

Report to the Adult Social Care Scrutiny Committee on Contract Monitoring in Oxfordshire: 13th November 2012

Introduction

In March 2012 the Deputy Director for Joint Commissioning presented a paper to the Adult Services Scrutiny Committee setting out a plan to improve the quality of provision in externally purchased social care. Part of that plan was the proactive monitoring of services provided under a contract with the Council. This paper provides an update of progress in improving our approach to contract monitoring for adults (and children).

Context

Contract monitoring is only one method of securing quality in services provided to vulnerable people. This should be seen as part of a larger approach which includes a refresh of our Health & Safety Policies; working with the LINK and other stakeholders such as GPs; promoting the role of elected members as community champions (eg Adopt A Care Home); improving our responsiveness to complaints and comments; setting up a Quality Network with local service providers and responding to the issues raised by the Equalities and Human Rights Commission in their recent 'Closer to Home' Report.

The Challenge

1. Over 15,000 adults in Oxfordshire receive support services that are funded by the Council (OCC) in some way. These services are provided by over 300 external suppliers, using a wide variety of contracts which range from a few hundred pounds to over £20m per annum.
2. Whilst the Care Quality Commission (CQC) has the primary duty to monitor and maintain quality standards against nationally set essential standards in both health and social care settings the statutory responsibility for care received by Oxfordshire residents rests with the Local Authority.
3. Members will be aware that in addition to the registered services within the scope of CQC, some key services are not 'registered' with CQC (Day Support, Lunch Clubs, Advice and Information, Personal Assistants) and anyone using such services does not have even the minimum protection or quality assurance that is offered by CQC for registered services.

Contract Monitoring

4. Due to the range and complexity of social services commissioned by the Council a risk based approach is being developed to Contract Monitoring. This sits alongside work being undertaken with service providers in Oxfordshire to co-produce an approach to quality monitoring for the future.

5. Work is underway to determine the frequency of monitoring with regard to the size and complexity of the contracted service, with robust action plans put in place to improve services.
6. This activity will be based on a) the identification of the size of contracts we have in place and b) profiling the risks associated with each contract. There are more details of this approach below. We also need to consider what we do where no contract exists between the County Council and the provider. This will be the subject of a further update in the near future. All contracts will be RAG rated according to the level of risk. All contracts have been allocated to a quality and contracts monitoring officer.
7. Performance measures have been developed that will ensure all contracts are reviewed annually and all significant follow up actions closed within 3 months. Performance is reported to SCS Leadership Team.

Internal Risk Management System (Traffic Lights)

8. Our Traffic Lights system applies to care homes and home support agencies. The system is designed to communicate important issues known about the quality of these providers with health and social care colleagues. Traffic lights are based on all information known about a provider, including the number and severity of safeguarding alerts and complaints; the provider's response to these; CQC reviews of Essential Standards of Quality and Safety; and outcomes from monitoring visits. We specifically consider the risk assessment process undertaken by our Safeguarding Team. The process we use has been endorsed by Oxfordshire Safeguarding Adults Board. Information about the Traffic Light status of a provider is shared with health colleagues and the Care Quality Commission. Our monitoring team works with all providers registered in Oxfordshire, including those with no or few placements funded by the County Council. This is because the safeguarding responsibility for each County Council area rests with the host local authority, and the Council considers ensuring the quality of services as a priority. Occasionally we work with providers situated outside Oxfordshire, where Oxfordshire funded residents may be placed.

Care Homes Monitoring

9. In preparation for a care home monitoring visit the Contracts Unit compile information regarding the care home. We consult health colleagues as part of this process. This includes:
 - Date and outcome of latest CQC report
 - Complaints
 - Safeguarding referrals
 - Feedback from social work teams
 - Feedback from Continuing Care
 - GP, district nurse and health professional feedback
 - Outcome of latest fire inspection (Fire & Rescue Service)

- Collation of this information before the monitoring visit ensures that the monitoring officer can focus on any known areas of concern.

A template Quality Monitoring Framework is used for each visit. This detailed framework covers the following areas:

- Staffing levels and recruitment
- Staff supervision
- Staff training
- Resident care
- Safeguarding
- Management & finances
- Staff feedback
- Medicine management

Feedback from residents or service users is an essential and critical part of the process. This may involve spending time in a care home, sitting eating a meal for example, or arranging for people who use services themselves (experts by experience) interviewing people and their carers.

These factors are used when we assess and decide upon the red/amber/green traffic light status. See also Annex 1 for a chart summarising our approach.

10. Work is prioritised on a risk basis with homes considered to be providing a poorer service visited more frequently and often at short notice. The level of risk is determined by all the information sources referred to above from which the Contracts Unit proactively seek information. Information from S&CS Safeguarding colleagues plays a key role in our work planning and how we target providers.

11. Links to other professionals

- Regular link to CQC (formal and informal)
- Medicine management
- Referral to dieticians
- Joint work promoting flu vaccination take up in care homes
- Care Homes Support Service
- Pressure care meetings
- Updates from Health Protection Agency
- Feedback from GPs
- Feedback from care managers

The Approach

12. General areas of improvement and trends are identified and considered by staff as part of quality monitoring. For example, staff are currently working with colleagues in Learning & Development to design and implement training for providers regarding care planning, risk assessment and staff competency. It is

our intention to support providers to improve in these areas where quality monitoring has identified the improvement is necessary.

13. Provider organisations will be identified for action against agreed criteria of risk and vulnerability in order to establish the level of quality monitoring they will require. We plan to have 5 levels of Quality monitoring, using templates currently being developed. We are also reviewing the way in which Health & Safety compliance is monitored. Colleagues from the Health & Safety team are advising on this, including the development of improved self-assessment by providers to encourage and promote ownership of this area amongst providers. This work will underpin the new Health & Safety Part III Policy.
14. Levels 1 & 2 are the lowest levels of quality monitoring and will be applied to the preventative contracts e.g. advice centres, advocacy, Tier 2 day services. These services do not normally provide personal care to people and are usually direct access (a referral by SCS is not required). At this level a desk based annual review of all available evidence, plus some sample visits will be relied on for the contract review process. We intend for this to be proactively supported through the introduction of provider self-assessment to help with early warning of potential problem areas.
15. Levels 3-5 are the more intensive levels of quality monitoring and will apply to contracts where people are eligible for social care or children's services e.g. Children's Centres, Supported Living, and Residential Care. Contracts will be monitored by a combination of:
 - At least a formal annual review, for very high risk areas more frequent e.g. quarterly reviews.
 - Regular, pre-arranged contract meetings.
 - More detailed provider returns (e.g. numbers using services, complaints, incidents, accidents, safeguarding).
 - Self-assessment in more detail when the self-assessment system is implemented.
16. We are of the view that we should work with providers to develop and co-produce a common toolkit for quality monitoring whose core elements can be applied to every service area, and to complement not duplicate any tools a provider may have in use that meet our needs.
17. If we do this each different client group area will need to have specific standards related to national guidance e.g. Valuing People, Supporting People, Dignity in Care.
18. The review and monitoring approach will also need to be complemented by our escalation procedure. This is needed to deal with situations where certain action events have occurred e.g. significant incident or failed CQC inspection.

Quality Standards

19. Quality is everyone's responsibility and we are developing a joint approach with our service providers, now turning in to a Quality Network. The joint work to co-develop quality standards is based on the seven principles set out in the Social Care White Paper 2012. The Quality Network has met twice and comprises of providers from all service user groups and across a range of services. The principles are that quality standards :-

- Have a sound reference point – e.g. Making it Real
- Have been co-produced in some way
- Assesses the quality of the workforce
- Start with the individual and work out
- Uphold transparency
- Assess the impact of commissioning
- Are value for money and proportionate

Summary

20. Our approach seeks to ensure that monitoring is appropriate and proportionate to the levels of risk and vulnerability of the service users supported.

Commissioners will monitor **services** on at least an annual basis, to ensure that the overall approach they have designed is working in terms of generic outcomes, our monitoring activities will be geared to the levels of risk and performance will be reported to the Directorate Leadership Team.

21. The work runs alongside the development of quality standards in partnership with service providers. Our underpinning value is that relationships are based on trust and that regulation and checking is the last line of defence.

Sara Livadeas
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Annex 1.

Current Contract Monitoring – Care Homes for Older People

