

Adult Social Care Provider Quality Assurance Framework

Reference:
Version No: 1.0
Issue Date: September
2016

Document Control

Document Ref:		Date Created:	September 2016
Version:	1.1	Date Modified:	May 2018
Revision due			
Author:	Contracts and Care Quality	Sign & Date:	May 2018
Head of Service:	June Graves	Sign & Date:	
Equality Impact Assessment: (EIA)	Date undertaken:	N/A	
	Issues (if any):		

Change History

Version	Date	Description	Change ID
1.0	September 2016	QAF drafted and finalised	
1.1	May 2018	Updated	AB

Related Documents

Reference	Title	Tier
	CQ1 Procedure	

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1. Glossary

Key:

CQT	Care Quality Team
CQO	Care Quality Officer
WBC	West Berkshire Council
SCQO	Safeguarding Care Quality Officer
CQ1O	CQ1 Care Quality Officer
CCQO	Complaints and Compliments Care Quality Officer
CQC	Care Quality Commission
Provider	A provider of services for adult social care

Responsibilities:

Head of Commissioning	June Graves
Commissioning Service Manager	Robert Bradfield
CQO's	Jo Bateman, Roseann Sweeney
SCQO	Roseann Sweeney
CQ1O	Jo Bateman
CCQO	Roseann Sweeney
Nominated generic inbox CQO	Roseann Sweeney
PA to Head of Service	Lynne Philpott
Nominated contracts and Commissioning Officer	Amerie Bailey
The Complaints and Public Liaison Manager	Mary Page
Senior Coordinator	Amanda Vass

2. Purpose

- 2.1. Legal guidance for councils sets out oversight of adult care services. Alongside this is best practice guidance with a clear responsibility to ensure the quality of adult social care services across the local authority area, irrespective of whether or not services are provided directly by the local authority.
- 2.2. West Berkshire Council has the responsibility to:
 - Assess, plan and commission adult social care services to meet the needs of all within their area who are entitled to public funding, and those who are self-funding, carers, people from ethnic minority backgrounds and people living in rural communities.
 - Organise procurement, commissioning and contract monitoring arrangements with providers in line with the Department of Health guidance on effective commissioning for outcomes.
 - Monitor services commissioned from another agency (whether that agency is in the public, private, voluntary or community sector) to ensure they deliver effective and efficient services.
 - Require improvements in outputs and outcomes to be delivered as necessary and as specified in contracts with adult social care providers.
 - Provide monitoring and improvement information to adult social care providers.
 - Support a market that delivers a wide range of sustainable high-quality care and support services that will be available to the community.
- 2.3. This process forms part of West Berkshire Council's work with key stakeholders, including the providers of services, to ensure that a wide range of good quality services in West Berkshire gives local people more control and helps them to make more personalised choices about their care.

3. Applicability

This procedure applies directly to

- West Berkshire Council employees in health and adult social care
- External providers of adult social care services that are within the geographical area of West Berkshire and / or that West Berkshire commission services from and associated agencies.

4. Roles and Responsibilities

- 4.1. The Head of Commissioning, has overall responsibility for ensuring that this policy is managed appropriately in accordance with these agreed standards.
- 4.2. The Care Quality Team is responsible for:
 - Directing and reviewing this standard.
 - Publishing & Promoting the adoption of this standard.
 - Ensuring compliance with published standards, procedures, working practices and technology changes.

4.3. All WBC adult social care staff, internal and external providers of adult social care services, WBC staff and external agencies working with those providers are responsible for familiarising themselves with, and ensuring that they comply with this standard.

5. **Role of the Care Quality Team**

5.1. One of the councils core services of ensuring the wellbeing of older people and vulnerable adults¹ is at the heart of the CQT. The CQT supports providers who work with older people and adults with disabilities.

5.2. The impact of the Care Act increases the number of older and vulnerable adults WBC will need to provide care for.² The demand on our local Providers will also increase as our demographics change and the demand for social care increases due to an ageing population. It is important Providers are supported to help develop a market that delivers a wide range of sustainable high-quality care and support services in West Berkshire.

5.3. WBC strategic aims include protecting and supporting those who need it and maintaining a high quality of life within our communities.³ The CQT work to drive up the quality of Provider services within West Berkshire and ensure that there is a wide range of high quality Providers within West Berkshire whose services will ensure residents are able to maintain a good quality life. The CQT monitors, reviews and supports Provider's services ensuring that those who receive services are safe.

5.4. A key priority for improvement is being good at safeguarding vulnerable adults.⁴ The CQT seeks to identify issues before they become safeguarding matters and work with Providers to improve standards before there is a serious incident. This is achieved through an effective quality assurance program.

5.5. The objectives of the CQT are:

- To support safe commissioning of adult social care services
- To be quality/market place centered
- To monitor and respond to intelligence that may indicate that there is a problem with service delivery in West Berkshire (for example CQ1's, CQC reports, whistleblowers, complaints, safeguarding alerts, information from other agencies/Local Authorities). This includes carrying out reviews and monitoring the progress of improvement plans.
- To offer challenge, support, information and guidance to providers to improve the quality of services being delivered in West Berkshire and consistently deliver effective outcomes which meet service user needs.
- To work with Providers to reduce the numbers of safeguarding matters

¹ Shaping our District, West Berkshire Council 2015-2019

² Shaping our District, West Berkshire Council 2015-2019

³ Shaping our District, West Berkshire Council 2015-2019

⁴ Shaping our District, West Berkshire Council 2015-2019

- To maintain up to date information about Providers
- To work with Providers in a restorative, proactive, supportive and proportionate way where possible
- To work closely with colleagues across West Berkshire Council's Social Care Service, Health and external agencies e.g. The CQC, to share information about the quality of care service provision
- Share good practice and create networking opportunities
- To be committed to the principles of openness and accountability

A brief overview of the CQT can be found in the CQT Leaflet.

6. Standards

- 6.1. The CQT review against relevant legislation and guidance which includes the CQC Regulations, NICE Guidelines and The Care Act 2016.
- 6.2. The CQT also uses the Quality Wheel and any relevant contract clauses relating to quality to review the service being delivered.

7. Oversight of the Care Quality Team

7.1. The CQT will review the following Providers:

- 7.1.1. All those residential units or domiciliary care agencies who are registered with the CQC to provide care to adults and the office they have registered with the CQC is in West Berkshire
- 7.1.2. All resource center's that are known to WBC and are based in West Berkshire
- 7.1.3. West Berkshire Council's in house Adult Placement, Residential Units and Domiciliary Care Providers
- 7.1.4. Locations within West Berkshire that the CQT are made aware of where supported living is being **commissioned** by WBC
- 7.1.5. Any other specific Providers:
 - i. at the request of the Head of Contracts, Commissioning, Housing and Safeguarding,
 - ii. at the request of the Head of Adult Social Care, or
 - iii. Because safeguarding have found Organisational concerns and have produced an improvement plan that they would like the CQT to follow up on, and the Provider is based in West Berkshire.

- 7.2. When reviewing domiciliary care agencies on the first review the CQO may visit the person in their own home/call one or more randomly selected service users to review the paperwork and discuss the care being provided and then visit/call the

Registered office so that comparisons can be made. Thereafter the CQO may decide to only visit/call the registered office.

- 7.3. When reviewing supported accommodation on the first visit/call the CQO may visit the person in their own home /call one or more randomly selected service users to review the paperwork and discuss the care being provided and then visit/call the registered office so that comparisons can be made. Thereafter the CQO may decide to only visit/call the registered office.
- 7.4. When carrying out a visit at the Service Users home the CQO will be accompanied, usually by the care manager or another WBC representative.
- 7.5. If the CQO receive information from another Local Authority that a provider outside of West Berkshire is not meeting the standard required by that Local Authority the CQO will check if WBC commission from them. If WBC do, the CQO will contact the relevant Local Authority and ask them what the issues are. The CQO will inform the relevant care managers via a group email to all ASC managers listing the providers of concern, and the concerns raised so they can decide if there is a need to review their clients.
- 7.6. If a Provider is based within West Berkshire and a restriction on commissioning is put in place, if the Provider is host to Service Users from other Local Authorities then the CQO, where possible, will advise those Local Authorities of the concerns.
- 7.7. If the CQO receive information from the CQC that a provider WBC commission from outside of West Berkshire is rated inadequate or requiring improvement the CQO will inform the relevant care managers so they can decide if there is a need to review their client. This will be done by a group email to all ASC managers listing the providers of concern, and referring them to the CQC report.
- 7.8. Any embargo by another Local Authority or 'inadequate' or 'requires improvement' rating by the CQC will be recorded on the CQO's Risk Matrix. For more details regarding this please see the section titled 'Live Databases'.
- 7.9. If the CQO are aware of serious concerns relating to a Provider outside of West Berkshire they will contact the Local Authority where the Provider is based and advise them of the concerns. Information sharing between authorities is set out in more detail in the '**Information Sharing Agreement**'.

8. **Types of Review**

- 8.1. The CQO carry out 3 different types of reviews:

A proactive Annual Review (or telephone call) (relationship management). This is an opportunity for the Provider to share information about their service, and for the CQO to share information about West Berkshire Council and the CQO's services. Any changes in care expectations and West Berkshire Council initiatives will also be shared. It is to promote a good working relationship and open lines of communication with all Providers the CQO has oversight of⁵. The visit to the

⁵ This ensures WBC gathers intelligence from all Providers in West Berkshire regardless of whether WBC Commission from them ensuring emergent issues that may affect business continuity are known

Premises will last no longer than 1 ½ hours, a telephone call around 30 minutes. The CQO will complete an Annual Review Record following the review which is shared with the Provider for their information. If any concerns are noted during the review the CQO will arrange a Reactive Review.

A proactive Thematic Review – These are undertaken with a selection of Providers. They are an in-depth review on a specific theme, for example finances. They will last no more than 3 hours. Each review will be carried out in the same way and will allow the CQT to look in depth at the specific topic of review. During Thematic Reviews the CQT will not be looking at other areas of the Provider's service, if however Providers would like to discuss any other areas a further visit can be arranged. The CQO will record their findings and if relevant prepare an agreed Improvement plan with the Provider at the review. If any concerns are noted during the review the CQO will arrange a Reactive Review to follow up on the Improvement plan and/or explore other areas of service delivery.

Reactive Review - These are arranged because the Provider is rated red or amber on the Risk Matrix, or because a Provider is already working to an Improvement plan and the CQT want to review progress. There will also be occasions where the CQT has received information that there may be issues relating to a Providers provision of care which puts clients at risk and therefore a visit will be arranged despite having a green rating on the Risk Matrix. This visit will be no longer than 3 hours.

- 8.2. All reviews may include visits to locations of service delivery (including Service Users homes) and offices.
- 8.3. CQO's may be accompanied by another officer of West Berkshire Council and/or an external agency during any review. Please refer to the Collaborative Working Document.
- 8.4. Unless there are exceptional circumstances the CQT will advise by telephone and a follow up email what type of review will be undertaken, who will be attending, what they will need access to, and the reasons for their visit.
- 8.5. Before commissioning with a new Provider commissioning officers carry out all relevant background checks including finance, insurance and CQC registration. Following this if the Provider is within West Berkshire the CQT will visit the Provider and carry out an Annual Review. The CQT will give the Commissioning Team a copy of the Annual Review Record and state how they rate the Provider on the basis of the review and the reasons for the rating given (see the section title 'Live Databases' for more information).
- 8.6. If the provider is based outside of WBC, Commissioning will contact the Local Authority where the service is based to seek references/ feedback. Commissioning will also review the CQC rating.

9. Reports

9.1. The CQT complete 3 types of reports:

Annual Review Record

This is completed by the CQO during a Proactive Annual Review:

- The document is handwritten by the CQO.
- The Provider and CQO are required to sign it at the end of the review to confirm the contents are correct
- Following a visit it is typed up by the CQO and sent to the Provider within 10 days of the visit for their information and retention.

Thematic Review Record

This is completed by the CQO during a Thematic Review:

- The document is handwritten by the CQO and will be in various forms depending on the subject of the Thematic Review and data required.
- It will usually contain a list of questions and space for comments to be recorded.
- The Provider and CQO are required to sign it at the end of the review to confirm the contents are correct
- The Record will ask whether an improvement plan is required as a result of the review. If it is required then Part 2 Improvement plan will be completed as below.
- If an Improvement plan is already in place when the CQO returns to the office the new actions required relating to the thematic review will be added onto the existing improvement plan for follow up by the CQO already reviewing the Provider
- Following a visit it is typed up by the CQO and sent as an attachment to the Provider within 10 days of the visit for their information and retention.

Improvement plan

This is completed by the CQO during a Reactive Review, (or Proactive Thematic Review if areas of concern are identified). The Improvement plan is split into two parts:

Part 1 Notes of Visit

- This is handwritten by the CQO during the review and does not exceed 2 sides.
- It is a record of the review i.e. any recommendations, evidence provided, conversations that have taken place.
- The Provider and CQO are required to sign it at the end of the review to confirm the contents are correct

Part 2 Improvement plan

- This is completed by the CQO and Provider at the review.
- The CQO will fill in the areas of concern that have been identified, the priority in which they are to be addressed, and the requirements of the Provider. If there are lots of areas that need addressing and are not included in the

Improvement plan as they are not a priority these will be noted in Part 1 Notes of Visit for discussion on a further visit.

- Through discussion the Provider and CQO agree the actions required to meet the requirements, including what support the Provider requires from the CQO, and the timescales for completion (in accordance with the priority rating). The date of the next visit to review progress against the improvement plan will be agreed and recorded where indicated
- Any boxes that are not used will have N/A written into them so it is known they are purposefully blank.

9.2. Following a visit Part 1 and 2 are typed up.

The record is sent as an attachment to the Provider within 10 days of the visit for their information and retention.

Following a review if the Provider or CQO considers that there was another area of risk or requirement that was not discussed during the review then this may be added to the Improvement plan following a telephone discussion between the two parties regarding the matter to be added.

9.3. If the visit is to review a Part 2 Improvement plan

If the visit is to review a Part 2 Improvement plan then the CQO may make comments in the comments section of the existing Part 2 Improvement plan during the Review. Any additional notes will go in a new Part 1 Notes of Visit and if there are outstanding/new actions required a new Part 2 Improvement plan will be drawn up which will replace the previous one.

Any completed actions will be moved to the completed action log at the bottom of the new Part 2 Improvement plan when the CQO types it up.

9.4. It is important that actions are met within the agreed timescales as consistently failing to meet the requirements of an improvement plan may result in a restriction of placements by West Berkshire Council.

9.5. The requirements of the improvement plan will build on Providers existing processes driving up quality and giving an opportunity to improve services, CQC compliance and meet the requirements of Providers contracts.

9.6. Providers are encouraged to share improvement plans with staff and encourage them to participate in making improvements collaboratively with management. Sharing the power to improve through ownership of the problem often results in better, long lasting improvements.

10. **Intelligence Gathering**

10.1. The CQT uses reviews to gather information as well as the following:

10.2. The Safeguarding Team receive information relating to Providers that may or may not meet the safeguarding threshold. The CQT collate this information and use it to identify where there are care quality concerns. This information is recorded by the CQT to provide an accurate overview of the themes and trends emerging in adult social care services.

- 10.3. The CQT and the Commissioning Team review service delivery of contracts to ensure Providers are meeting the contractual obligations of delivery of service. The Commissioning Team will review documentation and data supplied to WBC by the Provider. The CQT will review the operational performance of the contract by visiting Providers at various locations to observe practice and review documentation. The CQT and Commissioning Team share this information.
- 10.4. To avoid duplication of work and reduce the number of visits Providers have from different organisations the CQT will advise Healthwatch West Berkshire (HWWB) if they have concerns about a Provider so that HWWB can consider using their powers to observe the services. HWWB will advise the CQT if they arrange to observe a Provider, and will send the CQT a copy of their report which is open to the public, following a visit. Every 6 months the HWWB will also present generic statistical information including Providers of concern, and themes and trends of concerns reported to the HWWB.
- 10.5. The CQT and Complaints and Public Liaison Manager share information about Providers. The Complaints and Public Liaison Manager advises the CQT every time a complaint is raised that relates to a Provider. This information is recorded by the CQT to provide an accurate overview of the themes and trends emerging in adult social care services. Compliments are also shared.
- 10.6. If there are serious concerns regarding a Provider's service delivery then Care Managers will review Service Users' care – possibly using a template report provided by the Care Quality Team which will prompt the reviewing officer to look at the areas of concern. The reviews will be collated by the CQT and used to ensure the safety of the Service Users.
- 10.7. The Care Home Support Team work intensively with care homes. They are a member of the Care Quality Board and are advised of Providers of concern so they can contact them to offer support. If the Care Home Support Team is working intensively with a Provider the CQT will not usually re-visit until after the intense work has been completed unless asked to, or because the CQT have been advised by the Care Home Support Team that the Provider is not engaging.
- 10.8. The CQT receive regular intelligence into the CQT's generic inbox from other Local Authorities and the CQC. The CQT use this information to inform some of the visits and check service users are safe. The CQT identify if people are placed with Providers flagged by other Local Authorities as a provider of concern, or those that the CQC rates as requiring improvement or inadequate, so WBC can check Service Users are safe.
- 10.9. CQ1's are reports of any concern, issue, omission, or error in the care or support provided, or performance in the service received by an adult receiving adult social care services. They are completed by professionals and the public and sent to the CQT.
- 10.10. Care Quality Team Meetings where team issues are discussed
- 10.11. Care Quality Working Meeting where Provider issues and updates on care issues are discussed. Representatives from safeguarding, complaints and commissioning are invited to attend.

- 10.12. Improvement Group Meeting – held quarterly to gather intelligence from internal departments of WBC and external agencies about providers of concern and themes or trends of concern.
- 10.13. Care Quality Board – a strategic board which meets quarterly to consider providers of most concern, identify themes and trends in adult social care and give direction on how to address any issues arising in the market. It promotes collaborative working between the LA and other government bodies.
- 10.14. Berkshire Authority Care Quality Board - a meeting to share information between Local Authorities, the Clinical Commissioning Group and CQC about Providers of concern and discuss cross authority issues including sharing best practice.
- 10.15. Provider Forum – This is set up to share information with Providers about the LA and to provide updates from external guest speakers on relevant topics. It is also a forum to obtain feedback from Providers on the topics being discussed and facilitate network meeting

11. **Live databases**

11.1. The CQT maintain 3 excel databases of information:

11.2. **Risk Matrix**

The CQT use the Risk Matrix to

- Record information about Providers including contact details, outcomes of CQC reports, restrictions by WBC and other Local Authorities, the number of complaints, safeguarding matters and CQ1's, notices, and the number of hours commissioned by WBC
- Identify who has had an annual review
- RAG rate Providers
- Identify Providers of concern
- Identify where resources should be directed
- Produce statistical data for the Care Quality Board and regular analysis

Representatives from safeguarding, complaints, contracts and commissioning teams also have access to the Risk Matrix.

The Risk Matrix contains a list of all the Providers that West Berkshire Council commission from and all those known to West Berkshire Council that are based within the county. It also has the known locations where services are provided, with the exclusion of personal addresses

The Risk Matrix automatically calculates risk and RAG (red, amber, green) rates Providers using the information put into the Risk Matrix. This relies on information being sent to the CQT and therefore occasionally Providers will not be RAG rated in the same way the CQT RAG rate them.

When considering risk the risk rating automatically generated is not a definitive indication of Providers of most concern. The hours commissioned, the views of the CQT and Contracts/ Commissioning Officers and the material facts of the concerns will also be taken into account

The Risk Matrix is reviewed at CQT working meetings which are held monthly. During the meeting Providers rated as a high risk are discussed and the CQT ensure that all those that are within the scope of the CQT and rated red or amber are being supported or will be visited. The Care Quality Board and Improvement Group also analyses the Risk Matrix on a regular basis.

If, following investigation of a CQ1 originally included on the risk matrix, it is found the Provider was in no way liable then it will be removed from the risk matrix following receipt by the Care Quality Team of a copy of the outcome of the conclusion.

This database is used to report on KPI's.

11.3. Provider Intelligence Database

This contains a list of all intelligence received relating to individual Providers. This database is used to monitor themes and trends such as reporting sources, number of adverse or positive pieces of intelligence received per provider, and themes of matters reported

This database is used to report on themes and trends at market place and provider level. Reports are generated for use at the Care Quality Board, Improvement Group, Provider Forum, meetings and reviews.

11.4. List of Visits

This contains a list of all the visits made by the CQT and nominated contracts and commissioning officers, and the type of visit. This database is used to monitor the number and types of visits undertaken. It is also reviewed for outstanding visits that need to be arranged at Working Team Meetings where they will be assigned to CQO's to arrange them.

This database is used to report on KPI's and is shared with the Care Quality Board.

12. Provider Forums

12.1. The Provider Forum is generally held quarterly and is used to share information, give Providers an opportunity to network and foster a positive relationship between West Berkshire Council and Providers.

12.2. This is organised by the CQT. The Forum is held at Shaw House from 9.15am until 1pm which includes time for service group networking meetings to take place. There is also a 30 minute coffee break for general networking. It is held on a Tuesday, Wednesday or Thursday as Providers have asked for Mondays and Fridays to be avoided. All Providers are invited by email. Commissioning hold the contact database. All variation and amendments are carried out by Commissioning's. Senior coordinator Amanda Vass -

Amanda.vass@westberks.gov.uk.

- 12.3. The Forum is usually opened by the Head of Commissioning. The agenda is set according to requests from Providers, to share information between West Berkshire Council and Providers, to provoke discussion on areas requiring Provider input and as a response to any trends/ themes emerging from audits. Speakers are internal and external.
- 12.4. Following the Forum a copy of the slides and any associated papers are sent by email to all Providers on the contact database.
- 12.5. Other support offered to Providers

As well as reviews, improvement plans, meetings and the Provider Forum the CQT provides support to Providers through:

- telephone calls and email correspondence
- precedent documents
- access to Social Care Online Policy System (SCOPS)
- access to The Grey Matter
- information leaflets
- a wealth of knowledge having worked in the care industry and reviewed many different providers of services over several years observing good practice
- focus groups to address areas of concern identified
- analysis of market place themes and trends
- bespoke training (at an extra cost)
- general Training (at an extra cost)

13. **Restrictions on Commissioning with Providers.**

13.1. This section of the document will form part of any contract with West Berkshire Council.

13.2. **Types of Restrictions**

Our Providers with Restrictions List is a list of Providers who West Berkshire Council have put restrictions on commissioning with.

The types of restrictions are:

Embargo:

Do not make any placements with this provider whilst an embargo is in place and closely monitor any service users already placed with provider.

Exceptions will be considered by relevant professionals in the event an increase to an existing care package is required.

Place with Caution:

Placements may be made with this provider on a case by case basis, but you should consider the concerns and risks to the service user before making a placement to ensure it is appropriate.

No Restrictions on Placements

All other providers will be given the status 'No Restrictions on Placements'. It does not mean West Berkshire Council are satisfied with the quality of their service but that West Berkshire Council have no known reason for them to appear on the Providers with Restrictions List.

- 13.3. It may be that service users are moved from a Provider to a new Provider on the basis of their restriction.
- 13.4. All Providers within West Berkshire on the Providers with Restrictions List will be working to an agreed improvement plan put in place by the CQT following a review. Inclusion on the Restriction List will be reviewed monthly.
14. **Principles and purpose of restrictions**
 - 14.1. During reviews and information gathering of Providers the CQT considers risks posed to vulnerable adults in receipt of such services
 - 14.2. Where issues of concern are identified and they relate to a Provider it may be appropriate to restrict further work being placed with the Provider or terminate the commissioning of further work entirely.
 - 14.3. A restriction on further work being placed with the Provider may be imposed while more information is gathered on the issues of concern, or action is taken by the Provider in accordance with agreed plans to reduce risk.
 - 14.4. A termination of commissioning will include changing services or placements for individuals already funded by West Berkshire Council. This action will be taken only if it has not been possible to improve standards of care to an acceptable level within a reasonable timeframe or if the risks to service users are immediate and unacceptable.
15. **Criteria for a restriction on commissioning**
 - 15.1. A restriction on commissioning will be considered in the following circumstances:
 - a) If at any stage there are strong indicators that there is a risk of significant harm to other service users receiving services from the same Provider and that this risk is continuing **and / or**
 - b) If a criminal investigation is underway **and / or**
 - c) If any other relevant and serious situation warrants such action. This includes concerns of financial viability
 - 15.2. West Berkshire Council will **usually** put an Embargo in place if:
 - Default Notice is issued **and/or**
 - A Provider is rated as inadequate in the 'safe' domain by the CQC **and/or**
 - A Provider is rated as inadequate with three or more domains **and/or**
 - Organisational Safeguarding is suspected **and/or**
 - The Provider has failed to meet the majority of the requirements of an Improvement plan on more than 3 reviews **and/or**

- The Provider is not within West Berkshire but West Berkshire Council commission from them, and the Local Authority in which they are based has put an embargo/red rating on them and the council is satisfied with that Local Authorities reasons for doing so.
- A Provider is rated red or amber on the CQT's risk matrix, this may result in an Embargo if some of the other statements above also apply

15.3. West Berkshire Council will **usually** put a Place with Caution in place if:

- A Provider has made such improvements that an Embargo is no longer appropriate **and/or**
- A Provider has 3 or more 'requires improvement' or one or more 'inadequate' ratings from the CQC **and/or**
- A Provider is rated red on the CQT's Risk Matrix **and/or**
- The Provider is not within West Berkshire but West Berkshire Council commission from them, and the Local Authority in which they are based has put a place with caution/ amber rating on them and the council is satisfied with that Local Authorities reasons for doing so **and/or**
- Organisational safeguarding is being investigated **and/or**
- A Provider has failed to meet the requirements of an Improvement plan **and/or**
- A Provider is rated red or amber on the CQT's Risk Matrix, this may result in a Place with Caution if some of the other statements above also apply.

16. **Criteria for termination of commissioning**

16.1. If at any stage there are strong indicators that there is a risk of significant harm to Service Users receiving services from their Provider and the risk is continuing **and**

- it has not been possible to improve standards of care and support to an acceptable level within a reasonable timeframe **or**
- the risks to Service Users are immediate and unacceptable **or**
- If any other relevant and serious situation warrants such action

16.2. The Head of Commissioning in consultation with the Head of Adult Social Care will take steps to terminate commissioning with that Provider. In all cases legal advice should be sought.

16.3. The process for termination under these circumstances is set out in the contract between West Berkshire Council and the Provider.

17. **Decision making process**

17.1. The CQO will advise the CO that criteria for a restriction or termination is met. If the CO considers the criteria is met they will advise the Service Manager in writing with reasons and supporting documents e.g. Improvement plan, link to the CQC report. The Service Manager will consider the information and decide whether to recommend a restriction or termination.

17.2. No recommendation - CO will advise the CQT of the decision with reasons and any stipulations for when they should be reconsidered for a termination or restriction.

- 17.3. Recommendation - CSM will make a recommendation to the Head of Commissioning in writing with supporting information. CSM and CO will also review for any breach of contract.
- 17.4. If the Provider operates more than one service the Head of Commissioning will consider whether the restriction or termination should apply to those other services also. This will depend on the nature of the concerns and the circumstances.
- 17.5. The Head of Commissioning, will decide whether a restriction or termination should be put in place. This will be confirmed in writing by email to the Service Manager and CQT.

18. **Communication of a decision**

- 18.1. The CQO or CO will notify the Provider of such a decision in writing within five working days, outlining the reasons for the decision and the right to appeal.
- 18.2. If the Provider wishes to appeal the decision the request must be made within 5 working days in writing with reasons and any evidence they wish to be considered. The Corporate Director for Communities will review the decision within 21 days of the appeal and communicate the outcome in writing to the Provider, Head of Commissioning and CQT.
- 18.3. The CQT will update the central list of Providers subject to a restriction or termination so that all Adult Social Care staff are aware of who has a restriction in place. The Providers with Restrictions List will be circulated by the CQT by email to service managers to make them aware that there has been a change. Care Managers and Commissioning will consult this list when considering placement or other service options for Service Users. This list is subject to freedom of information requests and is shared with the CQC, CQB, health and other statutory bodies, and in accordance with the Information Sharing Agreement.
- 18.4. The CQT will notify other statutory agencies that are known to have commissioning arrangements with the Provider of the decision.
- 18.5. If a restriction is lifted/ downgraded all of the above will be notified of the decision
- 18.6. Under the Provider's Duty of Candour the Provider is expected to inform current Service Users or their representatives and the CQC of a decision to restrict placements and the reasons for this.

19. **Review of Decision**

- 19.1. The Providers with Restrictions List is reviewed monthly by the CQT.
- 19.2. If there is evidence that there has been little or no improvement or the risks have increased sections 15.1 – 15.3 above will be considered. If the Provider has been on an Embargo for 6 months or more, Default Notice may be given. The process for Default Notice is set out below at section 20.

- 19.3. Restrictions will be lifted/ downgraded when the extent of the risks are sufficiently clear and it is deemed safe to do so. This will be determined in the monthly review by considering whether the provider still meets the criteria for a restriction and if not whether they have sustained the improvements for 2 months.
- 19.4. If there is evidence of improvement and the Provider no longer meets the criteria for a restriction the CQO will advise the CO. The CO will consider whether the criteria is met to lift/downgrade the restriction. If it is the CO will advise the CSM in writing with reasons and supporting documents e.g. Improvement plan, link to the CQC report.
- If not, the CO will advise the CQT of the decision with reasons and any stipulations for when they should be reconsidered for a change in status
- If yes, the CSM will make a recommendation to the Head of Commissioning, in writing with supporting information.
- 19.5. The Head of Commissioning will decide whether a restriction or termination should be lifted. This will be confirmed in writing by email to the CSM.
- 19.6. If a restriction is lifted/ downgraded the CQT or CO will notify the Provider and the CQT will amend the Providers with Restrictions List.

20. **Default Notice**

- 20.1. Default Notice may be issued against a Provider by the Commissioning team in accordance with the provisions of the contract if a provider is not performing services in accordance with their contract. A default may also be served simultaneously alongside a commissioning restriction.
- 20.2. The process when a default is following a CQT restriction is as follows:
- a) When a provider has been on a commissioning restriction and has failed to demonstrate reasonable improvement against any improvement plan, the CO will send a letter warning of the potential for a default and arrange a meeting to ~~review~~.
 - b) A CQO and CO will visit the Provider to review progress against the requirements of the Improvement plan within a fortnight of the warning letter being sent.
 - c) If evidence is provided that shows significant progress against the requirements of the Improvement plan then the restriction will be reviewed and process followed between sections 15-18 above.
 - d) If significant progress has not been made, there are provisions within the contract for compensation, costs and steps to remedy any faults. These may be considered by the CSM. If any sanctions are required, the CO will discuss these at the meeting with the Provider and take the relevant steps to implement these terms in discussion with the CSM.
 - e) Under the Provider's Duty of Candour, the Provider is expected to inform current Service Users or their representatives of the Default Notice and the reasons for it being issued.
 - f) If a Default Improvement Plan is agreed, a West Berkshire Council Officer will

arrange a visit to review progress. This will usually be a CQO and/ or CO.

- g) If the improvement Plan is met, the CQT and CO will continue to review and support the Provider to improve until the Provider's restrictions are lifted following sections 15-18 above. The Default Notice will remain in force until the Provider is delivering services in accordance with their contract and all restrictions have been lifted or removed at the discretion of the CSM following evidence of substantial improvement.
- h) If the requirements of the Default Improvement Plan are not met, further steps will be taken by the Commissioning Team which may result in appropriate sanctions or termination of the contract.

20.3. For the purposes of this process if the Head of Commissioning is not available to make the relevant decisions, any reference to the Head of Commissioning, should be substituted for the Head of Adult Social Care.