Optalis:

Quality Monitoring Framework – CQC Regulated Adult Social Care Providers

November 2019

Vision

To fulfil the potential of every customer, colleague and community we work with

Mission

To be a resilient, efficient and growing social care company capable of delivering high quality, innovative services to more customers delivered by passionate and skilled staff

Our Core Values

Customer Service	Respect
Transparency and Integrity	Communication
Continuous Development	Enjoyable and Rewarding

CONTENTS

Frequently used and nationally known acronyms

RBWM   Royal Borough of Windsor and Maidenhead
CQC   Care Quality Commission (Regulator)
KLOE   CQC Key Lines of Enquiry CCG
CCG   Clinical Commissioning Group
CHC   Continuing Health Care
GP   General Practitioner (Medicine)
DoLS   Deprivation of liberty safeguards
NHS   National Health Service
BHFT   Berkshire Health NHS Foundation Trust
FHFT   Frimley Health NHS Foundation Trust
NQB   National Quality Board
NICE   National Institute for Health and Care Excellence

1. INTRODUCTION:

1.1. Optalis is a local authority trading company owned by and delivering adult social care on behalf of the Royal Borough of Windsor and Maidenhead (RBWM) and Wokingham Borough Council.

1.2. This quality monitoring framework for Care Quality Commission (CQC) regulated adult social care providers is owned by Optalis and currently applies to the adult social care services delivered for the Royal Borough of Windsor & Maidenhead (RBWM) council.

1.3. Optalis values the residents it serves. Our vision emphasises putting residents first and working with partners to provide quality, sustainable adult social care services which deliver good value for money. This focus is central to this Optalis Quality Monitoring Framework.

1.4. Optalis is committed to assuring the quality of these local services and ensuring a diverse market to allow residents good choices for planning their personalised care. This framework aims to support Optalis in achieving this.

1.5. Of particular relevance to the Framework, the Care Act 2014[1] (Chapter 23 Part 1 care and support) places some statutory duties upon local authorities to work in an integrated fashion with health colleagues to develop and maintain a high quality, diverse and sustainable adult social care market. Also responsibility for providing care to service users of CQC regulated adult social care providers in certain circumstances if they fail. The care act comments specifically:

- General responsibilities of local authorities:
  - Section 3 Promoting integration of care and support with health services etc. states: … *"(1) A local authority must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would—…(c) improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision)."*
  - Section 5 - Promoting diversity and quality in provision of services states: …*"(1) A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market—(a) has a variety of providers to choose from who (taken together) provide a variety of services; (b) has a variety of high quality services to choose from; (c) has sufficient information to make an informed decision about how to meet the needs in question… (2) In performing that duty, a local authority must have regard to the following matters in particular—… (d) the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not); (e) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision; (f) the importance of fostering a workforce whose members are able to ensure the delivery of high quality services (because, for example, they have relevant skills and appropriate working conditions)…"*

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[1] Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

- Provider failure:
  - Section 48 -Temporary duty on local authority states: *"(1) This section applies where a person registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (a "registered care provider") in respect of the carrying on of a regulated activity (within the meaning of that Part) becomes unable to carry on that activity because of business failure. (2) A local authority must for so long as it considers necessary (and in so far as it is not already required to do so) meet those of an adult's needs for care and support and those of a carer's needs for support which were, immediately before the registered care provider became unable to carry on the regulated activity, being met by the carrying on of that activity in the authority's area by the provider….".*

1.6. As a local authority, RBWM must meet the statutory duties set out above. The council have retained accountability and direct provision of some duties, and have delegated powers to Optalis to provide services which enable RBWM to meet others. To highlight some key features relevant to this framework
- RBWM have retained the strategic adult social care provider market management and oversite. They are responsible for the procurement, implementation, management and monitoring of contracts for a range of adult social care services, including CQC regulated and unregulated provision. They create and update the standard contractual documentation for block and spot social care placement contracts.
- On behalf of RBWM, Optalis are responsible for the operational service user placement commissioning and monitoring, within the context of above. Optalis execute the resident placement documentation that is part of the council's contract. This placement purchasing may be via the councils block contract arrangements, or on a spot basis within agreed financial parameters.
- Also, where adult social care providers are located within Borough borders, or are commissioned to meet RBWM residents' social care outcomes, Optalis deliver the quality assurance and quality monitoring of these organisations for RBWM.

1.7. This Quality Monitoring Framework sets out the quality assurance and monitoring function with respect to external CQC regulated adult social care providers, which Optalis deliver for RBWM. Whilst this is quality rather than contract monitoring, the associated monitoring tools make reference to the contractual standards set by RBWM where relevant.

1.8. CQC are the independent regulator of health and social care in England. CQC register services to deliver certain types of regulated activities, and monitor and inspect to ensure providers meet fundamental standards and thus operate safely and legally. CQC have powers to act where providers are consistently evidenced to be found non-compliant with these standards, and this includes removing registrations or placing restrictions upon them.

1.9. This Quality Monitoring Framework is targeted at adult social care providers who fall within the scope of CQC registration. This therefore includes residential care homes with or without nursing, domiciliary care services, extra care housing, shared lives schemes, and some residential supported living schemes.

1.10. This Quality Monitoring Framework focuses on the services delivered by the Optalis Care Quality Assurance Team who sit within the wider Governance and Quality Assurance Team. It explains the quality assurance and service improvement approach, and sets out the roles and responsibilities of key stakeholders. It describes how Governance and Quality Assurance Team monitors the quality and supports adult social care providers to deliver outcome focused person centred care.

1.11. For the Optalis Care Quality Assurance Team to deliver this function adult social care providers will be quality monitored in the most agile and efficient way, using an intelligence led approach. Bureaucracy will be minimised, and existing national or local validated data sources will be used where possible to reduce the burden on providers and Optalis.

1.12. Having this Quality Monitoring Framework assists in assuring the Optalis board that target outcomes are achieved or improved for adults in receipt of care services, who can be considered some of the most vulnerable or at risk of harm in our society. This allows for assurance to RBWM of the same.

2. PURPOSE:

2.1. This Quality Monitoring Framework sets out the scope of the Care Quality Assurance Team's quality assurance activity and how they, along with relevant stakeholders, monitor and act on specific and cumulative quality indicators.

2.2. It sets out the purpose of quality assurance and service improvement activity, and the desired outcomes.

2.3. It describes the expected quality standards, quantitative and qualitative data monitored, its purpose and scope.

2.4. It identifies roles and responsibilities of key parties involved in assuring quality, allowing accountability. It ensures person centred practice, so that people who use services are involved and that quality assurance is inclusive of adult social care providers. Through building positive relationships and supportive partnership based working, continuous quality improvement can be delivered, with better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

2.5. It sets out the arrangements for governance and oversite so that the Optalis board and owning organisations can satisfy themselves Optalis is discharging its responsibilities properly.

2.6. The over-arching aim of this Quality Monitoring Framework is to ensure Care Quality Assurance Team support Optalis; and in turn RBWM; to achieve their vision.

2.7. Quality assurance is at the heart of all Care Quality Assurance Team activity, and the Quality Monitoring Framework overviews the main activities in order to:

- Ensure appropriate systems and procedures are in place to capture intelligence in order to provide a holistic market and specific provider view
- Provide clarity of Care Quality Assurance Team focus and intended outcomes
- Enable Care Quality Assurance Team to use the Quality Monitoring Framework to ensure consistent proactive and proportionate response
- Ensure relevant governance and oversight.
- Manage partners' expectations

- Allow for complimentary business processes to be developed within other teams and organisations, ensuring best use of Care Quality Assurance Team output to improve outcomes for adults in receipt of care.

3. CONTEXT:

3.1. The Royal Borough of Windsor & Maidenhead has approximately 147,000 residents; around 2750 of whom are in receipt of support from Optalis adult services.[2]

3.2. As detailed above, to reflect the requirements set out by the Care Act 2014 and the contractual relationship between RBWM and Optalis, Care Quality Assurance Team provides the non-contractual quality assurance of commissioned external CQC regulated adult social care locations, as well as all external CQC regulated adult social providers within the borough's boundaries. This includes both quality monitoring and service improvement activity.

3.3. On average, Care Quality Assurance Team work with approximately 170 different CQC regulated locations. Of these 59 are within borough boundaries, 111 are outside in other local authority areas.

3.4. Whilst Care Quality Assurance Team are not responsible for monitoring Optalis run locations or adult support services that fall outside the scope of CQC registration, where the team are aware of these services being geographically located in the borough or commissioned for RBWM funded residents, the organisations are added to the Care Quality Assurance Team "Provider. List" Excel workbook. Intelligence received about them is captured in team systems, and they are included in the provider risk assessment process. If monitoring or improvement action is identified as required for an organisation of this type, the decision about where this activity best sits would be determined by the Director, Statutory Services on a case by case basis.

3.5. The current structure of the Care Quality Assurance Team, and extended Governance and Quality Assurance Team is attached in appendix 1.

3.6. The current structure of the CQC regulated adult social care market in the borough is attached in appendix 2.

3.7. Care Quality Assurance Team do not currently have a corporately supported database, and instead have created in-house systems which capture information with respect to provider performance and team activity. Data is held in several flat systems which work in isolation rather than as a relational database, many being Excel workbooks. As a result, the information management systems are somewhat task focused, and some reconciliation and analysis tasks are completed manually rather than being automated. As much automation as possible has been built in, within resource constraints, with links between data sets in attempt to ensure efficiency with each piece of data ideally only entered once.

3.8. These systems allow information held across Optalis, and external partner departments to be brought together to provide an overview of how an adult social care provider is performing.

3.9. Statistical dashboards are available with respect to provider and team performance. These dashboards are dynamic and change as required.

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[2] Council Strategic Plan 2016-20

Current examples include: numbers of monitoring visits; volumes of feedback or safeguarding alerts received; CQC ratings of providers.

3.10. To make best use of the available Care Quality Assurance Team resource, quality monitoring and service improvement activity is scheduled on a risk assessed basis. Priority is therefore given to intelligence led targeted preventative monitoring and service improvement of particular providers, rather than broad scale routine monitoring of all.

3.11. Provider concerns or achievements are identified through various means, including for example: feedback from Optalis staff, other local authorities or stakeholder organisation staff; CQC compliance ratings; or analysis of provider quality performance indicators.

3.12. The majority of the targeted monitoring activity is led by activities described later in this framework , including: the Risk Matrix, thematic review, Care Governance and Quality Assurance Meeting or organisational safeguarding provider risk governance framework procedures [currently Serious Concerns and Standards of Care frameworks].

3.13. Whilst this targeted monitoring could be viewed as reactive in nature; being implemented as a result of the identification of provider thematic concern. It is the routine monitoring cycle that detects the thematic concern so arguably could be more accurately described as preventative; facilitating provider improvement action before concern escalates. This routine monitoring cycle, including the capture of intelligence and analysis is detailed later in this document.

3.14. The aim of using a risk based preventative approach is to ensure co-ordinated multi-disciplinary action is swift, targeted and proportionate; to raise standards where most required. Also, to limit further or escalated concern ensuring continued resident safety and satisfaction.

3.15. Essentially the Optalis quality assurance approach has five key principles as outlined in the diagram below:
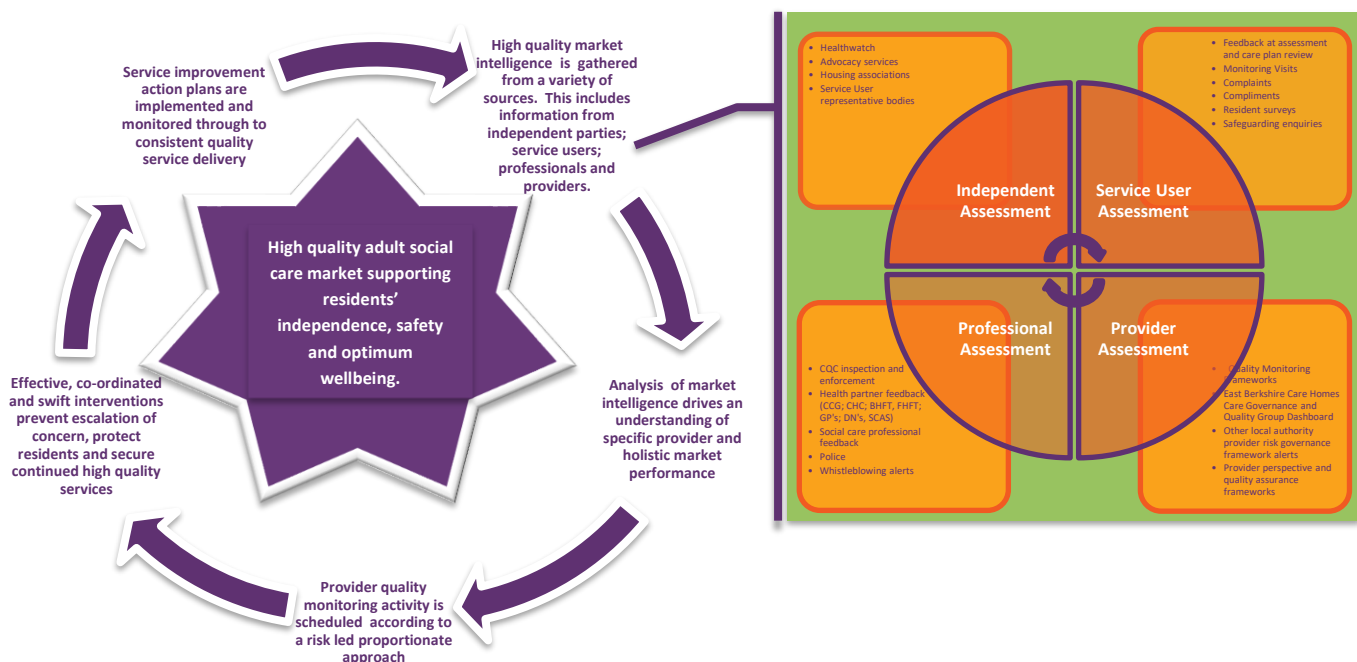
3.16. **Information Sharing:**

- Quality care is everyone's business, and to ensure services are high quality Optalis involve relevant stakeholders in all stages of the quality assurance cycle.
- To ensure the safety and welfare or service users, Optalis may share quality assurance information with relevant stakeholders, including but not limited to:
  - Relevant Optalis staff
  - The adult social care provider
  - Relevant staff within local authorities and Clinical Commissioning Groups in Berkshire, including relevant staff in commissioned services such as Berkshire Health Foundation Trust (BHFT), Frimley Health Foundation Trust (FHFT), South Central Ambulance Service (SCAS), and local General Practitioners (GP's)
  - Other local authorities and Clinical Commissioning Groups that have commissioned care or support for service users from the adult social care provider
  - CQC
  - Police
  - Healthwatch

3.17. Where of benefit, there is a joint monitoring or quality assurance approach between different Optalis teams, and other outside organisations such as those listed above.

3.18. Care Quality Assurance Team monitor providers' overall performance, and by default the quality of care received by residents. However, responsibility for ensuring individual resident safety and appropriateness of care remains the responsibility of the operational service teams, including the Physical Disabilities and Older People Team; Community Team for People with a Learning Difficulty; the Mental Health Team for Older People; and the Community Mental Health Team. Care Quality Assurance Team provide intelligence to these service teams in order to assist them with their remit and achieving this outcome.

3.19. As well as the preventative targeted work with particular providers, there are various forms of routine planned monitoring activity which review quantitative and qualitative information.

3.20. Key types of provider quality assurance activity includes:
- Monitoring of commissioned provider use, in borough providers, and compilation of a holistic provider list
- Monitoring of volumes and themes of safeguarding alerts and enquiries
- Monitoring of volumes and themes of complaints
- Gathering provider feedback from Optalis staff
- Monitoring resident provider feedback
- Monitoring of feedback supplied by partners (e.g. Healthwatch[3], other local authorities, or health service colleagues)
- Monitoring of significant provider events
- CQC compliance monitoring and regional Pan Berkshire CQC Board Meeting
- Development and maintenance of a provider risk matrix assessment and prioritisation tool

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[3] http://www.healthwatch.co.uk/

- Care Governance and Quality Assurance Meeting (monthly)
- Provider and holistic market thematic review
- Organisational safeguarding Provider Risk Governance Frameworks and associated service improvement activity [currently Serious Concerns and Standards of Care Frameworks]
- Monitoring of other local authority caution lists
- The East Berkshire Care Homes Quality Group Meeting steering board and project bi-monthly meetings
- Onsite provider monitoring visits
- Provider service improvement action plans

3.21. The overarching Care Quality Assurance Team approach is one of having clear standards; set out in the RBWM contracts, this Optalis Quality Monitoring Framework and associated organisational safeguarding procedures; with quality assurance, monitoring and service improvement activity to ensure adherence to such.

3.22. In delivering this function, all of the Care Quality Assurance Team activity is framed in a transparent no blame culture and context of continuous learning for Optalis, providers and all stakeholders.

4. ROLES AND RESPONSIBILITIES IN THE QUALITY MONITORING FRAMEWORK

4.1. Optalis Governance and Quality Assurance Team

- The Governance and Quality Assurance Team assure the quality of services delivered by Optalis operational adult service teams, and for adults in receipt of external adult social care services commissioned by those teams. The Governance and Quality Assurance Team is made up of:
- **Optalis Director, Statutory Services:**
- The Director, Statutory Services is accountable to the Optalis Chief Executive for ensuring comprehensive governance and quality assurance procedures are in place and are consistently delivered. This includes having a quality monitoring framework for regulated adult social care providers
- The Director, Statutory Services supports this Quality Monitoring Framework by:
  - Chairing the monthly Care Governance and Quality Assurance Meeting, and owning the multi-disciplinary team agreed actions, minutes and their circulation.
  - Sharing information with the Care Quality Assurance Team and wider Governance and Quality Assurance Team as appropriate. Including, but not limited to, updates regarding RBWM and Optalis contractual arrangements and actions with respect to external providers, and any notification from CQC of enforcement action or notices of proposal.
  - Proposing, agreeing and reporting to RBWM on key performance indicators for the Governance and Quality Assurance Team service, including outcomes of these quality monitoring framework procedures.
  - Owning the routine and ad hoc escalation of placement and quality assurance intelligence, activity and outcomes to RBWM; including key outcomes from this quality monitoring framework approach.

- Agreeing any Optalis commissioning restrictions or placement re-locations deemed required by organisational safeguarding or commissioning procedures. Also escalating these to RBWM as required to allow appropriate contractual action. Sharing any remedial contractual action with the Care Quality Assurance Team and the wider Governance and Quality Assurance Team as appropriate.

- **Care Quality Assurance Team:**
- Working with relevant internal and external partners and stakeholders, the Care Quality Assurance Team assist in ensuring relevant elements of the Optalis, and in turn the council's, vision is achieved by developing, promoting and implementing this Quality Monitoring Framework re high quality external provider services.
- The scope and remit of the team is as detailed in the sections above.
- The Care Quality Assurance Team support this Quality Monitoring Framework by:
  - Completing the forms of quality assurance, quality monitoring and service improvement activity detailed within it.
  - Reviewing this framework with the Care Quality Assurance Team Manager on a bi-annual basis.
  - Feeding into internal and external partner strategies and operational activity to ensure there is a diverse high quality, constantly developing care market available to residents. Allowing residents to have the control to make personalised choices about their care.
  - Contributing to strategic and operational commissioning activity to confirm value for money, ensuring the highest quality services are commissioned within financial constraints.
  - Capturing relevant market intelligence and quality performance indicators; sharing this data to inform relevant activities and strategies, such as commissioning, safeguarding, or service user review.
  - Identifying and addressing themes of poor quality external provider performance swiftly and proportionately, within agreed frameworks. Escalating these via monthly Care Governance and Quality Assurance Meetings to ensure appropriate accountability and oversight from senior management.
  - Supporting individual and organisational safeguarding procedures to ensure vulnerable residents are protected from harm.
  - Supporting Providers through various service improvement or development initiatives.
  - Identifying learning opportunities, both from serious concerns and best practice events, sharing with partners to aid continuous improvement.
  - Working with internal and external colleagues to develop the quality of the sector workforce; to assist adequate availability of appropriate training and in turn competency, and also safe recruitment practices delivering a workforce with the right values.
  - Providing intelligence to service and commissioning teams, as well as RBWM via Care Quality Assurance Team Manager and/or Director,

Statutory Services, in order to assist them with their fulfilling their remits and intended outcomes.

- Attending local and regional quality assurance and intelligence meetings including the Care Governance and Quality Assurance Meeting; East Berkshire Care Homes Quality Group Meeting and the Pan Berkshire CQC Meeting.

▪ **Safeguarding Adults and Deprivation of Liberty Team:**

▪ The Safeguarding Adults Team provide the direction, scrutiny and quality assurance of the design and implementation of the organisational (appendix 9) and individual safeguarding procedures[4] within Optalis.

▪ They assist this Quality Monitoring Framework by:

- Ensuring safeguarding enquiries and deprivation of liberty safeguards (DoLS) are co-ordinated and of good quality.
- Capturing and analysing intelligence with respect to volumes, and details of safeguarding alerts, enquiries, investigations and outcomes. Sharing this data with Care Quality Assurance Team.
- Capturing and analysing intelligence with respect to volumes and details of DoLS's referrals and outcomes.
- Via a Care Quality Monitoring Form (appendix 3) sharing any individual high risk or potential organisational safeguarding alerts or complaints as well as any whistle-blowing reports with Care Quality Assurance Team as they are identified, or ensuring the relevant Care Manager has done so.
- Reporting any other provider concerns to the Care Quality Assurance Team via a Care Quality Monitoring Form. This includes any safeguarding themes of concern identified about a provider.
- Reporting any provider compliments to the Care Quality Assurance Team via a Care Quality Monitoring Form.
- Sharing any identified good practice with the Care Quality Assurance Team via a Care Quality Monitoring Form.
- Consulting with the Care Quality Assurance Team about any monitoring or service improvement action that may be required following a safeguarding incident, organisational safeguarding framework or DoLS.
- Reporting any organisational safeguarding concerns and frameworks to the Care Quality Assurance Team and leading the organisational safeguarding framework procedures. Escalating these to the Strategic Adult Safeguarding Coordinator and/or Director, Statutory Services to ensure appropriate accountability and oversight from senior management.
- Ensuring appropriate safeguarding response where the Care Quality Assurance Team intelligence or monitoring suggests safeguarding procedures are required.
- Ensuring restrictions on placements or re-locations are implemented where required, and according to relevant safeguarding and commissioning procedures. Escalating these to Strategic Adult Safeguarding Coordinator and/or Director, Statutory Services to

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[4] http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/

ensure appropriate accountability and oversight from senior management.

- Attending and feeding into Care Governance and Quality Assurance Meetings; identifying provider based themes.

- **Optalis Commissioning Team/ Care Brokerage and Placements Coordinators:**

- Care Brokerage and Placements Coordinators have significant direct contact with residents, and therefore have a wealth of information about the quality of commissioned services.

- The Coordinators execute RBWM standard block and spot placement contracts by arranging adult social care providers to meet the assessed outcomes of eligible adults with care and support needs.

- The Co-ordinators support this Quality Monitoring Framework by:

  - Ensuring there are placement and operational commissioning strategies, policies and procedures in place that support commissioning with the best quality and value services.

  - Ensuring there is a quality assurance element to the placement policy and procedure, and involving the Care Quality Assurance Team in its review.

  - They ensure placement commissioning procedures make clear any placement actions to be taken against providers who consistently deliver poor quality care, or who are subject to organisational safeguarding framework procedures. This includes but is not limited to restrictions on placements or placement re-locations. Also ensuring the procedures include routes for escalation to RBWM, clarifying links to contractual action such as termination of service or any other contractual activity such as default notices.

  - Assisting the Care Quality Assurance Team to maintain an accurate list of commissioned and in borough adult social care services by advising of newly commissioned providers, placements, or termination of contracts or placements.

  - Ensuring appropriate placement documentation, with relevant quality assurance elements.

  - Maintaining records of external provider placements, sharing details and volumes of provider placements with the Care Quality Assurance Team.

  - Via a Care Quality Monitoring Form, reporting any individual, thematic, or placement provider concerns to the Care Quality Assurance Team.

  - Reporting any provider compliments to the Care Quality Assurance Team via a Care Quality Monitoring Form.

  - Sharing any identified provider good practice with the Care Quality Assurance Team via a Care Quality Monitoring Form.

  - Attendance and input or placement volume reporting into the Care Governance and Quality Assurance meeting.

  - Responding to the Care Quality Assurance Team requests for information or action in a timely manner.

4.2. **Director, Statutory Services:**

- The Director has oversite for the management of all Optalis operational staff, and is accountable to the Optalis board and RBWM for ensuring adequate and comprehensive business systems and processes are in place to deliver the services laid out in the contract with RBWM.
- The Director supports this Quality Monitoring Framework by:
  - Via the line management of the Care Quality Assurance Team Manager, owning this framework with all associated procedures.
  - Sharing information with the Care Quality Assurance Team and wider Governance and Quality Assurance Team as appropriate, including but not limited to updates regarding RBWM and Optalis contracting arrangements with external providers, and any notification from CQC of enforcement action or notices of proposal.
  - Reviewing the minutes of the monthly Care Governance and Quality Assurance Meeting, and directing any further provider related action deemed required or changes to the multi-disciplinary agreed actions.
  - Maintaining oversite of the reporting to RBWM, and directing any additional or ad hoc notifications required as a result of this Quality Monitoring Framework activity.

4.3. Operational Service Teams Occupational Therapy Team and First Contact and Duty Team:

- Service area teams retain responsibility for ensuring care is appropriate to meet the needs and outcomes of individual residents, and for maintaining resident safety.
- By the nature of the service, care management, first contact and duty team members, and occupational therapy colleagues have the most contact with residents, who can supply much feedback about the quality of commissioned adult social care services.

- These teams , support this Quality Monitoring Framework by:
  - Managing Optalis response to individual safeguarding alerts, complaints and compliments.
  - Reporting any provider concerns to the Care Quality Assurance Team via a Care Quality Monitoring Form. This includes individual safeguarding enquiry or investigation outcomes, complaints and lower level concerns, but also any themes of concern identified about a provider.
  - Sharing any individual high risk or potential organisational safeguarding alerts with the Care Quality Assurance Team as they are identified via email.
  - Reporting any provider compliments to the Care Quality Assurance Team via a Care Quality Monitoring Form.
  - Sharing any identified provider good practice with the Care Quality Assurance Team via a Care Quality Monitoring Form.
  - Attending and feeding into the monthly Care Governance and Quality Assurance Meeting at service or team manager level.
  - Arranging a representative volume of reviews or spot welfare checks to gather further intelligence when provider based themes of concern or CQC non-compliance are identified.

- Ensuring appropriate service response where the Care Quality Assurance Team intelligence or monitoring suggest safeguarding or care management procedures are required.
- Responding to the Care Quality Assurance Team requests for information or potential action in a timely manner.

4.4. Royal Borough of Windsor & Maidenhead (RBWM):

- RBWM have a direct impact on this Quality Monitoring Framework. The scope of their role that applies has been detailed above in section 1.
- RBWM support this Optalis Framework by:
  - Within the agreed communication channels, sharing anything of relevance to this Framework with the Care Quality Assurance Team Manager and/or Director, Statutory Services for distribution to the Care Quality Assurance Team as relevant, such as:
    - Assisting the Care Quality Assurance Team to maintain an accurate list of commissioned and in borough social care services by advising of new providers, contracts or termination of contracts/ placements.
    - Managing block contracting arrangements and advising of changes.
    - Ensuring availability of appropriate block and spot contractual documentation, containing relevant quality assurance elements.
    - Ensuring strategic commissioning procedures and or contractual documents make clear any actions to be taken against providers who consistently deliver poor quality care, including but not limited to restrictions on commissioning or placement activity; termination of service or any other contractual activity such as default notices.
    - Sharing any individual, thematic, or contractual provider concerns.
    - Sharing any provider compliments.
    - Sharing any identified good practice.
    - RBWM monitor and manage provider contract performance, including contract review procedures, and will share outcomes as relevant.
    - Arranging market development activity, including provider forums, and inviting Optalis to attend or input to the agenda.
    - Agreeing relevant performance reports and indicators for the Governance and Quality Assurance Team, including outcomes of the Framework procedures.

- **RBWM Finance Team:**
  - Optalis purchase services from the RBWM Finance Team. The finance team ensure providers receive appropriate agreed compensation for the services delivered to adults in receipt of care.
  - They support the Quality Monitoring Framework by:
    - Assisting the Care Quality Assurance Team to maintain an accurate list of commissioned and in borough social care services by sharing their commissioned provider spreadsheets on a monthly basis.

5. QUALITY STANDARDS:

5.1. The Care Quality Assurance Team review providers' performance by shaping the monitoring approach and tools using relevant standards set out in legislation, and the guidance published by nationally recognised bodies. Some examples of these include:

- Quality Matters[5]
- CQC regulations[6]
- The National Institute for Health and Care Excellence (NICE) relevant guidelines and quality standards[7]
- The Care Act 2014[8]
- The Social Care Institute for Excellence (SCIE) guidance[9]
- Skills for Care guidance[10]
- Care Improvement Works[11]
- Research in Practice for Adults (RIPFA) resources[12]
- My Homelife[13]
- The Institute of Public Care (IPC)[14]
- Department of Health (DoH)[15]
- Nursing and Midwifery Council (NMC)[16]
- Royal College of Nursing (RCN)[17]
- Public Health England (PHE)[18]
- NHS England[19]
- Think Local Act Personal (TLAP)[20]
- Health and Safety Executive (HSE) [21]
- Association of Directors of Adult Social Services (ADASS)[22]
- Local Government Association (LGA).[23]

5.2. The Care Quality Assurance Team adhere to standards set by relevant internal and local procedures, including for example the Berkshire Multi-agency Safeguarding Adult's Policy and Procedures[24], and commissioning procedures. The Care Quality Assurance Team ensure quality assurance activity supports and compliments these.

5.3. The Care Quality Assurance Team also incorporate relevant contractual indicators into the quality monitoring process and tools.

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[5] https://www.gov.uk/government/publications/adult-social-care-quality-matters
[6] http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers
[7] https://www.nice.org.uk/guidance
[8] http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
[9] https://www.scie.org.uk/atoz/
[10] http://www.skillsforcare.org.uk/home.aspx
[11] http://www.careimprovementworks.org.uk/
[12] https://www.ripfa.org.uk/
[13] http://myhomelife.org.uk/
[14] http://ipc.brookes.ac.uk/about-ipc.html
[15] https://www.gov.uk/government/organisations/department-of-health
[16] https://www.nmc.org.uk/
[17] https://www.rcn.org.uk/
[18] https://www.gov.uk/government/organisations/public-health-england
[19] https://www.england.nhs.uk/
[20] https://www.thinklocalactpersonal.org.uk/
[21] http://www.hse.gov.uk/
[22] https://www.adass.org.uk/home
[23] https://www.local.gov.uk/
[24] https://www.berkshiresafeguardingadults.co.uk/

6. FORMS OF QUALITY ASSURANCE AND MONITORING:

- An overview document detailing the over-arching quality monitoring assurance framework business process is attached in appendix 4; and complimentary processes for capturing provider intelligence (appendix 5) and recording monitoring action and outcomes (appendix 6) are also attached.
- Main data held by the Care Quality Assurance Team is illustrated by the attached database overview in appendix 7.

6.1. Monitoring of commissioned provider use:

- It is important that the Care Quality Assurance Team have an accurate record of providers currently commissioned by Placement Co-ordinators and service teams for long-term placements; in order to ensure these providers are subject to ongoing quality assurance and monitoring activity.
- The Care Quality Assurance Team maintain an Excel workbook "Provider. List" that details commissioned and in borough providers the team are aware of. This includes CQC regulated providers, but also any unregulated adult social care supported living providers the team are aware of.
- Of commissioned providers, only those with long-term placements are included on the Provider List, and therefore subject to this Framework (i.e. excluding interim, respite or temporary placements which would include property disregard placements).
- For interim, respite or temporary placements, the pre-placement checks completed by service teams and the Placement Co-ordinators, as well as care management activity perform the quality assurance function.
- The population of this Provider List workbook is supported by the following Excel workbooks which allow for the auto population of some details:
  - "Data.Brokerage.for.Provider.List"
  - "Data.Finance.for.Provider.List"
  - "Data.CQC.Location.for.Provider.List"
  - "Data.CQC.Rating.for.Provider.List"
- The commissioning type, service area and status of providers, including any new or de-commissioned providers, is manually updated on a monthly basis, by the end of the second week of any month. This is done by reconciling against the RBWM Finance Team placement spreadsheets and Brokerage performance reports. This ensures accuracy of content, and thereby efficient use of resource and focused activity.
- The regulated provider location details, including the address, overall provider group, regulated activity, service type, service user categories, and CQC overall compliance rating are downloaded on a monthly basis from the CQC website: https://www.nhs.uk/service-search/performance/downloaddata
- The unregulated provider location details including the address, overall provider group, service type, and service user categories are updated on a six monthly basis. The Care Quality Assurance Team contacts providers directly to do this.
- Email addresses for the provider, including the Registered Manager and Nominated Individual are manually updated.
- Full procedures for the update and maintenance of data can be found within the respective workbooks.

- The Provider List workbook facilitates reporting on the structure and characteristics of the commissioned and local social care market, as well as their CQC inspection outcomes. The Care Quality Assurance Team have created various pivot tables and charts to illustrate this, details are attached in the database overview.

6.2. Tracking of safeguarding cases, complaints, Optalis, Service User/Resident and other partners feedback:

- Market intelligence is important to ensure monitoring activity is appropriately informed and resourced to maintain and improve performance, and prevent concerns or risk to residents. It is vital to inform the targeted monitoring plan for specific providers.

- Information sharing from stakeholders is encouraged, with various procedures or information sharing protocols in place ensuring the Care Quality Assurance Team receive relevant information regarding provider performance and quality.

- The Safeguarding Officer manages the recording of individual safeguarding alerts via the "Safeguarding.Alert.Tracker" Excel workbook. The Care Quality Assurance Team have created and maintained provider based pivot tables and charts to create a visual dashboard illustrating provider based safeguarding themes and trends.

- To uniform the approach to feedback and ensure efficiency and consistency, where possible feedback is requested via a Care Quality Assurance Team Care Quality Monitoring Form This includes feedback from: compliments, complaints, review feedback, safeguarding enquiry or investigation feedback, DoLS review feedback, health review feedback, Healthwatch or voluntary sector feedback, whistleblowing alerts, and general monitoring information.

- There is an example template of the Care Quality Monitoring Form attached, appendix 3. The Care Quality Monitoring Form captures the details of the feedback, whether it is generally positive or negative, as well as the outcomes of any action taken by the referrer, and the appropriateness of the provider's response. The form is mapped to CQC standards and regulations. This allows for individual provider, and holistic market analysis of thematic strengths and weaknesses tied to the CQC standards. It also equips the team to provide detailed feedback to CQC requests for intelligence, and focused individual and strategic market improvement support to providers.

- The Care Quality Assurance Team have an Excel workbook "Provider.Intelligence.Database" where this feedback is recorded and volumes are analysed, supported by the routine qualitative analysis of content. The form has been built in a way that allows for the leanest approach to data entry, with the referrer typing details, as they would in an email or other notification, selecting from pre-formatted drop down lists where possible to ensure consistency. This simply requires The Care Quality Assurance Team to copy and paste content into the main cumulative workbook.

- The Care Quality Assurance Team have developed a dashboard of pivot tables and charts that illustrate key elements and trends in the provider based feedback allowing both a thematic and chronological view of performance.

- The Care Quality Assurance Team intelligence is reviewed as it is received and escalated to other service areas where required, ensuring appropriate placement commissioning, review and safeguarding action can be taken if deemed required by relevant teams. The Care Quality Assurance Team Manager and/or Director, Statutory Services escalates to RBWM as needed via the agreed communication channels. Service areas are requested to advise The Care Quality Assurance Team if they intend to take any further action, as per the attached business processes.
- The intelligence is also reviewed on a more holistic risk assessed basis at monthly intervals via the Risk Matrix and Care Governance and Quality Assurance Meeting and the associated thematic review which are explained in more detail in the sections below.
- Themes are identified and escalated to relevant internal colleagues as established, and also more routinely via the Care Governance and Quality Assurance Meeting to enable appropriate oversight, accountability and multi-disciplinary decision making on action required. The Care Quality Assurance Team may implement broad provider level service improvement activity, but the service areas remain responsible for ensuring individual resident safety.
- Themes may also potentially be shared with external stakeholders via information sharing agreements, for example at the Pan Berkshire CQC Board meeting or at the bi-monthly East Berkshire Care Homes Quality Group Meeting.
- Any Care Quality Assurance Team actions deemed necessary from data receipt or analysis are recorded in the Excel workbook "Provider.Monitoring.Action.Database" and followed through to completion.
- The data and analysis can also be used in individual resident and organisational safeguarding processes, to identify broader or repeat themes which may require action either by Optalis or the provider.
- Where appropriate, The Care Quality Assurance Team may attend individual safeguarding meetings where there are concerns about the provider's performance and the relevant resident consents to such.
- There are development opportunities in these areas of monitoring, and if resources ever allow, the intention is to develop more formal benchmark and comparator systems for the different types of feedback, potentially allowing further development of the Risk Matrix and risk grades for the various elements.
- Another development would be to enhance the routine monitoring of service user feedback. Service user feedback is gathered via review feedback, and safeguarding enquiry or investigation feedback, as well as onsite at monitoring visits.

6.3. Provider significant events:
- Provider significant events are known to have potential to impact on the quality of care delivered.
- Where notified or identified, The Care Quality Assurance Team record significant provider events in the "Provider.Intelligence.Database". These include for example: changes in management, location, overall provider group, and de-registration or closure.

- This allows for both a chronological and volume assessment, for example the number of management changes in a 12 month period, or similar.
- This data is assessed as part of the thematic review, and may in future be added to the Risk Matrix as this process is developed.
- Significant events are escalated to other service areas where required ensuring appropriate placement commissioning, review and safeguarding action can be taken if deemed required by relevant teams. The Care Quality Assurance Team Manager and/or Director, Statutory Services escalates to RBWM as needed as per agreed communication arrangements. Service areas and Care Brokerage/Placement Co-ordinators are requested to advise The Care Quality Assurance Team if they intend to take any further action as per the attached business processes; the service areas remain responsible for ensuring resident safety, and that appropriate contractual and placement documentation is in place.

6.4. CQC compliance monitoring and the Regional Pan Berkshire CQC Board Meetings
- The scope of CQC regulated activity can be found at:
- http://www.cqc.org.uk/content/regulated-activities
- The standards that apply to different forms of regulated providers and activity can be found at:
  - http://www.cqc.org.uk/content/regulations-service-providers-and-managers
- Compliance with regulations is considered a key quality performance indicator of the market and The Care Quality Assurance Team monitor this in order to ensure poor practice is improved and good practice is shared, to facilitate a culture of continuous improvement.
- The Care Quality Assurance Team attend the joint bi-monthly regional CQC, local authority and healthcare Pan Berkshire CQC Board. Local authorities and healthcare colleagues share information regarding provider contractual and quality performance (often in the form of framework or caution lists), and CQC share intelligence and inspection activity. Hard and soft intelligence is shared, and brief action logs are recorded for the meetings. The Pan Berkshire CQC Care Quality Board ensures timely and appropriate action from all parties and therefore safeguards vulnerable residents.
- The Care Quality Assurance Team also sign up to CQC provider inspection alerts for commissioned regulated providers, and all in borough regulated providers regardless of commissioning status. This ensures The Care Quality Assurance Team receive accurate timely information with respect to regulatory action and provider performance.
- The Care Quality Assurance Team sign up to CQC newsletters and publications in order to keep up to date, maintain knowledge, and in order to share any relevant information with providers.
- As mentioned in an earlier section, on a monthly basis, by the second week of the month, The Care Quality Assurance Team download the current CQC published ratings for social care providers into the "Provider. List" Excel workbook, allowing a snapshot view of current commissioned and local social care market performance.

- The Care Quality Assurance Team also capture the CQC compliance of said provisions within the "Provider.Intelligence.Database". Within this workbook, The Care Quality Assurance Team track compliance status with respect to the overall rating, and more specifically with respect to the CQC 5 Key Lines of Enquiry (KLOE's). Data is captured for each new CQC site review whilst also retaining previous review results. This allows for a chronological view of provider compliance performance; as well as for the market as a whole.
  The Care Quality Assurance Team circulate changes to providers' current compliance status to relevant Optalis management teams and Care Brokerage/Commissioning Team Placement Co-ordinator as alerts come in, ensuring appropriate placement commissioning, review and safeguarding action can be taken if deemed required by relevant teams. The Care Quality Assurance Team Manager and/or Director, Statutory Services escalates to RBWM as needed.
- For the RBWM based providers whom Optalis/RBWM commission with the Care Quality Assurance Team implement prevention focused targeted monitoring tasks where a provider is rated by CQC as inadequate or requires improvement overall. Dates and outcomes of this are recorded on the "Provider.Monitoring.Action.Database". Where relevant The Care Quality Assurance Team:
  - Contact the provider to request their CQC action plan and progress update. Assess whether the action plan should address the areas of non-compliance, and within an appropriate time-frame.
  - Assess information held by Optalis regarding the Provider, such as volumes of complaints, safeguarding or provider feedback received by The Care Quality Assurance Team
  - Assess whether all of the above information should reasonably reduce or escalate the compliance concerns. If the assessment increases concern, The Care Quality Assurance Team escalate this to service teams, Care Brokerage/Placement Co-ordinators and Director, Statutory Services, and set a timescale for reviewing the situation.
- The Risk Matrix (identified in 6.5.)allows for Providers rated by CQC as inadequate or requiring improvement overall and for whom there is new feedback identified via 6.2 to be distinguished and discussed at the Care Governance and Quality Assurance Meeting, in order to ensure prompt action where required.
- Provider CQC ratings are routinely reviewed within the monthly Care Governance and Quality Assurance Meeting with a focus on the most non-compliant provisions; to ensure any action is agreed in a multi-disciplinary fashion, co-ordinated, implemented and monitored routinely to ensure effective and swift impact.

6.5. Risk Matrix:

- The Care Quality Assurance Team maintain a monthly risk assessment and prioritisation tool within the Excel workbook "Risk Matrix".
- The Risk Matrix details risk rated quality and location characteristic indicators for all commissioned and in borough located providers.

- There are quantitative and qualitative indicators within the Risk Matrix, including, where applicable to the service type:
  - **Risk Rating Indicators:**
    - Whether the provider location is regulated or unregulated
    - Whether the provider location is located within the borough
    - Whether there are current Optalis funded placements
    - The category of placements (such as residential or supported living etc.)
    - Whether the provider location is subject to a block or spot contract
    - Whether the provider location is a supported living site, housing a number of residents
    - Whether Care Quality Assurance Team monitor the provider as a regulated provider supplying staff to an unregulated site (such as a supported living scheme)
    - If a care home or supported living site, the size, identified by the maximum number of available beds
    - Whether there is a Registered Manager / manager of unregulated site in place
    - Whether the provider location has been subject to CQC enforcement action within the last 12 months
    - Whether the last published CQC site inspection is older than 1 year
    - The latest CQC ratings:
      - Overall
      - Safe
      - Effective
      - Caring
      - Responsive
      - Well-led
    - The latest published food hygiene rating
    - Annual staff turnover level (included if the provider supplies information to the National Minimum Data Set, NMDS[25])
    - Annual registered nurse turnover (included if provider supplies information to the NMDS)
    - Optalis organisational framework status as illustrated currently by the Quality Improvement List (QUIP 1)
    - Other local authority caution list status as illustrated currently by the Quality Improvement List 2(QUIP 2)
    - Whether the last care quality assurance team comprehensive monitoring visit is older than 1 year
    - Last care quality assurance team comprehensive visit rating
    - The care quality assurance team current monitoring rating
    - Short term monthly positive provider feedback benchmark performance
    - Short term monthly negative provider feedback benchmark performance
    - Short term monthly safeguarding volume performance benchmark

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[25] https://www.nmds-sc-online.org.uk/

- Longer term annual provider positive feedback benchmark performance
- Longer term annual provider negative feedback benchmark performance
- Longer term annual safeguarding volume performance benchmark

- **Quality Assurance Intelligence Indicators:**
  - Short term monthly count of positive provider feedback
  - Short term monthly count of negative provider feedback
  - Short term monthly count of safeguarding alerts alleging abuse at this location/ for community care: involving this location
  - Longer term annual count of positive provider feedback
  - Longer term annual count of negative provider feedback
  - Longer term annual count of safeguarding alerts alleging abuse at this location/ for community care: involving this location
- **Overall Ratings:**
  - Cumulative risk indicator rating
  - Cumulative quality assurance intelligence rating
  - Total overall risk rating

- The individual indicators are weighted and prioritised according to their inherent risk level. This is determined by both their risk to the quality of care, potential impact on service users, and also their risk level and potential impact on Optalis and RBWM as the commissioner or host authority. Details of weightings and priorities are contained within the workbook.
- These individual indicators' risk rating scores are summed to create a cumulative risk indicator rating, a cumulative quality assurance intelligence rating, and a resultant total overall provider risk rating which is illustrated as high, medium to high, medium, or low. The overall outcome determines possible further action.
- It is important to note that this rating is an internal indicator only; further action and analysis, including a provider risk assessment, is required to establish and validate the actual level of risk presented by the specific provider and the actions required to reduce this.
- Some indicators are downloaded from My NHS: https://www.nhs.uk/service-search/Performance/DownloadData and are held in a supporting Excel workbook:
  "Data.NHS.Care.Homes.for.Risk.Matrix". These include the food hygiene rating and staff turnover indicators. They are updated on a monthly basis, by the second week of the month, and auto-populated into the risk matrix. Full procedures can be found in the relevant workbook.
- Remaining indicators are populated from other care quality assurance team workbooks, and this process is automated where possible. Where the process is automated the relevant indicators are updated continuously as the source workbooks are updated. Otherwise, they are updated on a monthly basis prior to the Care Governance and Quality Assurance Meeting. Full procedures can be found in the relevant workbook.
- The data is refreshed holistically on a monthly basis, by the end of the second week of any month, and reflects the data collected for the previous

month. The Risk Matrix has been built to allow for a monthly review of provider status at the Care Governance and Quality Assurance Meeting. Changes in risk status will not be identified or reviewed between meetings as the norm.

- Providers rated overall as medium to high or high risk will be reviewed at the Care Governance and Quality Assurance Meeting, where any required risk reduction actions will be agreed and monitored. The providers will have an allocated monitoring, safeguarding and service area lead where required. This process is explained further in the section below.
- The Care Quality Assurance Team keep a monthly cumulative history of provider ratings for each indicator in order to create a chronological view of provider and market performance.

6.6. Care Governance and Quality Assurance Meeting:

- [Currently, on a monthly basis a thematic review takes place and considers providers with 3 or more safeguarding alerts or care quality assurance team feedback alerts in the previous month; and on a quarterly basis any providers with 8 or more or 2 or less safeguarding alerts or care quality assurance team provider feedback alerts over the previous rolling 12 month period. The Care Quality Assurance Team thematic dashboards are reviewed for these providers and required actions are identified. The outcomes of the thematic review and proposed actions are escalated to the Care Governance and Quality Assurance Meeting and agreed on a multi-disciplinary basis there].
- This meeting provides the relevant governance, oversite and scrutiny of any quality assurance, monitoring, service, placement or commissioning activity. Thus, ensuring consistency across Optalis and partners, and for providers.
- This monthly meeting is organised by the Care Quality Assurance Team, and will always be chaired by the Director, Statutory Services or Strategic Adult Safeguarding Coordinator.
- The meeting will usually be held in the third week of any month, and will review the data and intelligence captured up to and including the previous month.
- The meeting has a set terms of reference and will follow a set agenda and risk assessment procedure (appendix 8).
- Brief minutes are circulated to all invitees as soon as possible following the meeting according to the terms of reference.
- Invitees are:
  - Director, Statutory Services
  - The Care Quality Assurance Team
  - A representative from the Business Support Team (minutes)
  - Strategic Adult Safeguarding Coordinator, and Officer
  - Service Leaders/Team Managers for each of the adult social care service areas
  - Optalis Care Brokerage/Placement Co-ordinator
  - Continuing Health Care (CHC) Placement and Governance Lead
  - Continuing Health Care (CHC) Commissioning Manager
  - Clinical Commissioning Group (CCG) nominated safeguarding lead

- Berkshire Health Foundation Trust (BHFT) nominated safeguarding lead
- CQC Regional Compliance Manager
- RBWM Strategic Commissioning Team

- The Care Quality Assurance Team uses the "Risk Matrix" workbook to determine providers requiring discussion and further review; those rated as medium to high or high overall risk rating will be scheduled for review in the meeting.

- The meeting is time limited, so providers are reviewed following this risk based methodology. So, a provider with a higher risk rating, or a high risk rated provider for whom there is new intelligence will be prioritised for discussion.

- Where Providers rated as medium to high or high are not discussed, this is made clear in the minutes so that recipients can escalate if they are aware of any information that would require this decision to be reviewed, or an additional meeting to be arranged.

- For providers who are newly rated as medium to high or high by the Risk Matrix, stakeholder intelligence is shared and provider thematic dashboards held by The Care Quality Assurance Team are reviewed. This allows for both recent and longer term themes and trends to be identified and any appropriate action agreed.

- For providers for whom the meeting has previously set actions that remain open, or that were rated overall as medium to high or high at the previous month's meeting and remain as such, any new intelligence will be reviewed to determine whether previously agreed decisions or actions remain valid, or whether any further action is required.

- Providers rated overall as medium or low who were rated as medium to high or high in the last month's meeting will have any ongoing actions reviewed to ensure appropriateness given the decreased overall risk status. However, the decreased overall status could be due to the impact of the risk reduction actions that are in hand so the change in rating should not lead to automatic ceasing of action.

- Internal and external stakeholders, including health and regulator partners, are expected to contribute to the meeting and to be able to provide data with respect to their intelligence held about providers. (Further development would be for this data to be held in shared systems).

- Providers who are currently within an organisational safeguarding framework also have their service improvement action progress monitored at this meeting. This assists in ensuring consistency and equity of the framework approach.

- As well as reviewing provider based themes, the meeting also identifies and acts on other contextual and market based themes identified in the data, such as quality of workforce, care delivery or training. Therefore ensuring escalation of such for strategic level activity.

- The meeting also aims to identify any good practice, to ensure recognition and sharing of best practice to facilitate learning.

- Any required preventative or remedial actions and roles are agreed on a multi-disciplinary basis, with timescales proposed. The intention of any action would be to reduce the overall risk level, within an appropriate time frame.

- Consideration is always given to complimentary policies and procedures, such as the Berkshire Multi-Agency Safeguarding Policy and Procedures; Optalis organisational safeguarding and provider failure procedures, NHS England's serious incident framework[26], and the local Safeguarding Adults Partnership Board's safeguarding adults review procedure[27].

- Where a provider is identified, by the Risk Matrix, as medium to high or high overall risk rating (including any subsequent review of intelligence) is identified, a threshold decision will be made as to whether an organisational safeguarding provider risk governance framework procedure will be implemented by the Strategic Adult Safeguarding Coordinator (see section 6.8 below).For other providers, agreed risk reduction actions may include some of the other forms of monitoring detailed in this document. For example, a deep dive provider thematic review may be requested; the meeting may trigger an organisational safeguarding framework threshold meeting; an onsite visit or the implementation of a service improvement action plan.

- Attendees at the Care Governance and Quality Assurance Meeting are responsible for escalating any provider, process or action based concerns at the meeting. The Chair of Care Governance and Quality Assurance meetings carries the decision making responsibility and accountability, and is responsible for ensuring delegation of tasks to appropriate roles.

- Where the meeting has proposed actions which are not deliverable due to resource constraints, conflicting priorities or for any other reason, the Chair of Care Governance and Quality Assurance meeting must decide on appropriate alternative risk reduction measures to assure ongoing safety of residents, and quality of the market.

6.7. Provider Thematic Review:

- The Care Quality Assurance Team hold much intelligence regarding providers. When requested, or when the need is identified; for example by any of the other quality assurance processes mentioned and in particular the Care Governance and Quality Assurance Meeting; The Care Quality Assurance Team can analyse this data to identify any provider thematic trends of concern or commendation.

- Data is analysed to identify both short term and long term themes and trends.

- The team have created various pivot tables and charts that extract the data from the teams systems, assist with this process and provide a visual illustration of performance; (details can be seen in appendix 7). However, deep dive thematic reviews can also be performed. These are more qualitative in nature, reviewing the content of intelligence rather than just the category.

- As detailed in the section above, for providers identified in the Care Governance and Quality Assurance Meeting as medium to high or high overall risk rating by the Risk Matrix, this headline thematic analysis will be completed within the meeting where possible.   If a further deep dive analysis is required, this will be requested by the meeting.

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[26] NHS England: Serious Incident Framework- Supporting learning to prevent recurrence
[27] RBWM Safeguarding Adults Board: Safeguarding Adults Review (SAR) Framework

- The outcomes of the thematic review are recorded in the "Provider.Monitoring.Action.Database" in terms of whether it caused the provider monitoring action to escalate or de-escalate, and whether any further monitoring action was required as a result of the review.
- The recording of the detail of any identified trends is dependent on the process that dictates the initial need, but will likely be in the form of an email; or via verbal report at the Care Governance and Quality Assurance Meeting which will be captured in the minutes.

6.8. Provider Risk Governance Frameworks and Provider Risk Governance List 1:

- The current organisational procedures are Serious Concerns and Standards of Care Frameworks (appendices 9 and 10), and the framework list is called a Quality Improvement List (QUIP) 1 (appendix 11)].
- Optalis have delegated statutory safeguarding duties to protect adults' right to live safely, protected from significant harm as a result of abuse or neglect. These duties apply to any adult who has care and support needs and is experiencing or is at risk of abuse or neglect, and is unable to protect themselves from either the risk of, or experience of abuse or neglect because of those needs. This includes adults regardless of their mental capacity, eligibility for local authority social care support, or funding status.
- Optalis also therefore have the delegated authority to manage organisational level safeguarding concerns, where adults meeting the criteria above have experienced or are at risk of experiencing abuse or neglect due to an organisations practice.
- Serious quality assurance concerns, or concerns regarding a provider's operational or financial stability could also lead to organisational level safeguarding concerns as it is possible they have or will impact these service users.
- The Strategic Adult Safeguarding Coordinator retains responsibility for the management and co-ordination of this area of quality assurance and safeguarding activity.
- As explained in the section above; in the Care Governance and Quality Assurance Meeting if a provider is deemed to be of "high" risk, and therefore of organisational level safeguarding concern, a Provider Risk Governance Framework is implemented by the Strategic Adult Safeguarding Coordinator. If urgent provider concerns arise between the monthly Care Governance and Quality Assurance Meetings, the identifying service area report this to the Care Quality Assurance Team, the Strategic Adult Safeguarding Coordinator and Director, Statutory Services via a Serious Incident Notification Form (Appendix 13). A virtual provider risk assessment is then completed by relevant parties to determine whether an organisational safeguarding framework approach is required. If so, the framework would be implemented without delay, with the outcome of this ad hoc assessment and any action taken being reported back to the next Care Governance and Quality Assurance Meeting for multi-disciplinary review and agreement.
- The full procedure and criteria for assessing the threshold for entry into a framework, and the process to be followed once the threshold has been met is attached in appendices 9 and 10.

- This process may determine that commissioning activity, such as placement restrictions, re-commissioning or placement re-locations are required. Where this is the case, the Strategic Adult Safeguarding Coordinator will agree this with the Director, Statutory Services and notify relevant parties.
- The Care Quality Assurance Team are a key participant in Provider Risk Governance Frameworks; with each provider subject to such having an allocated quality assurance lead. The Care Quality Assurance Team attend the main and sub-group meetings, and complete any requested quality monitoring activity that falls within remit.
- In the spirit of candour and partnership working, relevant external stakeholders are invited to join these frameworks, including CCG/ CHC/ BHFT safeguarding leads, CQC, and other commissioners purchasing the provider's services. Other parties may be invited to join the framework if required and relevant, and details are specified in the attached procedure.
- When a provider enters a provider risk governance framework they are entered onto the Quality Improvement List (QUIP) 1 (appendix 11). This document provides some headline details, and sets out any commissioning restrictions.
- The Quality Improvement List (QUIP) 1 is maintained and circulated within 1 working day after the Care Governance and Quality Assurance meeting by the Safeguarding Officer.
- This live document is saved on a secure shared drive accessible to Optalis service operational staff. It is shared upon update with Berkshire local authority, CCG, CHC and BHFT safeguarding leads, RBWM Deputy and Appointeeship Team, the Emergency Duty Team and CQC. Updates are provided to RBWM by the Strategic Adult Safeguarding Coordinator /or Director, Statutory Services via the communication channels agreed.
  - Providers subject to a provider risk governance framework must implement a service improvement action plan to address the concerns and reduce the presented risk level within an appropriate timescale. The actions must be specific, measurable, achievable, realistic, and time-scaled (SMART).
- Providers on this list are subject to increased multi-disciplinary quality monitoring activity.
  - For operational service teams, this may be in the form of spot welfare checks, or increased reviews, with governance provided by the Care Governance and Quality Assurance Meeting.
  - For the Care Quality Assurance Team , this activity could take any of the forms detailed in this Quality Monitoring Framework, and will be determined as part of the organisational safeguarding framework process with governance provided by the Care Governance and Quality Assurance Meeting.
  - For the Safeguarding Team, as well as leading the framework approach, this may include for example further individual or organisational level safeguarding enquiries, or safeguarding awareness raising activity with the provider.
  - External stakeholders may also implement actions, for example reviews, inspections, or regulatory activity.

- The Strategic Adult Safeguarding Coordinator ensures appropriate records are kept at each stage of the framework, as per the procedure.
- Start and end dates of the frameworks, and whether they resulted in escalation or de-escalation are recorded by The Care Quality Assurance Team in the "Provider.Monitoring.Action.Database".
- As detailed above, the Provider Risk Governance Framework and the resultant service improvement action plan progress is a routine agenda item for reporting at the Care Governance and Quality Assurance Meeting which provides the oversite and governance for these procedures.
- The Director, Statutory Services report on a routine monthly basis to RBWM on the Optalis key performance indicator: percentage of establishments in a serious concerns framework moved on within 6 months (target 50%).

6.9. Other Local Authority Provider Risk Governance Frameworks :
- Local authorities often have "caution lists", where providers identified as having performance concerns and or placement embargoes are listed, this includes those providers subject to organisational safeguarding frameworks. Some local authorities share these lists with others in their region.
- Within the "Provider.Intelligence.Database", the Care Quality assurance Team capture the provider detail of all local authority caution list alerts, regardless of Optalis commissioning status. Providers rated as "red"- embargoed, "amber" - place with caution, or "green" are recorded.
- Upon receipt, the Care Quality assurance Team share this information with the Optalis Commissioning Team (Care Brokerage /Placement Co-ordinators) and with the operational service teams to ensure appropriate placement decisions are made with respect to future placements; and consideration of reviews for any existing placements at the earliest opportunity.
- Dates of application of any placement restriction and removal are recorded to build a chronology and to allow a longer term view of a Provider's performance.
- Other than Risk Matrix review if required, the Care Quality assurance Team would not routinely complete further monitoring activity for providers outside RBWM identified by these other local authority alerts, as this would duplicate action in place by the host authority.
- Service teams should ensure their respective procedures include confirming existing placement safety, and contacting the host authority to ensure representation at any provider meetings if required.
- Providers on the other local authority "caution lists" for whom there is new intelligence received in the relevant month will be illustrated on the Risk Matrix, and therefore reviewed where relevant in the Care Governance and Quality Assurance Meeting the Care Quality assurance Team review the "Provider.Intelligence.Database" and specific provider chronologies via a thematic review if the meeting deems necessary.

6.10.   East Berkshire Care Homes Care Quality Group Meeting (Currently Bi-monthly):
- This is a joint meeting between East Berkshire local authorities, CCG and health trusts.

- It includes some projects funded by the Better Care Fund[28] and Frimley Health Sustainability and Transformation Partnership[29] (STP); with objectives shared across East Berkshire organisations.
- There is a possibility this group will expand to include all of the Frimley Health Sustainability and Transformation Partnership footprint.
- This is the steering group for the care homes quality projects, and the overarching aim is to improve quality of care in care homes and thereby reduce non-elective hospital admissions, and delayed transfers of care.
- Outcomes from the Care Governance and Quality Assurance Meeting and Pan Berkshire CQC Board meeting feed into this group as relevant, and vice versa, to ensure information sharing and targeted prompt activity, avoiding duplication and allowing for the best use of resources.
- The steering group have produced a shared dashboard which illustrates some provider and activity indicators, this includes volumes of safeguarding alerts, hospital admissions, and South Central Ambulance Service call-outs for example. The dashboard is built to facilitate strategic level analysis, but it is hoped it will continue to develop to allow provider level analysis.
- The steering group now have a dedicated Care Homes Quality Project Manager who co-ordinates the various projects and reports on progress and outcomes.
- The Care Quality assurance Team and the Strategic Adult Safeguarding Coordinator represent Optalis at this meeting, and contribute to plans and activity.

6.11. Onsite Monitoring Visits:
- With Optalis taking a risk led approach to monitoring, routine planned onsite visits across all providers are not the norm. Instead, as detailed above, targeted preventative monitoring dominates.
- Onsite monitoring visits are completed where routine planned monitoring activity, as detailed in this Quality Monitoring Framework , has identified a theme of concern with a particular provider and the Care Governance and Quality Assurance Meeting or other monitoring procedure has identified a visit is necessary.
- There are occasions where visits may be completed at the request of a Strategic Adult Safeguarding Coordinator/or Director, Statutory Services or other manager in response to a specific one-off complaint, safeguarding case, or concerning piece of intelligence.
- Visits can be joint with operational colleagues in Optalis; and often take a multi-disciplinary approach preventing duplication of monitoring across internal and external colleagues, e.g. Health and CQC.
- When in response to an organisational safeguarding framework, the remit for visits are agreed by the multi-disciplinary team at the relevant framework meeting.
- If the visit is in response to intelligence, thematic review or the Care Governance and Quality Assurance Meeting, but outside of an organisational safeguarding framework, remits would be agreed at the time of request or identification of need.

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[28] https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019

[29] https://www.england.nhs.uk/stps/

- Monitoring visits have several purposes; for example they can be used to gather further intelligence; seek a view of current practice; to validate reports or evidence submissions from providers; to validate progress reports on agreed service improvement action plans; or to benchmark performance against national and local standards.
- Visits often consist of one or more of the following:
  - meeting with the provider management
  - environmental observations
  - review of service user records
  - review of personnel records and supervision arrangements
  - review of staff training and records
  - monitoring of audits and management records, and the providers holistic quality assurance approach
  - general care observations (care homes)
  - seeking service user feedback
  - seeking staff feedback
- Various monitoring tools have been devised to support targeted and comprehensive monitoring visits, and are attached in appendices12. The tools include:
  - Provider comprehensive visit quality standards Excel workbook - "Provider.Comp.Visit.QS.Database"
  - File audits:
    - Service User
    - Personnel
  - Staff feedback
  - Service User feedback
  - Observational rating criteria
  - IAuditor web-based tool (https://safetyculture.com/iauditor/)
  - Visit record of actions
  - Service improvement action plan
- The tools have been built in a way that allows some flexibility in monitoring approach so that they can be used to target specific areas, but also to allow room for professional judgement that is benchmarked against national guidance.
- As mentioned earlier in this Quality Monitoring Framework, the tools are based on guidance from national bodies, national and local standards, and also the experience of the team as to what is important to service users and areas that may impact on the overall quality of service.
- Some of the tools allow for the outcome to be risk rated (red, amber, or green). This rating is assigned based on the professional observations, and is guided by the observational rating criteria guidance.
- Visits may be announced to the provider in advance, or may take place on an unannounced basis. Unannounced visits would generally take place if there are concerns identified and an assessment is needed of the day to day service delivery in order to substantiate or remedy the concern.
- Visits can take a full comprehensive approach to reviewing holistic service delivery, or a themed targeted approach:
  - **Targeted visits:**
    - May use any of the tools determined as appropriate to assess the area of concern.

- o Elements of the comprehensive visit quality standards tool may be reviewed but the visit will not result in an overall comprehensive visit rating.
- o Key outcomes from the specific tools used will however be recorded in the "Provider.Monitoring.Action.Database".
- o This allows a chronological record of provider visit volume and performance, for assessment of performance over time, and also comparison and benchmarking.
- o This type of visit will impact on the Care Quality Assurance Team current monitoring rating on the Risk Matrix.
- **Comprehensive visits:**
  - o These require each domain within the comprehensive visit quality standards tool "Provider.Comp.Visit.QS.Database" to be assessed.
  - o This tool has been built with future integration strategies in mind and is structured to compliment the quality domains set out by the National Quality Board (NQB[30]) Quality Matters[31]; which also compliments the CQC's fundamental standards and Key Lines of Enquiry (KLOE's).
  - o Guidance from nationally recognised bodies, including NICE and the CQC, is included in a quality standards reference tool under each domain.
  - o Each domain also has a supporting worksheet allowing the monitoring officer to record which quality standards they have reviewed at any visit, and the outcome as to whether the standard was met.
  - o Summarised outcomes will be recorded in the Excel workbook "Provider.Comp.Visit.QS.Database"
  - o Performance area averages and the resultant overall comprehensive visit rating will be captured in the Excel workbook "Provider.Monitoring.Action.Database".
  - o This type of visit will therefore result in a comprehensive visit rating which will be added to the Risk Matrix, and will impact on other governance and quality assurance tasks as detailed above in earlier sections.
  - o If completing this type of visit, it is likely feedback will also be sought from relevant GP's, CCG colleagues including the medicines optimisation team and District Nurses, Healthwatch and potentially other commissioners.
- ▪ The Care Quality Assurance Team circulate a brief observation and action based summary of the visit to relevant colleagues following completion, and usually within 10 working days.
- ▪ Providers are given full verbal feedback at the end of the visit, and any required actions are agreed and documented, with the provider being requested to sign an immediate Visit Record of Agreed Actions, see appendix 12g.

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[30] Shared Commitment to Quality from the National Quality Board.
[31] https://www.gov.uk/government/publications/adult-social-care-quality-matters

- Visits often result from or require a service improvement action plan, as detailed in the section below.
- Dates of visits and some key information; such as areas reviewed, average outcomes of tools used, whether the visit required the creation or continuation of an action plan, and date of outcome circulation; are recorded on the Excel workbook "Provider.Monitoring.Action.Database".
- If the team was resourced to complete planned routine monitoring visits, the comprehensive monitoring tool could be used annually in its entirety and allow for a holistic benchmark of specific providers and the markets' performance.

6.12. Service Improvement Action Plans:

- A Service Improvement Action Plan is requested from the provider within an organisational safeguarding framework to address concerns. A template is offered to the provider (template is included within the procedure document. (Appendix 12h)
- They can also be requested by the Care Quality Assurance Team following concerns being identified or as a result of a monitoring visit for example. Often a Visit Record of Actions form will be implemented at a visit, and this will be reviewed by the Care Quality Assurance Team at a set schedule. One of the actions within this document may be the creation of a wider service improvement action plan. A template is available in appendix 12h.
- The Care Quality Assurance Team can assist a provider to develop their action plan upon request, or where required.
- Actions should be SMART (specific, measurable, achievable, realistic and time-scaled). They should seek to address the concerns, and reduce the overall risk level presented by the provider.
- Where possible, service improvement action plans should detail specific improvement actions where tools from recognised national bodies can be used to evidence progress on such, or which can be assessed against Optalis' own monitoring tools as detailed above.
- Once in place, a frequency for progress updates is agreed between Optalis and the provider. Routine updates are then sent by the provider, along with any supporting evidence of progress.
- Progress on action plans can be monitored through any of the methods detailed above in this Quality Monitoring Framework. The focus of this activity is on evidence triangulation, assuring that the provider progress update is both valid and reliable.
- Until all actions are complete, or progress is sufficient to deem the provider competent of consistent continued improvement performance, the Service Improvement Action Plan remains in place.
- If a multi-disciplinary procedure is in place, such as an organisational safeguarding framework or CQC compliance monitoring for example, these action plans are monitored on a multi-disciplinary basis, directed by the lead in whichever process. The Care Quality Assurance Team can be requested to process the supplied supporting evidence to offer a view on status, or may be requested to complete any of the other forms of monitoring within this Quality Monitoring Framework.
- If the action plan sits outside of a multi-disciplinary process, the Care Quality Assurance Team monitor the action plan and update the multi-

disciplinary team on an ad hoc basis, and more routinely on a monthly basis via the Care Governance and Quality Assurance Meeting.

- If an action plan is in place (whether Care Quality Assurance Team or a multi-disciplinary action plan), this is recorded within the "Provider.Monitoring.Action.Database". This allows for assessing volumes and the timeliness or repeat of improvement activity and outcomes.

7. **Live Databases:**
   7.1. See attached database overview at appendix 7.
   7.2. Care Quality Assurance Team also hold the supporting download workbooks:
   - Data.Brokerage.for.Provider.List
   - Data.Finance.for.Provider.List
   - Data.CQC.Location.for.Provider.List
   - Data.CQC.Rating.for.Provider.List
   - Data.NHS.Care.Homes.for.Risk.Matrix
   7.3. In addition, the team hold a local authority key contacts Excel workbook. This contains the contact details of other local authority quality assurance, contracts, and safeguarding teams, where known.

8. All Appendices:		
1.	Care Quality Assurance Team Structure	2019.11.11.QMF Appendix 1.pdf
2.	Structure of the In Borough CQC Regulated Adult Social Care Market	2019.11.11.QMF Appendix 2.pdf
3.	Copy of Template Care Quality Monitoring Form	QMF Appendix 3.xlsx
4.	Quality Monitoring Framework Overview Business Process	2019.11.20 QMF Appendix 4.pdf
5.	Provider Intelligence Business Processes	2019.11.20 QMF Appendix 5.pdf
6.	Provider Monitoring Action Business Processes	2019.11.11.QMF Appendix 6.pdf
7.	Database Overview	2019.11.11.QMF Appendix 7.pdf
Appendices 8 - Care Governance and Quality Meeting Documents		
8.	Care Governance and QA Meeting Agenda Template	2019.11.20 QMF Appendix 8.pdf
a.	Care Governance and QA Meeting Minutes Template	2019.11.20 QMF Appendix 8a.pdf
b.	Care Governance and Quality Assurance Meeting Terms of Reference	2019.11.20 QMF Appendix 8b.pdf
Appendices 9 & 10- Provider Governance Framework Documents		
9.	Serious Concerns Framework Protocols	2019.11.20 QMF Appendix 9.pdf
a.	Serious Concerns Framework Step by Step Process	2019.11.20 QMF Appendix 9b.pdf
b.	Serious Concerns Framework Flowchart	2019.11.20 QMF Appendix 9b.pdf

c.	Serious Concerns Framework Discussion Form Template	2019.11.20 QMF Appendix 9c.pdf
d.	Initial letter to Provider Template	2019.11.20 QMF Appendix 9d.pdf
e.	Initial Letter to Other Agencies	2019.11.14.QMF Appendix 9e.pdf
f.	*Safeguarding Chronology Record (currently not being used)*	2019.11.12.QMF Appendix 9f.pdf
g.	Initial Serious Concerns Framework Meeting Agenda Template	2019.11.20 QMF Appendix 9g.pdf
h.	Serious Concerns Framework Review Meeting Agenda Template	2019.11.20 QMF Appendix 9h.pdf
i.	Serious Concerns Framework Review Meeting Minutes Template	2019.11.20 QMF Appendix 9i.pdf
j.	Serious Concerns Framework Core Group Meeting Notes Template	2019.11.20 QMF Appendix 9j.pdf
k.	Serious Provider Concerns Action Plan	2019.11.12.QMF Appendix 9k.pdf
10.	Standards of Care Framework Protocols	2019.11.20 QMF Appendix 10.pdf
a.	Standards of Concerns Framework Discussion Form Template	2019.11.20 QMF Appendix 10a.pdf
aa.	Initial letter to Provider Template	2019.11.20 QMF Appendix 10aa.pdf
b.	Standards of Care Framework Meeting Registration Template	2019.11.20 QMF Appendix 10b.pdf
c.	Standards of Care Framework Meeting Agenda Template	2019.11.20 QMF Appendix 10c.pdf

d.	Standards of Care Framework Meeting Minutes Template	PDF 2019.11.20 QMF Appendix 10d.pdf
e.	Standards of Care Framework Review Meeting Agenda Template	PDF 2019.11.20 QMF Appendix 10e.pdf
f.	Standards of Care Framework Review Meeting Minutes Template	PDF 2019.11.20 QMF Appendix 10f.pdf
g.	Standards of Care Framework Conclusion Letter Template	PDF 2019.11.20 QMF Appendix 10g.pdf
11.	Quality Improvement List (QUIP) Template	PDF 2019.11.14.QMF Appendix 11.pdf
12.	***Adult Social Care Provider Monitoring Visit Tools:***	
a.	File Audit – Service User/Resident	PDF 2019.11.13.QMF Appendix 12a.pdf
b.	File Audit - Personnel	PDF 2019.11.13.QMF Appendix 12b.pdf
c.	Staff Member Feedback	PDF 2019.11.13.QMF Appendix 12c.pdf
d.	Service User/Resident Feedback	PDF 2019.11.13.QMF Appendix 12d.pdf
e.	Monitoring Visit Report Template	PDF 2019.11.13.QMF Appendix 12e.pdf
f.	Observational Rating Criteria	PDF 2019.11.13.QMF Appendix 12f.pdf
g.	Visit Record of Agreed Actions	PDF 2019.11.13.QMF Appendix 12g.pdf
h.	Service Improvement Action Plan	PDF 2019.11.13.QMF Appendix 12h.pdf

13.	Serious Concerns Notification Form Template	PDF 2019.11.20 QMF Appendix 13.pdf

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