EXECUTIVE MEMBER RESPONSE	
NAME OF TOPIC GROUP: **HERTS CARE QUALITY STANDARD** CHAIRMAN: **RON TINDALL** — DATE REPORT PUBLISHED: **3 May 2016** SCRUTINY OFFICER: **NATALIE ROTHERHAM** — DATE RESPONSE DUE: **4 JULY 2016** DATE OF SCRUTINY: **25 APRIL 2016** — DATE RESPONSE RETURNED: **5 July 2016** EXECUTIVE MEMBER: **COLETTE WYATT-LOWE**	
Recommendations: *e.g. To undertake a customer survey in xxxxx (month/year)* *(Note: All abbreviations used must be set out in full the first time they are used)*	**Executive Response:** *e.g. To carry out the survey in xxxxxx (month/year)* *(Note: All abbreviations used must be set out in full the first time they are used)*
2.1 Members request an information note outlining the Hertfordshire Care Quality Standard targets and scoring. (3.3.3, 4.2)	**How we assess the Standard** Commissioners gather information from a number of sources to judge quality: • Information from the industry regulator – the Care Quality Commission (CQC) following their routine inspections of registered services; • Quarterly meetings with the CQC to share concerns about quality or practice; • Whistle-blowing, representations and complaints from people who use services, their family carers, care staff and citizens; • Feedback from people who use services, and carers through our surveys - 'Have Your Say' and 'ASCOT' satisfaction; • Information from independent watchdog of health and social care: Healthwatch;

	• Feedback from our partners including GPs, Health Visitors and District Nurses; • Intelligence from Environmental Health Officers and Fire Inspections; • Regular Experian credit checks of care providers to make sure they are financially stable and sustainable; • Operational team intelligence. We have set up a 'Hertfordshire Standard' email address as a repository for information which can be used by all stakeholders. Any concerns can be emailed in to: careconcerns@hertfordshire.gov.uk **Risk analysis of providers**: all providers are formally risk assessed using the East of England regional contract monitoring process and forms part of the Regional Quality Monitoring Framework (QMF). This prioritises providers based on key areas of information and enables better allocation of monitoring resources. **Contract Monitoring**: a schedule of contract monitoring visits is undertaken by the council using the EoE regional monitoring tool. This gives a score against outcome areas, and priorities can be given to certain standards. We can also compare our care quality with our neighbours **Methodology**: it is important that evidence to show contract compliance is gathered from the correct evidence source at the correct point of the monitoring visit. For example to evidence whether induction training has been completed, the Monitoring Officers should speak with care workers to confirm that they attended, ask questions to help assess whether all the appropriate areas were covered and understood and then check

	that records confirm this. Each criterion can be: 1. **Met in full**: The criterion is fully met, the service provider is performing to an acceptable standard with robust systems, processes and practices in place to ensure that people using the service remain safe from any significant negative impact or harm; 2. **Met in part**: The criterion is met only in part and / or for only some of the evidence examined. An officer will also assess as part met if there is a policy in place, but no other evidence to support contract compliance. Although the service provider is performing to a reasonable standard, the systems, processes and practices in place are not robust enough to ensure that people who use services remain safe from significant negative impact or harm; or, 3. **Not Met**: The criterion is not met and the service provider is performing to an unacceptable standard where the systems, processes and practice in place are not sufficient to ensure that people who use the service remain safe from significant negative impact or harm. By responding to whether the provider met/part met/no met each sub-criteria, the East of England workbook automatically gives a score to each domain and an overall score that determine provider performance in each area and whether it is required actions for improvement. **Score** **Excellent (95+)** **Good (from 78%)** **Adequate (from 65%)** **Poor (< 65%)**

2.2 The number of Quality Monitoring Officers should be increased. (3.3.2, 4.7	We recognise the important role the Quality Monitoring Officers (QMOs) and welcome the positive feedback from Members of the Scrutiny Topic Group. HCS reintroduced the QMO role in 2013 to add more scrutiny to the existing monitoring arrangements for homecare. Based on the positive feedback and overall outcomes of the first year of the QMO being in post a business case was developed to secure funding for an additional QMO role – HCSMB agreed this in 2015. At this time HCS is not in a position to recruit further QMOs, but the model is being reviewed to enable more visits to be achieved. Currently the average number of visits per year per QMO is approximately 250 each. The aim is to increase this target to 300 per QMO, bringing the annual total target to 600, which represents approx. 10% of the total population receiving HCS commissioned homecare. In addition to this commissioners work with homecare providers to hold occasional service user meetings, to enable commissioners to meet with groups of homecare service users and hear their views about the service they are receiving, and feedback from these meetings does inform service improvements - for example we are currently undertaking a piece of work which will focus on achieving, wherever possible, continuity of care. Whilst this does present a challenge for every package of care commissioned, it is recognised as a clear concern as service users do feedback that they are sometimes unhappy with the number of different care workers involved in providing their care. The aim is to include a new ”standard” that sets out our expectations in terms of the maximum number of different carers involved in delivering an individual’s care package. The five Lead Providers for Support at Home also hold regular Advisory Board meetings within their district area and the membership of these boards is multi-agency. This includes the voluntary & community sector, Health colleagues and GPs, as

	well as service users and their carers. The role of the board is to enable effective partnership working, but also to provide a forum for information about the performance of the provider to be shared and challenged where appropriate. The data shared would include the numbers of complaints. Within the process of analysing complaints, the Commissioning Team work together with partners, OPPD (Older People & Physical Disability) and the CCGs, to identify key themes that emerge, to enable early identification of concerns and subsequently intervene where required to either invoke the serious concerns process or to prevent escalation
2.3 Health & Community Services (HCS) should work with HCPA to identify ways to provide assurance regarding the quality of non-commissioned services that are accessed by self-funders. (3.2.4, 3.4.3, 4.8)	HCS is working in partnership with HCPS (Herts Care Providers Association) to develop a number of tools to enable HCS to have greater assurance in relation to the quality of non-commissioned provision, along with the resilience of the entire care market to ensure we are able to fulfil our statutory requirements under the Care Act 2014 to prevent provider failure. The theme of the September HCPA Network event is Building Provider Resilience and Contingency Planning. The event will examine a number of proposals about how non-commissioned services can share information about quality, workforce and recruitment, with HCPA to inform a more detailed picture of the overall quality of the care markets in Hertfordshire. CQC are also included in these discussions and regular meetings are already established. HCS commissioners and operational staff meet with CQC to discuss care quality and any specific concerns around care provision – this includes non-commissioned services. Where issues are identified HCPA are alerted and will carry out a support visit to those providers and offer a range of support and services, including access to training and development and peer support opportunities

	HCS is working with health and provider partners to review our Prevention of Provider Failure Policy and has established a multi-agency Market Quality and Resilience Programme Board that will oversee this review. The remit of this group covers the entire social care market and will include services commissioned by HCS, by the NHS, and the self-funder market. This will enable formal protocols to be put in place to share quality information about providers, We are in negotiations with both HCPA and the HCC Iinformation Governance Team in relation to HCPA holding information on self-funders which can be shared with HCC should a provider be subject to any CQC sanctions or to be withdrawing from the market for other reasons, and so enabling HCS to be able to identify those people who, whilst not funded by HCS, will need care and support in the event of provider failure A Self-Assessment Toolkit is being developed for all care providers in partnership with HCPA and the outcomes of this will inform any specific actions that may need to be taken to target ares of concern/ further development to help raise quality across the entire care market in Herts
2.4 To be effective the Hertfordshire Care concerns system needs to be publicised more widely. Members to be advised of where and to whom Care concerns is promoted. (3.2.2, 3.3.4, 4.9)	From **Thursday 2 June 2016** we are testing a new form to 'report a concern about an adult'**.** Through one single online form, customers will be able to report: • General concerns they have about a care home or other care services (known as **care concerns** internally)

	• Concerns that an adult is struggling to look after themselves (making a social care referral for someone of their behalf) • Concerns that an adult is being abused or neglected (known as safeguarding internally) This new setting in herfordshire.gov.uk website will provide greater exposure and easy access to the general public to report a concern. In addition, the terms of reference for internal users to maximise the information coming through Care Concerns email/website that shows trends for intelligence monitoring. In July the Care Concerns process will be re-launched in a more systematic way, bringing in professionals and lay people who interact with services. This will be through three key routes - public through the launch of the next generation website, care homes via HCPA, all relevant professionals through the health and social care system and Hertfordshire Safeguarding Adults Board.
2.5 Members would like an information note providing more detail of the complaints process. In addition, an update and breakdown of complaints should be provided to the Monitoring of Recommendations topic group when it meets in 6 months. (3.3.1, 3.3.2, 3.3.3, 4.2, 4.3)	This is being prepared in partnership with the HCC Complaints Manager and will include a full breakdown of complaints for 2015, grouped in to themes across the different care settings. A new RAG rating system for rating complaints according to severity is being scoped out and tested and the outcomes of this exercise can also be shared as part of the information note. The Information Note will be provided 1st September
Any other comments on the report or this scrutiny?	