

# Adult and Safer City Scrutiny Panel

5 December 2016

<b>Report title</b>	Quality Assurance and Compliance Work Programme	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels People	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders -Strategic Director People	
<b>Originating service</b>	Commissioning	
<b>Accountable employee(s)</b>	Paul Smith Tel Email	Interim Head of Commissioning 01902 55 <a href="mailto:paul.smith@wolverhampton.gov.uk">paul.smith@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	N/A	

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## Recommendations for noting:

The Panel is asked to note:

The method undertaken by the Council's Quality and Compliance team to ensure all services are appropriately monitored and supported and its future work programme.

## 1.0 Purpose

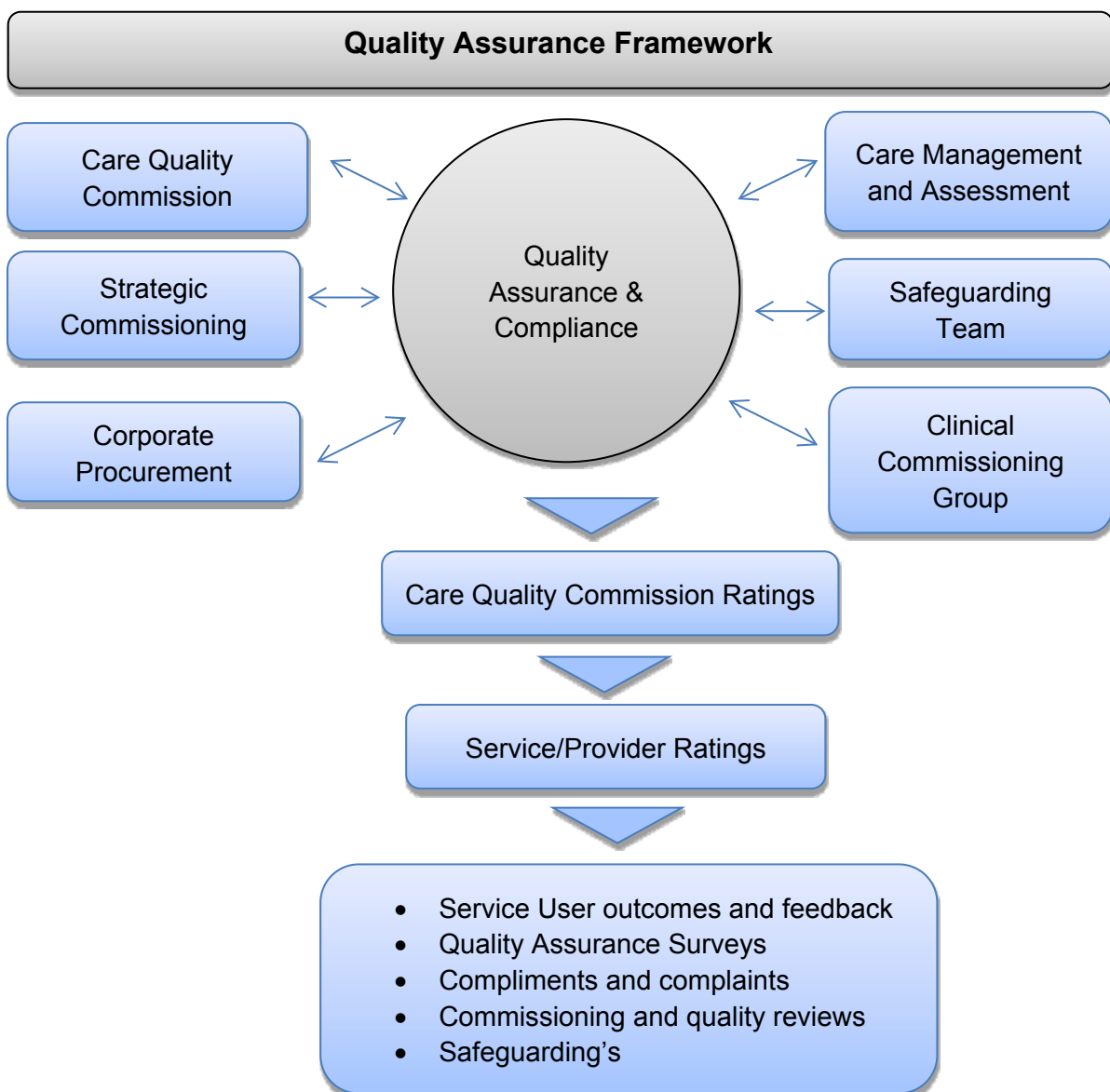
1.1 The Scrutiny Panel is asked to note the method undertaken by the Council's Quality and Compliance team to ensure all services are appropriately monitored and supported and its future work programme.

## 2.0 Background

2.1 The Quality Assurance and Compliance (QA&C) previously team consisted of three and a half full time equivalent officers, however subsequent to a commissioning restructure these posts have been increased to seven officers.

2.2 The aim of team is to make sure that services commissioned are of an appropriate standard and quality. They do this by making sure that the terms and conditions of the Council's contracts are upheld and comply with regulations and frameworks.

2.3 The diagram below illustrates the governance structure for the QA&C team:



2.4 The team monitors quality standards against care and support contracts and service specifications with the care homes and providers. They work in partnership with the care provider where additional support is needed to meet those standards, and aim to promote innovation, sharing of information and best practice, highlight local developments and networking opportunities for independent care sector staff (**see appendix one**).

2.5 The team also:

- Monitors the quality and performance of service providers;
- Carries out developmental work with providers to facilitate the change to quality and outcome driven contract management;
- Actively involve service users, carers and their representatives, in the quality assurance process;
- Informs commissioners and procurement of the outcomes of quality monitoring;
- Work with other parts of the directorate and partners, including those from health, to deal with safeguarding cases that may require input from the team;
- Offers advice, support and signposting;
- Carries out planned annual monitoring of all providers using appropriate monitoring tools and processes;
- Investigates and respond to issues of quality identified or informed through monitoring;
- Has direct contact with providers of services, service users, carers and their representatives with regard to contract compliance, quality standards, service development and improvement;
- Ensures that any necessary action that needs to be taken in relation to non-compliance of contractual obligations is dealt with appropriately;
- Maintains links to CQC Compliance Inspectors and use CQC information and intelligence to inform adult social care about quality concerns;
- Meets regularly to exchange information and raise issues and concerns.

2.6 The QA&C team currently aims to visit all of the services within the City Of Wolverhampton at least every two years, and to keep a 'watching brief' over services out of city.

2.7 The Care Act 2014 brought in a duty for the Council to "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-

- i. has a range of providers to choose from who (taken together) provide a variety of services;
- ii. has a variety of high quality services to choose from;
- iii. has sufficient information to make an informed decision about how to meet the needs in question".

### **3.0 Future Work Programme**

- 3.1 The QA&C team is working on developing an overarching quality assurance framework in respect of services provided or commissioned by the City of Wolverhampton Council. The Quality Assurance Framework (QAF) will require the service/provider to evidence their practice against a range of objectives and outcomes. This will be undertaken as an online self-assessment audit by the service/provider on an annual basis.
- 3.2 Moving forward the intention is to increase the number of visits to two visits per year for each service/provider, with a particular focus on:
- Customer feedback;
  - Stakeholders (carers, advocates and professionals) feedback;
  - Measure against the online outcome based self-assessment for providers of care and support services in Wolverhampton.

### **4 Additional Scrutiny Panel Request**

- 4.1 The Scrutiny Panel requested for a report back on the number of people that had died within the last five years that were 70yrs +:
- The number of clients known to social care (either referred, assessed, in receipt of a service or were a carer) that died aged 70 or over in the last five years was 6,709;
  - The number of clients who aged 70+ who died whilst in receipt of a service or where the service ended two weeks before they died was 2,437.
  - 1,095 (45%) were in permanent Residential or Nursing Care;
  - 1,342 (55% were in receipt of community based services e.g. (Domiciliary Care, Day Care, Direct Payment).

### **5.0 Financial implications**

- 5.1 There are no financial implications associated at this stage within this report.  
[JR/24112016/L]

### **6.0 Legal implications**

- 6.1 There are no legal implications associated at this stage within this report.  
[JB/24112016/T]

## **7.0 Equalities implications**

7.1 The Equality and Human Rights Commission reinforced the message that the commissioning of health and social care services requires a more balanced approach to 'quality and price'. Commissioning must also include closer monitoring that incorporates human rights at all levels.

7.2 The QA&C team in monitoring service/providers exercises its functions as part of the Council, and has due regard to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not;
- having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to;
- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

## **8.0 Environmental implications**

8.1 There are no environmental corporate landlord implications associated at this stage within this report.

## **9.0 Human resources implications**

9.1 There are no human resources implications associated at this stage within this report.

## **10.0 Corporate landlord implications**

10.1 There are no corporate landlord implications associated at this stage within this report.

## **11.0 Schedule of background papers**

11.1 None applicable

## Appendix One

### 1. Quality Assurance and Compliance Monitoring Position

1.1 The City of Wolverhampton Council (CWC) currently contracts with the following adult providers/services:

- 12 Tier One and 18 Tier Two Domiciliary Care Providers ;
- Eight Very Sheltered Housing (VSH) schemes in-city, plus the Beacon Centre for the Blind which is out of city;
- 21 Day Opportunities, of which five are located in VSH schemes;
- 24 out of city care homes, which have only been contracted within the last six months;
- 60 social care contracts with a variety of providers, and another 43 which are statutory.

### 2. Quality Assurance and Compliance Process

2.1 The QA&C team work in partnership with service providers and stakeholders to enhance the experience of service users by driving improvements across all commissioned services.

2.2 The team are responsible for monitoring the level of risk and quality of provision in care and support services for children and adults purchased by the Council.

2.3 The main aims are to:

- Monitor the quality and compliance of care services in accordance with agreed strategies, priorities and systems;
- Inform commissioners and stakeholders of issues relating to services in accordance with agreed reporting systems;
- Make recommendations for improvement;
- Provide advice and support services to enable them to achieve required levels of quality.

- 2.4 Stakeholders that the team work with include care homes, care at home, respite services, very sheltered housing schemes, children centres, foster care agencies, looked after children provision and a range of community services.
- 2.5 The work undertaken by the team is underpinned by the expectation that all individuals receive services that reflect and uphold the following rights:
- Respect - everyone should be respected for who they are, what they do, what they have done and what they want to do.
  - Choice - everyone has the right to make choices about, and take risks in, all aspects of their lives and should be supported to do so
  - Dignity - everyone deserves to receive care and support in ways that are dignified and do not undermine or demean them.
- 2.6 The team adhere to the Council's equal opportunities policy statement and information governance policies.

### **3. What they do**

- Assess the level of risk each service presents and make a proportionate response;
- Monitor the quality of care services for adults and children through a variety of methods, this can involve working in partnership with stakeholders such as Clinical Commissioning Group or other local authorities;
- Provide advice and guidance to services to ensure necessary improvements are made to address any quality concerns;
- Gather and share information about services with internal and external partners including regulatory bodies;
- Manage suspension and uplift of suspension of business process;
- Participate and contribute to the safeguarding process by sharing information and attending strategy meetings;
- We provide information to commissioners and chief officers as required;
- We provide information to the public by responding to telephone enquiries and providing feedback to service users and relatives of service users where applicable.

### **4. How they do it**

- 4.1 The activities carried out by the QA&C team include:
- Unannounced and announced visits;
  - Desktop monitoring;
  - Maintenance of a risk management system;
  - Managing the suspension of new business process;
  - Gathering views of service users and/or their relatives;
  - Sharing information with commissioners, regulatory bodies, safeguarding, other local; authorities and other agencies as appropriate;
  - Developing and reviewing monitoring processes and procedures.

## **5. Monitoring Visits**

- 5.1 Services are allocated to Officers and visits undertaken on a rolling programme. *It is anticipated that every commissioned service will have a monitoring visit at least every two years.*
- 5.2 Visits may be announced or unannounced and may be carried out at weekends and outside normal office hours as required.
- 5.3 Some visits will be carried out jointly with others, such as the Clinical Commissioning Group or another local authority that also uses the Service.

## **6. Visit types include:**

- Contract Review
- Service Review
- Initial Visit
- Routine monitoring visit
- Themed visit
- Suspended services

## **7. Service User and Relative feedback**

- 7.1 In order to understand the experience of the people using the service, the team seek feedback from service users and/ or their relatives. This may take place during the visit, or by arranged telephone, email or face to face contact, dependent upon the needs of the service user.

## **8. Providing advice and guidance to services to ensure necessary improvements are made to address any quality concerns**

- 8.1 During the course of the visit, or following the visit, the officer may offer guidance or signpost the provider to agencies or bodies in order to obtain accurate and up to date advice and best practice guidelines.
- 8.2 Written and verbal feedback is provided at the end of each visit. The Officer will highlight any immediate concerns or actions that are required.
- 8.3 Service providers will receive a written visit report *within ten working days*. Service providers will have *ten working days* to review the report and raise any factual



amendments with the officer. After this time the report is considered final and issued to the provider. If there are significant concerns with the provider, a copy of the report will be shared with Commissioning and Operational team managers. If there are no significant concerns, a copy of the report will be shared on request.

- 8.4 An action plan is created where the Officer has identified concerns and improvements are required. The QA&C Officer will highlight the areas of concern on the action plan. The service is required to complete the action plan with detail of the action they propose to take, the responsible person and the timescale for completion. This is returned to the QA&C Officer within ten working days. Progress against the action plan will be monitored by QA&C Officer via desktop monitoring, data returns and visits.

## **9. Commissioning and Planning meetings**

- 9.1 If during the visit, there have been significant concerns identified, or there has been a lack of progress against the action plan, a meeting will be called to discuss this and agree further actions. Refer to policy "**Commissioning and Planning meeting**".
- 9.2 Careful attention is paid to the boundaries between the quality assurance team and role and the role of commissioners and operational managers. Any concerns identified regarding service delivery will initially be shared with the manager involved and highlighted to the Commissioning, Operational and Procurement teams.

## **10. Manage suspension and uplift of suspension of business**

- 10.1 The QA&C Officer will complete a request for the suspension of new business following concerns raised through the safeguarding process and/or concerns identified during a monitoring visit. The QA&C Officer is also responsible for completing the documentation for a recommendation for a full or partial uplift of a suspension. Please refer to policy "**Suspension of new business**".

**Appendix Two**

**Number of Adults monitored who use care and support services  
(as on 24/11/2016)**

Service Type	Older People	Learning Disabilities	Mental Health	Physical Disabilities	Substance Misuse	Grand Total
Adult Placements		1				1
Day Care	238	192		55		485
Direct Payments	146	108	29	150		433
Domiciliary Care	743	110	59	108		1020
Employment Support		57				57
Individual Service Fund		12				12
Nursing Care (Permanent)	279	24	43	28		374
Nursing Care (Temporary)	6		1			7
Professional Support	31	80	40	26	3	180
Residential Care (Permanent)	586	148	13	22		769
Residential Care (Temporary)	27	2	1	1	1	32
Shared Lives		17				17
Supported Living		103	2	2		107
Very Sheltered Housing	249	7	27	27		310
<b>Grand Total</b>	<b>2305</b>	<b>861</b>	<b>215</b>	<b>419</b>	<b>4</b>	<b>3804</b>

Total Older People Clients	2056
Total Physical Disabilities Clients	350
Total Learning Disabilities Clients	582
Total Mental Health Clients	204
Total Substance Misuse Clients	4

**Total Clients 3196**

**Please note:** This breakdown excludes clients who are Continuing Health Care or are in receipt of equipment (inc Telecare).