**REPORT TO:** Health Policy & Performance Board

**DATE:** 8th November 2011

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health and Adults

**SUBJECT:** Quality Assurance of Commissioned Services

WARDS: All

## 1.0 PURPOSE OF REPORT

- 1.1 To inform members of the role of the Quality Assurance Team within the Communities Directorate and to provide an overview of the quality of commissioned services.
- 2.0 RECOMMENDATION: That the Board note the contents of the report.

## 3.0 SUPPORTING INFORMATION

- 3.1 In accordance with its statutory duties Members of the Council carry out Inspections on registered Council establishments.
- 3.2 At the present time these visits are conducted by Cllr Mike Hodgkinson and Cllr Pamela Wallace. However, Cllrs Ellen Cargill, Stan Parker and Geoff Zygadllo are currently completing an induction to carry out Inspections on Council establishments.

Visits to the following Council establishments are conducted on a monthly basis:

Registered Residential establishment.

- Oak Meadow, Peelhouse Lane, Widnes.
- 3.3 The majority of health, social care and support services are commissioned through the independent sector and there is no statutory requirement for Members to visit services provided by the independent sector.
- 3.4 Residential Care Homes and Domiciliary Care Agencies are registered with CQC, the statutory body charged with regulation of registered residential and nursing care services. However, it is the responsibility of the Communities Directorate to commission local services and a significant part of that role is the quality assurance of services delivered within our Authority.

## **Role of the Quality Assurance Team**

3.5 Halton's quality assurance framework monitors the quality of local services against national CQC standards and our own local contractual terms and conditions. At an organisational level services are quality assured through an accreditation process. This is information collected at an organisational level on an annual basis to ensure that the Council is contracting with legitimate and financially viable organisations.

However, the core work of the Quality Assurance Team involves direct contact with local services. The Quality Assurance Team carries out scheduled monitoring visits and unannounced spot checks on all registered services.

One purpose of the visits is to evaluate the quality of the service by auditing, for example, the adherence to and application of:

- Safeguarding practices and procedures
- Safer recruitment practices
- Medication policies and practices
- Practices to promote dignity
- Practices to promote independence
- Financial management polices and procedures
- Health and Safety policies and procedures

Another purpose of the visits is to observe practice within the services and to observe staff interaction with service users. This supports an evaluation of the quality of a service in respect to the level of dignity afforded to people using our services. In addition to observations made whilst walking around services, Quality Assurance Officers will spend time talking to service users, family members and staff in order to establish a more robust view on the quality of care being delivered.

- 3.6 The Quality Assurance Team (QAT) also collates intelligence on the quality of local services from a range of sources such as:
  - feedback from service users, family and carers,
  - · feedback from front line social care teams,
  - complaints
  - safeguarding referrals
  - CQC reports
  - Performance reports
  - Satisfaction questionnaires from service users, family members, carers and stakeholders

This local intelligence is used to determine the current quality of each service in the borough on a weekly basis.

3.7 Whilst the Quality Assurance Team monitor the quality of a service

as a whole, its work is complemented by the quality assurance carried out by front line care teams. Front line care teams, carry out person centred reviews with individuals in receipt of care including those placed within residential care homes. Reviews are carried out with the individual at the residential home six weeks after they move into a residential home and on an annual basis thereafter.

- In addition to the visits carried out by the QAT team and front line social workers, services may also be visited by members of the local Link's. As you are aware local Link's have the statutory power to enter into any health or social care establishment and Halton Link's have scheduled a number of visits to registered services.
- 3.9 The above quality assurance is undertaken on a local basis. However, all registered Residential and Domiciliary Care services are also monitored by CQC.

## **Quality of Commissioned Services in Halton**

- 3.10 In Halton there are currently 201 commissioned services across Adult Social Care, including 29 registered Residential Care Homes, 12 Registered Domiciliary Care Providers and 58 registered Supported Living services, 7 registered Adult Placements, 2 registered Respite Services and 1 Community Enablement Service.
- 3.11 The Quality Assurance Team use of a wide range of quantitative information and qualitative feedback to assess the quality of local services. During the period April 2010 to March 2011, the Quality Assurance Team (4 officers) carried out **161** inspection visits. Appendix 1 illustrates the assessment of the overall quality rating for services in Quarter 2, 2010/11 (July September).

Services Rated Good /Excellent	144
Services Rated Adequate	12
Services Rated Poor	2
Non-Rated Services	43
Total Number of Services	201

The majority of commissioned services are providing good or excellent quality care (Green) to Halton residents.

3.12 However, where the quality has been assessed as Adequate (Amber), providers must submit an improvement plan to the Quality Assurance Team. When a service is assessed as Poor (Red), in addition to the submission of an improvement plan, the service is subject to intensive monitoring and is placed on suspension until it has demonstrated significant improvement.

The team is currently monitoring the implementation of 14 improvement plans and we have only 2 services on suspension.

- 3.13 Of the 43 non-rated services, 32 are approved providers on our framework agreement for the provision of supported living for people with Learning Disability or a Mental Health Disability. These providers were assessed as Good/Excellent when accepted onto the framework, but are listed as non-rated as they will be re-assessed at the point at which they are commissioned to provide a service.
- 3.14 The remaining 11 non-rated services are voluntary sector contracts. Responsibility for the quality assurance of these services transferred to the QAT in 2010/11 and the services have been added to the monitoring schedule for 2010/11.
- In addition to the high level analysis of quality provided in appendix 1, the following provides more detail in respect to one aspect of the quality of Domiciliary Care. In Halton we have a standing list of 12 registered Domiciliary Care providers, out of which, 9 currently provide care in Halton.
- One of the most significant ways in which domiciliary care services can fail to provide a good quality service to people, is by missing scheduled calls. This not only causes the individuals and their families great upset but can also leave vulnerable people at risk.
- 3.17 Taking into consideration the potential risk, the team has a policy of no tolerance in relation to missed calls and actively challenges providers in respect to every incident and keeps a record of service actions taken by a provider.
- As part of the quality assurance of domiciliary care, the team monitors the number of times that a provider fails to turn up on scheduled care visits. This information is collated from providers on a weekly basis and on an ongoing basis from people that use services, their families and carers; and from operational social work teams. The incidence rate of missed calls is reviewed on a regular basis and is used as one of the key triggers for service review.
- The following table lists the level of missed calls reported in Quarter 2, 2011 (July- Sept).

Q2 Complaints Relating to Missed Calls	No of alleged missed calls	No of care visits carried Out in Q2	% of visits that are alleged missed calls
28	48	160,725	0.03%

The above feedback illustrates, the incidence of missed calls is low. Out of the 160,725 visits commissioned in Q2, there were 48 recorded missed calls, which equates to 0.03% of all visits. All missed calls are taken seriously and follow up contact is made with the provider for them to provide an explanation.

#### 4.0 POLICY IMPLICATIONS

4.1 Feedback from people that use services and information regarding the quality of services is fed back to the commissioning team to ensure that services are constantly changing and evolving to meet people's needs.

#### 5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

## 5.1 Children and Young People in Halton

Services commissioned by the Communities Directorate that are cross cutting, such as Homelessness services, are required to meet quality standards that Safeguard Children.

## 5.2 Employment, Learning and Skills in Halton

A number of commissioned services improve outcomes for vulnerable people by supporting them to maximise opportunities to gain employment or participate in education and skills training.

## 5.3 A Healthy Halton

All services are commissioned to improve or maintain the health and well being of vulnerable people.

#### 5.4 A Safer Halton

All services are required to safeguard vulnerable adults and where applicable vulnerable young people. Outcomes from commissioned services include reduced risk of harm from domestic violence, reduced risk of re-offending, reduced risk from substance misuse, and an increase in the number of people that feel safe in their home.

#### 5.5 Halton's Urban Renewal

None identified.

## 6.0 EQUALITY AND DIVERSITY ISSUES

6.1 All commissioned services are required to comply with Equality Legislation and local quality standards for dignity and respect.

# 7.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the act.