviews	Standards of Care

		CQC/ Ofsted/ ISI information	
Numerous concerns regarding the overall quality of the service provided to residents	• Quality monitoring visits • Social Care reviews. • Statutory children's reviews i.e., LAC, PEP, TAF, CAF, Early Help, ECHP, placement reviews • Whistle-blower		Standards of Care
Repeated patterns of poor or lack of recording that could lead to concerning incidents/injuries, wounds, medication errors or decline in general health (food/fluid/weight/observations of general health).	• CQC and Ofsted • Quality Improvement reviews • Safeguarding • Reviews • Complaints • Whistle-blower		Standards of Care
Multiple medication errors leading to low/medium level harm or risk of harm to multiple service user/s which have not been addressed by the provider.	• CQC • Quality Improvement reviews • Safeguarding		Standards of Care
Evidence of multiple poor or lack of, recording of serious incidents/injuries, wounds, medication errors which have had serious consequences for the service user.	• Safeguarding • LADO • Information from the provider • Quality Improvement Team • Social care reviews • Complaints • CQC/ Ofsted • Whistle-blower		Serious Concerns
Evidence of ongoing instability within the management/leadership within the provider organisation which has impacted o the quality of care	• Safeguarding • LADO • Information from the provider • Quality Improvement Team • Operational colleagues		Standards of Care / Serious Concerns
Health and Safety concerns which are not being addressed	• Information from the provider • Quality Improvement Team • Complaints • Operational colleagues		Standards of Care/ Serious Concerns
Admission of Service Users whose needs cannot be met within the remit of the provider organisation.	• Safeguarding • LADO • Quality Improvement Team • CQC		Standards of Care/ Serious concerns
A provider whereby potential concerns regarding fraud has been identified	• Safeguarding Team • Quality Improvement Team • Payments and System Data Team • Trading Standards Team		Standards of Care/ Serious Concerns
Poor relationships with partner/commissioning agencies	• Commissioning team • C • Operational colleagues		Standards of Care/ Serious Concerns

	• External partners	

Please note that this list is not exhaustive but is intended to give an indication of the kind of concerns that would give rise to the initiation of an establishment concerns process.

3. How do concerns get raised?

Anyone can raise a concern regarding a provider within any team. If the information suggests that it meets the criteria then you must ask for meeting to be arranged to formally discuss holding a meeting with the provider.

Any urgent action required to protect individuals should be agreed as a priority

The Safeguarding Manager or Quality Improvement Team will contact the provider to explain the reasons for the meeting and follow up with a letter of invitation. Meetings should be set up within 10 working days of the concern.

4. Who should Chair?

The chair should be from the Quality Improvement Team or an appropriate Safeguarding Manager. If there are serious concerns, the safeguarding manager/LADO or Lead should chair.

5. Who decides whether the information provided constitutes a "Standards of Care" or "Serious Concerns" meeting?

The chair will consider the evidence alongside operational colleagues and Quality Improvement. If the decision is that this process is not required the provider may be asked to provide information which will give assurances that the identified issues are being addressed.

6. Who is invited?

The invitees will depend on the nature of the concern but will routinely include:

- Safeguarding/ LADO
- Local Authority staff who have recently been involved in with the provider
- An appropriate representative of the provider's organisation
- Quality Improvement Team
- A designated minute taker
- The Care Quality Commission/Ofsted (where concerns are with respect to a CQC/Ofsted regulated service
- Professionals who are involved with the people supported for example health professionals.

7. What should happen in the meetings?

In the initial meeting, the Chair of the meeting will discuss the concerns and agree an action plan with the provider that is Specific, Measurable, Attainable, Realistic and Time-sensitive (SMART). The frequency of the action plan updates will need to be established.

The meetings will review potential risk to current or potential service users of the provider - and agree actions to ensure their continued safety.

Members at the meeting should agree the list of named contacts and recipients of information throughout the process and ensure that all information sharing protocols are adhered to.

Subsequent meetings will review the action plan and review any safeguarding referrals since the last meeting whose themes identify a lack of progression by the provider and any new areas of concern since the last meeting. The aim of the process is to ensure the safety of service users who receive services from the provider concerned, and, where possible, to drive up standards of care from that provider.

8. Concluding the process

The process will be concluded when the Chair is satisfied that all actions have been completed to the expected quality.

Learning or actions agreed following the findings will be allocated to named responsible people, and timescales set for their achievement/delivery.