



City of
BRADFORD
METROPOLITAN DISTRICT COUNCIL

REPORT TO THE SAFEGUARDING ADULTS BOARD

**Overview of Safety & Quality Assurance Arrangements for
Independent/Voluntary Sector Adult Social Care/Support Providers**

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1. PURPOSE

- 1.1. This report provides a current overview of the type, range and scale of adult social care provision in the Bradford district, that is provided to meet eligible care needs as specified in the Care Act 2014, together with the range of activities undertaken by the adult social care contract and quality assurance team in conjunction with key partners/stakeholders to support quality and safety in the provision of services.

2. OVERVIEW/SCOPE OF PROVISION

- 2.1. The Health and Wellbeing department commission a number of services from external providers/organisations. Services comprise statutory support, including home support (domiciliary care), residential and nursing placements together with provision from the voluntary sector.
- 2.2. The table below shows the main types, number and scale of provision.

Support Type	Number Of providers/homes	Number of beds or hours
Older Peoples Residential And Nursing Homes	81 homes	3428 beds
Home Support	99 providers	35,478 hours per week
Learning Disabilities Supported Living Accommodation Services	16 providers	358 properties
Residential Care (For people under 65 years of age)	28 homes	581 beds
Day Opportunities	145 providers	N/A

3. CONTRACT AND QUALITY ASSURANCE

- 3.1. The overall approach of the contracts team is to work with providers positively, providing appropriate challenge to ensure expectations of good or outstanding care for all service users are met, whilst also offering support and assistance to improve where required. The contracts team strive to maintain a balance which recognises the challenges that providers face that may impact on quality standards and also recognises that the choices, perceptions and experiences of service users. Only under very extreme circumstances would immediate action to close a service or remove service users be taken by either the CQC or the Council.

- 3.2. The adult social care contracts team undertake a number of approaches to ensure the quality, compliance and risk management of providers across a number of regulated and non-regulated services. These approaches include desktop monitoring, site visits and multi-agency approaches.

4. DESKTOP ACTIVITY

4.1. Workbooks/Monitoring Form

- 4.1.2 Organisations are required to submit a workbook or a monitoring form detailing key performance data specific to their contract and specification. The depth of information required may be proportionate to the contract size, value or nature of the service. This information is used to identify performance trends and exceptions which may form the basis of any visit/meeting or on-going contract quality assurance monitoring.

4.2. Customer Care Log

- 4.2.1 The adult social care contract and quality assurance team receives intelligence from a number of sources including: formal/informal complaints, service user feedback, families/significant others, visiting professionals (including CQC) and the adult safeguarding team. This information is recorded within the customer care log. Members of the public can access the online corporate complaints referral service and should the complaint relate to specific commissioned services, this is passed to the adult social care contracts team to pursue.
- 4.2.2 Terms of reference are agreed between the complainant and the corporate complaints team and allocated to a named officer within adult social care contracts team who is responsible for the investigation and the subsequent report and response. This includes responses to issues raised by the ombudsmen service.
- 4.2.3 Two officers from the adult social care contract and quality assurance team are assigned on a quarterly basis to receive, review and analyse information received through the customer care log and allocate to a named officer.
- 4.2.4 Managers review emerging themes and trends on a provider and sector wide basis. Such themes and trends form part of the monitoring arrangements, provider meetings, themes for provider forums and service improvement board agendas. Where multiple strands of intelligence are received specific to a provider or organisation this is, where appropriate, shared at a serious concerns meeting where multi agency members share information and agree a plan to monitor quality concerns and risks.

5. PROVIDER VISITS

- 5.1 There are a number of types of provider visits: proactive, reactive and enhanced monitoring.

5.2 Proactive visits

- 5.2.1 These are scheduled on a routine basis to ensure compliance and quality standards are maintained across services. The format and length of visits range from a two hour meeting with the provider/organisation through to a full day site based visit and are dependent upon the service and any associated quality assurance issues.
- 5.2.2 Residential and nursing home visits involve two officers from the adult social care contract and quality assurance team and take place across a whole day. The team are currently trialling half day visits with an option to revisit where any outcome/findings necessitate this. Home support providers receive a minimum of one visit per annum, conducted by one officer as the visit usually will take place within the provider/organisations office environment.
- 5.2.3 In respect of supported living, during the lifetime of the current framework agreement, all providers delivering services are visited to review the operational functions of the provider organisation.
- 5.2.4 Prior to all visits to any of the provider organisations, officers will collate information from a number of sources including the support options team (the department's brokerage service for home support services), community care administration (who make payments to the providers), the adult safeguarding team and the various complaints, quality and monitoring systems as well as feedback from external visiting professionals. Any submitted workbook data is analysed and forms the basis of visits.

5.3 Reactive Visits

- 5.3.1 These are often triggered through the risk based validation (RBV) or serious concerns processes - dependent on whether the concern is a specific individual incident or concern around a wider range of issues. Intelligence received from partner agencies, adult safeguarding, corporate complaints team and the customer care log invariably form the basis of this type of visit.
- 5.3.2 The adult social care contract and quality assurance team works closely with the adult safeguarding team. Where safeguarding alerts are deemed to require immediate investigation and welfare checks, the adult social care contract and quality assurance team will lead on contractual aspects of the concern and where appropriate provide on-going monitoring.
- 5.3.3 Reactive visits are the only visits undertaken on an unannounced basis.

5.4 Enhanced Monitoring

- 5.4.1 As part of the serious concerns process an officer from the adult social care contract and quality assurance team is appointed to work with the provider/organisation. Arrangements are instigated including increased desktop monitoring, site visits and regular oversight of services. The adult social care contract and quality assurance team works closely with CQC and, where a

provider is required by the regulator to produce an action plan, the team will work with the provider/organisation to ensure any identified requirements/changes are implemented and sustained.

- 5.4.2 Follow up site visits are undertaken with a focus on ‘testing out’ specific areas of the agreed action plan. This includes reviewing and supporting providers to further develop their action plans.

6. MULTI AGENCY APPROACHES

6.1. Serious Concerns Meetings

- 6.1.2 Monthly multi-agency meetings are held to share market information/intelligence across all service areas. This forms part of the risk management quality and safety arrangements and affords a multi-agency approach in supporting providers to improve, maintain and sustain the quality of service delivery. Updates are provided by the adult social care contract and quality assurance team on the status of on-going work with providers and feedback any progress evidenced through enhanced monitoring arrangements. The serious concern meeting comprises the adult social care contract and quality assurance team, adults safeguarding, CQC, health care professionals, and the Council’s operational ‘front line’ social work representatives.

6.2. Service Improvement Boards (SIBs)

- 6.2.1 SIBs were established last year for both home support and care home services. These comprise self-nominated provider representatives, Bradford Care Association and the Clinical Commissioning Group together with invited relevant professionals.

- 6.2.2 Examples of recent work undertaken through the SIBs include:

- Reducing barriers to partnership working through joint working to co-develop processes and improved pathways.
- Co-producing the quality assurance, monitoring and reporting documents used across home support services in the district.
- Co-developing the home support service medication support guidance.

6.3. Provider Forums

- 6.3.1 The purpose of the provider forums is to facilitate wider engagement with all providers across the district, to share information about the department’s commissioning intentions, priorities, trajectories, strategies and to discuss the implications of changes for the sector. The forums are held quarterly and comprise both specific sector meetings and joint service events.

7. CQC RATINGS REPORTING

- 7.1.1 The Department of Health and Wellbeing recently invested in a number of 'CQC inspection preparation' workshops for both home support and care home providers. This was well received by local organisations.
- 7.1.2 Analysis from the Power Business Intelligence data tool (Power BI) (Fig 2.) provides clear evidence of continuous improvement towards national average CQC scores. The tool continues to be used to report on a monthly basis and affords a snapshot of how the local markets are performing.
- 7.1.3 The intelligence provides details to the adult social care contract and quality assurance team as to where further improvements and/or support is required. The following information provides a snapshot of current information utilising Power BI.

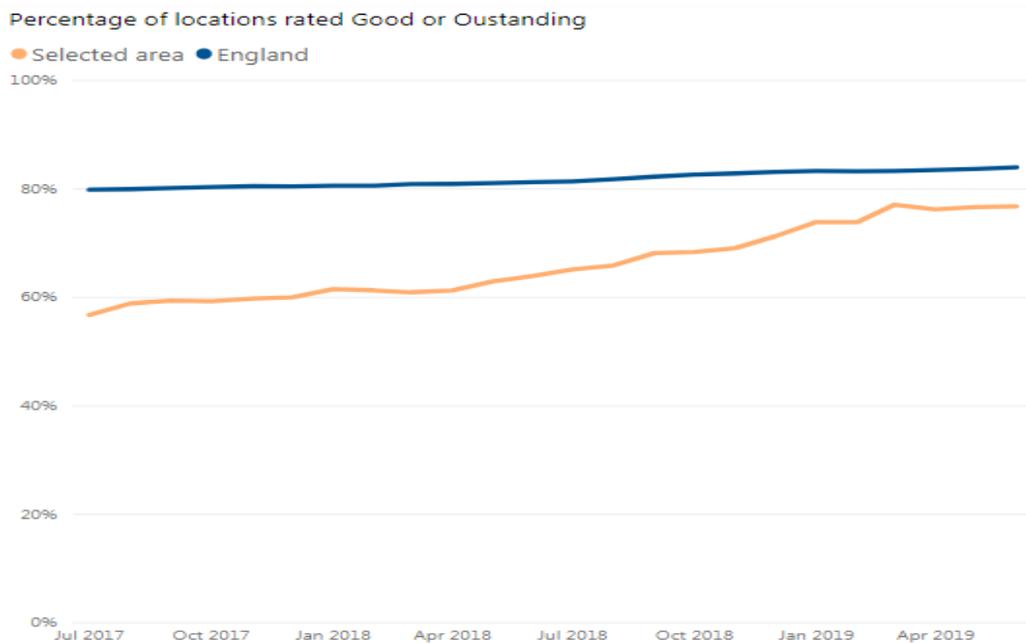


Figure 2 - Percentages of providers rated good or outstanding in Bradford (Orange) England (Blue) Source: CQC Data Warehouse

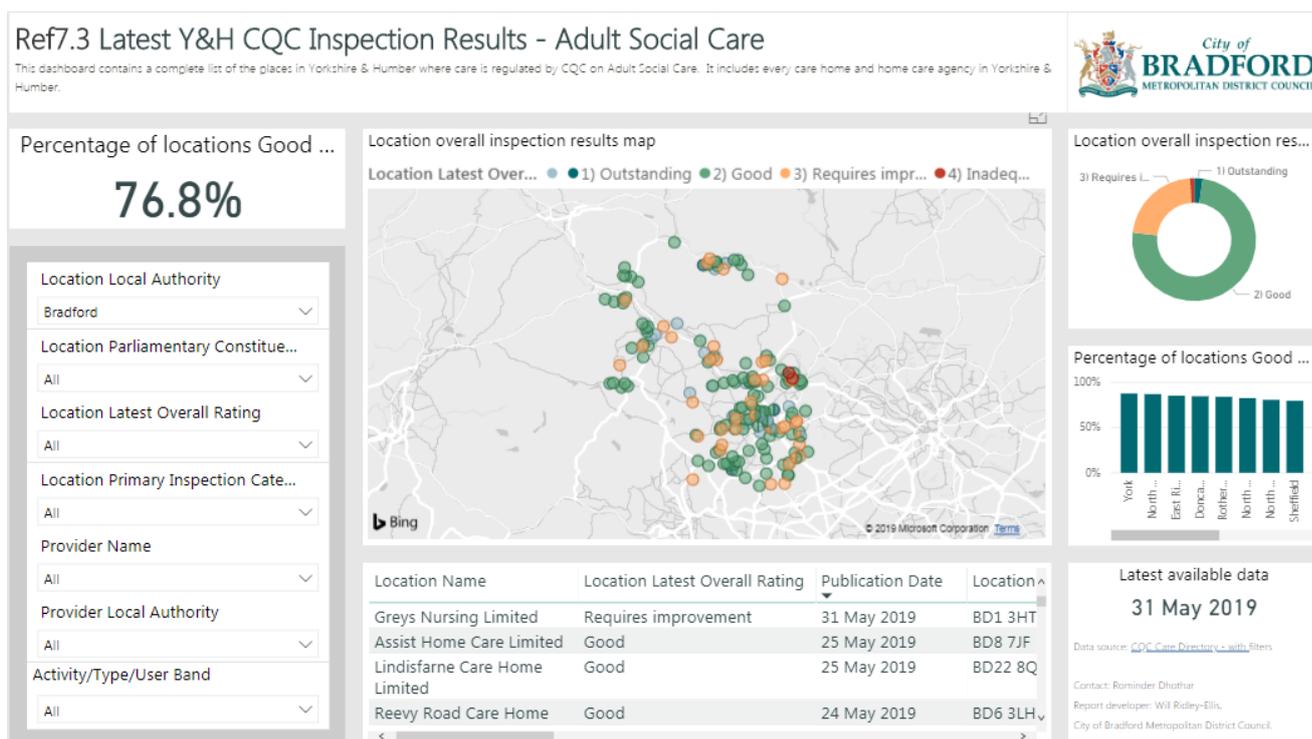


Figure 3 Latest Yorkshire and Humber Inspection Results from CQC Source: PowerBI/CQC Data Warehouse

8. CONCLUSION

- 8.1 The scale and range of adult social care/support provision commissioned and monitored by the adult social care contract and quality assurance team is significant. The team works closely with key partners and stakeholders to support quality and safety in the provision of services.
- 8.2 The Care Quality Commission (CQC) is the regulator of all statutory services, for example residential and nursing care and home support provision. It is incumbent on these providers to maintain specific quality standards in line with the terms of their respective registration and provision. The contact and quality assurance team provide contract monitoring and other activities described in this report to afford an additional level of scrutiny, challenge and support to providers.
- 8.3 All contracts within the adults Health and Wellbeing department are subject to a form of monitoring. The approach differs dependent on the commissioned service and is proportionate to scale, cost and the nature of the provision.
- 8.4 Recent years have seen a significant increase in collaborative working with providers and stakeholders. This has had a direct benefit for those people in receipt of support, whether it is specific training for staff working in residential and nursing homes or the development of policies for a community based workforce.

- 8.5 Increasing use of and reliance on electronic monitoring and systems for data collection/analysis is recognised as an important contribution to the contact and quality assurance team. Comparative data is available at a local, regional and national level enabling the team to prioritise specific areas of contract monitoring and reshape how future services are supported to ensure the best possible services are provided across the Bradford district.