

## Section 9: Framework for Quality and Safeguarding Provider Monitoring

### Background

9.1 Section 48 of the Care Act 2014 places the responsibility on local authorities to meet the needs of adults in the event of a registered care provider being unable to do so by the CQC or due to financial problems. In these exceptional situations local authority commissioners will co-ordinate the necessary activities involving other commissioners to identify alternative care and support as necessary.

9.2 The approach to overseeing the care sector in Staffordshire and Stoke-on-Trent involves quality assurance visits, information sharing between commissioners and regulators, escalation processes and, where there are significant safeguarding concerns, Large Scale Enquiries (LSEs).

9.3 The Care Act Guidance points out that:

*“safeguarding is not a substitute for:*

- *providers’ responsibilities to provide safe and high quality care and support;*
- *commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;*
- *the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and*
- *the core duties of the police to prevent and detect crime and protect life and property”.*

9.4 It is therefore important that wider commissioning and regulatory issues are not routinely or inappropriately labelled as safeguarding concerns but also that, where necessary, institutional safeguarding concerns are identified and addressed in a timely and effective manner.

9.5 When determining if an LSE is appropriate, consideration should be given to the type and nature of the predominant concerns. Thought should also be given to when quality or compliance concerns amount to that of a safeguarding nature. Below is a number of factors that when considered together may identify that an LSE led by the Strategic Manager/Safeguarding Lead supported by the Quality Assurance Team as required;

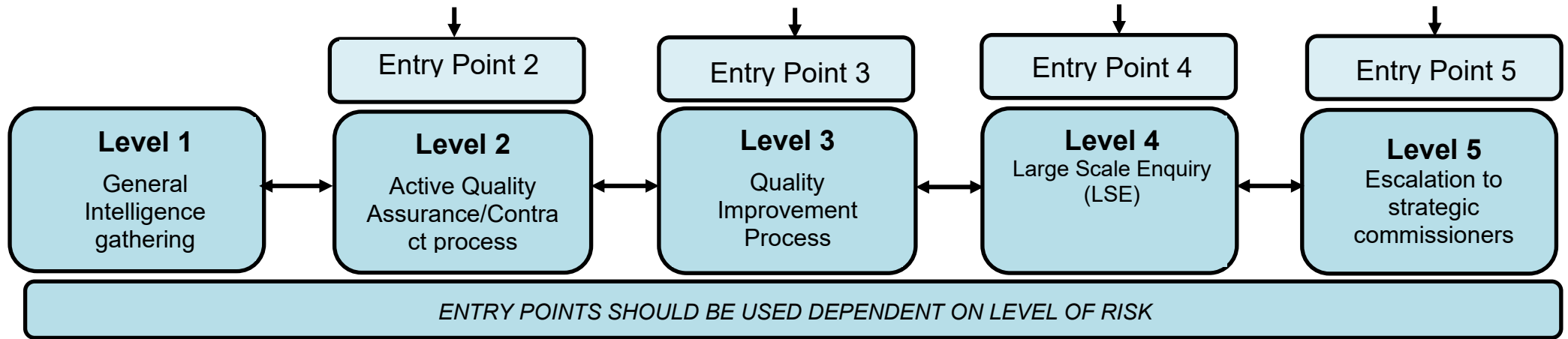
- Number and/or nature of section 42 Enquiry referrals this could either be because there are high volumes, that a service has made no referrals. Or due to the significant concerns that have been raised in the referrals received
- Demographic of adults receiving care e.g. palliative, high dependency
- Combinations of concerns that are potentially higher risk and appear systemic e.g. poor moving and handling with inappropriate techniques or equipment, nutritional needs not being met, Skin integrity needs not being met etc.
- Numbers of residents admitted to hospital
- Provider has not engaged proactively following other interventions.

9.6 The LSE process has become well embedded and contributes to the co-ordination of multi-agency efforts to address service failures and to hold providers to account where there have been systematic and/or fundamental failures in potentially high risk areas.

9.7 The LSE process will be led by an appropriate manager as determined by the individual local authority who will co-ordinate the sharing of information regarding safeguarding concerns in services and support action planning to address issues of concern. Commissioners, regulators, Police and other partners will participate and contribute to this process in partnership with the respective service provider to promote the safety and wellbeing of adults who use the service.

**N.B. The use of this framework is not a replacement for day to day information sharing processes that exist between agencies when there are concerns about individuals which must be raised as per the West Midlands Adult Safeguarding Policy and the Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures. Individual enquiries should not be delayed whilst waiting to convene 1-1 meetings or multi-agency meetings about organisations. Agencies should feel free to develop more detailed guidance to sit under this framework should they think it required or embed it into their Business Failure Processes.**

## Quality and Safeguarding Provider Monitoring Framework



**Level 1 Guidance**

This level represents the ongoing intelligence gathering and sharing between parties including analysing intelligence and identifying risks – this may include information sharing meetings, Quality Assurance Forms and AS1's and updates from CQC

**Level 2 Guidance**

Where there are particular concerns identified appropriate contact with the provider would take place. This could range from a contractual action to a formal meeting involving the provider and relevant professionals. This may involve a provider working through an action plan or safeguarding requirements.

**Level 3 Guidance**

Where concerns persist as a result of the failure of the organisation to improve their service, or where there is a risk of provider failure, commissioners will consider what options are available to them. This may include multi—agency meetings chaired by the Quality Assurance Team. Monitoring visits and the production of action plans or contractual action such as preventing new placements or the issuing of remedy letters.

**Level 4 Guidance**

Where there have been persistent concerns and that the concerns are predominantly of a safeguarding nature the agencies concerned will determine that a Large Scale Enquiry is required where the process is led by the Safeguarding Team/lead the process will involve a multi-agency approach with the provider to improve the care and reduce risks to the adults in the home.

**Level 5 Guidance**

When a provider has been engaged in active stage three or four and improvements for a significant period of time are not being noted and /or significant risks persist both to the adults and potential reputational damage to the local authority. This should be passed to the relevant senior commissioning ad leadership team to consider further actions.

### **Level 3 and 4 Procedure**

- 9.8 In the event of potential or actual organisational failure, where interventions at lower levels have not been successful or when there are significant risks identified a multi-agency meeting may be convened to consider whether the concerns warrant continuing supervision through either level 3 or 4.
- 9.9 An initial Planning Meeting may be held under this process. It will enable agencies to share information regarding the concerns and reach a view on the current levels of risk to users of the service. This would give opportunity to consider the presenting risks and determine what response is most appropriate.
- 9.10 It may not always be necessary to hold a separate formal meeting to determine this and agencies may make decisions collectively through other means.
- 9.11 Communication with the provider will be considered throughout the process and decision making and should a decision be reached that stage 3 or 4 is required appropriate communication with the provider will take place to ensure that they are aware of the decision and what the next steps will be.

### **Level 3 – Quality Improvement Process**

- 9.12 The purpose of the Quality Improvement Process will be to address concerns of potential provider failure or of persistent contractual or quality concerns. This may also include actual/potential regulatory actions by the Care Quality Commission (CQC), including (but not limited to) Notice of Decisions or Cancellation.
- 9.13 Appropriate meetings and consultation will be led by the relevant manager both with the provider and also with other involved parties, such as Clinical Commissioning Group (CCG).
- 9.14 Consideration will be given to the implementation of action plans and necessary monitoring visits to identify progress and improvements in the service.
- 9.15 It is imperative that communication between the provider, commissioners and quality teams remains open and transparent throughout the process. Actions to be completed need to be shared and followed up within agreed timescales.
- 9.16 Should imminent failure of a service be identified then the relevant Social Care team and other commissioners must be contacted and urgent closure plans instigated to maintain the safety and care requirements of users of the service local guidance should be referred to.

### **Level 4 - Large Scale Enquiries**

- 9.17 The purpose of the Large Scale Enquiry process will be limited to the following:
- a) Sharing information about a service and the wellbeing of any services users who may be at risk of abuse.
  - b) Co-ordinating safeguarding enquiries under section 42 of the Care Act 2014 and wider investigations.

- c) Planning action to assist a service to provide a safe service of reasonable quality that is compliant with regulatory requirements, including completion of action plans.
- d) Planning for service failure, contractual action or regulatory enforcement.
- e) Developing a communication plan to relevant agencies and to users and relatives of users of the service.

9.18 The Large Scale Enquiry has no legal or judicial powers, but partner agencies may use the information provided to inform the use of their own specific powers under other legislation. The LSE may make a recommendation regarding the suspension of some or all new placements but any decision on this will lie with the relevant commissioners and/or regulators. Discussions regarding actions to be taken by relevant organisations will form part of the discussions in the LSE meetings.

9.19 The key principles that underpin the meetings will be transparency and partnership. In line with this approach it will normally be the case that providers are fully and actively involved in the meetings. There may be situations where agencies need to have some discussions from which the provider will be excluded, this will always be the case where there are active police investigations into the management of a service, but other situations may also warrant this.

9.20 The LSE meetings will continue until it is clear that users of the service are safe from abuse or neglect. This process can be as short or long as is necessary; the longer it takes to resolve the concerns, the greater the likelihood that the matter may be escalated with the potential for escalation to Strategic Commissioners and through the Staffordshire and Stoke On Trent Adult Safeguarding Partnership Board escalation procedures.

9.21 Quality and Contractual actions may continue following the completion of an LSE and may de-escalate through the framework dependent on any outstanding concerns.

9.22 The specific details (not personally identifiable information) of the organisational concerns will be reflected back to multi-agency information sharing meetings between the Local Authorities, CQC and NHS partners (QSISM). General anonymised information about the Organisational Failure Process will be shared through LSE updates with the Safeguarding Adults Board on a quarterly basis by the Local Authorities.

### Short Practice guide 9 Large Scale Enquiry Planning Discussion Agenda

1.	Meeting Details
2.	Present at Meeting
3.	Apologies
4.	<p>Confidentiality statements to be agreed by all participants -</p> <p><b><i>Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.</i></b></p> <p><b><i>The following information is being requested to facilitate a risk assessment of an individual or an address to protect the health and safety of any adults with care and support needs. Only relevant information is being requested.</i></b></p>
5.	Minutes and actions from the previous meeting
6.	Names of adults who may have been abused inc details of safeguarding referrals
7.	Criminal Offences
8.	Regulatory Issues
9.	Current Agency Information
10.	Current provider information
11.	Summary of Concerns
12.	Risk Assessment
13.	Contractual Action e.g. Suspension of Placements
14. (a)	Enquiry Planning
14. (b)	Protection and Support Plan (Service Provider)
14. (c)	Protection and Support Plan (Other Agencies)
15.	Information Sharing
16.	Communication Plan

17.	Future meetings
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**Short Practice guide 10 Quality and Safeguarding Provider Monitoring Level 3 Review Meeting Agenda**

1.	Meeting Details Purpose of meeting <ul style="list-style-type: none"> <li>• <i>Review of Enquiries</i></li> <li>• <i>Clarification of initial outcomes</i></li> <li>• <i>Assessment of current risk of harm</i></li> <li>• <i>Agree updated Protection and Support Plan</i></li> </ul>
2.	Present at Meeting
3.	Apologies
4.	Confidentiality statement to be agreed by all participants - <b><i>Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.</i></b>
5.	Accuracy of previous strategy discussion/review meeting minutes
6.	Review of previously agreed actions from the last strategy discussion/review meeting
7.	Review of Adult Safeguarding enquiries and any outcomes including safeguarding plans and individual sources of risks
8.	Views of Statutory Agencies to include details of Service Users who have been reviewed since the last meeting
9.	Views of Service Users & Carers/Relatives
10.	Views of Provider – including update on Action Plan
11.	Assessment of Current Risk of Harm
12.	Actions to be agreed for; Protection and Support Plan (Service Provider) Protection and Support Plan (Other Agencies) (To include arrangements for Reviews for Service Users)
13.	Recommendation/update regarding any Contractual actions
15.	Communication Plan
16.	Future Meetings