



Quality Assurance Framework

for use by the Quality Assurance Team

2024

Policy, Performance and Customer Care Team

Adult Social Care Directorate

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Document Summary

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Contributors	Benitta Kay, Quality Assurance Manager, QAT Laura French, Quality Assurance Officer, QAT Angela Ward, Quality Assurance Officer, QAT
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1.0 Introduction to the Quality Assurance Framework

- 1.1 Halton Borough Council's Adult Social Care Quality Assurance Team (QAT) monitor and support services commissioned by the Local Authority to not only ensure compliance with the requirements set out in the contract and the quality and performance standards outlined in the service specification, but also support the Council's duties under the Care Act 2014 in relation to market oversight, sustainability and shaping.
- 1.2 The QAT work collaboratively with stakeholders to support providers to maintain and improve services. This Quality Assurance Framework (QAF) sets out the primary ways in which the QAT achieve this.
- 1.3 The services currently supported by this Quality Assurance Framework are



Care Homes



Home Care (Domiciliary care)



Supported Living

2.0 The Quality Assurance Framework Principles

Accountability

- 2.1 The primary purpose of the QAF is to provide assurance that services commissioned by the Local Authority are of a high quality and comply with the requirements outlined in the contract and service specification. Senior

management have strategic oversight for the QAF to ensure it is implemented effectively.

2.2 Providers have a linked Quality Assurance Officer who will work with the service to support continuous improvement.

2.3 There may be occasions when quality assurance activity identifies areas of risk, the QAT will assess the level of risk and a risk rating will be applied, the QAT will be transparent with providers about what the rating is and what it means.

Service User Engagement

2.4 The experience of service users is central to understanding the quality of care service delivery and is used in identifying themes and trends.

Supportive and Improvement focused

2.5 The Local Authority values the role that providers play in delivering services to some of our most vulnerable residents. The QAF provides opportunities for the Local Authority to support providers where improvements have been identified.

2.6 The Local Authority believes that a strong and collaborative relationship with providers will support higher quality and a vibrant market and will work with providers with the aim of improving quality across Halton.

Triangulation

2.7 The QAF seeks to develop a thorough understanding of quality and recognises that multiple sources of information are required to do this. In most situations the QAT will triangulate information to provide robust evidence of quality.

2.8 As part of any monitoring visit the Quality Assurance Officer will review intelligence from the provider feedback process, safeguarding and provider led concerns process, Care Quality Commission (CQC) notifications and reports, compliments and complaints, whistleblowing concerns, and via consultation with service users/families and other relevant professionals.

Early intervention

2.9 Where there are concerns about a provider's ability to meet the requirements of the contract or specification or there is a risk of harm to service users, the QAT will intervene as early as possible.

2.10 Should intelligence about a provider identify quality concerns e.g. CQC inspection rating of overall Requires Improvement or Inadequate in any domain, the Local Authority and its partners will, alongside the provider, determine whether a Multi-Disciplinary Team (MDT) approach is required.

- 2.11 Should an MDT approach be required, the Local Authority and its partners will initiate an MDT meeting, the purpose of the MDT approach is to offer support to providers to reduce risk and/or safeguard service users. Any decisions and next steps will be agreed via the MDT meeting.

Proportionality

- 2.12 The Local Authority recognises that not all services or providers are the same and that they are delivering a diverse range of services.
- 2.13 The QAF will proportionately focus on risk, taking all individual factors into account, rather than a blanket approach.

Working together

- 2.14 Continuous improvement can only happen where there is a strong working relationship between providers, commissioners and other stakeholders. QAT work to develop relationships to support improvement in the market at individual provider level and across sectors.

3.0 Quality Assurance Activity

- 3.1 Quality Assurance Officers carry out a range of activities to gather evidence that standards and contract requirements are being met and to support continuous improvement. The methods/tools to enable Quality Assurance Officers to do this are shown in the table below.
- 3.2 The frequency and type of activity that the QAT carry out will be dependent on a range of factors including current rating, the risk to service users safety, the risk to meeting the terms of the contract agreement and the type of service provided. The timeframes outlined in the table below are for guidance purposes only.
- 3.3 Following the tables, below, each stage of quality assurance activity is briefly described.

Type	Method	Tools	Purpose
QM1	Quality and Contract Monitoring Visit (Full and Focused PAMMS assessments)	<ul style="list-style-type: none"> • Quality and Contract Monitoring visit information • Supporting Information checklist • Stakeholder feedback form • Relatives feedback form • PAMMS visit record • Care Plan Audit • Policy review checklist • Environmental audit • Financial audit checklist • Medication checklist • Staff file audit tool • Training Audit • Initial feedback form • Evaluation form for providers • Councillor feedback report 	Quality Contract Monitoring
QM2	Provider Self-Assessment	<ul style="list-style-type: none"> • Self-Assessment PAMMS 	Regulatory preparation
QM3	Focused visit	<ul style="list-style-type: none"> • Focused visit report 	Information gathering
QM4	Unannounced out of hours Safe and Well visit	<ul style="list-style-type: none"> • Unannounced Care Home Safe and Well Visit Report 	Information gathering
QM5	Quality and Contract Monitoring Meeting	<ul style="list-style-type: none"> • Keeping in Touch meeting record 	Quality Contract monitoring
QM6	Quarterly Contract Review Meeting – Supported Living Services	<ul style="list-style-type: none"> • Performance Report 	Quality Contract Monitoring
QM7	Electronic Call Monitoring (ECM) data and deep dive analysis	<ul style="list-style-type: none"> • ECM Proforma 	Information gathering
QM8	Quarterly Contract Review Meeting – Home Care Services		Information gathering /continuous improvement
QM9	Provider Feedback	<ul style="list-style-type: none"> • Provider Feedback Protocol • Provider Feedback Form • Provider Feedback Flowchart 	Information gathering /continuous improvement
QM10	Risk identification and management	<ul style="list-style-type: none"> • Multi-disciplinary Team • Early indicators of concern template • Risk profile • Report for approval for the suspension of services • Suspension Guidance Policy 	Risk mitigation

		<ul style="list-style-type: none"> Care Home Closure Policy Provider Failure Protocol 	
QM11	Information Sharing Group		Information gathering /continuous improvement
QM12	Core Grant Monitoring		Financial monitoring
QM13	Out of Borough and Spot Purchase Arrangements		Quality monitoring
QM14	Market Oversight	<ul style="list-style-type: none"> Business Continuity Plan checklist Capacity Tracker/bed vacancies QA dashboard 	Market oversight

Frequency of Quality Assurance Activity

Type	Method	Frequency
QM1	Quality and Contract Monitoring Visit	Annually (frequency will vary depending on rating and emerging risk)
QM2	Provider Self-Assessment	Annually (for services rated as good or excellent)
QM3	Focused Visit	As and when required (in response to concern)
QM4	Unannounced out of hours Safe and Well visit (Care Homes)	Annually
QM5	Quality and Contract Monitoring Meeting	Monthly
QM6	Quarterly Contract Review Meeting – Supported Living Services	Quarterly
QM7	ECM data and deep dive analysis	Monthly
QM8	Quarterly Contract Review Meeting – Home Care Services	Quarterly
QM9	Provider Feedback Review	Monthly
QM10	Risk identification and management	Daily
QM11	Information Sharing Group	Monthly
QM12	Core Grant Monitoring	Annually
QM13	Out of Borough and Spot purchase arrangements	As and when required

QM1 – Quality and Contract Monitoring Visit

- 3.4 Quality Assurance Officers will complete a Quality and Contract Monitoring Visit to commissioned providers using a Provider Assessment and Market Management Solution (PAMMS). This is a web-based platform devised by The Access Group, which allows for the creation, delivery, and management of Provider assessments. It provides a structured assessment process to assure that services commissioned by the Local Authority are of a high quality and are delivering what has been commissioned.
- 3.5 The solution includes a web-based portal for providers to view and respond to the Provider assessment process, to view assessment reports and to support the post assessment action planning process.
- 3.6 A baseline PAMMS assessment is undertaken for all contracted services, Quality and Contract Monitoring visits, thereafter, will be completed at a frequency determined by current rating and level of risk.

Preparing for the visit

- 3.7 Prior to the visit Quality Assurance Officers will review current intelligence to identify themes and trends to be considered as part of the assessment.
- 3.8 Information around what to expect from the visit is shared with providers in advance, to allow time to prepare for the visit. See Appendix 1.
- 3.9 Supporting Information Checklist, see appendix 2, is sent to the provider requesting a list of documents to be shared before the visit, which will be reviewed by the Quality Assurance Officers ahead of the visit.
- 3.10 In line with the Councillor Visits to Care Homes Policy, the ward councillors will be invited to join the Quality Assurance Officers for part of the visit as an opportunity to meet with constituents and provide feedback, see appendix 15. The policy does not cover Supported Living or Home Care services.
- 3.11 Quality Assurance Officers officers send consultation forms out to professional stakeholders who are regularly involved with people supported by the provider to gain their feedback and support the PAMMS. See Appendix 3.
- 3.12 Quality Assurance Officers will invite key professionals from the below teams, to accompany them on the visit to complete their relevant audits which will feed into the PAMMS report.
 - Medicines Management Team
 - Infection Prevention and Control Team
 - Integrated Care Board (ICB) Quality Improvement Nurses (For Nursing services)

Site visit

- 3.13 The Quality Assurance Officer (s) will visit the service at a time agreed with the service manager. The site visit will include a review of documentation, environmental observations, observations of staff practice, management discussion and consultation with staff and people using the service. Initial feedback will be shared with the provider at the end of the visit.
- 3.14 Consultation with staff, people using the service, and their families will be completed during the visit.

PAMMS assessment

- 3.15 The Quality Assurance Officer will input the information gathered into the PAMMS platform to produce a report. There are a number of audit tools used to support the PAMMS assessment – see Appendix 5 – 14.
- 3.16 This report will be shared with the provider via the PAMMS provider portal.
- 3.17 There will then be a 14 day factual accuracy period for the provider to submit any comments for the Quality Assurance Officer to review. If the provider does not have any comments to submit the report will be finalised and automatically publish with an overall rating. The rating is automatically generated by the PAMMS system, based on the information entered, using an algorithm which takes risk into account.

PAMMS action plan

- 3.18 If there are any identified areas for improvement, these will be automatically collated on a separate tab on the assessment within the provider portal, With support from the Quality Assurance Officer, the provider will generate an action plan. On occasion, and where agreed, an action plan may be produced outside of the PAMMS portal.
- 3.19 On completion of the action plan the overall rating will not change, a follow up visit will be arranged for services with a rating of requires improvement (RI) or poor; at this stage the overall rating will be determined.

PAMMS follow up assessment

- 3.20 Where the overall outcome of a PAMMS assessment is Requires Improvement or Poor, the Quality Assurance Officer will complete a follow up visit to the service within a maximum period of six months.
- 3.21 The visit will focus on the areas that were rated Requires Improvement or Poor on the initial PAMMS assessment, to review progress made and check for evidence of improvement in these areas.
- 3.22 Questions rated Good or Excellent will not be considered as part of this visit and the original comments made against these questions will remain.

- 3.23 Consultation with staff, people using the service and their families, and key stakeholders will take place as part of the follow up visit.
- 3.24 The Executive Summary part of the PAMMS assessment will detail which questions have been reassessed as part of the visit.
- 3.25 The Quality Assurance Officer will input the information gathered into the PAMMS assessment tool to produce a draft report. This will be shared with the provider via the portal, there will then be a 14 day factual accuracy period for the provider to submit any comments for the Quality Assurance Officer to review. If the provider does not have any comments to submit the report will be finalised and automatically publish with an overall rating. The rating is automatically generated by the PAMMS system, based on the information entered, using an algorithm which takes risk into account.
- 3.26 PAMMS action plan – If the follow up assessment identifies areas where further action is required to evidence improvement, these will be automatically collated on a separate tab on the assessment within the provider portal, With support from the Quality Assurance Officer, the provider will generate an action plan. On occasion, and where agreed, an action plan may be produced outside of the PAMMS portal.

QM2 – Provider Self-Assessment

- 3.27 The provider self-assessment, see Appendix 16, has been created to compliment the PAMMS process. Providers whose PAMMS rating outcome is Excellent or Good may be asked to complete a self-assessment to provide a current picture of service provision to the QAT.
- 3.28 The self-assessment is designed to mirror the quality standards outlined in the PAMMS and is an opportunity for the provider to share good practice and to support the continuing development of the service to achieve excellence.
- 3.29 Following the completion of a self-assessment, a site visit will be scheduled to verify the information supplied by the provider. This visit will serve as a ‘temperature check’ to ensure the accuracy of the submitted details. The visit will also include consultation with staff, people supported and relatives.

QM3 – Focused Visit

- 3.30 It may be necessary at times for a Quality Assurance Officer to complete a focused visit to a provider. Focused visits are in response to concern and are agreed at HBC Head of Service level.
- 3.31 These visits may be announced or unannounced, and depending on the area of concern the Quality Assurance Officer may be accompanied on the visit by other professionals from Medicines Management Team, Infection Prevention and Control Team and Safeguarding Team.
- 3.32 At the end of the visit, feedback with key themes will be given to the manager, or in the absence of the Manager, the most senior staff on duty on the day; a report will follow. See Appendix 17

QM4 – Unannounced Out of Hours Safe and Well Visit

- 3.33 As part of the QAF, commissioned care home providers will receive an annual Safe and Well visit. These will be scheduled outside of the core business hours, will be unannounced and will last no longer than two hours. The visits are **not** in response to concern or escalating risk and will focus on the following areas:
- Staffing
 - Health and Safety
 - Observations of care and support
 - Environmental observations
 - Consultation with residents and the staff
- 3.34 There is no expectation for the Manager to attend the service for the visit; feedback will be given at the end of the visit to the most senior staff member on duty. The Quality Assurance Officer will contact the Care Home's manager the next working day to provide an overview of the visit and key themes. The Quality Assurance Officer will also advise on any other actions taken, which could include safeguarding referral, request for care management review or professional support.
- 3.35 Following the visit the Quality Assurance Officer will complete a report, see appendix 18, which will be shared with the home manager.

QM5 – Quality and Contract Monitoring Meeting

- 3.36 Quality and Contract Monitoring Meetings (Keeping in Touch or 'KIT') are scheduled monthly with care home providers.

- 3.37 The meetings help to establish and build relationships and promote transparency.
- 3.38 The meetings are held in person at the care home and serve as an opportunity for the Quality Assurance Officer to complete environmental observations and have conversations with residents and staff.
- 3.39 There are key areas of discussion which form the structure of the meeting, see appendix 19, notes from the meeting will be completed by the Quality Assurance Officer and shared with the Manager. If there are any actions, these will be agreed at the meeting and will be reviewed at the next KIT meeting.
- 3.40 Any concerns arising from the KIT meeting will be discussed with the Quality Assurance Manager and escalated appropriately.

QM6 – Quarterly Contract Review Meeting - Supported Living Services

- 3.41 Contract meetings are scheduled with Supported Living Services on a quarterly basis.
- 3.42 A month before the contract meeting, the Quality Assurance Officer will arrange to visit an individual property alongside the service Manager to complete a safe and well visit.
- 3.43 A performance report, see appendix 20, will be submitted by the provider for review ahead of the quarterly contract meeting. The report will capture information for each quarter to enable comparison of the data across the year and themes, trends and emerging issues discussed at the meeting.
- 3.44 Submission dates for the performance report are agreed, allowing time for the provider and the Quality Assurance Officer to review the information and seek clarification if needed, ahead of the meeting.
- 3.45 The report covers the following key areas;
- Occupancy and Housing
 - Assessment Planning and Review
 - Staff training and recruitment
 - Risks to delivery and quality
 - Reportable Events
 - Compliments and Complaints
 - Engagement and Feedback
 - Case Studies

QM7 – Quarterly Contract Review Meeting – Home Care Services

- 3.46 Home Care providers will provide ECM data, a performance report and updated action plan in advance of the quarterly contract meeting.
- 3.47 The performance report will provide data against Key Performance Indicators, as set out in the Domiciliary Care contract and agreed by the provider and the Local Authority.
- 3.48 Home Care providers will also provide a narrative to support the data provided.
- 3.49 ECM analysis completed by both parties will be discussed in further detail at the Quarterly Contract Meeting.

QM8 – Electronic Call Monitoring (ECM) Data and Deep Dive Analysis

- 3.50 Home care providers will provide ECM Data on a four weekly basis, as per the ECM specification. (See Appendix 21)
- 3.51 ECM is a system to monitor care call visits, providing assurance and evidence of visits attended. It allows managers to monitor care delivery in real time to enhance service quality, improve accountability, promote safety and wellbeing and support accurate billing.
- 3.52 Providers will analyse their performance in key areas for the four week period and provide a performance report based on their findings.
- 3.53 The Quality Assurance Officer will also undertake snap shot analysis of the data, which will include an overview of overall performance in addition to deep dive analysis.
- 3.54 Deep dive analysis will look in detail at the experience of random sample of 5 people using the service and 3 staff.
- 3.55 Telephone consultation will also be completed with the sample of people using the service or their family members.
- 3.56 Feedback following the overall analysis, deep dive analysis and consultation will be emailed to the provider and any actions discussed and agreed.

QM9 – Provider Feedback Protocol

- 3.57 The Provider Feedback protocol, provides a mechanism for people who visit services to provide feedback to the QAT. Feedback received supports quality assurance or improvement and helps to build a current picture of services.
- 3.58 The QAT actively encourage health and care professionals to share information about the services they visit. This information is used to identify and celebrate good practice, offer support to providers, or take more urgent action if necessary.
- 3.59 Feedback will be provided using the Provider Feedback form, see Appendix 22, and returned to the QAT via the Contracts inbox.
- 3.60 Feedback received will be collated into the Provider Feedback spreadsheet, which provides an overview of intelligence received and supports triangulation with other forms of intelligence such as Safeguarding referrals, Provider Led Concerns and Enquiries, CQC notifications, Compliments and Complaints and Whistleblowing concerns.
- 3.61 The Quality Assurance Officer receiving the feedback will acknowledge receipt with the referrer and seek further information or clarity if required. Feedback will be logged for information and shared with the provider if appropriate, with clear actions agreed, where necessary.

QM10 – Risk identification and management

Multi-Disciplinary Team Meeting (MDT)

- 3.62 Where there are concerns about a provider's ability to meet the requirements of the contract or specification or we are concerned that there is a risk of harm to service users, we will intervene as early as possible.
- 3.63 An MDT approach can be requested by the provider as a supportive measure or initiated by the Local Authority in response to escalating risk or concern.
- 3.64 The MDT will be chaired at Head of Service level and is a forum for the provider, and professionals working alongside them to offer support, provide updates on current position, as well as assurances on actions taken, progress made and agree next steps.
- 3.65 The MDT will be minuted and the minutes will be shared with attendees.

Early Indicators of concern template

- 3.66 The early indicators of concern template, see Appendix 23, is used by the QAT identify early warning signs of issues or practice that, if not addressed, could result in an impact on service delivery, quality, safety or continuity of care.

Risk Profile

- 3.67 If there are a number of concerns relating to a provider, it may be necessary for the QAT to complete a Risk Profile, see Appendix 24, to gather information around risks.
- 3.68 A risk score will be applied and used to inform next steps.

Temporary Suspension of Purchasing Notice

- 3.69 In some instances, the Local Authority may take the decision to place a temporary suspension of purchasing notice on placements. The purpose of the suspension is to protect service users whilst allowing time for either an investigation to take place or for a provider to make improvements in areas where weaknesses have been highlighted.
- 3.70 The QAT will complete a report for approval of the suspension of services in line with the Suspension Policy. (See Appendix 25). A letter is sent to the provider to advise of the notice and the notification will be shared in accordance with the Information Sharing Protocol.

Provider Failure

- 3.71 In the event of provider failure in a domiciliary care or supported living service, the local authority will activate the Provider Failure Protocol to ensure the continuity of care, safety and wellbeing of all service users. There is a separate policy for managing Care Home Closures.
- 3.72 The QAT will coordinate activity including linking in with Care Management to conduct risk assessments for all individuals receiving care, identifying those with critical care needs and identify alternative care providers to ensure continuity of care.
- 3.73 The QAT will ensure there is clear communication with service users, families and relevant stakeholders and work closely with the CQC and other agencies to monitor service provision, ensuring disruption of care is minimised and statutory duties are met.
- 3.74 A lessons learned approach will be undertaken to review the circumstances of the failure, to inform improvement measures needed and to prevent recurrence.

See Provider Failure Protocol and Care Home Closure Policy in the [Adult Social Care Policy Library](#).

Complaint Investigation (including MP enquiries)

- 3.75 Complaints are allocated to a Quality Assurance Officer through HBC's Customer Care Team or Corporate Complaints Team, when quality concerns are identified.
- 3.76 The allocated Quality Assurance Officer will complete an investigation and provide a response via the Customer Care Team within agreed timescales, as per HBC Complaints policy.

QM11 – Information Sharing Group

- 3.77 This is a monthly meeting which brings key partners together to share emerging intelligence which does not directly pertain to safeguarding concerns or formal reportable incidents. This includes sharing information related to trends, patterns, risks or emerging issues that may impact service delivery. (See Appendix 28 for terms of reference.)
- 3.78 Information shared may inform monitoring and support risk assessment of early indicators of concern.

QM12 – Core Grant Monitoring

- 3.79 The QAT will request evidence to support the providers annual return, which links back to their specification or the bid which forms the basis of the agreement.

QM13 – Out of Borough Placements, Spot Purchase Agreements and Direct Payments.

- 3.80 Before placing a Halton resident in a care service which is out of the Halton locality, the Care Manager will approach the QAT to complete an Out of Borough (OOB) validation. This is a quality assessment of the care provider that includes
- CQC inspection report in England or equivalent bodies in other parts of the UK. (CIW Wales, Care Inspectorate in Scotland or RQIA in Northern Ireland)
 - Quality Reference check with other local authorities who may have used the service

- 3.81 The QAT will follow the OOB Provider Validation process and will notify the host local authority in writing of any out of borough placement made.

This should be in advance of the arrangements commencing and include full contact details for the placing authority and contact details for the placing authority if any concerns about the provider arise. This information should be done as soon as is practicable but bearing in mind the time it can take to contact the relevant person. This notification will assist the host authority if safeguarding concerns arise, or when dealing with urgent care home closures in its area, as it will provide a record of the responsible authority and a named contact person. It will also assist in any contract monitoring and in general communication between ourselves as the placing and host authorities. We will inform the host authority when a person leaves the provision.

(see Appendix 27)

- 3.82 As the placing authority, we enter into a spot purchase agreement with the provider. This outlines the expectations for quality of care, safeguarding, reporting and financial arrangements.

Monitoring OOB placements

- 3.83 As the placing authority we retain responsibility for ensuring ongoing quality through:
- 3.84 Regular review: Ongoing review of the placement is required. This will be through Care Management review and, where appropriate, an Independent Advocate to ensure that individuals needs are met. Where issues are identified, a Provider Feedback form submitted will be submitted to the QAT.
- 3.85 Feedback from the individual and family: ongoing communication between Care Management and the individual receiving care and their family is critical in identifying potential issues. Where issues are identified, a Provider Feedback form submitted will be submitted to the QAT.

Cheshire and Merseyside

- 3.86 Should service quality issues arise that meet the threshold for notification, there is a system in place to report concerns through the Information Sharing Protocol, which are then followed up as documented in the QAF. This is a reciprocal arrangement across Cheshire and Merseyside, whereby all host authorities are obligated to share information in this way to alert placing authorities. See 'Information Sharing Protocol' section, below.

Direct Payment

3.87 Where individuals choose to use their Direct Payment (DP) to contract a CQC regulated service, the Local Authority check that the service is registered to carry out regulated activity and the CQC are satisfied they can meet their Legal requirements. Below are the key steps followed in these circumstances:

- When made aware that a CQC Registered service is being contracted by the person to provide their care under a DP arrangement, the DP team will notify the QAT via contracts@halton.gov.uk.
- The QAT will check the service's registration details with the CQC, including any inspection reports and ratings. This information is shared with the DP Team via email direct.payments@halton.gov.uk
- Validated CQC Regulated Services are held on a list by the DP team, which is updated and shared with Direct Payment clients annually. The DP Team provide guidance to people choosing who to contract with.
- The QAT will sign up to receive an email alert when the CQC have inspected a validated care service.

3.88 The QAT will notify the DP Manager/Team when:

- A CQC inspection report is requires improvement or inadequate, then the DP Team will notify the Client/Suitable Representative so that they can make an informed decision about their care and speak to their provider if they have any concerns regarding the CQC inspection and quality of care.
- Information Sharing Protocol notifications related to services providing support under a Direct Payment are received.

3.89 The DP Team signpost people receiving a Direct Payment arrangement to the Local Authority's website, where there is a link to the CQC website.

Escalation of Concerns / Risk

3.90 Where there are quality concerns identified for a provider/ where a Halton resident has been placed, HBC may be informed via the following agreed process.

Information Sharing Protocol (ISP)

3.91 This is an arrangement between Local Authorities in the North West Region to share information about concerns, service quality and market failure related to service providers in their area.

The reasons for completing the Information Sharing Proforma include:

- Sale or change of ownership where it effects contracting party

- Voluntary withdrawal from contract by provider
 - Permanent ending of contractual relationship led by the commissioner
 - Contract Default Notice relating to quality of care for services
 - CQC Notice of Proposal to Cancel Registration
 - CQC Cancelled Notice of Proposal to Cancel Registration
 - CQC Inadequate rating
 - Temporary, Restricted or Whole Suspension
 - Removal of suspension
 - In Administration
 - Closure or cease trading
- 3.92 On receipt of the ISP notice, the QAT will check if there are residents placed within the service by checking the Income and Assessment Team's Master Service Return (MSR) and whether recent validations for the service have been completed. In the event there are Halton residents placed in the service; the relevant Care Management Team will be informed.
- 3.93 Safeguarding procedures: Safeguarding issues will be raised and promptly investigated by the host local authority.
- 3.94 Collaboration: Contact will be made with the host local authority to establish the extent of risk and actions needed.
- 3.95 Where there is a current placement of care, the detail of the notice will be logged on the Information Sharing Notification spreadsheet.
- 3.96 Regulatory notification: The CQC will be notified by the host Local Authority when registered providers do not adhere to regulatory standards.
- 3.97 CQC inspection outcomes: The QAT receive notifications of CQC inspection reports, which alerts the team when a service has been visited and the relevant rating outcome. Where the rating outcome is 'Inadequate', checks against the MSR would be completed and the relevant Care Management Team informed if Halton residents are placed within the service.
- 3.98 By applying these steps, the QAT maintain oversight and ensure safety, wellbeing and quality of care for individuals.

QM14 – Market Oversight

- 3.99 The Local Authority has a critical role in the market oversight of adult social care, ensuring that the care market is stable, sustainable and capable of meeting the needs of our community. This responsibility includes monitoring the financial health of care providers, ensuring continuity of care and safeguarding service users from disruptions caused by provider failure. An

important aspect of this oversight involves an annual Business Continuity check to assess providers readiness to handle crisis.

Manage provider failure and disruption

- 3.100 The Local Authority has a responsibility to identify early warning signs of provider instability such as falling occupancy levels.

Market assessment

- 3.101 As a Local Authority we engage in several proactive measures, this includes market assessment. We conduct an annual market position statement to assess the current state of care provision and identify future needs, gaps and priorities for service development. This helps guide providers and ensures that the market can respond to demographic and social change.

Capacity Building

- 3.102 As a local authority we may offer support to smaller or struggling providers, such as offering advice on financial management or assistance with workforce recruitment.

Innovation and best practice

- 3.103 As a Local Authority we encourage the adoption of innovative care models and best practice to improve service quality and efficiency. This includes promoting collaboration across providers to share resources and expertise. We work alongside the CQC to ensure full market oversight; the CQC has a market oversight scheme that monitors the financial health of larger care providers operating across multiple regions. If a large provider is at risk of failure the CQC will notify the Local Authority allowing preparation for possible disruption.

Business Continuity Plan Checklist

- 3.104 The QAT complete an annual review of each provider's Business Continuity Plan (BCP), to assess their readiness to handle crisis and ensure the plan is comprehensive, up to date, tailored and tested to any current risks faced by the provider. (See Appendix 29)
- 3.105 Scenario testing: The Local Authority work alongside the Emergency Planning Team to conduct table top scenario testing exercises with providers; this is to evaluate how effective their BCP is in a real world situation. This helps to identify any weakness within the plan and encourages proactive improvement.

Capacity Tracker and Bed Vacancy

- 3.106 The QAT maintain oversight of occupancy levels within the borough, this information is collated and shared with professionals and can be used to track the health of the care market.

Quality Assurance Dashboard

- 3.107 The QAT complete monthly performance dashboards for Supported Living services and Care Homes which provide an overview of each service. The dashboards serve as an effective quality assurance tool by delivering structured, data driven insight into care quality. This ensures compliance and promotes continuous improvement through monitoring and evaluating performance against key indicators. This allows commissioners to oversee overall service performance and quality, and allows for early intervention from the QAT; by identifying areas that are underperforming, resources and intervention are focused where they are most needed. Adults Senior Management Team retain oversight through receiving regular dashboard reports. *(Currently, there is no dashboard for Domiciliary Care due to there being just one provider. Oversight is maintained through quarterly provider meetings and ongoing quality assurance activities)*

4.0 The way we use and share information

- 4.1 The information gathered by QAT will be used in several ways. Including, but not limited to:

To support learning and improvement

- 4.2 The QAT play a vital role in supporting improvement by capturing and applying a Lessons Learned approach to benefit the provider, and the sector as a whole. Quarterly Care Home Provider Forums and Specialist Provider Forums provide an opportunity to share good practice and learning across the sectors.

Information Sharing Requests

- 4.3 The QAT receive regular requests to share information in relation to providers from
- Halton Integrated Adults Safeguarding Unit (IASU)
 - CQC
 - Other Local Authorities
- 4.4 Such information will be shared in a timely manner in accordance with Data Protection and General Data Protection Regulation (GDPR) rules. Safeguarding concerns identified through the QAF will be reported to the Halton

Adult Safeguarding Unit and shared with Halton Safeguarding Adults Board and HBC Care Home Development Group.

Safeguarding Assurance process

- 4.5 The Safeguarding Assurance Process within the QAF is a critical component, designed to ensure that adults at risk of abuse or neglect are protected. This process involves structured oversight, evaluation and continuous improvement of safeguarding practices within services to ensure compliance with statutory obligations and to promote best practice.
- 4.6 Key elements involved in assuring safeguarding process are;
- 4.7 Safeguarding Policy and Procedure: The QAT will ensure the provider has a safeguarding policy in place, which is aligned with Halton's Safeguarding policy and national guidelines including, the Care Act 2014 and Making Safeguarding Personal.
- 4.8 Operation Procedures: The QAT will ensure the provider has a process in place for reporting, investigating and responding to safeguarding concerns including notifying the CQC of reportable events.
- 4.9 Governance and Leadership oversight: The QAT will ensure the sector has provider representation on the Halton Safeguarding Adults Board (HSAB). The Quality Assurance Officer will ensure the provider has governance systems in place to monitor the effectiveness of their safeguarding arrangements.
- 4.10 Safeguarding lead role: The QAT will ensure the provider has a safeguarding lead within the Organisation who is responsible for ensuring that robust, person centred safeguarding practices are embedded across the service.
- 4.11 Regular reporting: The QAT will ensure the provider has an effective process of audits and governance in place and that good practice is followed where incidents have arisen. This includes themes analysis, accountability and learning from incidents.
- 4.12 Performance monitoring and data collection: The QAT will complete analysis of data collected from a range of intelligence sources including, safeguarding alerts, provider led concerns and enquiries, CQC notifications, provider feedback, whistleblowing concerns and complaints. Quality Assurance Officer will review the data to identify themes and trends, prevalence of incidents and reporting arrangements.
- 4.13 Case file audits: Where there is a request for a review under the Safeguarding Adults Case File Audit policy, a Quality Assurance Officer may be required to take part in a case audit. This is to identify lessons learned and to drive improvement in safeguarding practices across all agencies.

- 4.14 Risk management and escalation: Where concerns identified could lead to unsafe care of service users and risk of harm, the QAT will undertake prompt and proportionate action. Action may include completion of a service risk profile, referral to IASU, initiation of an MDT approach and consideration of a default notice.
- 4.15 Multi-agency working: The QAT are part of the HSAB Quality Group and will report on quality issues.
- 4.16 Training and workforce development: Quality Assurance Officers will ensure the provider has a robust training plan in place which includes mandatory safeguarding training to ensure carers can identify, report and respond to safeguarding concerns.
- 4.17 Quality Assurance Audits: Quality Assurance Officers will ensure the provider's governance processes evidence learning from audits and reviews and that appropriate action is taken.
- 4.18 Quality Assurance Officers will ensure the provider has a system in place to support and train staff to understand the importance of reporting concerns, listening to the service user and ensuring the service user has a voice and is provided with information
- 4.19 Sharing Intelligence: A Quality Assurance Officer will meet weekly with IASU to share provider intelligence.
- 4.20 IASU share quality concerns with QAT when identified following a safeguarding alert.
- 4.21 The QAT receive weekly reports of safeguarding referrals, provider led concerns and provider led enquiries which have been screened by IASU. This information is generated from Eclipse and collated by QAT as part of the provider feedback process and overall intelligence gathering.

Multi-agency collaboration

CQC Engagement Meeting:

- 4.22 Representatives from the Local Authority and CQC come together in a structured meeting to exchange information and insight regarding the quality of registered services in the local area. The purpose is to ensure that services meet the necessary standards and that quality issues are addressed proactively and preventatively. The meeting facilitates an exchange of information regarding care providers performance, compliance and regulations, and areas where support or intervention may be necessary. By sharing information both parties can identify and take steps to address, early signs of standards falling.

4.23 Areas included are:

- Provider updates: the Local Authority and CQC share the latest information from intelligence and assessment or inspection. This includes updates on complaints, incidents or outstanding safeguarding enquiries.
- Enforcement action:
- Best practice: sharing best practice.
- New and Emerging providers: discuss newly registered services or providers entering the market.
- Sector wide themes and trends: demographics, pressures in the sector.

Healthwatch:

4.24 A monthly information sharing meeting takes place between Quality Assurance Manager and Healthwatch.

The main objectives are;

- Improving service quality: Sharing information to identify areas of concern and best practice with the opportunity for improvement.
- Coordinating responses to emerging issues
- Promote transparency and accountability
- Outcomes and recommendations from Enter and View visits

Healthwatch share Enter and View reports with the QAT, reports are sent to Quality Assurance Officers who review the information shared and ensure appropriate and proportionate action is taken.

Elected Members:





4.27 As part of the Local Authority's commitment to ensuring the safety, wellbeing and quality of life of residents in care homes, Councillor visits play a critical role in supporting the broader QAF. This reinforces public accountability and provides an opportunity for Councillors to observe care practice, speak with residents and families on their experience of care and life within the home, and report on general conditions of care standards being delivered.

















4.28 In line with the Councillor Visits to Care Homes Policy, see appendix 15, Councillors will make contact with the QAT indicating when they would like to visit a particular home. The QAT can then advise when the visit can be accommodated.




4.30 The QAT will invite the relevant ward Councillors to attend planned care home monitoring visits alongside a Quality Assurance Officer.

- 4.32 Councillors will produce a report following any visit undertaken which will be shared with the QAT and care home manager. This may generate an action plan which the provider formulate and share with the Councillor to be monitored until completion.
- 4.33 If there are concerns relating to the home manager or senior staff Councillors will inform the QAT, should any concern require immediate action Councillors can escalate through the Safeguarding process.

Appendices

Appendix 1 – Quality and Contract Monitoring Visit Information	 Quality and Monitoring Visit Infor
Appendix 2 - Supporting Information checklist	 Supporting Information Checklist.
Appendix 3 - Stakeholder feedback form	 Pamms assessment professional consulta
Appendix 4 - Relatives feedback form	 BLANK Family consultation question:
Appendix 5 - PAMMS visit record	 PAMMS VISIT RECORD blank.docx
Appendix 6 - Care Plan Audit	 Care Plan Audit OP Accommodation Haltc
Appendix 7 - Policy review checklist	 Policy review checklist.docx
Appendix 8 – Environmental audit	 Environmental audit.docx
Appendix 9 - Financial audit checklist	 Financial Audit checklist - DRAFT.doc
Appendix 10 – Medication Audit	 Medicines Management Audit O
Appendix 11 – Staff file audit tool	 Safer recruitment audit (part of governa
Appendix 12 – Training Audit	 Training Audit OP Accommodation.docx
Appendix 13 – Initial feedback form	 Initial Monitoring visit feedback form.doc

Appendix 14 – Evaluation form of providers	 PAMMS Assessment Evaluation Form.docx	
Appendix 15 – Councillor Feedback Report	 Councillor Visits to Care Homes - Feedba	
Appendix 16 – Provider Self-Assessment	 Provider self assessment.xlsx	
Appendix 17 – Focused Visit	 Focused visit report.doc	
Appendix 18 – Unannounced Out of Hours Visit	 Unannounced Care Home Visit Report.do	
Appendix 19 – Quality and Contract Monitoring Meeting	 Keeping in touch monthly meetings - bl	
Appendix 20 – Quarterly Contract Meeting – Supported Living Services	 Supported living performance report 2	
Appendix 21 – ECM data and deep dive analysis	 ECM proforma blank and guidance.xlsx	 BLANK Service User consultation Deep div
Appendix 22 – Provider feedback protocol	 Provider Feedback Form.docx	 Provider Feedback Protocol 2023.docx
	 Provider Feedback flow chart 2023.docx	
Appendix 23 - Early indicators of concern template	 Early Indicators of Concern Template DR	
Appendix 24 – Risk Profile	 Risk Profile Template.docx	
Appendix 25 – Report for approval for the suspension of services and Suspension Policy	 Report for approval of the suspension of s	 GUIDANCE ON SUSPENSION OF CO
Appendix 26 – Core Grant Funding		

Appendix 27 – OOB Validation Process	 Provider Validation Process 2024.docx
Appendix 28 – Information Sharing Group – Terms of Reference	 ISG TOR.docx
Appendix 29 – Business Continuity Plan Checklist	 BCP Checklist April 2024.docx