WIRRAL COUNCIL

POLICY & PERFORMANCE FAMILIES & WELLBEING COMMITTEE

9 SEPTEMBER 2013

SUBJECT:	*QUALITY ASSURANCE FRAMEWORK AND STANDARDS IN CARE HOMES*
WARD/S AFFECTED:	*ALL*
REPORT OF:	*DIRECTOR OF ADULT SOCIAL SERVICES*
RESPONSIBLE PORTFOLIO HOLDER:	*COUNCILLOR CHRISTINE JONES*
KEY DECISION?	*NO*

1. EXECUTIVE SUMMARY

1.1 *Report to inform Elected Members of the Quality Assurance and Contracts role within the Department of Adult Social Services, the current status of care provision in Wirral and the future developments to further improve the quality of care.*

2.0 BACKGROUND AND KEY ISSUES

2.1 Update report to brief Councillors on the role and function of the Quality Assurance team in DASS, the quality assurance framework and standards in care homes in Wirral.

2.1.1 Roles and Responsibilities
There are three main organisations involved in the monitoring of the quality and safety of health and social care provision

- **CQC** - is the Governments independent regulator of health and adult social care services. They register hospitals, care homes, dentists, domiciliary care services as well as a verity of other services and monitor them to ensure that they are meeting the essential standards. As the regulatory body for the registration of provision services they have a duty to monitor regulation compliance on a 3 yearly basis (unless concerns are raised), unlike the Council who have the responsibility for duty of care. It would be CQC who would have responsibility for de-registering and closing the home. **See appendix 1 - CQC essential standards framework**

- **DASS Quality Assurance Team (QAT)** - have the responsibility to ensure that quality monitoring is an integral part of contract monitoring and aims to ensure that people who use services receive the highest quality and safety of service, which meets contractual standards. Continuous improvement plans are agreed with the provider where standards are not met. Failure to implement improvement plans will result in appropriate default action, which may include suspension of new placements and ultimately ceasing to commission with the home. The safeguarding strategic review process in operation in Wirral ensures that Care Quality Commission (CQC), police, health and social care commissioners work closely and in a coordinated manor when addressing concerns within the provider sector. **See appendix 2 - quality assurance framework for monitoring visits**

- **Healthwatch** - aim to represent the views and experiences of the local population and make a positive change to the way health and social care services are commissioned through the completion of evidence based reports and recommendations to the commissioners and providers of health and social care provision. Healthwatch are able to enter and view on an unannounced basis. This is being utilised to its fullest extent by the Council who now work in partnership to identify themes and concerns across Wirral as a whole. As the commissioner of services feedback will be shared as and when required.

2.2   Current position

2.2.1   Quality Assurance Team
The Quality Assurance Team was created in April 2012, following the Safeguarding Peer Challenge, where it was recognised that through proactive monitoring of services, not only could poor quality services be recognised at an earlier stage and development needs of the provision identified with the owner, but the safety and welfare of the customers could be improved and safeguarded from the situation arising. The Quality Assurance Team is a joint development with health. The integrated team consists of 1 Manager, 7 Quality Assurance Officers and 1 Lead Nurse for Quality across the Residential and Nursing sector. In the first year of implementation the Quality Assurance Team assessed the quality of the Nursing and Residential provision. All 109 establishments registered for this provision were visited and monitored against the quality framework developed by the team. In addition, they responded to approximately 35 safeguarding alerts per week, relating directly to care provision.

2.2.2   Current Statistics
Wirral commissions all of its general residential and nursing care from the independent sector. Wirral has a large number of Accredited Providers with 109 Nursing and Residential establishments and over 80 Accredited Domiciliary and Supported Living care providers. Monitoring of theses services, prior to the establishment of the Quality Assurance Team was reactive, monitoring related only to safeguarding concerns. It is estimated that 50% of the safeguarding alerts that are received, approximately 35 new cases a week by DASS, relate to concerns within a commissioned provider. In the first year of implementation of proactive monitoring visits it was also identified that there were a large number of providers whose service was not meeting either the CQC essential standards or Wirral Council contractual standards. These services then require further scrutiny by the Quality Assurance Team to ensure that identified improvements are made.

2.3   Current Developments

2.3.1   RAG status
A new RAG (Red, Amber, Green) system has now been introduced to identify the assessed quality of the provision. Each Provider is assessed on a multi agency level taking into consideration, information from the Quality Assurance Team, DASS operational and complaints teams, health commissioners, CQC, Healthwatch, Merseyside Fire and Rescue, Infection Control and The Health and Safety Executive. The judgment of status is carried out through the RAG Panel Meetings held monthly. This enables the Quality Assurance Team to identify and focus on poor quality services and monitoring in accordance with the risk identified. The aim of which is to reduce safeguarding concerns and start to proactively monitor.

See Appendix 3 - RAG rating

2.3.2 Current RAG statistics Residential/ Nursing Care provision

RAG		Number August 13
RED	Urgent Action required	9 Of which 5 have suspension of new placements in place
AMBER	Action Required	35
GREEN	Fully Compliant	65

2.3.3 New schedule of monitoring, all providers

A new schedule of monitoring is being implemented to include all provision inclusive of Extra Care Housing, Domiciliary Care, Supported Living, Day Centres as well as the Residential and Nursing Provision. With the increased workload, the Quality Assurance Team is implementing a more customer focused approach to monitoring, with the provider completing a self assessment. The Quality Assurance Team will then validate the self assessment, through evidenced practice during visits. This enables the Quality Assurance Officers to engage more with customers, their families and other stakeholders in the provision. The primary question is "what is it like to receive a service from this provider?". In addition, the quality assurance assessment of quality will be revisited through out the year to move away from the "snapshot" approach to monitoring.

2.3.4 Student Nurse Pilot

It has been recognised through the learning from safeguarding concerns that there has been little emphasis on the quality of care provision by Universities when placing Student Nurses. In addition, it has been recognised that student nurses do not raise concerns with providers when in the placement but wait until their placement has ended before informing the Local Authority of their concerns. Both these issues have now been addressed through a pilot for a national scheme; John Moores University and Chester University co-ordinate all placements with the Lead Nurse for Quality within the Quality Assurance Team. To ensure that nurses are trained in an environment of good practice, only providers with a status of 'Green' will be used. There will be a new expectation on providers to see the student nurses as critical friends for the duration of their placement and meet regularly with them to get feedback on the provision. Feedback on their treatment as critical friend will be fed into the RAG rating meetings. It is felt that providers who excel at this will be considered in the future as having a RAG rating as 'excellent'.

2.3.5 Central Information through Provider hub

Current Information management systems used in DASS do not allow for the collation and recording of information on a provider related basis nor do health and social care systems share information. Thus, it has been identified that a web-based hub for the use of identified professionals will bring together, quality assurance reports, complaints, safeguarding and review information in one place for each provider and as such give a holistic overview of the service which can then assist to evaluate the named provision and reduce the risk of information not being shared with professionals that have responsibility for safeguarding, complaints and commissioning.

2.4 Future developments

2.4.1 Excellent Status Service

Those provisions that are considered to be providing an above standard service are using new innovative practices and are keen to develop best practice in all areas will be considered by the RAG Panel for a new status of excellent. This will be a kite mark type venture with no financial reward from DASS but the added value of a well advertised kite mark of excellence status brings value to any marketing plan.

2.4.2 Annual Quality Assurance Report

Through the new self assessment and judgment processes an Annual Quality Assurance report will be created for each area of provision. It is envisaged that these reports will be available to the general public through the Council website. This will further develop the service quality in Wirral with those providers with good and excellent status gaining the higher proportion of the market thus increasing the proportion of commissioned beds in good quality service provision.

2.4.3 Stakeholder Monitoring / Reporting

Further development of the monitoring systems will result in a more stakeholder focused monitoring system, with DASS forming part of a network of professionals who are constantly monitoring the quality of the service provision. Those stakeholders not currently engaged in the monitoring process are the Elected Members and GPs, both of which would benefit from having an awareness of the quality of the care provision they currently have responsibility for, either through geographical area or commissioned placements. We are keen to explore with Policy and Performance Families and Wellbeing Committee, how we could better engage with Local Members to enable them to have a full understanding of provision and quality issues in their patch. In addition, it is recognised that further integration with health within the Quality Assurance Team would allow for a more rapid response to concerns around health care needs not being met. Discussions are underway with health commissioners to further invest in nursing expertise in the team.

3.0 RELEVANT RISKS

3.1 N/A

4.0 OTHER OPTIONS CONSIDERED

4.1 N/A

5.0 CONSULTATION

5.1 N/A

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 N/A

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 N/A

8.0 LEGAL IMPLICATIONS

8.1 N/A

9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?
No because there is no relevance to equality.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 N/A

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 N/A

12.0 RECOMMENDATION/S

12.1 That Policy and Performance Families and Wellbeing Committee note the quality assurance framework and developments underway.

12.2 That Policy and Performance Families and Wellbeing Committee advise on frequency of reporting back to this Committee.

12.3 That Policy and Performance Families and Wellbeing Committee support further engagement and communication with local members to improve understanding of key provider issues and actions within their area.

13.0 REASON/S FOR RECOMMENDATION/S

13.1 As identified.

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APPENDICES

Appendix 1 - CQC Essential Standards Framework
Appendix 2 - Protocol for Quality Assurance Visits
Appendix 3 - RAG Rating

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

The Essential Standards Factsheet (that relate to Quality and Safety)

The essential standards of quality and safety are central to our work in regulating health and adult social care. Each of the standards has an associated outcome that we expect all people who use services to experience as a result of the care they receive.

The standards relate to the 28 regulations contained in the legislation governing our work. When we check providers' compliance with the essential standards, we focus on one or more of the 16 that most directly relate to the quality and safety of care. Providers must have evidence that they meet these outcomes.

These 16 standards are outlined below.

Outcome 1: Respecting and involving people who use services
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

Outcome 2: Consent to care and treatment
Before people are given any examination, care, treatment or support, they should be asked if they agree to it.

Outcome 4: Care and welfare of people who use services
People should get safe and appropriate care that meets their needs and supports their rights.

Outcome 5: Meeting nutritional needs
Food and drink should meet people's individual dietary needs.

Outcome 6: Cooperating with other providers
People should get safe and coordinated care when they move between different services.

Outcome 7: Safeguarding people who use services from abuse
People should be protected from abuse and staff should respect their human rights.

Outcome 8: Cleanliness and infection control
People should be cared for in a clean environment and protected from the risk of infection.

Outcome 9: Management of medicines
People should be given the medicines they need when they need them, and in a safe way.

Outcome 10: Safety and suitability of premises
People should be cared for in safe and accessible surroundings that support their health and welfare.

Outcome 11: Safety, availability and suitability of equipment
People should be safe from harm from unsafe or unsuitable equipment.

Outcome 12: Requirements relating to workers
People should be cared for by staff who are properly qualified and able to do their job.

Outcome 13: Staffing
There should be enough members of staff to keep people safe and meet their health and welfare needs.

Outcome 14: Supporting workers
Staff should be properly trained and supervised, and have the chance to develop and improve their skills.

Outcome 16: Assessing and monitoring the quality of service provision
The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.

Outcome 17: Complaints
People should have their complaints listened to and acted on properly.

Outcome 21: Records
People's personal records, including medical records, should be accurate and kept safe and confidential.

Quality Assurance Framework for Monitoring Visits

Protocol for Quality Assurance Monitoring Visits for Residential/Nursing Care Homes

1. Introduction

Quality Assurance Visits are undertaken by Quality Assurance Officers to gain assurance about the quality and safety of services being commissioned by Wirral Borough Council.

This protocol outlines the process for inspection at residential/nursing homes, the areas to be reviewed, who to involve, the notice given to providers, reporting requirements and how resulting action plans should be monitored.

2. Quality Assurance Framework

Quality monitoring is part of overall contract management and aims to ensure that people who use services receive the highest quality and safety of service, which meets contractual standards and is continuously improving.

Quality monitoring should enable key risks to be identified with the provider and managed and is central to continuous improvement: it measures the providers' and the services' performance and how this changes over time. The information from quality monitoring can both change and influence practice, from the specific care for people who use services to Wirral's procurement and commissioning decisions.

Quality monitoring is the regular process undertaken by the Quality Assurance Team within the Department of Adult Social Services to ensure that providers comply with the quality requirements of their contract(s) and are performing effectively and would seek to confirm and establish the following:

A quality service; outcome based results and all other key performance indicators contained in the service specification and contract are achieved; follow up actions are identified in service improvement action plans.

Better outcomes for people who use services; Services that are committed and can demonstrate continuous Improvement; Services that make a positive difference to peoples' lives.

Value for Money and compliance with contract terms; that services are delivered as described/commissioned; service is 'fit for purpose' and continues to meet the accreditation criteria and stated objectives.

General outcomes for people who use services are outlined in the White Paper *'Our Health, Our Care, Our Say'*

The council expects that as a result of receiving the Service, Customers are able to report the following: (This will be used as the primary quality assurance of the Service provided under the terms of this Contract)

(1)   **Improved health and emotional well-being**

Customers are asked and able to report *'I am as healthy as I can be'*

This measure will be used as evidence of the outcome that Customers live longer and report better physical, mental and emotional health and well-being.

(2)   **Improved quality of life**

Customers are asked and able to report '*I am able to live a fulfilled life'*

This measure will be used as evidence of the outcome that Customers have the best possible quality of life including life with other family members supported in a caring role. They are supported to access ordinary housing, transport, leisure, information, life-long learning and support that promote their well-being.

(3)   **Making a positive contribution**

Customers are asked and able to report *'I can participate as a full and equal member of my community'*
This measure will be used as evidence of the outcome that Customers live, work, learn and participate in their community as equal members. They are involved in planning and decision making about the direction of their support and in the design and delivery of the services they receive. Customers report a positive experience of their support.

(4)   **Exercise of choice and control**

Customers are asked and able to report *'I have the same life chances as other adults'.*

This measure will be used as evidence of the outcome that Customers determine for themselves where they live, how they are supported and how they spend their day, with reliable information and advice available in accessible formats.

(5)   **Freedom from discrimination and harassment**

Customers are asked and able to report *'I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice'.*

This measure will be used as evidence of the outcome that Customers are supported to live without maltreatment, neglect and exploitation and are assisted to action against it as appropriate.

(6)   **Economic well-being**

Customers are asked and able to report *'I am financially stable and have as much control as possible over my money'.*

This measure will be used as evidence of the outcome that Customers have the opportunity to achieve economic well-being and have access to work and/or benefits as appropriate.

(7)   **Maintaining personal dignity**

Customers are asked and able to report *'I feel valued by others'*:

This measure will be used as evidence of the outcome that Customers experience secure, stable and good quality support. People experience privacy and appropriate levels of confidentiality. Customers feel they are treated with respect and listened to, have a sense of self worth and are valued by others.

Quality Assurance visits are one part of the Wirral Borough Council Quality Assurance Framework and are carried out by a team with the relevant skills and knowledge to give assurance about the quality and safety of services in Wirral.

3 Quality Assurance Monitoring Visits

There will be two types of visit:

• Announced Inspections.

• Announced or unannounced inspections where a risk has been identified. (Based upon a range of information including Safeguarding concerns, Customer Feedback, Complaints, Medicines Management data, CQC reports etc)

Please refer to S4.2 (Monitoring Systems) of the 'Contract for the Provision of Residential and Nursing Home Care' for details of information that must be produced on request.

4. Visiting Team

The visiting team will consist of one or two members of the Quality Assurance Team who will undertake a series of safety, quality, case note and observational audits throughout the day, including discussions with staff and where possible with people who use services. If any specific concerns are identified a follow up visit by an appropriate member of the Multi Disciplinary Team will be arranged (e.g. infection control or medicines management)

Inspections where a risk has been identified will consist of one or two members of the Quality Assurance Team.

5. Format of the visit

a. The format will vary depending upon the reason for the visit and the type of home being visited.
b. The visit may be part, or full day.
c. The visiting team will introduce themselves on arrival and present identification.
d. The Quality Assurance Officer will provide opportunity to brief the registered manager or senior staff on site at the start of the visit.
e. The visit will include observational audit, record audits and discussion with staff and people who use services/relatives (where appropriate)

f. The Quality Assurance Officer will arrange the visit to minimise disruption to services, this may include a discussion with the manager/owner/senior staff in advance in the case of announced visit

g. Verbal feedback will be given to the service provider on the day.

h. A formal report will be sent to the provider within one week of the visit.

Concerns Identified

Any areas of immediate concern will be raised with the service provider as soon as they are identified. If the Quality Assurance Officer identifies poor practice or immediate risk to people who use services, visitors or staff, the service provider will be asked to rectify the situation immediately. Where there is immediate risk to safety that cannot be addressed or mitigated against immediately the Quality Assurance Officer will report immediately to the appropriate manager of the Department of Adult Social Services who may issue a default notice suspending further admissions.

6. Reporting

Verbal feedback outlining the key findings of the team will be given on the day, either face to face or by telephone.

A detailed formal report will be sent to the identified contact within the service provider within two weeks of the visit. The formal report will include identified areas of good practice and areas of concern, along with a list of requirements and an action plan with timescales for completion.

Any serious concerns identified during the inspection will be shared with appropriate teams and the Care Quality Commission and Health Commissioners.

7. Follow up

Urgent Risks

Where urgent risks are identified they will be reported as outlined in section 6. However, where interim arrangements have been made, or work is due to be undertaken within a short timescale the lead will arrange for a follow up conversation/visit to take place so that they can be assured the required action has been carried out. Default Action may be implemented if it is felt that the level of risk is high.

Action Plans

Where a Provider is not compliant with the terms and conditions outlines in the contract they will be formally notified as such. The Owner / Manager will then be required to present an Action plans to address the concern. A meeting with the owner / manager will be required to allow them to submit and gain agreement on their proposed action plan. The action plan must contain agreed time scales and will be monitored via follow to ensure times scales are being met for improvement,. Further visits will be undertaken by a member, or members of the team to assess the completion of specified actions within their timescales. Failure to implement the Action plan within agreed time scales will result in default action. The outcome of these inspections will be reported back to senior management.

Appendix 3 : RAG Rating

QUALITY ASSURANCE, SERVICE MONITORING AND EVALUATION

RAG Rating System

As a commissioning council Wirral is committed to monitor and evaluate the care provision of all commissioned service on the Wirral. This will be done through the monitoring of services by the quality assurance team in partnership with the Provider and all stakeholders in the provision. This will result in an evaluation of the quality of the services. The judgment will fall into three categories. Good, Basic, Poor. A category of Excellent service status will be developed over the next 12 months in conjunction with the Providers.

Those services that are not compliant with the contractual standards will be required to implement improvements to the service to ensure compliance and therefore the best possible care for those who are in the receipt of the service. The Quality assurance team will work in partnership with the Manager/ Owner of a provision. The Where a service is not compliant the Quality assurance team will identify with the manager the areas of none compliance. The Manager/ Owner will then need to identify how they will address the concerns by submitting an improvement plan to QA with agreed time scales. The implementation of the improvement plan will then be monitored.

Monitoring will be carried out through a variety of methods, will be outcome focused and will include all stakeholders in the monitored service. All Providers will be required to complete an annual self assessment and review their self assessment on a quarterly basis.

There is an expectation that the provider will evaluate its service through robust audits systems and through the collation of feed back from Stakeholders in their service. This will include all customers, their families, all Health professional and staff. This information will be evidenced through their annual self assessment provided to the Quality Assurance team on an annual basis. The Quality assurance team will then validate the self assessment through monitoring visits. Validation will be done through out the year using themed inspections. If there are concerns raised in relation to a particular standard that standard will be assessed as and when the concerns are raised. This will include safeguarding and practice concerns.

The monitoring schedules will vary in relation to the judgment of standards that are placed on the provider.

In addition the Quality Assurance team within the department of Adult social services will coordinate the monitoring of the provision through out the year and a focus will be given to customer and family experience.

Guidelines for Judgment on the Quality of the service

Good Provision (Green)
- No contractual default invoked over last six months.
- Full compliance of standards over last 6 months.
- No QA Action plan.
- Responsiveness / full commitment in addressing concerns by registered provider and manager.
- Low level of safeguards which are addressed appropriately
- Low level of Quality Concerns received by QA team .
- Low number of ALADO referrals which are addressed appropriately.
- Low level of complaints which are addressed appropriately

- Minimal / minor Stakeholder concerns i.e.
  CQC, Wirral Community NHS Trust –,Fire Service, Audit of Infection Prevention and Control, Healthwatch concerns, GP Consortium, Other local authority suspension.

Basic Provision (Amber)
- Default invoked over last six months.
- Non-compliance of standards over last 6 months.
- QA Action plan progressing within time scales
- Partial continued non-compliance of standards..
- Moderate level of safeguards or no safeguards received*
- Moderate level of Quality Concerns launched to QA team via SWIFT
- High number of ALADO referrals
- High level of complaints
- Stakeholder concerns i.e.
  CQC, Wirral Community NHS Trust –,Fire Service, Audit of Infection Prevention and Control, Healthwatch concerns, GP Consortium, Other local authority suspension

Poor Provision (Red)
- DASS contractual default invoked-*Suspension in place*
- High level of non-compliance of standards over last 6 months.
- QA Action plan with time scales not met.
- Continued non-compliance of standards.
- Lack of responsiveness / commitment in addressing concerns by registered provider and or manager.
- High level of safeguards or no safeguards received*
- High level of Quality Concerns launched to QA team via SWIFT
- None compliance with ALADO process
- High level of complaints not appropriately addressed
- CQC warning notice, enforcement notices or compliance action
- Serious Stakeholder concerns i.e.
  Wirral Community NHS Trust –,Fire Service, Audit of Infection Prevention and Control, Healthwatch concerns, GP Consortium, Other local authority suspension

*Safeguard judgement subjective. i.e. high levels may not necessarily mean provider is poor but rather err on the side of caution and make many referrals without consideration of thresholds, equally no safeguards received could be interpreted that the provider has not followed due process.

QA monitoring visit frequencies based on Judgment:

Good Provision
- Generates quarterly Support visits
- Annual audit visit
- Half day to full day (Observations, random samples/audits of sections within the framework)
- Annual evidenced based self assessment

Basic Provision
- continued 4 weekly Support visits
- quarterly audit visits
- Half day to full day (Observations, historic themes, random samples/audits of sections within the framework)
- Annual evidence based self assessment

Poor Provision
- Senior management visits
- Generates continued QA weekly Support visits
- 4 weekly action plan update audits.
- half day to full day (Observations, historic themes, random samples/audits of sections within the framework)
- Annual evidenced based self assessment

Safeguarding Concerns will take priority and may generate an immediate Quality Assurance visit.

Support Visit
QA officer will visit and interface with residents and staff. Support offered to Manager if needed. No formal audit of any documentation, or standards no reports will be generated. Any concerns witnessed or reported to the QA officer will be raised verbally with the most senior staff member on duty and the resolution of the concern will be audited at the next audit visit. **Unannounced visit**

Audit Visit
QA officers will formally monitor the progress of any improvement plan or will formally validate an annual self assessment. Formal records will be produced and the Manager/ owner will receive formal notification of the findings within one week of the visit. Verbal feed back will be given at the time of the Audit visit.
Announced visit

Annual Self Assessment
Each Provider will be issued with a template tool kit for the annual self assessment. This will need to be completed and submitted 4 weeks following the date of issue. An audit visit will then be arranged with Provider to validate the content of the self assessment. An annual report will be complied following validation and submitted to the provider for consultation. The consultation period is 28 days in which time the provider and the QA officer will validate any discrepancies and a final agreed report will be issues. The final annual report will then be made available on the Council Web Site.

Monitoring and contractual obligations as identified in the Wirral Contract.

S4.1   QUALITY SYSTEMS, MONITORING AND EVALUATION

S4.1.1   The Provider will comply with all the monitoring and evaluation arrangements set out in this Contract and Service Specification and will:-

(a) when deemed necessary by the Council, and with the consent of the Customer agree to an authorised employee of the Council being present in the Customer's place of residence in order to monitor the Contract Standards which will include the carrying out of spot checks

(b) ensure there is a documented system of Quality Assurance to ensure the Service offered to Customers meets with this Specification

(c) operate a system whereby the views of Customers about the Service provided, or to be developed are sought and taken account of

(d) provide to the Council reasonable access to employee rotas, incident books and other relevant records and other documents relating to the Service, except where this conflicts with any overriding duty of confidentiality

(e) provide to the Council reasonable access to all financial records. The use of this information is confined to regularity audits and testing the Provider's financial viability and will not be used for the purpose of price determination for this or any other Contract

(f) inform the Council of any serious event that affects or might affect the well being or safety of a Customer

(g) Allow the Council to interview all Workers who deliver the Service for or on behalf of the Provider

S4.1.2 The Council may at its discretion share information with Customers or prospective Customers and their families about the Provider in so far as it relates to the provision of Services covered by the Contract in order to assist them making an informed choice about where they live or who they purchase support from.

S4.1.3 These provisions are without prejudice to statutory requirements and do not duplicate, replace or take precedence over regulations with regard to registration and inspection and the functions of the Care Quality Commission and the requirements of essential standards of quality and safety.

S4.2 MONITORING SYSTEMS

S4.2.1
- An annual quality assurance self assessment will be completed by the provider. This will be submitted to the Quality assurance team who will collate an annual Monitoring report through the compilation of the self assessment and information provided by stakeholders.

- The provider will be issued with an initial Annual Monitoring report and be given 28 days for comments and amendments prior to publication.

- The provider will comply with any requests for information related to monitoring

- The Provider must ensure there are adequate systems in place to review and assess the quality and effectiveness of the Service provided under this Contract inclusive of evidence that they seek and record the views of all stakeholders in relation to the quality of the service they provide.

S4.2.2 The Provider must be able to produce on request by, and to the satisfaction of, the Council the records and documented procedures in addition to any other requirement of any other clause in this Contract:-

S4.2.3   The Council will make available to Providers on request copies of its own policies and procedures as amended from time to time which shall be the acceptable minimum standards.

- The provider agrees that information received through monitoring will be made available to the public through the publication of its annual monitoring report on the council web site once 28 day consultation has taken place to allow for resolution of any conflicting views.

DEFAULT – As identified in the contract

22.1   Where either party fails to comply with the provisions of the Contract the party not in default may serve notice in writing stating:-

(a)   The provision of the contract the party is deemed to be in default;

- When notice of default is issued the provider is required to submit an action plan with time scales identifying what action will be taken to address the default in the provision of the contract within 5 working days. Failure to do so may invoke clause 17 termination of the contract.

- A meeting will then be held with the provider following the receipt of the action plan for scrutiny and agreement of time scales.

22.2   If remedial action is not taken by the agreed time scales identified in the action plan the party not in default is entitled to terminate the Contract in accordance with Clause 26 (Termination) or terminate the residency of the Customer directly affected by the default.

22.3   If the Provider fails to meet the required Standards of Service pursuant to Clause 17 (Standards), then without prejudice to any other right or remedy the Council may have, and without terminating the Contract, the Council may:-

(a)   itself provide or procure the provision of the relevant part of the Service from a third party not specified in this Contract until the breach has been remedied to the reasonable satisfaction of the Council;

(b)   deduct from any sums due or otherwise charge to the Provider the reasonable cost of any service so provided together with relevant administrative costs;

(c)   stop or suspend all further referrals to the Provider until satisfied that the default has been remedied.

Default Action will be reviewed with the owner and once compliant with the contract the Default Acton will be revoked.