

Carmarthenshire Adult Safeguarding Board

Provider Performance Monitoring Protocol

1. Purpose of the Protocol

- 1.1 Carmarthenshire Adult Safeguarding Board has a duty to respond to concerns about standards of care and protect vulnerable adults. Partner agencies will communicate effectively, respond within a timely manner and ensure any action taken is monitored to ensure service improvement. Safeguarding and promoting the welfare of the Service User is the paramount consideration in implementing this protocol.
- 1.2 This protocol has been developed to clarify the roles and responsibilities of agency partners to ensure that good communication and partnership working takes place to protect vulnerable adults (see appendix A).

2. Background to the protocol

- 2.1 Previously concerns about the quality of care provided to service users living in a care home or their own home were responded to by the Carmarthenshire Commissioning and Contracting team, often working closely with Hywel Dda Health Board and the Care and Social Services Inspectorate, Wales and, whilst information was sought and shared with partner agencies, it was felt that the response could be more proactive and at an earlier point.

The Commissioning and Contracting team used a range of methods to engage with providers to reinforce their expectations of quality service being provided to service users in Carmarthenshire. Methods used included: visits; meetings; reports, correspondence and action plans. The team explored and expanded its usual role and carried out a series of baseline audits to gain a more comprehensive view of the quality of care services provided in the county.

Results from the audit and discussions with key partners identified the benefits of early intervention and a more coordinated approach to sharing information about the good and poor practice the impact that this has on vulnerable adults and the desire to work with care providers to improve quality in a more timely manner.

- 2.2 Where multiple Protection of Vulnerable Adult (POVA) referrals were received by Carmarthenshire County Council in relation to a care provider an 'overarching meeting' was held to respond to all referrals together.

On occasions, the POVA overarching meeting covered the general issues well. However the individual service users allegation of abuse or neglect was not adequately explored nor were individual protection/prevention plans used. Similarly, on occasions, the individual service

user situation was considered comprehensively. However the general need for improvements by the care provider were not explicitly evaluated in order to protect other vulnerable adults and prevent recurrence of inadequate care.

2.3 Therefore the Provider Performance Monitoring Protocol replaces both contract meetings and overarching meetings bringing one system for early identification of concerns, sharing of information and multiagency action planning.

2.4 Meetings held under this protocol – the monthly quality assurance meeting and the provider performance meetings focus on the care provider and are separate to POVA meetings which are held about individual service users who are alleged victims of abuse or neglect. However the protocol allows for information to be shared between professionals involved in the two processes to ensure seamless protection for the individual and groups of service users receiving care from the named provider.

2.5 Information about types of meetings is clarified in Appendix B.

2.6 An illustration of how POVA and Provider Performance processes interact is provided at Appendix C.

3. Scope of the Protocol

3.1 The protocol sets out how the agency partners will respond to initial, ongoing and/or serious concerns regarding standards of care. It sets out how information is communicated effectively, how a response is coordinated within a timely manner and how agreed actions are monitored.

3.2 This protocol ensures practice in Carmarthenshire is compliant with statutory guidance: *Escalating Concerns with and closures of, Care Homes providing Services for Adults* (WAG May 2009). Whilst this guidance refers only to care homes it should be noted that this protocol is used for all commissioned services (In house and external) and all service user groups.

3.3 The interface between the monitoring of a failing care service under the Provider Performance monitoring process and the closure of a care home is set out in Appendix M.

3.4 The WAG guidance requires statutory bodies to have arrangements in place for a Joint Inter-Agency Monitoring Panel (JIMP) to lead the escalating concerns process. The Provider Performance meeting process was developed in 2007 and meets this function.

3.5 The protocol takes account of:

- Significant concerns about care provided within Carmarthenshire either directly through in-house services or those commissioned

- through Independent (private and voluntary) Sector contracts.
- Significant concerns about care identified by an individual who is self funding with a provider who has a contract for services with the Carmarthenshire County Council.

4. **The Usual Role of Partner Agencies**

4.1 Each agency has a clear role to ensure that satisfactory care is delivered to vulnerable adults and, where care is inadequate, to communicate concerns both internally and where appropriate externally. This ensures actions of advice, support and monitoring can be considered and selected to assist service improvement.

4.2 Whilst some agency partners have a key role in determining the fitness of a care provider for example a regulatory body, Commissioning agencies must take account of their own contract requirements and measure the quality received by service users as an indicator of contract compliance. Commissioners must hold an independent view of the quality they expect to receive rather than perhaps be more reliant upon inspection reports of other agencies.

4.3 Agency partners aim to work in a proactive and preventative manner, rather than wait to respond to a service that has deteriorated resulting in inadequate care, abuse or neglect.

4.4 Therefore, when a member of staff identifies concerns he/she addresses them as part of the usual role of their organisation and considers whether it is appropriate to share the issue of concern with other sections within the department. This can be done in one of two ways.

- Firstly, the member of staff can bring their concerns to the attention of the member of staff from their organisation who attends the regular quality assurance meeting in order that the issue is brought to the agenda and information about the provider shared.
- Secondly, the member of staff can bring significant concerns to the attention of the Carmarthenshire County Council Procurement and Contracting Manager or the Safeguarding and Complaints Manager in order that a decision to call an urgent meeting to discuss the provider performance can be considered.

4.5 Example 1: During a monitoring visit a member of the Commissioning and Contracting Team identifies concerns about the management of a nursing home the failure to adequately maintain the home, provide a variety of quality foods, failure to keep appropriate records in relation to facilities, recruitment and training, failure to CRB check staff and has not shared information with the Commissioning and Contracting Team about a series of complaints which have been received. The member of staff brings his/her concerns to the Procurement and Contracting Manager to discuss the significance of the concerns to determine whether a separate provider performance meeting is arranged.

- 4.6 Example 2: A Safeguarding co-ordinator who has been allocated a POVA referral continues with his or her usual role of coordinating the POVA process for the individual service user, however where the strategy discussion or strategy meeting identifies serious risks to other service users or multiple referrals are received then the Co-ordinator should discuss the significance of the concerns with the Safeguarding and Complaints Manager to determine whether a separate provider performance meeting is arranged. Additional information is provided in appendix B.

5. Consent & Information Sharing

- 5.1 Service users are not always sure how to raise their concerns. They may be uncertain of whom to approach or may approach a number of different teams and/or agencies. It is vital that everyone involved in the provision and monitoring of services shares information received regarding service provision

- 5.2 Information, whether arising from a POVA referral, a complaint or a contracting issue, can be shared without the enquirer's consent where there is an allegation that:

- A criminal offence has been committed, is being committed or is likely to be committed
- A person has failed, is failing or is likely to fail to comply with any legal obligation to which s/he is subject
- The health and safety of any individual has been, is being or is likely to be endangered
- There has been a breach of statutory regulations

6. Sharing Information regarding Provider Performance at the Quality Assurance meeting.

- 6.1 Carmarthenshire County Council holds a regular Quality Assurance Meeting; a key part of the provider performance monitoring framework. The quality assurance meeting acts as an important link between the information provided by its members and early intervention.

- 6.2 The Quality assurance meeting consists of Carmarthenshire County Council representatives: Assessment, Care Management and Review Teams; Safeguarding Team; Commissioning/ Contracting Team; and Supporting People Team and Hywel Dda Health Board representatives.

- 6.3 The purpose of the meeting is to help the commissioning organisations to work together across adult services in a proactive manner and specifically to:

- Share information gained by each team
- Record escalating concerns in care services
- Recommend actions to be taken and where appropriate disseminate across each Team.
- Demonstrate the use of contract monitoring and case management

review to achieve improvement rather than wait for a complaint or POVA referral to be received

- Record improvements in care services
- Share good practice and lessons learned across the service to support continuous improvement.

6.4 All participants bring any information regarding concerns, monitoring outcomes and/or improvements which have been identified and managed by their team since the previous meeting and which are thought to be relevant for other adult service departments. For example information on complaints, POVA; issues of concern about a particular service noted by the review team; or improvements noted regarding a provider.

6.5 This discussion will facilitate early identification of patterns of concern or risk that can be addressed through the ordinary activity of adult services department before the significance of the issue or risk escalates. Concerns may be passed to the Out of Hours/Standby Team.

6.6 A standard agenda template is provided at appendix D.

7. Significant Concerns

7.1 Where the significance of the issue or the risk escalates or a new significant concern is identified outside of the regular quality assurance meeting and a multi faceted approach to its management is anticipated, a provider performance meeting will be held to specifically discuss the issues in relation to the provider.

7.2 Information will be sought from external agency partners for example Lead Nurse for POVA, CSSIW, Care Home Support Manager, Continuing Care Manager regarding their view of the performance of a care provider in order to determine whether a provider performance meeting is required.

7.3 The identification of one of the following circumstances would lead to a Provider Performance meeting being held:

- The Council has been notified of significant issues by partner agencies
e.g. Health Board, CSSIW or HIW
- The Provider is unable to make the improvements required of them.
- The Provider is unwilling to make the improvements required of them.
- A single or repeated concern is raised by a care manager or other staff,
service user or their representative, highlighting a risk
- A single POVA referral identifies significant risk to other service users
- The number and type of issues identified gives cause for concern
- This is not an exhaustive list.

- 7.4 There is an expectation that staff will use their professional judgement in decision-making as to whether the concern identified will continue to be managed through their own department, discussed at the regular Quality Assurance Meeting or shared urgently.
- 7.5 Whilst the Statistical Directorate defines large scale investigations as five or more POVA referrals for one care provider, this is not an automatic trigger to hold a provider performance meeting. Rather, the POVA referrals would be considered along with other information that had been made available to the most recent quality assurance meeting and a decision taken as to its significance and the most appropriate course of action. For example it may be decided to await the outcomes of the individual POVA investigations and seek further information from agency partners about current information to determine the level of significance and the depth and breadth of the concerns.
- 7.6 The Procurement and Contracting Manager for Commissioning, often in conjunction with the Safeguarding and Complaints Manager considers the information to determine whether a provider performance monitoring meeting is required.

7.7 A flow chart is provided at B illustrating the use of the regular quality assurance meeting and provider performance meeting.

8. The Provider Performance Meeting

- 8.1 The Provider Performance Meeting enables discussion to take place around the provider's performance and allows shared decision making as to how to manage concerns. A record is maintained of the meeting. Templates are provided in the appendices for Attendance (E), Agenda (F) and minutes (G).
- 8.2 The Carmarthenshire County Council Procurement and Contracting Manager will chair the first meeting. The role of Chair will be negotiated in relation to the most appropriate Manager. For example where the concern relates to repeated breach of contract, the Procurement and Contracting Manager may chair the meeting. Where the concern relates to multiple POVA referrals the Safeguarding and Complaints Manager may chair the meeting. The chairperson will agree the circulation of the minutes with participants at the meeting.
- 8.3 Attendees at the Provider Performance meeting will include relevant internal representatives from the Commissioning and Contracting Team, Supporting People Team, the Safeguarding Team and the Assessment/ Care Management Team.
- 8.4 The Chairperson of the provider performance meeting should consider which agencies should be invited to the first and/or subsequent Provider Performance Meeting(s). Where the provider is a Registered Care Home (Nursing) it is important that Hywel Dda Health Board is represented as a Commissioning Partner, and to reflect the lead commissioner role for

individuals who are placed in the Home through Continuing NHS Healthcare funding streams. Other key stakeholders might include Health Inspectorate Wales, Care and Social Services Inspectorate Wales, Healthcare Commission, Health and Safety Officers, other local authorities who have placed individual in the Home, and other commissioners. All agency partners may have important information regarding the Provider and may be able to contribute with monitoring performance and improvements at the Home.

- 8.5 Staff will endeavour to involve the provider at the earliest opportunity informing them of concerns and where appropriate enabling the provider to give their account and work in collaboration.
- 8.6 Discussion with key partners will enable a consensus to be reached as to whether the provider will be invited to attend the first or any subsequent meetings. In some situations the provider may be invited to attend part of a meeting as statutory agencies may need to discuss outcomes and actions of single agency activity for example regulatory or contractual matters which it is not appropriate to share with the provider at this point.
- 8.7 It is noted that each situation will need to be decided upon on an individual basis and will need to take account of any possible criminal, regulatory or contracting actions which may need to be undertaken so as not to compromise the provider.
- 8.8 In summary the chair of the provider performance meeting will
- Reinforce the confidentiality of the issues discussed
 - Explain the purpose of the meeting 'to consider the significance of concerns raised in relation to the quality of care and the protecting of vulnerable adults'
 - Review any previous minutes and actions set
 - Facilitate discussion regarding the outline of concerns
 - Review referrals of abuse or neglect
 - Facilitate Information sharing to formulate an action plan if required or review progress of any action plan previously set
 - Identify of the level of risk (see appendix H for guidance on using action plans)
 - Summarise actions to be taken (who, what, when)
 - Set a date for a Provider Performance Review Meeting and agree attendance
- 8.9 The meeting will need to determine what relevant information is to be shared with others at this time or in the future for example service users, their family, advocate or representative, or other local authority staff including Out Of Hours Duty Team.
- 8.10 Consideration must be given to informing other relevant external partners who have not already been informed for example: the Care and Social

Services Inspectorate, Wales, Local Health Board, Healthcare Inspectorate for Wales.

- 8.11 Legal or media advice may also need to be sought.
- 8.12 The rationale for and the specific shared decisions of what information will be provided, when and to who must be clearly recorded in the minutes of the meeting.
- 8.13 Where POVA referrals are being coordinated by a Safeguarding Co-ordinator in relation to the care provider, the Chairperson of the Provider Performance meeting will ensure feedback is provided. Where there are multiple POVA referrals the Safeguarding Co-ordinator will be invited to attend this meeting.

9. Responding to the Concerns

- 9.1 Those present at the Provider Performance Meeting can discuss information provided by each attendee. However, further information may be required to ensure the safety of service users. This may be obtained through a review of the care being received by any identified individual service user, or other service users who may be at risk because they are receiving care in the same setting or from the same provider. The review of this care may be undertaken by the review team or the Health Board may be asked to assist. The type of review being requested must be clear.
- 9.2 There is need to explore the concern identified with the provider who must be given the opportunity to give their account. This may include attendance at a future provider performance meeting.
- 9.3 The nature of the concern and/or the level of risk will determine the response to be adopted and the time frame for action. Response actions may include
- Holding a telephone discussion with the provider to gather more information.
 - Making a planned or unplanned monitoring visit
 - Writing to the provider and setting out the concerns requesting a written response as to how the provider intends to remedy the situation
 - Requesting the provider attends a meeting
 - Preparing an action plan for the provider to improve its service (see Appendix H for guidance on using action plans and Appendix I for the action plan)
 - Suggesting the provider reassesses service users to confirm his/her ability to provide care in line with the care plan/contract
 - Advising the provider that the authority has suspended new placements or packages of care

- Advising the provider that the local authority will be carrying out its duty to inform other local authorities and commissioners of the significant risk
- Advising the provider that the contract will be terminated in accordance with the contractual notice period.

This is not an exhaustive list

9.4

Where there are multiple concerns and/or significant risks to the health and wellbeing of service users consideration will be given to suspension of new placements/packages of care and/or cancellation of the Contract. The multi agency risk management and action planning process will assist the decision-making.

9.5

Where the level of risk is so serious as to warrant an urgent or planned cancellation of the Contract with a care home providing residential or nursing care, then the home closure protocol detailed in Escalating Concerns will need to be used. This provides specific guidance around managing the situation. It is likely that such significant information leading to home closure will already have been shared with agency partners.

9.6

The Statutory Guidance on *Escalating Concerns with, and closure of, Care Homes providing Services for Adults* requires statutory bodies to have arrangements in place for direct operational management for a care home closure. The Home Operation Support Group (HOSG) would be made up of a standing panel of senior posts from Carmarthenshire County Council, Care and Social Services Inspectorate, Wales and Hywel Dda Health Board. Further detail regarding the practice of the group can be found in the Home Closure Policy.

10. Monitoring Improvement, Risk Management and Action Planning

Carmarthenshire ASB partners are committed to working with care providers to ensure a high quality of care. However, partner agencies are mindful of the level of prompting and monitoring that may take place when a service is identified as having significant concerns. Whilst the protocol provides for the use of action plans to clarify expectations, ASB agency partners are most clear that it is not appropriate for intervention to the extent that they appear to manage providers business. Therefore the action plan provides an opportunity for the provider to demonstrate their competence/fitness and contract compliance to provide the required standard of care.

10.1

Action plans may be used as a method of setting out the improvements required for the care provider. The actions need to be specific in order that progress and achievement can be measured.

10.2

The required improvements must be marked as either development actions (DA) or corrective actions (CA):

- A Development Action Plan (DAP) may be required when care management, contract monitoring, complaints monitoring and/or other sources of information indicate a short fall in the quality of services provided and statutory agencies want to see the service moving forward in specific areas of quality and practice.
- A Corrective Action Plan (CAP) will be required where immediate action to ensure the safety of service users and/or staff is needed. This would be indicated in situations where a delay in taking preventative or remedial action could result in a risk to service users and the need for enforcement action and/or cancellation of contract.

10.3 The chair of the provider performance meeting will consider whether a draft action plan is prepared prior to the meeting. This may have been populated with information provided from a variety of sources: the quality assurance meeting; POVA investigation findings; complaint outcomes; concerns from reviews of service user care or CSSIW and contract monitoring episodes. The action plan is the discussed at the meeting and issued to the provider.

10.4 The action plan is given an overall start date and target dates for improvements to be made are recorded alongside the person responsible. Dates and sources of evidence of improvement are recorded on the action plan.

10.5 Failure to progress the improvement actions must be considered at the provider performance meeting alongside an assessment of the level of risk i.e. is it increasing decreasing or remaining the same in relation to the specific actions not completed and the overall concerns. Agreement should be reached as to whether target dates will be extended or sanctions applied. Where target dates are extended the rationale will be recorded in the minutes and the date upon which the target date was extended and the new target date will be recorded in the 'by when' box of the action plan.

10.6 Action Plans must include any identified management and leadership weakness. Lessons learned from implementing the provider performance protocol indicate the registered manager and the staffing structure supporting the post are key in order that responsibilities are clear and tasks can be delegated/cascaded throughout the care team. If the management and leadership weaknesses and staffing structure are not addressed any improvements are unlikely to be sustained.

10.7 Where the minutes of Provider Performance Meetings require further monitoring or reviews, it is important that the requirements are specific. For example, Is it a general service user review e.g. whole unified assessment, or a specific aspect of someone's care e.g. moving and handling needs or continence care?

Similarly is it the whole action plan we want monitored or key priorities i.e. those rated as the highest risk, a particular theme such as documentation or those with target dates due etc.

Where appropriate joint monitoring should be considered to reduce duplication and disruption for the provider.

- 10.8 Following the Provider Performance meeting the Procurement and Contracting Manager writes to the Provider to confirm the provider performance meeting process has commenced and confirms any agreements and/or an action plan for improvement. See Appendix N for suggested letter template. The letter will detail any further meeting dates and required attendance. The provider may be informed of changes to the contract monitoring or case management arrangements.
- 10.9 Following the Provider Performance meeting the Procurement and Contracting Manager writes to the service user/representative advising that the provider Performance Monitoring process has commenced. See Appendix O for suggested letter template.
- 10.10 The members of the Provider Performance meeting review progress in relation to improvement, to discuss whether the level of risk remains the same, is there an increase/decrease of ongoing protection measures. It is imperative that as far as possible risks are reduced for service users receiving care from the provider.
- 10.11 Risk reduction steps may include requiring addition expertise and advice from health professionals, considering staffing numbers and structures, supernumerary hours for key staff to target improvements and monitoring to determine whether the risks are being managed to an acceptable level.
- 10.12 10.12 Monitoring and risk management arrangements may include:
- A series of meetings with the provider
 - Further specific service user care reviews
 - Directly seeking service user feedback
 - Quality assurance monitoring visits
 - Contract monitoring visits
 - Care manager monitoring visit
 - Monitoring visits by the regulator -CSSIW/HIW
 - Dialogue with Carers and family
 - Expertise
- 10.13 The Carmarthenshire County Council Adult Services Strategic Leadership Team and/or Social Care Management Team meeting will be advised during a standing agenda item of 'Provider Performance' that the Provider Performance Monitoring protocol has been utilised in relation to a Provider. It is envisaged that other members of the provider performance meeting provide feedback within their organisations as appropriate.
- 10.14 The chair of the provider performance meeting has a key role in appropriately but robustly challenging the care provider where they are

not committed to the improvements required – for example consistent failure to attend meetings and enter into discussion about concerns and risks, not making progress or slow progress on the improvements required, not fully engaging in the process. A letter will be sent by the chair of the meeting setting out the concerns re lack of engagement and expectations for improvement. The provider will be reminded of the contract with the local authority and the need to work in partnership for the benefit of the service users we support.

- 10.15 Where the required improvements have been made by the care provider and the provider performance meeting participants are in agreement that the process can close with, written confirmation is sought by the chair of the meeting. Meeting participants from each organisation then revert back to their usual departmental role for example care manager carries out care reviews as planned. The Procurement and Contracting Manager confirms the closure of the provider performance meeting process in writing to the provider

11. Suspension of Placements

- 11.1 Following advice from the provider performance partners a decision will be made by the Director of Carmarthenshire County Council as to whether or not it is appropriate to suspend any new business with the organisation, whilst maintaining existing contracts until the issue has been resolved or whether or not the contract must be terminated and services be delivered by an alternative provider. If the decision is taken to suspend new placements/packages of care then CSSIW or HIW along with the other agency partners will be informed and a letter is sent to the Provider setting out the rationale.
- 11.2 Whilst the new placements or packages of care may be suspended the local authority will ensure along with agency partners that service users already receiving a service from the provider are protected. It is imperative that care is monitored in order that vulnerable adults are not exposed to unnecessary risk. The use of monitoring, frequent review, advocacy involvement and feedback mechanisms will be considered.
- 11.3 Where the improvements required in the action plan have been completed and the breadth/depth of the risk has significantly reduced the provider performance group will consider whether it is appropriate to lift the suspension of placements/packages of care.
- 11.4 Following advice from the provider performance agency partners the Director of Carmarthenshire County Council will take the decision as to whether new placements/packages of care will commence with the provider. The decision will be recorded on the appropriate form (Appendix J). The outcome of any decision will be shared with agency partners and service user/representatives (see Appendix L).
- 11.5 Where a decision to restart business is made additional protective measures may be used for example a restriction on the number of hours of care awarded to a domiciliary care agency or a maximum number of

admissions to a care home over a specified period.

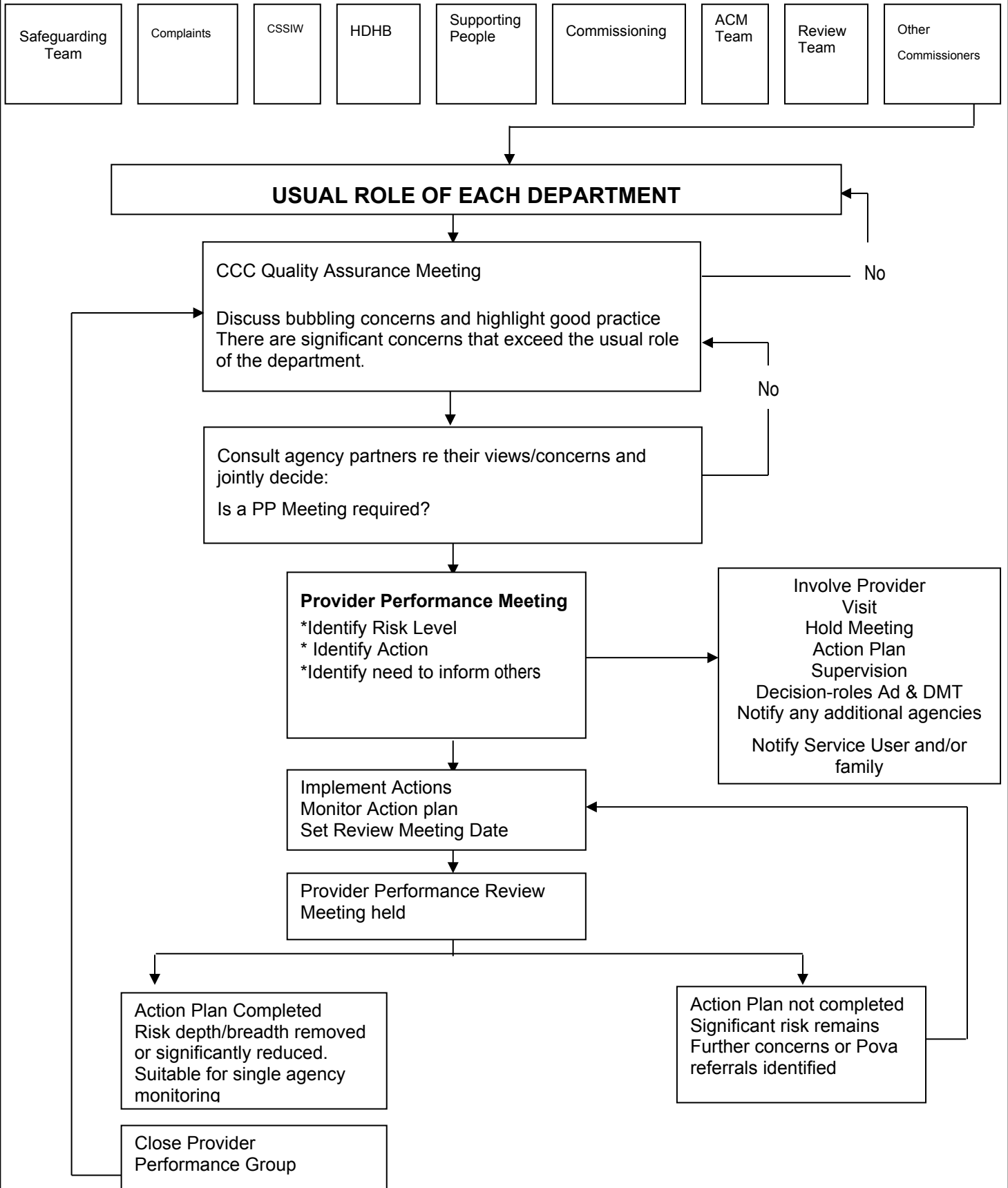
- 11.6 If the decision is taken to restart business then the regulator, commissioning bodies and the other agency partners will be informed. This is important to ensure that providers are the provider performance process promotes transparency and clarity. Providers are made aware that joint embargos will be considered by commissioners and recommencement of business is also jointly considered in order that business commences at a manageable pace.
- 11.7 A letter is sent to the Provider setting out the any conditions or business or ongoing monitoring for example the number of placements that will be made per week or number of new care packages to be arranged.
- 11.8 On some occasions, the Provider may take a decision to limit the number or type of admissions to a care home or care packages to ease pressure of work whilst improvements are made. In this situation Carmarthenshire commissioners will consider whether a voluntary or mandatory embargo is put in place.
- 11.9 Each commissioning body, whilst sharing information and taking account of others views about the quality and level of risk provided, is required to make their own assessment and decision regarding suspending or restarting business. It is not automatic that all commissioning bodies will respond in the same way. Therefore, where an embargo is placed by another Commissioning body the matter will be considered in relation to the Contract held with the provider by CCC.

12. Termination of contract

- 12.1 Where a provider continues to fail to improve quality or protect vulnerable adults consideration will be given to terminating the Contract. The advantages and disadvantages of terminating the Contract will be considered in relation to the specific detail included in the Contract and also in relation to the individual service users living at the home.
- 12.2 Where the contract is terminated the local authority will use the Care Home closure policy including service user relocation plans to ensure a smooth transition for service users to a new service provider.

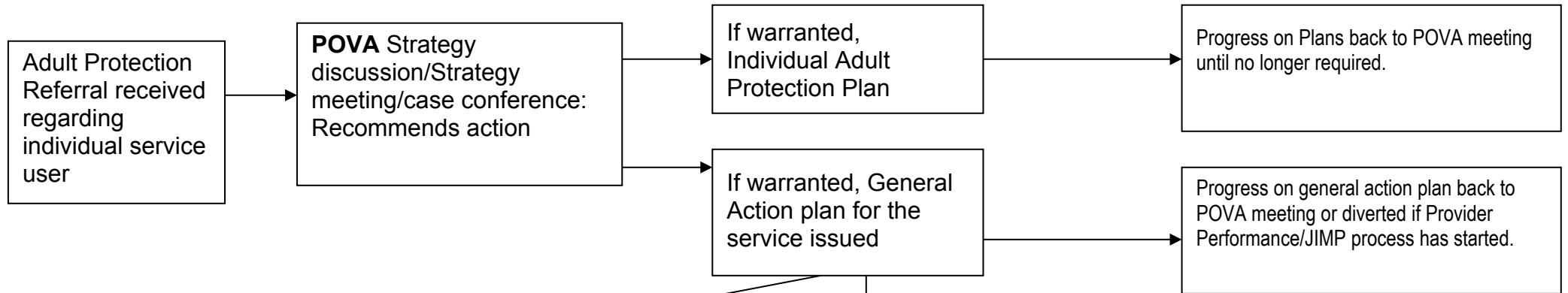
APPENDIX A & B

CASB Provider Performance Monitoring Protocol

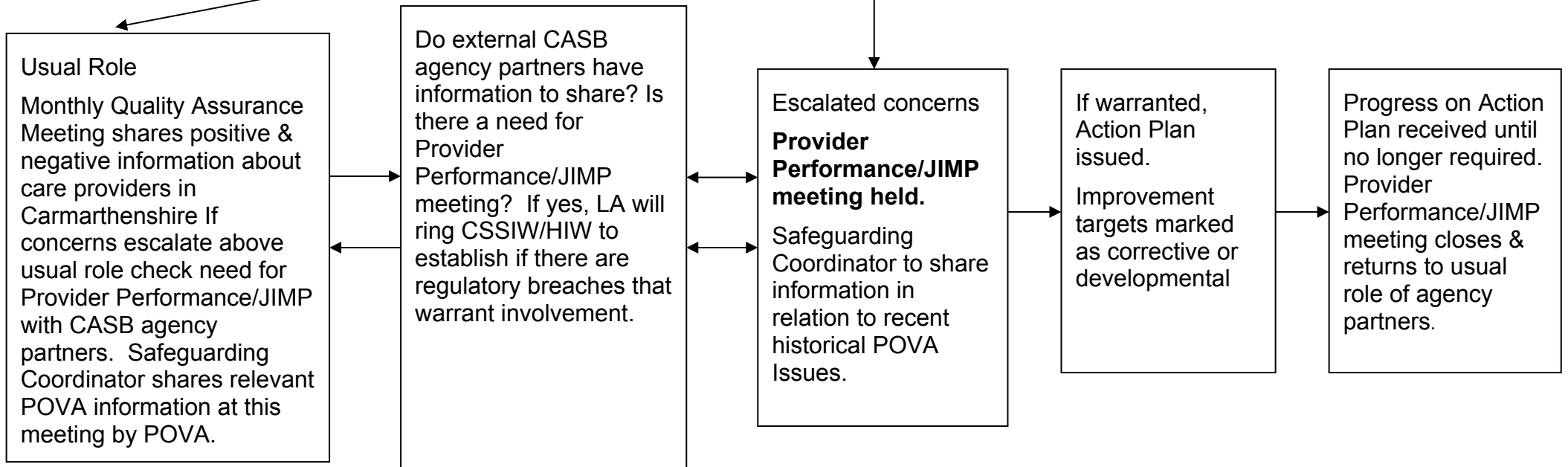


Appendix C – Managing Escalating Concerns: the links between Adult Protection and Provider Performance in regulated care settings

Adult Protection



Provider Performance



Appendix D -Monthly Quality Assurance Meeting Agenda

Date:

Time:

Venue:

Present:

Apologies:

AGENDA ITEM	DECISIONS/ACTIONS	ACTION BY/ DATE
1	Introductions & Apologies	
2	Minutes of the previous meeting	
3	Review of all providers who are already subject to the Provider Performance monitoring protocol meeting process	
4	New concerns regarding contracted services Update from: Commissioning Team, Assessment/Care Management, Safeguarding Team, Supporting People Team.	
5	Positive feedback regarding contracted services Update from teams as above	
6	Any other business	
7	Summary of actions	
8	Date and time of next meeting	

Appendix F -Provider Performance meeting agenda

Carmarthenshire County Council Social Care, Health and Housing Department Provider Performance Meeting

Agenda

Name of provider:

Service provision e.g. Care Home:

Date/time:

Venue:

No	Agenda Item
1.	Introductions & Apologies
2.	Confidentiality Statement & Attendance Sheet
3.	Purpose of the Meeting To consider the significance of concerns raised in relation to the quality of care and the protection of vulnerable adults
4.	Minutes of the previous meeting Note if this is the first meeting and review the completion of actions set at any previous meeting.
5.	Outline of Concerns – Consider new concerns by each agency not included on the action plan.
6.	Safeguarding Referrals received For subsequent meetings – referrals received since date of last PP meeting
7.	Information Sharing and Provider Action Plan Review evidence of progress and challenge lack of progress against any previous action plan.
8.	Identification of the current overall level of risk Group to note whether level of risk has increased/remained the same or decreased. Consider actions/ sanctions/ monitoring to reduce risk.
9	Concerns & Disagreements
10	Summary of actions to be taken to manage the risk and assist in the process Consideration of staff resource across organisations to assist process. Actions to record 'who', 'by whom and by when' and monitoring arrangements
11	Date and time of next meeting or formal closure of the process Agree participants to attend the next meeting

Appendix G -Provider Performance meeting record

Carmarthenshire County Council Social Care, Health and Housing Provider Performance Meeting record

Name of provider:

Service provision e.g. Care Home:

Date/time:

Venue:

Confidentiality Statement

To be confirmed at the start, and on the attendance list and minutes, of each meeting held under these procedures. This meeting is held under the Carmarthenshire Adult Safeguarding Board Provider Performance Monitoring protocol. The issues discussed are confidential to the members of the meeting and the agencies they represent. Minutes of the meeting are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, or other professionals involved in the care of the vulnerable adults.

N.B. When you sign the attendance sheet please note that you are signing up to the above confidentiality statement.

Present:

Apologies:

AGENDA ITEM	DECISIONS/ACTIONS
1	Introductions & Apologies
2	Confidentiality Statement & Attendance Sheet
3	Purpose of the Meeting
4	Minutes of the previous meeting
5	Outline of Concerns
6	Safeguarding referrals received
7	Information Sharing and Provider Action Plan
8	Identification of the current overall level of risk
9	Concerns & Disagreements
10	Summary of actions to be taken to manage the risk and assist in process.
11	Date and time of next meeting or formal closure of the process

Appendix H -Guidance for using action plans

This guidance should be used where an action plan is required as part of the provider performance monitoring process. The action plan should be developed using the standard template (see appendix F).

The provider (where in attendance) and other agencies will contribute to the development of the action plan and the risks will be rated and managed through a multi agency process owned by the agencies involved. Stakeholders must attend or ensure continuity of attendance is provided for through nomination of a representative thus ensuring that previously requested actions and results are made available to the meeting.

When identifying improvements required the meeting should determine whether the required improvement actions are either development actions (DA) where they are good practice requirements to assist overall improvement or corrective actions (CA) where the improvements are related to a contractual or regulatory breach in line with the Escalating Concerns with, and closures of, Care Homes providing services for Adults (WAG May 2009).

The action plan should be reviewed by during the provider performance meeting. Monitoring must be evidenced and contingencies required for repeated lack of adequate progress or further deterioration with robust challenge and rationale recorded. Contingencies may include mandatory suspension of placements i.e. embargo.

The action plan is given an overall start date and target dates for improvements to be made are recorded alongside the person responsible. Dates and sources of evidence of improvement are recorded on the action plan. The date the action was completed should be recorded.

Failure to progress the improvement actions must be considered at the Provider performance meeting alongside an assessment of the level of risk i.e. is it increasing decreasing or remaining the same in relation to the specific actions not completed and the overall concerns. Agreement should be reached as to whether target dates will be extended or sanctions applied. Where target dates are extended the rationale will be recorded in the minutes and the date upon which the target date was extended and the new target date will be recorded in the 'by when' box of the action plan.

Immediate focus must be given to protective issues for individual and others within care setting who may also be at risk, thus the issues for improvement should be prioritised around risks to service users.

The concerns will be scored by their likelihood and impact. The colours red, amber and green will be used to signify the level of risk rather than the outcomes.

The provider performance process may be closed where the action plan has not been completed however the likelihood of the risk occurring must have significantly reduced and the partners agree that the issues are suitable for single agency monitoring. The impact of the risk will not change. Therefore if the issue remains a high score and is coloured red the action plan cannot be closed. Feedback must be provided at the monthly quality assurance meeting.

CCC will take responsibility for storing information relating to Provider Performance. Individuals chairing the provider performance meetings are responsible for advising

Commissioning Team administrative staff of information to be recorded on the monitoring spreadsheet and providing copies of minutes/agenda/action plans used.

Risk assessment process

Risks will be assessed and reviewed during the provider performance Meeting.

For all cases a risk rating system will apply in line with a rating of red, amber, yellow and green based on key evidential factors

Where there are cases of complexity and significance, a risk tool matrix as noted below is suggested. In such cases an overall risk rating will be determined by multiplying the likelihood of the risk (scale of 1 to 4) by the consequence of the risk (scale of 1 to 4).

The colour coding represents the current level of risk rather than the progress made against the required improvements.

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

PROVIDER PERFORMANCE DECISION FORM

RED	
PC	
AMBER	
PC	
YELLOW	
CH	
GREEN - All Clear and to be Removed from the List	
PC	

Appendix I -Action plan template

Name of provider/organisation:

Name of setting or service:

Date action plan started on:

Version number:

Last updated on:

If business is suspended during the PP process please list date of start and finish of embargo

Issue of concern	Improvement required (development or correction action)	By when (Note when dates extended)	Person Responsible	Likelihood (1 – 4)	Impact (1-4)	Overall Risk Rating	Evidence of improvement or failure to improve (date to be noted)	Progress: Completed/On-going/Not started

Likelihood	Impact			
	1. Insignificant	2. Minor	3. Moderate	4. Major
4. Almost certain	4	8	12	16
3. Likely	3	6	9	12
2. Possible	2	4	6	8
1. Unlikely	1	2	3	4

Appendix J

Procedure for Suspending Business with Care Providers

Name of care provider:.....

Name of care home/service:.....

Date Provider Performance Monitoring Process commenced:.....

Date of Provider Performance meeting where the recommendation originated to suspend business

Reason why business is to be suspended.....

.....

Protection measures

Action	Please tick if required	Please tick if completed
Review all existing service users care		
Monitoring existing placements/care packages		
Offer review to self funding service users		
Inform other commissioning agencies		
Inform staff and other APC partners		
Send letter to service user/representative		
Send letter to care provider		
Priority Improvements to be made before the embargo is lifted		

(Consider completion of all CAP actions, concerns rated as high risk, CSSIW compliance notices etc.)		
Inform regulator		

Authorisation of.....for Carmarthenshire

Signature..... Date:

Print name

Document to be completed by PPM Chair and stored on the Care Provider Commissioning file

Appendix K

Procedure for Restarting Business with Care Providers

Name of care provider:.....

Name of care home/service:.....

Date Provider Performance Monitoring Process commenced:.....

Date of Provider Performance meeting where the recommendation originated to restart business

Reason why business is to be restarted

.....

.....

Protection measures

Action	Please tick if required	Please tick if completed
Conditions on number of new admissions (please specify below)		
Conditions on hours or number of new packages of care (please specify below)		
Conditions on using respite care (please specify below)		

Inform other Commissioning agency		
Inform staff and other AAPC partners		
Send letter to service user/representative		
Inform regulator		

Authorisation offor Carmarthenshire

Signature..... Date:

Print name

Document to be completed by PPM Chair and stored on the Care Provider Commissioning file

Appendix L

Provider Performance Checklist

Name of Service:	(✓)	Date Completed	Signature
Name of Provider:			
Inform other Local Authorities & other commissioners that the Provider Performance Process has commenced			
Write letter to the Provider explaining that the service has been placed under the Provider Performance Monitoring Protocol.			
Inform other Local Authorities & other commissioners that the Provider Performance Process has ended.			
Write letter to the Provider explaining that the service is no longer being considered under the Provider Performance Monitoring Protocol.			
Inform other Local Authorities & other commissioners that an embargo has been placed on the service.			
Write letter to the Provider explaining that an embargo has been placed on the service.			
Write letter to service user/representative explaining that due to lengthy concerns an embargo has been placed.			
Inform other Local Authorities & other commissioners that an embargo has been lifted at the home.			
Write letter to the Provider explaining that an embargo has been lifted.			
Write letter to service user/representative explaining that the embargo has been lifted and monitoring continues.			

Document to be completed by PPM Chair and stored on the Care Provider Commissioning file

Appendix M

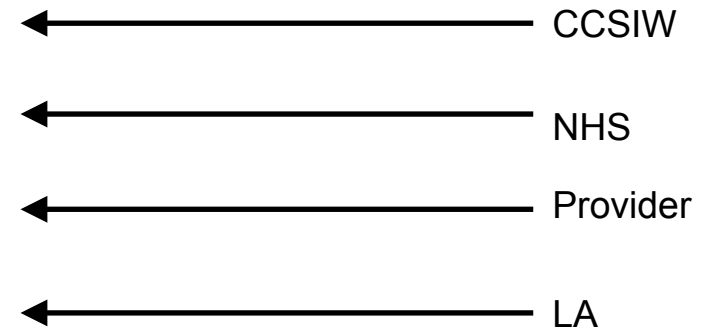
Stage 3 – Service Closure

- Home Closure/Home Operation Support Group (HOSG)
- Provider Agency closure



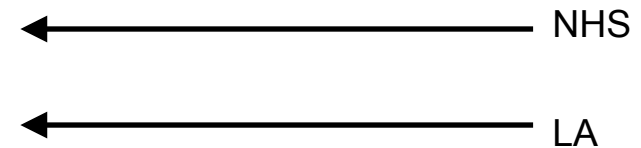
Stage 2 – Provider Performance Meeting/JIMP

- All partner agencies – senior representation Identified Escalating Concerns
- DAP/CAP monitoring
- One action plan to include DAP/CAP actions & regulation breaches
- Risk management and planning



Stage 1 – Provider Quality Assurance Meeting

- Discuss positive feedback and bubbling concerns
- Use Development/Corrective Action Plan (DAP/CAP)
- Contract compliance notice/formal reports (not in attendance)
- Care coordination/Management feedback, Complaint Feedback



Appendix N

Dear

Re: (insert name of provider)

Thank you for attending the provider performance monitoring meeting held at (insert venue) on (insert date) in relation to the concerns about the standards of care at (insert name of provider).

As discussed I am writing to confirm the discussions held during a meeting between officers of the local authority and Care and Social Services Inspectorate for Wales on (insert date) and during the provider performance monitoring meeting held on (insert date).

We confirmed that a provider performance action plan would be formulated to reflect the current concerns identified by the local authority and the CSSIW. The action plan will also include the outstanding compliance notices and registration conditions applied by Care and Social Services Inspectorate Wales (CSSIW).

This process will remain in place until all the improvements required have been completed and seen to be sustained to the satisfaction of all partners.

Staff from the local authority and CSSIW will continue with the programme of regular monitoring in order to review the level of risk and progress against the action plan. Discussions and presentation of evidence will take place in the provider performance monitoring meetings that you attend.

This will be discussed in our next provider performance meeting which is due to be held on (insert date).

Yours sincerely

Appendix O

Dear,

Re: (insert name of provider)

I wish to inform you that concerns have been raised regarding standards of care at (insert name of provider). Meetings has been held and there will be joint, coordinated action taken by Carmarthenshire Social Services, Hywel Dda Health Board, Care and Social Services Inspectorate Wales along with the owners of (insert name of provider) in order to improve standards of care and meet the requirements of an agreed plan of action.

Should any concerns be identified directly relating to your relative then you will be informed and involved where appropriate. There will be ongoing monitoring of the home by Social Services staff along with health colleagues to ensure that the required improvements are achieved and maintained.

I am sure that the owners and manager would welcome any queries you may have about the issues and the process that will be followed. In the first instance please direct any queries to the Provider, however further information can be sought from (Insert name/Contact details of Contracts Manager). Please be assured that the welfare of the residents at (insert name of provider) is everyone's priority.

Yours sincerely,