



Brighton & Hove City Council
Health & Adult Social Care

Quality Monitoring Team

Quality Assurance Framework

The Quality Monitoring Team supports contracted Adult Social Care services across the city. The team's role is to monitor the services to ensure that good quality care is provided to keep people safe.

Version:	Final September 2019 (1)
Effective from:	22082019
Review date:	March 2020 (or as required)
Signed off by:	Michelle Jenkins
Title:	Quality Monitoring Team: Quality Monitoring Assurance Framework
Date:	
Author:	Marnie Naylor Quality Monitoring Lead/ Helen Cox/Luke Edmeads/Allison Morrison/Cassie Whitfield/James Wilson

Contents

1. Introduction
2. Background
3. Working in Partnership
4. Quality Framework Diagram
5. Appendices
 - **Appendix one:** Quality Monitoring Team members and lead areas of responsibility
 - **Appendix two:** SIP terms of reference
 - **Appendix three:** Professionals meeting terms of reference
 - **Appendix four:** SIP Risk rating table
 - **Appendix five:** Types of provider meetings

1. Introduction

1.1 What is this framework about?

This document describes Brighton & Hove City Council's (**BHCC**) approach to assuring the quality of care we commission. The framework covers people who are living in a **care home (nursing & non-nursing)**, receiving **support in the community** or any other care support to remain as independent as possible e.g. supported living. The Quality Assurance Framework will direct how quality of care is measured and responded to by the council's Health & Adult Social Care Quality Monitoring Team (**QMT**). The team works in partnership with other key stakeholders who include; Clinical Commissioning Group (**CCG**), BHCC Commissioners, and Care Quality Commission (**CQC**).

This quality assurance framework provides a comprehensive formalised approach to ensure that good quality care is being provided in the commissioned services stated above. **Good quality care means that people feel safe, empowered by the services they receive and are enabled to live independent lives as defined by them.** The QMT will provide an overview of what a 'good' and 'safe' provider service should look like, whilst complying with the council's commissioning & contract arrangements. The QMT provide assurance, and contact with professionals or other key stakeholders where required. For services with significant quality concerns providers will receive support for a non-specific period of time until guarantees are evidenced through quality assurance audits, or CQC (who are the regulator for all 'registered' care providers) inspection reports or both.

Brighton and Hove City Council's, Quality Monitoring Team, and the Clinical Commissioning Group's Clinical Quality Patient Safety Team work closely together to support services which may include carrying out quality monitoring and assurance visits. Both organisations also ensure information is shared with the Care Quality Commission and gather intelligence to prioritise interventions where quality issues are identified.

The teams use a variety of sources of quality-related information and data, as well as listening to staff and those people using services directly, in order to give assurance to key stakeholders.

*To promote mutual respect and openness, most visits (unless unannounced) will be arranged at a convenient time for the provider. Feedback of findings, including recommendations will be sent to the organisation to check for discrepancies and add any comments. The reports once finalised will be shared with the **CQC**, the Local Authority and Commissioners at both **BHCC** and the **CCG**.*

2. Background

2.1 What is the role of the Quality Monitoring team?

The **QMT** sits within the council's 'Professional Standards, Safeguarding & Quality Monitoring' Team.

The team is approximately 4.1 full time equivalent staff working Monday-Friday, made up of five team members and one manager.

See Appendix one: *Quality Monitoring Team members and lead areas of responsibility*

A duty system operates throughout the week (Monday-Friday) to ensure any quality issues relating provider services under contract with Health & Adult Social Care (**HASC**), are picked up by team members and dealt with as swiftly as possible.

Role of Quality Monitoring Team

2.2 The **QMT** supports **HASC** contracted services including services provided in-house across the city. The team's role is to monitor that good quality care is provided in services to keep people safe. The team gather information about providers through various means e.g. complaints, compliments, plaudits, S42 enquiries (safeguarding), and one off information from a variety of sources). **QMT** also works closely with other professionals including **CCG** and **CQC** colleagues, to share information to build up a picture of the quality of care services. The **QMT** and **CCG** (quality lead/s) use a jointly developed quality assurance audit tool during all quality monitoring assurance audits.

Monitoring is carried out in a two year cycle to include a Desk Top Review (**DTR**) as part of the process. The team's core function includes monitoring services through risk rating themes of concern, carrying out DTR's and new manager meetings.

What happens with the information gathered?

Information gathered helps the **QMT** to look at any themes emerging e.g. poor medication administration, multiple missed calls (community setting), low staffing levels, out of date training records, poor care planning and monitoring systems.

Information gathered is recorded on the diary sheets held for each provider and also transferred to a 'Service Improvement' document. The key data on this document is discussed during a monthly meeting called a Service Improvement Panel (**SIP**) meeting. The meeting is chaired by the **QMT** lead/s and attended by representatives from HASC Commissioning Team, B&H Clinical Commissioning Group, including the Continuing Health Care Team (**CHC**), HASC Assessment Teams, and the Care Matching Team (**CMT**).

Information gathered is held securely in the shared drive with restricted access to specific personnel. Only data that is relevant to the specific functions of the Quality Monitoring Team will be kept.

Where the sharing of information is required, the principles of the Data Protection Act and **BHCC** Information Sharing Policy must be followed. The **QMT** will share information in the spirit of the Care Act principles of integration and mutual co-operation, demonstrating our duty to co-operate with partners.

Role of the Service Improvement Panel (SIP)

See Appendix two: SIP terms of reference

2.3 The **QMT** logs the information received, the provider/s is added to the SIP agenda once any themes start to emerge that raise concerns about the quality of care being provided. The SIP discusses the concerns in more detail and SIP members agree the risk rating **Red**, **Amber** or **Green** [**RAG**], but the final say is with the chair/s. Immediate action will be taken for any urgent

situation/s. 'RAG' rating will also include feedback on the 'key lines of enquiry' (KLOE's) from CQC inspections:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Outcomes from monthly SIP meetings may include actions for the QMT to carry out any of the following:

- A **focused** quality monitoring assurance audit, where officers visit provider services of concern. (E.g. a joint visit with CCG quality assurance colleagues to look at medication procedures, medication charts and recording systems in place etc.).
- A **Follow up audit** to review actions from a previous meeting.
- A **full quality monitoring assurance audit** of a service may be requested which follows the principles of the CQC KLOE's.
Any quality monitoring assurance audit may be carried out jointly with CCG colleagues if there are clinical concerns, these visits are to support providers, offering direct input or signposting.
- Hold a **professionals meeting** with or without the provider to discuss issues of concern further, prior to any actions agreed and put into place.

See Appendix three: Professionals meeting terms of reference

See Appendix four: SIP Risk rating table

See Appendix five: Types of provider meetings

Care Governance

2.4 Care Governance: This is a continuous process rather than a single event and is defined as 'A framework through which organisations are accountable for maintaining and improving the quality of their services and safeguarding high standards of care by creating an environment in which good quality care will flourish.'

Care Governance covers BHCC's systems and processes for monitoring services and provides a route for accounting for the quality of services to a governing body and applies to all social care services whether they are contracted externally, provided in house or through a section 75 agreement.

Information gathered through the SIP process (QMT lead) is fed into a quarterly report for the council's Care Governance Board. This meeting is chaired by the Executive Director of Health & Adult Social Care.

Suspending a service

2.5 On very rare occasions a service may need to be suspended, if a service is suspended this means that no new BHCC funded placements can be made during the suspension period the decision to suspend any new placements in any service will always have the safety and welfare of people who use services at its heart and this will be paramount in all decision making. The decision to suspend is delegated to the Head of Commissioning (Health & Adult Social Care), based on advice from the Service Improvement Panel. In their absence the Director of Adult Social Services will take the decision.

Support during a Suspension: Whilst a service is suspended the **QMT** will work with the provider (to include **CCG** colleagues and commissioners as required) to provide appropriate support to the provider, this may include regular focused visits to check against progress on the actions agreed during professionals meetings.

The **QMT** and **CCG** may also involve other colleagues to support the home e.g. Dementia Care Home in-Reach Team (**CHiRT**), Speech and Language Team (**SALT**) etc.

The **QMT** will regularly feedback on progress to Commissioners and the **CQC**.

For further information about suspensions, please refer to: Health & Adult Social Care Suspension policy and process December 2018

Areas covered by the QMT

2.6 The **QMT** carry out mostly planned audit visits making contact with the provider before they visit, on rare occasions there may be a need to visit a provider unplanned. Currently **QMT** is responsible for the following services that are contracted and commissioned by **BHCC** council:

- Nursing Homes
- Care Homes (non-nursing), including Learning Disability care homes and Working Age Mental Health care homes
- Home Care (main framework providers)
- Supported Living (Learning Disability)
- Acquired Brain Injury (ABI), sensory loss and Physical Disability Services (that fall under supported living or care homes)
- All Adult Social Care In-House services (excluding Hostels)

Areas not covered by the QMT

2.7 The **QMT** does not carry out quality monitoring audits for the following services:

- **Hostel services:** Rough Sleeping and Homeless Support Services Team monitors the contract and quality of all Hostel services.

- **DPS** services (commissioned under the Dynamic Purchasing System known as 'adam') **DPS** providers do not fall under the same review process carried out by the **QMT**, unless required through the SIP process e.g. visit to premises to check systems are in place etc.
- **Non Commissioned Services.**
- **Services commissioned individually** by **CCG** or Continuing Health Care (**CHC**).
- **Day Services** (Day Centres) these are not **CQC** registered.
- **Children's services.**
- **Out of City placements:** however **QMT** do hold information about **CQC** registered services in East and West Sussex.
- **Community Support and Service Contracts.**

Can the QMT support quality issues involving individuals?

The **QMT** is unable to support any individual cases e.g. supporting Mrs. X and their family following a complaint about a care home placement. Any individual cases requiring further investigation would be led by the appropriate assessment service.

What happens to Registered Services not commissioned by BHCC?

2.8 The **QMT** collates information for all **registered adult social care** provider services in the city that are not commissioned or do not have a contract with **BHCC**. The **QMT** keeps a record of any safeguarding or other significant issues passed to the team using the **SIP** database: the **QMT** hold individual files on each provider, these are updated as required. For services that are not - commissioned by HASC Commissioning Team any further involvement by the **QMT** must be accepted by the provider e.g. their agreement for **QMT** to carry out a full quality monitoring assurance audit, or to offer advice and support.

How is the QMT role different to a CQC Inspection?

2.9 The role of the Care Quality Commission as an independent regulator is to register health and adult social care service providers in England and to inspect whether or not standards are being met.

The **CQC** monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care. Full details about the role of **CQC** can be found on their website:

<http://www.cqc.org.uk/about-us>

The HASC **QMT** are not inspectors, the **QMT** plays a role to support providers working in partnership with other key stakeholders and signposting where necessary.

3. Working in Partnership

Feedback via Healthwatch visits

3.1 Healthwatch Brighton & Hove is a registered Community Interest Company. The role of Healthwatch Brighton & Hove is a health and social care watchdog run by and for local people. It is independent of the NHS and Brighton and Hove City Council.

Healthwatch Lay Assessors interview people receiving home care from local providers, speaking to residents plus their families about their experience and the quality of service they receive. Lay Assessors feedback that information to Healthwatch who collate and share written reports to Brighton & Hove City Council to ensure the service providers maintain a high quality of care.

BHCC Performance & Business Improvement Team with support from QMT meet with Healthwatch on a regular basis to inform the programme of work for the Lay Assessor interviews. Outcomes of these reports are shared with the relevant provider and the QMT. Providers have the 'Right to Respond' feeding back on any changes or updates that have taken place during and after the time of the report.

This information helps the QMT to determine whether a broader focused quality audit is required e.g. monitoring of staff training records or focusing on medication recording etc.

Health & Safety (Fire Safety Compliance) support

3.2 The Council is responsible to ensure a good quality standard of care and safety is provided in services we commission across the City. The **QMT** has a Service Level Agreement (SLA) with the council's Health & Safety Business Partners, ensuring Health & Safety (**H&S**) and Fire compliance is being met by providers, making recommendations where shortfalls are identified. This enables vital intelligence to be shared to identify any risks to be addressed. The current working arrangement **H&S** business partners carry out 4-6 **H&S** audits of services each calendar quarter, these are requested by the **QMT**.

4. Quality Assurance Framework diagram

It is our vision to ensure that the most vulnerable people in our community get the right care and support in the right place at the right time. The QMT's role is to monitor the services to ensure that good quality care is provided to keep people safe.



5. Appendices

Appendix one: Quality Monitoring Team members and lead areas of responsibility

BHCC Health & Adult Social Care Quality Monitoring Team Contact Numbers (September 2019)			
Name	Number	Lead Area of Quality Monitoring	Support Role
Allison Morrison [FT] M-F	01273 293300	<ul style="list-style-type: none"> • *Learning disability (Joint Lead) • Craven Vale resource centre [In-house] 	Learning disability In-house services [LD/ IAH/Wayfield & Ireland Lodge]
Luke Edmeads [PT] T/TH/F	01273 295036	<ul style="list-style-type: none"> • In-house learning disability services • Independence at Home [In-house service] • Home Care 	Nursing Homes
James Wilson [FT] M-F	01273 295035	<ul style="list-style-type: none"> • Nursing Homes • Wayfield Avenue & Ireland Lodge resource centres [In-house] 	OP Care Homes
Helen Cox [PT] M[am]/T/W/TH[am]	01273 290406	<ul style="list-style-type: none"> • OP Care Homes 	ABI/Physical/sensory disability & working age mental health care homes Craven Vale resource centre
Cassie Whitfield [PT] T-F	01273 295341	<ul style="list-style-type: none"> • *Learning Disability (Joint Lead) • ABI/Physical/sensory disabilities and Working Age Mental health Care Homes 	Learning disability Home Care
Marnie Naylor M/T/TH/F	01273 296033	Quality Monitoring Lead for the team	

Appendix Two: SIP Terms of Reference

- a. To co-ordinate, share and review the information available regarding the quality of Health & Adult Social Care (**HASC**) social care services
- b. To focus on those services which have crossed the escalation threshold and require the monthly focus afforded through **SIP** to identify services where concerns regarding quality are evidenced.
- c. To ensure robust improvement planning and that these plans are delivered in a timely manner.
- d. To support the delivery of improvement plans by linking providers into local programmes that support quality improvement.
- e. To recommend enforcement action in relation to contracted services as appropriate.
- f. To share areas of development required within the City (for Commissioners to monitor/use data).
- g. To establish priorities in relation to available capacity within the Quality Monitoring Team.
- h. To report emerging themes re service quality into the broader Care Governance process (Quality Monitoring Report) and share intelligence with CQC and CCG colleagues/other.
- i. To report into the Care Governance Board on activity.

Appendix Three: Professionals Meetings Terms of Reference

Professionals meetings are used when serious patterns emerge about a service provider, these could be for a variety of reasons:

- Serious/major incident has occurred resulting in hospitalisation/death.
- **CQC** have rated a service as overall inadequate.
- Various accounts of soft intelligence have been received about a service provider from different or the same source over a period of several weeks/months resulting in themes that raise a significant concern.

SIP meetings are used to determine when a 'professionals' meeting may be required. The meetings are aimed to support the provider and to develop comprehensive action plans to improve the service and safety of those using it, subsequently this could lead to a suspension or even a contractual exit plan once all other avenues have been exhausted fully over an agreed period of time.

Appendix Four: SIP Risk Ranking

Principles of SIP main table risk ranking for guidance only					
Risk Ranking Category	Length of time on SIP- progression to-	Themes e.g. complaints, section 42 enquiries, whistle blowing etc.	CQC Warnings & inspection ratings	Other e.g. section 42 enquiry	Response
RED	6 months> investigate/initiate holding a 'professionals' meeting, or escalate to next level e.g. suspension process Straight to RED (see response column)	Following intervention e.g. QM Team/ Clinical quality monitoring assurance visit themes continue to materialise with no significant improvement	Inadequate Rating : immediate entry level or CQC have issued warning notices and enforcement action	A significant shortfall during investigation relating to safety of others in relation to a provider or Where previous levels of concern have consistently failed to deliver the improvements identified	SIP priorities to include Quality Monitoring assurance visit within 28 days timeframe and continued close monitoring of service
AMBER	2-6 months consider moving to Red or Green depending on new evidence provided	Themes are consistent over several months	Requires Improvement in 4+ areas	A moderate shortfall during investigation relating to safety of others in relation to a provider Or Some improvements are still required following being identified	On-going monitoring & support e.g. High level of Falls: falls prevention team input, planned quality assurance visit within 4-8 week timeframe
GREEN	2 months removal from main table or move to Amber (if no improvements move to Amber 2 months>)	1+ theme/s start to emerge from intelligence gathered	Improvements are made but may have 1-2 requirements still outstanding	Low level concerns during investigation relating to safety of others in relation to a provider Or Minor improvements are still required following being identified	Support from teams Plan a short focused quality monitoring assurance visit within 4-8weeks
Yellow Any service that has served notice to close add to SIP main table, and highlight in Yellow. Treat in the same way as any other service on SIP					

Appendix Five: Types of Provider Meeting

Meeting Name (& length)	When does this meeting take place?	Why does this meeting take place?	Who should attend this meeting?	What should be covered	Any outcomes/ action? - reports - how is it recorded? [all visit documentation to be kept in BHCC monitoring folder for service]	Templates [See forms library]
Quality Monitoring Team Provider Meetings						
1.New Manager/ Introduction meeting (1 to 2 hours)	New/ change of manager/ informal or formal one off meetings	Build relationships/ introduce QMT/ Discuss service requirements	<ul style="list-style-type: none"> • QM CSO • Service Manager 	- New manager's information pack can be used as agenda - building tour - service update - H&S update (if audit completed)	Currently no formal report/ template. Follow up any queries on either side. Correspondence kept in folder for service.	Confirm date with manager by e-mail
2. Quality Monitoring Assurance Audit (Scheduled) (1-2 full day/s – Res/ home care/ community support / supported living/ accommodation & shared lives.) @ service location.	Concerns identified via SIP, CQC report or if it is a new service.	Understand service. For HC high value contracts. Identify improvements Pass on good practice/ quality monitoring themes. Offer support to provider/ service.	<ul style="list-style-type: none"> • QM CSO/s [1 or 2] • Service manager 	<u><i>In advance:</i></u> 1. Send agenda request any relevant paperwork eg.Staff rota. Training matrix. 2. Send staff questionnaires 3. Review diary sheet – [safeguarding/ CQC/ complaints etc.] DTR, CQC, H&S and previous audit reports <u><i>On the day</i></u> – office review checking paperwork policies, recording, audit systems (incl. medication). Res - look round home. Staff, SU & relative interviews. [NB: CQC time spent @20% looking at	Draft audit report to be written up within 2-4 weeks of visit including action points with timeframes [NB: advise manager if draft report will be longer than this timescale]. Send draft to Quality Lead for review/comment before sending to provider. Distribute to: service and cc commissioner Ask service to complete online Quality Monitoring visit survey Ask for comments on draft report from provider and give a date for comments to	E-mail service to confirm date. Agenda – use joint template report Joint Template Assurance Audit Report (incl. Action Plan) Ask admin to send Quality Monitoring link for feedback from provider on the visit Questionnaires for Staff, SU Interview forms

Meeting Name (& length)	When does this meeting take place?	Why does this meeting take place?	Who should attend this meeting?	What should be covered	Any outcomes/ action? - reports - how is it recorded? [all visit documentation to be kept in BHCC monitoring folder for service]	Templates [See forms library]
				<p>paperwork and 80% looking at home]</p> <p>Examples of ways to obtain people's views on the day: Have lunch / tea at service, ask people to show you their own rooms, join in an activity, watch or shadow staff.</p>	<p>be returned. Send final version to provider and a copy to CQC : enquiries@cqc.org.uk</p>	
<p>3. Focused Assurance Audit (half to full day @ service location)</p>	<p>Specific area of concern/s. Could be highlighted via - CQC - after a safeguarding investigation - whistle-blower - a DTR - theme from SIP - feedback from commissioner/other professional.</p>	<p>As above.</p>	<ul style="list-style-type: none"> • QM CSO • Service Manager 	<p>Areas of concern initially and broaden out if other things discovered/ related: paperwork / interviews.</p> <p>[Preparation and implementation as above.]</p>	<p>As above.</p>	<p>As above.</p>
<p>4. Follow up Visit (2 hours)</p>	<p>Follow on from quality monitoring full or focused assurance audit or after DTR or H&S safety visit. Or -if poor engagement -at provider request</p>	<p>Check improvements have been made/ discuss particular issue. Confirm if actions completed. Or if DTR identifies no visit to service in last 3 years.</p>	<ul style="list-style-type: none"> • QM CSO • Service Manager 	<p>Focused on areas for improvement/ of concern/ provider requested support with. Or if follow up after DTR include general service update, any issue identified via DTR and building tour.</p>	<p>Action plan from previous audit. If DTR follow up meeting take notes and e-mail provider update. This is not shared with CQC.</p>	<p>E-mail to confirm date Action plan in audit report</p>

Meeting Name (& length)	When does this meeting take place?	Why does this meeting take place?	Who should attend this meeting?	What should be covered	Any outcomes/ action? - reports - how is it recorded? [all visit documentation to be kept in BHCC monitoring folder for service]	Templates [See forms library]
Commissioning Team Provider Meetings						
1.Meet & Greet	New provider	To discuss contractual requirements with new providers	<ul style="list-style-type: none"> • Commissioning team CSO/ or commissioner • Service manager 	Contractual obligations		
2. Contract Review (2 hours)	Commissioner led - 6 month/ annual review of performance of larger contracts or service contracts.	Past performance and future plans. Contractual requirements. Usually informed by provider report/ PIs	<ul style="list-style-type: none"> • Commissioner/Commissioning & Performance Manager • Commissioning CSO • Service provider manager and/or reps 	Provider report, PIs, PDC. Future plans. Commissioner feedback re: VFM and satisfaction.	Minutes written by CSO including action points.	Contract Review process, including: Letter Agenda Minutes Provider Document Checklist Contract Review checklist