Recommendations for action

The Scrutiny Panel is recommended to:

1. Comment on the Quality Assurance and Suspension Policy to be used as the Adult Social Care's quality assurance compliance system for:

    I. Providers with accommodation and/or established business offices in the City of Wolverhampton but are not currently commissioned to carry out services, must comply with assessment and monitoring requests within the policy and the provider failure procedure.

    II. Providers who are commissioned by ASC but do not have accommodation and/or business offices in the City of Wolverhampton, must comply with the suspension stipulations and processes.

2. Comment on the proposed policy to supersede the Policy on Suspension of New Business with Social Care Services (12/10/2015) and Care Provider Failure Procedures (March 2017) for Adult Social Care providers.

    I. Children's Social Care is exempt and will be reviewed in the future for possible implementation across commissioned providers.

Key Information for Scrutiny: QA Comparison

Current system:

1. 10 Quality Assurance & Contract Officers carrying out quality assurance duties was in place pre-2022 but there are now 4 quality officers

2. Assessments, and monitoring queries were not published as a policy

3. Monitoring visits, particularly for care homes, was a regular occurrence due to size of the teams

4. The suspension policy was only legally aligned to the Home Care Framework and no other contract or Ts & Cs for spot purchases, which could have led to a Provider legal challenge

5. Quality complaints, concerns and issues does not follow official processes relating to the council's complaints policy

6. Poor relationship management with providers post-covid

New system:

6. 1 x annual self-assessment based on business and policy related questions

7. 4 x quarterly self-assessments based on quality service area specific questions

8. A Quality Assurance & Suspension Board, headed up by the DASS

9. Digital based in-line with the national digital drive strategy through Microsoft Forms in preparation for CMLS

10. Desktop monitoring vs premises monitoring, though premises will be monitored based on high levels of quality risk

11. Scoring mechanism for each self-assessment to assess self-assessment returns and guidance for Officers that are new to quality assurance tasks

12. Collaborative approach through engagement and feedback

wolverhampton.gov.uk

Purpose of a Quality Assurance Framework

A. **Accountability** for our Providers but also for the Council through evidence-based monitoring and a quality board

B. **Culture change** with between Parties by building relationships with our Providers through partnership and cooperation

C. Monitoring will be **fair**, as **objective** as possible using data and intelligence as our guide - self-assessments, scoring mechanisms

D. **Supporting** and **guidance** on quality assurance through best practice recommendations and prevention methods

E. **Understanding** and **transparency** of triggers that may lead to a Provider Failure and supporting them to increase quality of service

F. Reduce unnecessary **monitoring visits** that take up significant capacity, ensuring visits only occur as a targeted exercise when there is a serious concern or build-up of various concerns that cannot be monitored through a desktop exercise

G. **Pro-active** when there is a suspension in place to ensure it is lifted as soon as possible during reviews and rectifications

H. **Identifying risk** sooner through automated RAG and scoring mechanism leading to **Prevention** in escalating risk and provider failure (insolvency)

I. **Streamlined** and real time data updates enabling a more accurate analysis from Council systems as well as from the market from self-assessments and contractual outcomes and data outputs, in-line with local and national digital goals

Key Lines of Enquiry Themes – Care Home (example)

A **safe** service and living environment:

1. Safeguarding
2. Health and safety
3. Policies and procedures
4. Leadership and staffing
5. Recruitment
6. Medication
7. Accidents and incidences

Services that are **effective** in producing its desired outcomes for individuals:

8. Training
9. Food and nutrition
10. Access to NHS Commissioned Services
11. Physical environment

Are services **caring** and supportive to its cohort:

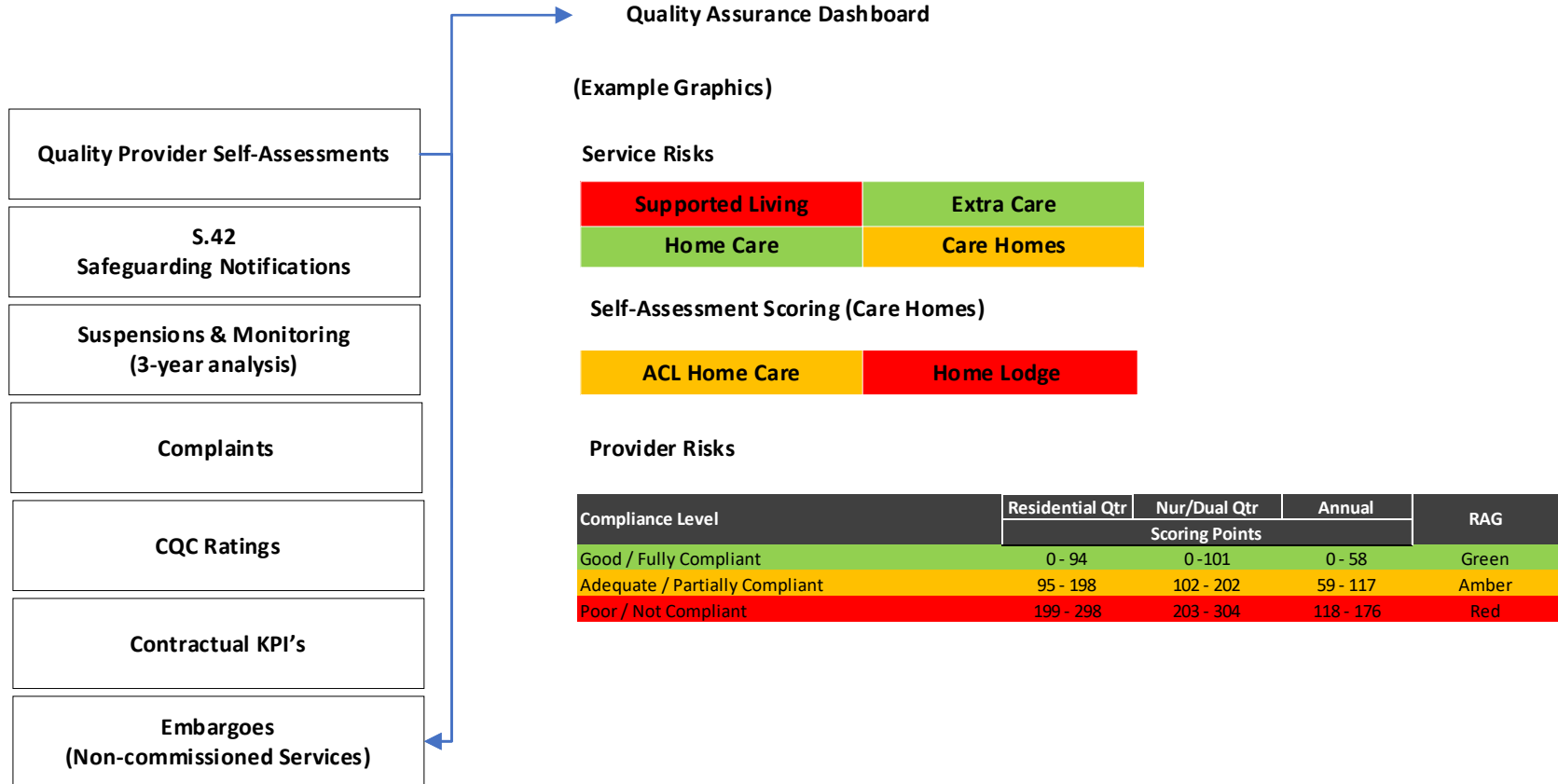12. Care and support
13. Activities

Are services **responsive** to the needs of its individuals, specialist cohort and enables a voice to all:

14. Care planning and risk assessments
15. End of life
16. Complaints and compliments

Ensuring a **well-led** service includes checks and balances are in place through assurance checks and scheduling and auditing tools:

17. Quality assurance and auditing

Quality Assurance Dashboard

Quality Assurance Dashboard

(Example Graphics)

Service Risks

Supported Living	Extra Care
Home Care	Care Homes

Self-Assessment Scoring (Care Homes)

ACL Home Care	Home Lodge

Provider Risks

Compliance Level	Residential Qtr	Nur/Dual Qtr	Annual	RAG
	Scoring Points			
Good / Fully Compliant	0 - 94	0 -101	0 - 58	Green
Adequate / Partially Compliant	95 - 198	102 - 202	59 - 117	Amber
Poor / Not Compliant	199 - 298	203 - 304	118 - 176	Red

Quality Provider Self-Assessments

S.42 Safeguarding Notifications

Suspensions & Monitoring (3-year analysis)

Complaints

CQC Ratings

Contractual KPI's

Embargoes (Non-commissioned Services)

SELECT DOCUMENT RESTRICTION LEVEL Go to the 'Insert' menu option and click 'Header and Footer...' Select from one of the following options then click 'Apply to All' >> Not Protectively Marked >> PROTECT >> RESTRICTED <<

wolverhampton.gov.uk