

# **Bolton Council**

Adult Social Care, Public Health and Social Inclusion

## **Quality Assurance Framework – Guidance for Providers 2020/21**

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## **Quality Assurance and Improvement Framework (QAF)**

### **Introduction and Guiding Principles**

This Quality Assurance Framework (QAF) sets out the primary ways in which the Council will monitor and support the adult social care and public health services which it commissions between 1<sup>st</sup> April 2020-31<sup>st</sup> March 2021.

The Quality Assurance and Improvement Team monitors and supports services commissioned by Bolton Council to ensure that they are meeting the requirements of their contract and the quality and performance standards described in the service specification. The QA Team also provides support to providers to improve their services when this is required.

The QAF has several underpinning principles:

#### **Accountability**

The primary purpose of the QAF is to provide assurance that the services commissioned by the Council are of a high quality and delivering what is set out in the contract and service specification. As part of this process, providers will be held to account for their services and challenged to continuously improve. The results of the QAF will be used by the Council to make decisions about individual contracts and providers and for wider market shaping. Following some aspects of our QA work we will apply a risk rating. We will be open and honest with providers about what this rating is and explain what it means.

#### **Supportive and Improvement focussed**

The Council values the role that providers play in delivering services to some of our most vulnerable residents. Whilst accountability is key, the QAF is also supportive and provides opportunities for the Council to support providers where issues have been identified and improvement needed. The Council wants to work with providers to drive up quality across the borough. The Council believes that a strong and collaborative relationship with providers will support a higher quality and vibrant market. Where issues with quality have been identified, we will support providers to improve and seek support from our partners where this is required.

#### **Triangulation**

The QAF seeks to develop a thorough understanding of quality and recognises that multiple sources of information are required to do this. In most situations the QA Team will triangulate information to provide further evidence of quality. Triangulation means more than one piece of evidence will be used to confirm something has happened; or, that what is being described in one way is supported in another. For example, data from a provider which shows their volume of activity in a given period will be checked with service user experience and activity logs; or, a manager saying they have a robust complaints procedure would be checked by looking at the

service's complaints policy, checking with service users that they know how to make a complaint, reviewing complaints data and looking for evidence that the service learns and improves as a result.

## **Early intervention**

Where we have concerns about a provider's ability to meet the requirements of their contract or specification or we are concerned that there is a risk of harm to service users, we will intervene as early as possible. This means the support the council and its partners can provide will be deployed to support the provider to reduce the risk or that other actions may be taken to safeguard service users. Such actions could include a temporary suspension of new placements.

## **Proportionality**

The Council recognises that not all services or providers are the same and are delivering a diverse range of services. The QAF will be used proportionately focussing on risk rather than a one size fits all approach. Where services deliver to large volumes of service users, where the service users are at heightened risk because of their needs, where there is a high cost value, or where there is other heightened risk then these services will receive greater attention.

## **Working together**

We believe that continuous improvement can only happen where there is a strong working relationship between providers, commissioners and other stakeholders. We will work to develop relationships to support improvement in the market. These will be at individual provider level and across sectors. Working together means:

- Shared ambition
- Collaborating with others
- Mutual trust
- Sharing learning, knowledge and ideas
- Valuing each parties' strengths

Staff from the Quality Assurance and Improvement Team will carry out a range of activities to gather evidence that standards and contract requirements are being met and to support continuous improvement. To achieve this, the following standard activities will take place:

<b>Standard QA Activity Type</b>	<b>Minimum frequency</b>	<b>Ref</b>
Quality and Contract Monitoring Meeting	Annual	QM-1
Quality and Safety Assurance Visit	Ad-hoc	QM-2
<i>Self-assessment</i>	<i>Annual (this is still to be developed)</i>	<i>PAMMs</i>
Self-assessment Validation Visit	Annual	PAMMs
Provider Information or Data Return	Monthly/Quarterly	QM-5
Grant Monitoring Return	Quarterly	QM-6
Staff Experience Survey	Annual	QM-7
Service User Experience Survey	Annual	QM-8

The frequency and type of activity that we carry out with you will change depending on the type of provider you are, the type of service you provide and other factors such as the risk to service users' safety or the risk to meeting the terms of our agreement. For information on how we apply the standard QA activity and for minimum frequencies for your service please see Appendix 1.

For some providers and services, the standard QA activity will be supplemented with additional activities which are specific to them. Additional QA activities are detailed in Appendix 2.

## **1. Standard QA Activity**

### **Quality and Contract Monitoring (QM-1)**

The Quality and Contract Monitoring visit will take place, as a minimum, once a year but for most providers this will happen more than once. The purpose of the meeting is to check providers are meeting the contract specification, that they are meeting standards and customer expectations and working to continuously improve. The meeting is two-way and is a key point in the calendar for Council and provider to work together to resolve issues. Providers should use the opportunity to seek solutions to problems or concerns, celebrate successes and to share ideas for improving their service.

The meeting will be led by the QA Team and, as a minimum, the attendance will include the following individuals:

- Quality and Contracts Officer, Bolton Council
- Registered Manager (if CQC regulated)
- Service Manager (if non-regulated)

The provider may invite any other individuals they think necessary for the discussion (eg a deputy or regional manager). Other officers from the Council may also attend depending on the issues that need to be discussed, including:

- Principal Quality Assurance and Improvement Officer
- Commissioning Officer or Manager
- Representative from Care Management (for social care services)

The meeting will always, where possible, take place at the provider's premises. For accommodation-based services this will be at the service location eg the care home. If this is not possible, the meeting will take place at the provider's local office or the Town Hall. The meeting is an opportunity for providers to share pertinent information about the service, to identify risks and challenges and to ask questions of the commissioner and seek support where required.

The Quality and Contract Monitoring meeting is the primary means of monitoring services and will be scheduled in advance. Broadly the areas for discussion include:

- Safeguarding
- Complaints and feedback
- Incidents
- Management and leadership
- Workforce
- Financial health
- Contract compliance
- General observations
- Challenges
- Quality assurance
- Positive stories
- Continuous improvement

For accommodation-based services there will also be a 'quality and safety check' undertaken on the day of the meeting. The 'quality and safety check' is a visual check of the service undertaken by the Quality and Contract Officer (QCO) and they will be validating what has been discussed in the meeting and making a general assessment of quality and safety. As part of this process, the QCO will look at a sample of service user files, training records, the rota and any other pertinent information as well as talking to residents and staff.

Where the meeting is held in the service users' own home (for example a supported living property) the provider must inform the service users that a monitoring meeting is taking place and seek their consent for officers from the council to enter the home.

A completed QM-1 form will usually be emailed by Egress to the provider within ten working days of the meeting taking place. The QM-1 form will include the provider quality rating (see section 2), an improvement action plan and the results of any checks on documentation.

Any areas for improvement will be agreed with the providers and recorded in section 3 of the QM-1 form. Providers are expected to maintain a rolling plan of their improvement activity.

### **Quality and Safety Assurance Visit (QM-2)**

Quality and Safety Assurance visits will take place normally in response to something that the Council has been made aware of, for example, a complaint or some information from another visiting professional. Therefore, Quality and Safety Assurance Visits are ad-hoc and can be made without prior notification to the provider. The primary purpose of a Quality and Safety Assurance Visit is to check that service users are safe but they will also be used to provide assurance that previously identified issues have been dealt with or to provide further evidence in support of improvement or enforcement work. QM2 visits will normally be made by a member of the Quality Assurance and Improvement Team but could also be carried out by other officers from the Council (eg Social Workers) or sometimes partner organisations (eg CCG).

### **Self- assessment (QM-3)**

Some providers will be asked to complete and submit an annual self-assessment. The self-assessment will allow the QA Team to undertake a desk-top assessment of a provider's quality and their compliance with the contract and specification.

The self-assessment will be an annual requirement and you will be notified of the deadline for submission of the assessment and any supporting evidence in advance.

Self-assessments are currently being developed within the Provider Assessment and market monitoring system (PAMMs), and will be rolled out to relevant providers with full training prior to introduction.

### **Self- assessment Validation Visit (QM-4)**

For some providers and services, a visit will be undertaken by the QA Team to validate the self-assessment.

The validation visit will seek evidence to support the provider's self-assessment and, for CQC regulated services, will include an in-depth quality audit. The date of the validation visit will be notified in advance.

### **Provider Information/Data Returns (QM-5)**

The information return provides the QA Team with ongoing data about a provider's quality, productivity and performance against key performance indicators. In some circumstances, the Provider Information Return will be used to trigger payments, in particular those linked to quality enhancements.

Most providers will have to submit some form of information return. The frequency and the content of information returns is specified in Appendix 2.

## **Grant monitoring return (QM-6)**

Providers receiving a grant should return the form QM-6 to [quality@bolton.gov.uk](mailto:quality@bolton.gov.uk) by the dates specified in Appendix 2.

Providers should include copies of invoices to evidence their expenditure in that period. Providers should include other evidence which supports their return and which links back to their specification or the bid which forms the basis of the agreement. For example, activity data, minutes of meetings, customer feedback, case studies, evaluations and photographs. Providers should also submit positive stories about their service/project. For help with the type of information you should send back please contact your Quality and Contract Monitoring Officer on 01204 334236.

## **Staff experience survey (QM-7)**

For some providers, an annual survey of staff experience will be undertaken by the QA Team. The purpose of the survey is to check with staff working for the service about their experience and to validate information supplied by the provider about the workforce.

The survey will be in the form of a semi-structured interview and, where possible, will be carried out in person with a sample of staff members on a one-to-one basis. Where this is not possible the survey will be undertaken via telephone. In some circumstances, a focus group will be arranged where this is appropriate or provides a more efficient means of capturing the information.

The survey will be organised by the QA Team and they will work with Providers to ensure the survey happens with minimal disruption to the service.

Anonymous results from the survey will be shared with the Registered Manager.

## **Service user experience survey (QM-8)**

For some providers, an annual survey of service user experience will be undertaken by the QA Team. The purpose of the survey is to check with users of the service that their expectations are being met, that their experience is good and that there are no quality or safety issues. As part of the survey families may also be interviewed.

The survey will be in the form of a semi-structured interview and where possible will be carried out in person with a sample of service users or family members on a one-to-one basis. Where this is not possible the survey will be undertaken via telephone. In some circumstances, a focus group will be arranged where this is appropriate or provides a more efficient means of capturing the information.

The survey will be organised by the QA Team and they will work with the Provider to ensure service users and families can take part.

Anonymous results from the survey will be shared with providers.

## **2. Provider Quality Rating (PQR)**

The QA Team will allocate a Provider Quality Rating (PQR) to providers on the completion of its quality assurance activities.

The PQR is a judgement made by the QA Team based on the information presented at the time. The PQR does not directly affect your agreement with the council, however, by definition, a poor rating may be recorded because you are in breach of your agreement which could on its own lead to contract action and suspension or termination of work. The PQR is unrelated to the judgements and ratings made by a statutory regulator.

The QA Team will make the judgement based on its findings from the visits it undertakes, or the information provided. For example, the judgement can be based on whether a provider is meeting standards or expectations set out in the contract and specification; whether there have been any incidents and how these are being dealt with; if the provider is struggling to recruit enough staff; or, it could relate to the financial stability of a provider. The table in Appendix 3 contains more information about the rating and how each category is defined (note: these are a rough guide).

The PQR will be made known to providers and will be shared at the Council's monthly Safeguarding Intelligence Forum as part of a range of indicators about provider quality.

The PQR can be updated at any time but as a minimum will be updated each time after the following QA activity:

- Quality and Contract Monitoring visit (QM-1)

For PQR definitions please see Appendix 3.

## **3. Other ways we obtain information**

### Complaints, compliments and other comments

Information shared by people who use our services in complaints, compliments and comments can be used to support other quality assurance or improvement work and to build an overall picture of how good services are.

### Other professionals

Many of the services the Council commissions are social care services and therefore often have visiting professionals from health and social care, for example, social workers, district nurses, physiotherapists and ambulance crews.

We encourage health and care professionals to share information about the services they visit with the QA Team. For example, information about things they have seen or heard whilst visiting. The information shared could be about good as well as poor practice. We use information such as this to help us provide support to providers, identify good practice as well as take more urgent action when necessary.

#### **4. The way we use and share information**

The information gathered through the QAF will be used in several ways. Including, but not limited to:

##### To identify key lines of enquiry

The Quality Assurance and Improvement Team will maintain an overview of the quality of all providers commissioned by the Council. The QAF will provide the QA team with the evidence to form questions and key lines of enquiry which can then be followed up at routine Quality and Contract Monitoring meetings or in an ad hoc manner as and when issues arise.

##### To support learning and improvement

The QA Team will, wherever possible, support providers to improve as soon as issues or concerns are identified. In each element of the QAF there are opportunities to learn from practice good and bad. Learning identified in the QAF will be used with individual providers to help them improve and used more broadly to drive improvement across sectors. For example, an improvement made by one provider resulting from a serious incident will be learning that, shared in the right way and protecting identities of services users and/or the provider, will be useful to all providers. Similarly, problems encountered by one provider may be being encountered by other providers and so this information will be used to seek a sector-wide solution to a problem.

##### To safeguard service users

Safeguarding concerns for adults with care and support needs identified through the QAF will be reported to the Safeguarding Team. Information about a provider gathered through the QAF which relates to harm or the potential harm of a service user will also be shared at the Safeguarding Intelligence Forum (SIF). The SIF is a group that meets every four weeks to consider information about providers. The group includes representatives from Bolton Council, NHS Bolton Clinical Commissioning Group, Bolton NHS Foundation Trust, Greater Manchester Mental Health Trust and Healthwatch. The aim of the group is to identify risk of harm to service users early so that relevant levels of support or intervention can be put in place. The type of information shared here includes CQC inspection reports, safeguarding, complaints and other 'soft' intelligence.

### To monitor contracts and take contract action

Evidence gathered through the QAF will be used to ensure that the requirements set out in our contracts and specifications are being met. Sometimes, the evidence gathered will trigger some form of contract enforcement. This type of action is rare as it is hoped that most issues can be dealt with and resolved before it gets to a point of invoking clauses in the contract. In these circumstances information will be shared with Bolton Council's Legal Services Department.

### To provide evidence for payment

Much of the information gathered, particularly through the data returns, supports payment from Bolton Council. For example, levels of activity, actuals and monitoring returns. Evidence will be sought by the QA Team to verify returns which lead to a payment. For example, samples of electronic call monitoring data from a home care provider will be checked against log books, actual service user experience and information from social workers; copies of invoices will be requested to support grant payments.

### To support market oversight and provider failure duties

Bolton Council has a duty to ensure people's social care needs are met. The duty means that if a provider is forced to close, the Council must ensure service users continue to receive care.

Evidence about a provider's quality, financial, or organisational health will be shared with commissioners and senior managers within the Council to support decision making, planning and actions in relation to provider failure.

### To support market shaping duties

Bolton Council has a statutory responsibility for market shaping. The Care Act 2014 sets out the requirements for Councils to support the development of care services that meet the needs of the local population and for working collaboratively to develop a high-quality care market. Aggregated evidence obtained through the QAF will be shared with commissioners and senior managers within the Council and Clinical Commissioning Group to support decision making and the development of future services, care models and tenders.

## 5. Useful Contacts

### Quality Assurance and Improvement Team – Bolton Council

For more information about this framework or if you have any questions about it please contact the QA Team.

[quality@bolton.gov.uk](mailto:quality@bolton.gov.uk)

01204 334236

[www.bolton.gov.uk](http://www.bolton.gov.uk)

### Bolton Safeguarding Team, Bolton Council

To report concerns 01204 337000

For professional support 01204 332032

### Bolton Clinical Commissioning Group

01204 462000

[www.boltonccg.nhs.uk](http://www.boltonccg.nhs.uk)

### Care Quality Commission

03000 616161

[www.cqc.org.uk](http://www.cqc.org.uk)

## APPENDICES

### Appendix 1

#### Standard QA Activity types

Standard QA Activity Type	Minimum frequency	Ref
Quality and Contract Monitoring Meeting	Annual	QM-1
Quality and Safety Assurance Visit	Ad-hoc	QM-2
Self-assessment	Annual	QM-3 (PAMMs)
Self-assessment Validation Visit	Annual	QM-4 (PAMMs)
Provider Information Return	Monthly/Quarterly	QM-5
Grant Monitoring Return	Quarterly/Annual	QM-6
Staff Experience Survey	Annual	QM-7
Service User Experience Survey	Annual	QM-8

#### Applicable Standard QA Activity Matrix

This table shows which elements of our standard QA activity apply to which service type.

Provider type	Applicable QA Activity							
	QM-1	QM-2	QM-3	QM-4	QM-5	QM-6	QM-7	QM-8
Adult social care - CQC regulated	YES	YES	YES	YES	YES	NO	YES	YES
Adult social care - non-regulated	YES	YES	NO	NO	YES	NO	YES	YES
Public Health	YES	YES	NO	NO	YES	NO	YES	YES
Social Inclusion	YES	YES	NO	NO	YES	NO	YES	YES
Pharmacy	YES	NO	NO	NO	YES	NO	NO	NO
Grant funded	NO	NO	NO	NO	YES	YES	NO	NO
GP LARC	NO	NO	NO	NO	YES	NO	NO	NO

## Minimum visit frequencies

The following two tables show the minimum number of visits a provider can expect from the Quality Assurance and Improvement Team in a 12 month period and the type of visit this will be.

<b>CQC regulated adult social care – minimum visit frequency per annum</b>		
<b>Service type</b>	<b>Min volume of visits p.a.</b>	<b>Visit type (min volume p.a.)</b>
Residential Services with more than 6 beds	4	QM1 (x1) PAMMs (x1) QM7 (x1) QM8 (x1)
Residential Services with 6 beds or less	2	QM1 (x1) PAMMs (x1)
Domiciliary Services with 50 or more service users	4	QM1 (x1) PAMMs (x1) QM7 (x1) QM8 (x1)
Domiciliary Services with less than 50 service users	2	QM1 (x1) PAMMs (x1)
Supported living providers with multiple addresses in Bolton	4	QM1 (x1) PAMMs (x1) QM7 (x1) QM8 (x1)
Supported living providers with single SP address in Bolton	2	QM1 (x1) PAMMs (x1)
Extra Care	4	QM1 (x1) PAMMs (x1) QM7 (x1) QM8 (x1)

<b>Other</b>		
<b>Service type</b>	<b>Min visits p.a.</b>	<b>Visit type (volume p.a.)</b>
Adult day care	2	QM1 (x1) QM7/8 (x1)
Public health	1	QM1 (x1)
Social inclusion	1	QM1 (x1)
Pharmacy	1	QM1 (x1)
Grant funded services*	1	QM6 (x1)

\*Any CQC registered service with a rating of Requires Improvement or Inadequate will receive additional visits whilst being supported with their action plan.

## Appendix 2 - Additional and specific monitoring arrangements

### Home Support – main and framework providers

#### *Payment and activity validation*

To provide validation for payment the QA Team will carry out a sample check of the actuals submitted by the provider. Electronic Call Monitoring (ECM) data submitted through the Provider Portal will be validated with checks of service user experience, log and/or communication books, social work records and by viewing the provider's 'live' source data. This sample check will be carried out monthly.

This check is to ensure correct ECM codes are being used and that any over/under provision has been delivered and done within predetermined tolerances (where these exist) or otherwise authorised by a social worker or commissioner.

#### *Provider Information Return - Key Performance Indicators (KPI) validation*

Home care providers on the Council's framework agreement will be paid an enhancement if they achieve certain KPIs. Evidence to support KPIs is submitted via the Provider Information Return every 4 weeks. Data submitted by providers will be checked by the QA Team as part of routine Quality and Contract monitoring meetings and by cross-referencing with other data and information.

Providers should submit their Provider Information Return through the provider portal by the following dates:

<b>Monitoring period</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
<b>Period 1</b>	30/04/18	29/4/19	06/04/20
<b>Period 2</b>	28/05/18	27/5/19	11/05/20
<b>Period 3</b>	25/06/18	24/6/19	01/06/20
<b>Period 4</b>	23/07/18	22/7/19	06/07/20
<b>Period 5</b>	20/08/18	19/8/19	03/08/20
<b>Period 6</b>	17/09/18	16/9/19	07/09/20
<b>Period 7</b>	15/10/18	14/10/19	05/10/20
<b>Period 8</b>	12/11/18	11/11/19	02/11/20
<b>Period 9</b>	10/12/18	09/12/19	07/12/20
<b>Period 10</b>	07/01/18	06/01/20	04/01/21
<b>Period 11</b>	04/02/19	03/02/20	01/02/21
<b>Period 12</b>	04/03/19	02/03/20	02/03/21

## **Supported Living**

### *Payment and activity validation*

To provide validation for payment the QA Team will carry out a sample check of the actuals submitted by the provider. Data submitted via the monthly return will be validated with checks of service user experience, log and/or communication books, rotas and social work records. This check will be carried out monthly on a sample of service users.

This check is to ensure that any over/under provision has been delivered and done within predetermined tolerances (where these exist) or otherwise authorised by a social worker or commissioner.

## **Nursing and Residential Care Homes**

### *Care Home Excellence*

Care homes that are signatories of the Council's Care Home Excellence Programme and receiving the Care Home Excellence Payment will be required to evidence that they are meeting conditions of the reward scheme, namely:

- Honouring the Care Home Excellence commitments
- Submitting monthly data
- Adopting Care Home Excellence initiatives

Evidence in support of this will be obtained through the Quality and Contract Monitoring visit and will be used to support payment of the Care Home Excellence reward payment. A check will also be carried out on those homes who have received grant funding for specific projects.

### *Data Return*

Care homes who are signatories of the Care Home Excellence Programme should submit their Data Return via the web portal by the 8<sup>th</sup> of each month.

## **Grant Funded Providers**

### *Grant Monitoring Return*

Providers in receipt of a grant payment are required to submit a grant form (QM6) and accompanying evidence on a quarterly basis to [quality@bolton.gov.uk](mailto:quality@bolton.gov.uk).

Monitoring period	Return to <a href="mailto:quality@bolton.gov.uk">quality@bolton.gov.uk</a> by			
	2018/19	2019/20	2020/21	2021/22
<b>Period 1</b> 1 <sup>st</sup> April – 30 <sup>th</sup> June	13/7/18	12/7/19	17/7/20	16/7/21
<b>Period 2</b> 1 <sup>st</sup> July – 31 <sup>st</sup> September	12/10/18	11/10/19	16/10/20	15/10/21
<b>Period 3</b> 1 <sup>st</sup> October – 31 <sup>st</sup> December	18/1/19	17/1/20	15/1/21	14/1/22
<b>Period 4</b> 1 <sup>st</sup> January – 31 <sup>st</sup> March	12/4/19	17/4/20	16/4/21	15/4/22

## **GP LARC Services**

### *Claim form and invoice*

Contracted GPs are required to submit claim forms and invoices to [quality@bolton.gov.uk](mailto:quality@bolton.gov.uk) on a quarterly basis.

Monitoring period	Return to <a href="mailto:quality@bolton.gov.uk">quality@bolton.gov.uk</a> by			
	2018/19	2019/20	2020/21	2021/22
<b>Period 1</b> 1 <sup>st</sup> April – 30 <sup>th</sup> June	13/7/18	12/7/19	17/7/20	16/7/21
<b>Period 2</b> 1 <sup>st</sup> July – 31 <sup>st</sup> September	12/10/18	11/10/19	16/10/20	15/10/21
<b>Period 3</b> 1 <sup>st</sup> October – 31 <sup>st</sup> December	18/1/19	17/1/20	15/1/21	14/1/22
<b>Period 4</b> 1 <sup>st</sup> January – 31 <sup>st</sup> March	12/4/19	17/4/20	16/4/21	15/4/22

## **Pharmacy Services**

### *Provider information returns and payment schedules*

Pharmacies with an agreement to deliver sexual health and smoking cessation services are required to submit monthly data via Pharmoutcomes by the 6<sup>th</sup> of each month.

Pharmacies with an agreement to deliver the flu service are required to submit four data returns for October, November, December, January and February by the 6<sup>th</sup> of each month.

## **Other Public Health and Social Inclusion Services**

### *Quarterly return and Quality and Contract Monitoring Visit (QM1)*

Providers with an agreement to deliver public health or social inclusion services will be written to separately with details of specific monitoring requirements.

## Appendix 3

### Provider Quality Rating (PQR) Definitions

Category	Definition	Rating
No concerns	There were no issues identified at the QM 1 meeting either by the registered manager or the QCO. All aspects of the specification and contract are being met. There is no evidence that standards or regulations are being breached. There is no evidence that the provider is struggling financially. The provider has all necessary paperwork, insurances, registrations to deliver the service. Customer experience is good. Learning and improvement is being undertaken when issues are identified. There have been one or two complaints, but these are minor in nature and have been reported to QA and are being dealt with appropriately. There are no substantiated safeguarding concerns or enquiries. There are no substantiated whistleblowing.	1
Minor concern	Some minor concerns were identified either by the QCO, the service manager or other professional. These concerns do not impact on customer safety and there is no risk of harm or abuse if action is taken. Evidence suggests that one or more standards are not being met but can be (or are being) easily resolved and do not impact on safety - further work may be required to understand the nature of the concern further. Some aspects of the contract or specification are not being met but can be (or are being) resolved easily by the provider. There are one or two complaints of a minor nature that are being resolved by the provider, but a trend is appearing. Provider reports an issue which may affect its ability to meet one or more of its KPIs or productivity targets and is working on a solution. Provider has missed a reporting period (eg failed to send back a return or other information, no invoice received).	2
Moderate concern	Concerns have been identified either by the QCO, service manager, other professional or the regulator. These concerns may impact on customer safety and if not dealt with there is a risk of harm. An incident has occurred which led to a moderate harm and there is no evidence that learning has been identified and improvements put in place. There have been a number of incidents recently of moderate harm occurring with a recurring theme eg pressure ulcers, medication. There are several safeguarding concerns being looked into. There is one or more s.42 safeguarding enquiries ongoing. There has been a whistleblowing which requires improvement actions from the provider. Evidence shows that one or more aspects of the specification and contract are not being met which is affecting service delivery and/or quality and will take time to put right. Provider is not meeting one or more of its KPIs but working on a solution. Provider is not meeting productivity targets but working on a solution. The provider has financial problems and has warned they may struggle to pay staff. The provider is struggling to recruit staff but has plans in place. No registered manager in place. High staff turnover.	3

Significant concern	<p>Concerns have been identified either by the QCO, service manager, other professional or the regulator. These concerns will impact or have already impacted on customer safety. There is a significant risk of further harm. An incident has occurred which led to significant harm and there is no evidence of investigation, learning or improvement. Evidence shows that a significant part of the contract or specification is not being met and this has impacted service delivery and quality. There is not sufficient evidence presented that show problems are being rectified. There have been numerous safeguarding concerns and s.42 enquiries some of which have been substantiated. Provider is not meeting many of their KPIs or productivity targets and there is no evidence that this will improve. The provider is struggling to recruit staff and no plans to rectify. Customer experience is very poor with numerous complaints, whistleblowing and other issues being raised. There are other issues which will mean the provider is at risk of failing/closing if action is not taken. The provider reports it is struggling financially.</p>	4
Catastrophic concern	<p>There is evidence to suggest the provider has major financial problems and they are close to failure eg information from CQC market oversight, non-payment of creditors, warning from provider. The regulator has issued a warning of closure because of irrecoverable issues with the quality of the service. The provider has issued notice it wishes to leave the market. Very urgent attention is required including activation of contingency plans.</p>	5

**Please note, these definitions are given as a rough guide.**