



QUALITY PERFORMANCE MONITORING

DOMICILIARY CARE & SUPPORTED LIVING

CARMARTHENSHIRE COUNTY COUNCIL

CONTRACTING & PROCUREMENT

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QUALITY PERFORMANCE MONITORING PROTOCOL

DOMICILIARY CARE & SUPPORTED LIVING

INTRODUCTION

Carmarthenshire County Council has a duty to respond to concerns about standards of care within all its contracted services. Previously, concerns about the quality of care provided to service users who were in receipt of a Domiciliary Care service were responded to by the Carmarthenshire Commissioning and Contracting team, often working closely with the Care and Social Services Inspectorate, Wales. Whilst information was sought and shared with partner agencies, it was felt that the response could be more proactive and at an earlier point.

This protocol sets out how the Commissioning and Contracting team will monitor service provision and respond to initial, on-going 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.

Carmarthenshire County Council's Domiciliary Care Contract Terms and Conditions are a reflection of the requirement within the national minimum standards for domiciliary care. Each Provider will be subject to continuous quality and performance monitoring in accordance with the Council's Provider Performance monitoring Protocol. This is central to the continuous improvement of services delivered to Service Users. The Council will conduct quarterly quality and performance contract review meetings and conduct a risk assessment of each Provider's performance.

This protocol ensures practice in Carmarthenshire is compliant with the Standard Terms and Conditions within the Domiciliary Care contract and specification. It should be noted that this protocol is used for all commissioned services (In house and external) and all service user groups.

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 that actions of advice, support and monitoring can be considered and selected to assist service improvement.

The Commissioning and Contracting team use a range of methods to engage with providers to reinforce their expectations of quality service being provided to service users in Carmarthenshire. Methods used include: visits; meetings; reports, correspondence and action plans.

VALUES

CCC are committed to ensuring that the values and rights below underpin the way in which their service users should be supported and cared for in whatever settings or places they live in or use:

Independence: to think, act and make decisions, even when this involves a level of risk.

Dignity: recognition that everyone is unique, with intrinsic value as a person.

Respect: for a person's needs wishes, preferences, language, race, religion and culture.

Equality: the right of people to be treated no less favourably than others because of their age, gender, disability, sexual orientation, religion, class, culture, language, race, ethnic origin or other relevant distinctions.

Privacy: the right of the individual to be left alone or undisturbed and free from intrusion or public attention in their affairs.

Choice: the right to make choices, and to have the alternatives and information that enable choices to be made.

KEY PERFORMANCE INDICATORS

6 key performance indicators (KPI's) have been devised in order to monitor the quality of service provision for providers. Each of the 6 KPI's are linked to key quality outcomes identified within the quality monitoring section.

6 Key Performance Indicators:

- Timeliness and Reliability of Services
- Committed Workforce
- Service User Safety (Safeguarding)
- Service User Empowerment (Complaints)
- Meeting Assessed Needs
- CCC contract compliance

Providers will be required to provide an update on performance on a quarterly basis, in a format provided by CCC. (Please see Appendix 5). Dates will be agreed in accordance with Contract Review Meetings.

KEY QUALITY STANDARD

1. Timeliness and Reliability of services - Service users and carers should expect their domiciliary care provider to arrive in a timely fashion as identified within their care plan and as agreed with the provider. This KPI will identify and monitor missed calls and late calls.

Outcomes Improved Health and Wellbeing, Improved Quality of Life, Maintaining Independence, Personal Dignity and Respect.

2. Committed Workforce - A happy and steady workforce will impact positively on the consistency of the carers and therefore quality of care provided. Monitoring staff retention within the company will evidence if domiciliary care providers are working to improve this. Monitoring staff sickness within the company will evidence if domiciliary care providers are providing continuity and are working to reduce levels of staff sickness.

Outcomes - Improved Quality of Life, Maintaining personal dignity and respect

3. Service User Safety –Ensure that the provider complies with the All Wales procedure for the safeguarding of vulnerable adults. The domiciliary care national minimum standard (21) states that Staff supervisions should occur every 3 months. CCC believes that regular supervisions work towards strong safety measures for service users and also improve the quality of services provided. The domiciliary care national minimum standard (20) states that at least 50% of front line staff should have a Level 2 NVQ in Health and Social Care. CCC believes that a well trained workforce will work towards strong safety measures for service users and also improve the quality of services provided.

Outcomes - Improved Health and Wellbeing, Improved Quality of Life, Freedom from Discrimination and Harassment, Maintaining Personal Dignity and Respect

4. Service User Empowerment. Ensure the provider demonstrates Human Rights and Equal Opportunities by actively undertaking Service User Reviews / Quality Assurance. Monitoring the provider's performance in completing service user reviews will ensure that providers are working to

improve in the area of Service User Empowerment. Monitoring the provider's performance in dealing with complaints in a timely manner will evidence that a provider ensures that service users viewpoints are taken seriously.

Outcomes - Freedom from Discrimination and Harassment, Maintaining Personal Dignity and Respect, Making a Positive Contribution, Increased Choice and Control

5. Meeting Assessed Needs. Ensure that the provider delivers services which achieve the maximum rehabilitative effect and which support, sustain and where appropriate enhance the service users independence. This will require the agency to provide a detailed service delivery plan for each service user - which complements the UAP care plan assessment. Agencies will also need to consider on going changes to service provision in the form of developing service outcomes, staff skills and new ways of working across the sector.

Outcome – Promoting and maintaining independence and enhancing the quality of life of each service user

6. Contract compliance. CCC rate domiciliary care services based on how they perform against the national minimum care standards. This is therefore a quality measurement. Working to the Contract specification and following the Authorities mandatory policies will ensure that the provider is working in line with the expectation of the Authority.

Outcome – High standard / Quality service. Sustainability.

AUDITING

CCC may conduct audits on any KPI submissions they receive in order to ensure that providers are submitting their information and are following the KPI guidance correctly.

Identified concerns will be recorded on the Council's Events Log and measured against the Key Performance Indicators (KPIs) as set out in this document. The risk assessment may result in a change to the Provider's quality rating (in line with the provider performance monitoring protocol). If so, the Council may issue the Provider with an Action Plan to improve their quality rating.

CONCERNS RAISED

CCC is committed to partnership working with all provider agencies. This protocol aims to provide early intervention guidance to agencies with an outcome that the agency will have an opportunity to respond and take appropriate action regarding the concerns raised.

Any concern reported in to the contracting team will be risk assessed in the first instance. This is to ensure that any issues which may give cause to alert the Safeguarding team are reported immediately. (All safeguarding concerns will follow the safeguarding process) The contracting officer will also establish whether the complainant wishes to make a formal complaint via the complaints process. (All formal complaints will follow the complaints process). If the concern has no requirement to follow either of the processes as described, the contracting officer will then forward the concern on to the registered manager of the agency to request a response to the concern raised and to confirm what actions have been taken to manage the concern. This will enable the provider to give their account and work in collaboration. (Please see Appendix 1A)

RESPONSE TO CONCERNS

CCC will expect the agency manager to investigate the concern as a matter of importance. The agency manager must ensure to provide a clear response that includes the reason why, what actions have been taken to resolve and what preventative measures have been introduced. The contracting officer will risk assess the response and consult with the case manager to agree that the concern can be closed as satisfied. However, should the response not provide the required information, the

contracting officer will inform the agency manager and request that specific areas be looked further into.

MULTIPLE CONCERNS

Where there are a number of concerns reported, either together or intermittently, the contracting officer will commence recording the concerns on the events log. The events log will be shared with the agency manager with the expectation that agency manager will provide a response to the concerns in the response column. The contracting officer will risk evaluate the events log and make an informed decision with regard to the risk rating of the agency.

THE EVENTS LOG

The events log is a Quality and Performance Monitoring tool which enables sharing of information about adult social care service provision. Information is obtained on complaints, safeguarding and about minor service provision concerns that were not significant enough on their own to warrant formal escalation within the complaints or safeguarding environments and which otherwise might be lost.

The events log will be used as a tool for continuous monitoring, because it will be able to identify patterns. This will assist in CCC being confident that providers are still providing a service that complies with the contract. Information gathered will be used in the risk assessment. If there are concerns highlighted as a result of the analysis of the events log and if it is appropriate, details will be given to the agency manager in order to provide a response. (Please see Appendix 4)

RISK ASSESSMENT

CCC will conduct regular risk Assessments on the provider. The risk assessment will involve looking at the performance of the KPI's, events log and action plans.

What determines a risk?

- A drop in performance on KPI's or failure to improve over a number of months.
- Evidence of poor quality service provision extracted from the Events log
- Providers failing to meet deadlines agreed in action plans.

If a provider is determined to be of high risk by CCC Provider performance group, this could initiate a number of scenarios:

- Review of the overall PP rating – A decision may be made to escalate the provider through the traffic light system (Please see Appendix 1)
- No further placing of packages – interim / indefinite

AGENCY PROVIDER PERFORMANCE MEETING

In the event of an agency being within the provider performance risk category, the contracting officer will arrange a provider performance meeting to discuss the events log. The meeting will explore the concerns identified with the provider who must be given the opportunity to give their account. The chair of the provider performance meeting will consider whether the agency is taking reasonable action to address the current concerns and whether they are being proactive in preventing re-occurrences. Meetings held under this protocol will 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.

Attendees at the Provider Performance meeting may include relevant internal representatives from the Commissioning and Contracting Team, the Safeguarding Team and the Assessment/ Care Management Team. Other key stakeholders might include Care and Social Services Inspectorate

Wales and in some instances, Hywel Dda Health Board representatives may attend. The contracting officer will provide an agenda for the meeting and will arrange for the minutes of the meeting to be circulated to all in attendance.

The Provider Performance Meeting replaces both contract review meetings and overarching meetings; bringing one system for early identification of concerns, sharing of information and multiagency action planning.

PROVIDER'S ACTION PLAN

CCC will issue providers with an action plan if the quality of service provision is rated as high risk of escalating concerns. 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 provider's progress on actions 'identified within action plan' will be used in the risk assessment. (Please see Appendix 3)

The chair of the provider performance meeting has a key role in appropriately but robustly challenging the agency 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.

Where the required improvements have been made by the care provider and the provider performance meeting participants are in agreement, a decision will be made to close the process if all concerns have been addressed and actions are evidenced, this could also result in the agency reverting back to their usual contract review meetings. In some circumstances, it may be recognised that the agency is making improvements but may require further support or guidance, the decision could therefore be to close individual concerns that have been addressed which will then reduce the risk rating. The agency will be informed of any decision made.

SUSPENSION OF PLACEMENTS

Interim arrangement - If an agency has not responded to the initial concerns raised, a risk evaluation will be undertaken to establish whether new packages are to be placed with the provider – pending the outcome of the agencies response. This decision will be communicated to the agency manager in writing.

Indefinite - In the event that the agencies' performance is not improving and they are not 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 along with the other agency partners will be informed and a letter is sent to the Provider setting out the rationale.



APPENDIX 1

KEY PERFORMANCE INDICATORS – GUIDANCE

1. Timeliness and Reliability of Services

Definitions:

- **Visit** – a domiciliary care call, which has taken place. For visits in which more than one carer attends, this should be counted as 1 visit only and not 2.
- **Late Call** – is when the carer arrives more than 30 minutes after the agreed time
- **Early Call** – is when the carer arrives more than 30 minutes before the agreed time
- **Missed Call** – is when a carer doesn't arrive for the visit at all.

Visit times are banded as follows:

AM – Call must be delivered before 11:30am

Lunch – Call must be delivered between 11:45am – 2:45pm

Tea – Call must be delivered between 3:00pm – 5:30pm

Evening – Call must be delivered between 5:45pm – 7:00pm

Night - Call must be delivered between 7:15pm – 11:00pm

Stated time on the Service Delivery Plan – This can be an agreed time or a time slot.

CCC expects the provider to take into consideration travelling time for care visits before agreeing time slots.

How to measure timeliness of visits when time slots are stated on a Service Delivery Plan:

Example - if a service user has a morning call identified as being between 8 and 8:30am.

- The call would be early if the carer arrived at or before 7:30am
- The call would be late if the carer arrived at or after 9:00am
- The call would be missed if the carer arrived at or after 11:30am

Measuring late, early and missed calls - what should be taken into consideration:

- When a client has been informed prior to the visit.
- When the issue is down to emergency staff absence or emergency with previous visit
- Genuine travel delay

Measuring late, early and missed calls – what requires action by the provider:

- Staff lateness, mistakes in rota planning, staff not following rota correctly and any other reason that is not attributable to the service users request.

CCC will regard these as a concern.

Measuring late, early and missed calls what shouldn't be included

- When a client is not in.
- When a client has informed the provider that the call is no longer required or is needed at a different time that will not be a permanent change.

Collecting the data

CCC will require information on the total number of visits carried out in a sample week for each quarter. The estimated or total number of visits that took place during the reporting period should be counted.

For example if the reporting period was one week and 7 clients receive 21 visits in that week, the total number of visits counted in the KPI submission template would be 147 ($21 \times 7 = 147$).

It is expected that for those agencies that have an electronic monitoring system that the information required will be obtained upon request. For those who do not use an electronic monitoring system or their system is not capable of providing the required information, data can be provided from the daily record book. Further guidance on sampling is found in the next section.

Collecting a sample

The objective of collecting this information is to drive improvement in service.

The sample size will be 5% of the total number of service users the agency delivers care to.

- Service users will be selected at random.
- The size of the sample will need to be statistically credible.
- The sampling period needs to be representative

Key requirements when collecting a sample

Service delivery sheets can be used as evidence but visits shouldn't be counted for those that have not been signed by the client due to lack of capacity or unable to sign. For any other unsigned visits these will be counted as missed calls.

Providers must state on the KPI submission template if there were any issues or any incidents that took place in the sample week and provide details on how that week was affected - in the free text fields.

2. Committed Workforce

A. Staff Retention - No of permanent staff leaving the company during the reporting period.

Definition:

- **Permanent Staff**– Staff who have a contract with the company, which has no termination date.
- **Temporary Staff** – Agency staff or staff who have a contract with a termination date.
- **Number of posts (vacant/ filled)** - the number of post determined within the company's structure.

Staff Retention A happy and steady workforce will impact positively on the consistency of the carers and therefore quality of care provided. Monitoring staff retention within the company will evidence if domiciliary care providers are working to improve this.

Worked Example Suppose the number of permanent staff that left the company was 5 and the average number of posts (vacant or filled) in the company was 75 . The percentage of staff leaving post in the reporting period = $(5 \div 75) \times 100 = 6.67\%$

Good Performance

Good performance is typified by a lower percentage

What this indicator does: Measures staff retention, by capturing the number of permanent staff that have left the company during the reporting period, compared with the number of staff in the company's structure.

B. Staff Sickness - Average number of sick days per member of staff

Definitions:

- **Per member of staff** - All staff employed by the company, including temporary and agency staff.
- **Average Number of filled posts** - the average number of filled posts over the reporting period, this can be with permanent or temporary staff.
- **Sick Days** – Days lost because members of staff cannot attend work due to illness.

Staff Sickness: Monitoring staff sickness within the company will evidence if domiciliary care providers are working to reduce levels of staff sickness.

Worked Example Suppose the total number of sick days taken in the company during the reporting period was 29. Suppose the number of filled posts in the company during the period was 75. The Average number of sick days per member of staff $29 \div 75 = 0.39$ days

Good Performance

Good performance is typified by a lower figure.

What this indicator does: Measures staff sickness, by capturing the average number of sick days per member of staff during the reporting period. Staff on long term sick leave will be counted

Collecting Data – CCC will require this information quarterly at the contract review meeting. However it is advised that providers inform the contracting team of any difficulties that may affect service delivery.

3. Service User Safety

A. Staff Supervision - % of staff that have had formal supervision with their line manager within the 3 months prior to reporting.

Definitions:

- **Formal Supervision** – should occur every 3 months at pre-arranged times in a quiet environment free from the distractions of service delivery. Supervision sessions should last about one hour and form an essential feature of the placement and supervisory process
- **Number of staff eligible for 3 monthly supervision-** the number permanent and temporary (including agency) staff within the company who will be due a supervision within the reporting period.

Staff Supervision – CCC believes that regular supervisions work towards strong safety measures for our service users and also improve the quality of services provided.

Worked Example Suppose the number of staff who have had a 3 monthly supervision was 15 and the number of staff eligible for supervision in the company was 27. The percentage of staff who have had supervision $(15 \div 27) \times 100 = 55.56\%$

Good Performance

Good performance is typified by a higher percentage.

What this indicator does: Measures the level of staff supervisions, by capturing the percentage of completed supervisions within the reporting period for all staff members within the company.

What to exclude: Staff that have been in post for less than 3 months.

B. Staff Training - % of staff that have achieved a NVQ / QCF level 2 qualification in Health and Social Care.

Definitions:

- **NVQ / QCF** – is a 'competence-based' qualification: this means staff learn practical, work-related tasks designed to help staff develop the skills and knowledge to do a job effectively.
- **Number of Staff** – Is the total number of staff employed by the company during the reporting period. For example if at the beginning of the period the company employed 30 staff and at the end of the reporting period the company employed 35 staff but 10 members of staff left the company, the total number of staff would be 45.

Staff Training - CCC believes that a well-trained workforce will work towards strong safety measures for our service users and also improve the quality of services provided.

Worked Example Suppose the number of staff that have a NVQ level 2 qualification in Health and Social Care is 25. Number of staff within the company is 35. The percentage of staff who have achieved a level 2 qualification in Health and Social Care $25 \div 35 \times 100 = 71.43\%$

Good Performance

Good performance is typified by a higher percentage

What this indicator does: Measures the level of staff who have achieved a level 2 qualification in Health and Social Care. It also evidences staff skills and competency.

What to Include: Front line staff and Managers who line manage front line staff.

What to Exclude: Staff within the company who do not provide domiciliary care services directly and/or do not line manages staff that do.

C. Safeguarding Procedures - Number of Safeguarding referrals that have been made indicating poor practice.

Definitions:

- **Safeguarding Referral** – is an allegation of abuse which may have occurred as a result of poor service provision that has resulted in significant harm to the service user.
- **Abuse is defined as:** a violation of an individual's human and civil rights by another person or persons which results in significant harm. Abuse may be: a single or repeated act, or multiple acts; a lack of appropriate action; perpetrated as a result of deliberate intent, negligence or ignorance; and/or an act of omission (failing to act) or neglect.
- **Significant harm' refers to:** ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); impairment of, or an avoidable deterioration in, physical or mental health; and/or impairment of physical, emotional, social or behavioural development.

Safeguarding – CCC believe that all staff have a duty to report any concerns that they have about the safety and wellbeing of a vulnerable adult.

Good Performance

Good performance is typified by Managers being proactive in ensuring that information is being reported and appropriate action is being taken to eliminate any risks..

What this indicator does: Identifies Measures the actions taken by all staff regarding reporting information.

5. Service User Empowerment.

A. Service User Reviews - % service users that have received a review of their services within the reporting period.

Definitions:

- **Service User Reviews** – is an examination of the service users needs and must include a formal reassessment. It is an exercise that obtains the service user's view.

Service User Reviews – CCC believes that monitoring the provider's performance in completing service user reviews will ensure that providers are working to improve in this area.

Worked Example Suppose the number of service users that have had a review of their services within the reporting period 127. Suppose the number of service users in receipt of services during the reporting period is 175. The percentage of service users that have received a review of their services within the reporting period is $127 \div 175 \times 100 = 72.57\%$

Good Performance

Good performance is typified by a higher percentage

What this indicator does: Measures the % of service users in receipt of services from the provider that has had a review within the reporting period.

What to include: All service users who the provider is providing domiciliary care services to on behalf of CCC, during the reporting period.

B. Service User Complaints - % of complaints that have been completed within the time scale stated in CCC complaints policy.

Definitions:

- Complaint – is an expression of displeasure or dissatisfaction, such as poor service provision.

Complaints – CCC believes that monitoring the provider's performance in dealing with complaints in a timely manner will evidence that a provider ensures that service users viewpoints are taken seriously.

Worked Example Suppose the number of complaints that were resolved/completed within the timescale set in the complaints policy during the reporting period was 4. Suppose the total number of complaints that were resolved /completed in the reporting period was 8. The percentage of complaints that were dealt with on time within the period $(4 \div 8) \times 100 = 50\%$

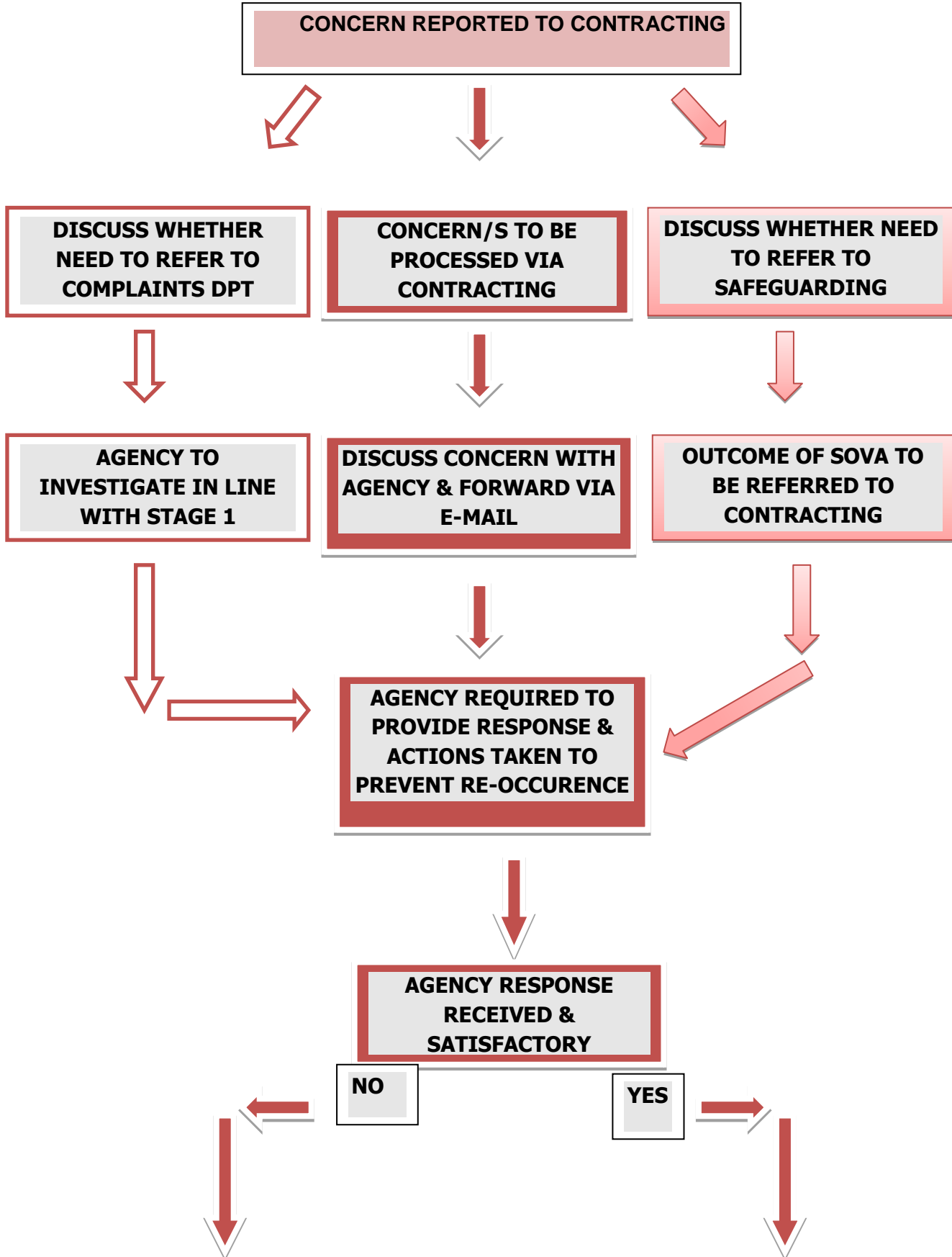
Good Performance

Good performance is typified by a higher rating.

What this indicator does: Measures the timeliness of dealing with complaints and ensuring to address the concerns raised.

APPENDIX 1A

MAPPING PROCESS - CONCERNS



**CO TO ARRANGE
PROVIDER
PERFORMANCE
MEETING WITH
AGENCY**

**CMO TO UNDERTAKE
SAMPLE MONITORING OF
AGENCY**

**CMO TO UNDERTAKE
MONITORING VISITS TO
RISK ASSESS AGENCY
PERFORMANCE**

**HAVE CONCERNS BEEN
ADDRESSED UNDER
PROVIDER
PERFORMANCE**

NO **YES**

**CO TO ARRANGE 2ND
PROVIDER
PERFORMANCE MEETING
WITH AGENCY**

**CONSIDER SUSPENSION
OF PLACEMENT**

**INFORM
COMMISSIONING
NETWORK**



APPENDIX 2

RISK ASSESSMENT

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

14 - 16	SUSPENSION ACTION PLAN	
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AMBER

8 - 12	TEMP SUSPENSION EVENTS LOG	
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YELLOW

1 - 6	MONITORING	
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GREEN - All Clear and to be Removed from the List

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APPENDIX 3

COMMISSIONING AND CONTRACTING TEAM – ACTION PLAN GUIDANCE

The Authority will require evidence that all areas as listed below have been achieved or are being met. The evidence required will be discussed with the agency and incorporated into the action plan

Name of provider/organisation:

Name of setting or service:

Date action plan started on:

Version number:

Last updated on:

.Business Planning

1. The business operates with a staff structure in place, including clear lines of accountability, which enables the agency to deliver services effectively on a day to day basis, in accordance with the agency's business plan and the service user's care plan. All missed calls and late calls are captured via alerts and dealt with in an efficient manner. The service user is informed of the reasons to the calls not being delivered to time.
2. There is adequate and appropriately skilled staff to cover the operation and management of the agency office, the call monitoring system is reviewed and the process for all operational tasks are reflected in a mapping process.
3. The agency is able to demonstrate its capacity to meet the needs of individuals accepted by the agency. The agency is reliable and dependable and is able to respond flexibly to the needs and preferences of service users which arise on a day to day basis, and services are provided in a way that meets the outcomes identified from the needs assessment.
Weekly returns must reflect the activity within service provision and must be submitted in a timely manner – in accordance with LA requirements
4. There is an effective system for Quality Assurance (QA) based on the outcomes for service users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care workers and their line managers.
5. Each service user has a home file at their property which contains the relevant documentation i.e. LA care plan, Risk Assessment, Service Delivery Plan, Environmental Risk Assessment and Manual Handling Plan. There is a service user's guide for current and prospective service users, their carers and their relatives. The guide contains up to date information on the agency setting out the aims, objectives, philosophy of care and parameters of the service provided, including terms and conditions.

6. There is an easily understood, well publicised and accessible procedure to enable service users and their relatives or representatives to make a complaint or compliment and for complaints to be investigated.

7. Each service user is issued with a statement of terms and conditions under which the care is provided by the agency before the service begins.

Service provision

8. The agency implements a clear set of policies and procedures, formally approved by the registered provider, to support practice and meet the requirements of legislation, which are dated and monitored as part of the quality assurance process. The policies and procedures are reviewed and amended annually or more frequently if necessary.

9. A needs assessment regarding new service users is undertaken, prior to the provision of a domiciliary care service (or within 2 working days in exceptional circumstances), by people who are trained to do so, using appropriate methods of communication so that the service users, their carers and their representatives, are fully involved. Reasonable steps are taken to acquire adequate information to inform the process

10. An assessment is undertaken, by an appropriately trained and qualified person, of the potential risks to service users and staff associated with delivering the service user's package of care - before the care worker commences work and is updated 6 monthly or more frequently if necessary.

11. Personal care is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times with particular regard to assisting with:

- Dressing and undressing
- Bathing, washing, shaving, oral hygiene
- Toilet and continence requirements
- Medication requirements and other health related activities
- Moving, handling and positioning
- Eating and meals
- Handling personal possessions and documents
- Entering and exiting the home

12. A service delivery plan for the provision of the care is developed and agreed with each service user, which provides the basis for the care to be delivered. Managers and care workers enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed in accordance with their service delivery plan.

13. There is a clear, written policy and procedure which is adhered to by staff and which identifies parameters and circumstances for assisting with the delivery of care. Policies should provide guidance on reporting and recording of information and where appropriate, information is shared with other professionals involved with the care of the service user (Social worker / Nurse). Medication and health related tasks should be undertaken in line with the Authorities Medication policy.

14. The agency has systems and procedures in place to comply with the requirements of the Health and Safety legislation. All staff should be trained to the manual handling passport and updated regularly.

15. Service users are safeguarded, in accordance with written policies and procedures (which take into account “In Safe Hands, Implementing Adult Protection Procedures in Wales” (National Assembly for Wales, 2000)), from any form of abuse or exploitation including physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance. All staff should be trained to have an awareness of adult protection procedures which will allow them to alert the manager to any potential SOVA situations.

16. The agency provides staff with clear guidelines to Care workers ensure the security and safety of the home and the service user at all times.

Staffing

17. There is a rigorous recruitment and selection procedure which meets the requirements of legislation and ensures the protection of the service user and their relatives or representatives.

18. An Induction programme for new starters which demonstrates the fundamentals of care. Evidence of SCIFW.

19. All managers and staff are provided with a written job description and work specification, identifying their responsibilities and accountabilities. Staff are required to adhere to the Care Council for Wales Code of Practice.

20. All staff have an annual appraisal of their overall standard of performance and are set objectives in line with the requirements of their role.

21. All staff meet formally on a one to one basis with their line manager at least once every three months to discuss their work and written records shall be kept on the content and outcome of each meeting.

22. With the consent of the service user, supervision should also incorporate direct observation of the care worker providing care to a service user with whom they regularly work. (Quality Monitoring)

23. With the service user's consent, care workers record on records kept in the services user's home, the time and date of every visit to the home, activities taken in line with the service delivery plan and any variations from it.

24. The agency has a staff development and training programme which ensures staff are able to fulfil the aims of the agency and meets the assessed and changing needs of service users, their carers, their relatives and representatives.

25. The agency maintains all the records required for the protection of service users and the efficient running of the agency for the length of time required by the Regulations. The agency must upon request provide daily log / required documentation to authorised personal of the Authority i.e. Care Management, Contracting



ACTION PLAN TEMPLATE EXAMPLE

ACTION PLAN MUST BE COMPLETED BY THE AGENCY'S RESPONSIBLE OFFICER

ACTION *BUSINESS PLANNING	EVIDENCE REQUIRED	DATE	RESPONSIBLE OFFICER (Agency)	ACHIEVED / COMPLETE
Point 1 & 2	Mapping process for call monitoring Call Monitoring logs for missed calls / late calls relevant to the service user identified on the list of concerns Copy of communication record – service users re: late / missed calls. Copy of Staff structure with responsibilities mapped out			
Point 3	Up to date activity hours to include no of care staff, senior care staff, coordinators etc. Hours of care delivered Weekly returns are completed to time Copy of recording information document re: referral / communication to the care management team			
Point 4	Copy of 2011 / 2012 Quality Assurance report and Action Plan. Contract Monitoring			
Point 5, 6 & 7	Spread sheet / list of service users to confirm requirements (Please see example 1) Copies of complaint responses – relevant to S/U identified on the list of concerns			

ACTION *SERVICE PROVISION	EVIDENCE REQUIRED	DATE	RESPONSIBLE OFFICER (Agency)	ACHIEVED / COMPLETE
Point 8	List of up to date agency policies Copies to be selected by Contract Monitoring			
9 & 10	Spread sheet / list of service users as points 5,6, & 7 to include requirements 9& 10 Contract Monitoring visits			
11 & 12	Contract Monitoring to request Sample Service Delivery Plan selected from list of S/U Contract Monitoring visits			
13, 14 15 & 16	List of up to date agency policies - p 8 Copies to be selected by Contract Monitoring Induction Process / Pack to be provided			
ACTION *STAFFING	EVIDENCE REQUIRED	DATE	RESPONSIBLE OFFICER	ACHIEVED / COMPLETE
15, 17, 18, 19, 20 & 21 24	Spread sheet /List of staff to include information as per requirements (Please see example 2) Staff Training programme 2011 /12			
23 & 25	Contract Monitoring Visits Information Sharing Protocol			

APPENDIX 4

COMMISSIONING AND CONTRACTING TEAM

PROVIDER PERFORMANCE EVENTS LOG - EXAMPLE

AGENCY NAME:

DATE:

INFORMATION REGARDING CONCERNS RAISED

NO	SERVICE USER	CONCERNS RAISED	ACTION / RESPONSE
1		<p>Safeguarding Referral – Below Threshold.</p> <p>Formal complaint submitted - Practice issues:</p> <ul style="list-style-type: none"> • Medication was not administered on the night of the 5th. • Five wet towels on armchair which a carer sat on! • Toiletries not returned to their appropriate place. • "shortage of staff and continuously running late" • 2 missed calls in the past 2 weeks <p>Previous concerns:</p> <ul style="list-style-type: none"> • Call time slots are an issue, lunch time and tea time calls needs to be re-addressed. 	
2		Safeguarding Referral – Currently within SOVA process	Awaiting Outcome of threshold decision.
3		E-mail S/W 1/8/12 - Care Plan hours not being delivered. Assessment states ¾ hrs. care staff allocated 1/2hr on the rota. No record of visits within the care plan. S/U confirmed not receiving full personal care.	CO has requested call monitoring logs



APPENDIX 5

COMMISSIONING AND CONTRACTING TEAM

PROVIDER INFORMATION - QUATERLY RETURN TEMPLATE

AGENCY NAME:		DATE:		MANAGER'S NAME:				
TOTAL S/U	TOTAL HRS CONTRACTED	TOTAL HRS DELIVERED	TOTAL STAFF	REGS 26	SAFEGUARDING REFERRALS	NO OF COMPLAINTS	NO OF COMPLIMENTS	NO OF S/U REVIEWS
ADDITIONAL INFORMATION:								
NO OF LATE CALLS	NO OF MISSED CALLS	TERMINATED PACKAGES	NEW PACKAGES	STAFF SUPERVISIONS	STAFF SICKNESS	EMPLOYED STAFF	TERMINATED STAFF	
ADDITIONAL INFORMATION:								
TRAINING	MANDATORY			SKILLS RELATED TRAINING				
INDUCTION	MANUAL HANDLING	MEDICATION	SHADOWING	DEMENTIA	ENABLEMENT	NVQ 2 /QCF 2	NVQ 3 / QCF 3	
PLEASE LIST ALL OTHER TRAINING COURSES STAFF HAVE ATTENDED		COURSE	COURSE	COURSE	COURSE	COURSE	COURSE	

This form must be completed in preparation of the Contract Review Meeting and sent electronically to the Contracting Officer.