

Care Governance Policies and Procedures

Version: 1

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EXECUTIVE SUMMARY

It is the responsibility of the Council to work with providers of adult social care to ensure continuous improvement. This is particularly important where services are not judged to meet appropriate standards.

The Council's approach to Care Governance is one of working in partnership with care and support providers to ensure the safety and quality of services within the borough and to residents who have been placed in care settings outside the borough, where the Council retains a duty of care for those individuals.

The Care Governance processes and procedures outlined below are designed to ensure the safety and well-being of residents who are receiving adult social care support. They cover all aspects from deciding to commission support from providers to taking action when standards are not being met.

The main decision making body in relation to this is the Care Governance Board which has ultimate responsibility for ensuring the quality and safety of the support provided. The Board makes decisions on the 'flag status' of providers which has an impact on whether support will be commissioned from them. The Board also decides actions that need to be taken to improve the quality of support and may decide people receiving support need to be visited and welfare checks undertaken to ensure they are not being placed at risk.

The care governance process is outlined in the sections below with links to full documentation for each of the procedures.

INTRODUCTION

The purpose of this document is to ensure there is effective control of the care governance process, including managing risk and providing assurance that the right things are being done in the right way and at the right time.

It sets out the policies and procedures that need to be followed for effective care governance to ensure the safety and quality of care services throughout the borough.

The care governance process is detailed in the sections below with links to full documentation for each of the procedures

SHARING OF INFORMATION

To ensure the safety and welfare of all people receiving care, information on providers of care will be shared with:

- Other Local Authorities and Clinical Commissioning Groups in Berkshire as a matter of course.
- Other Local Authorities and Clinical Commissioning Groups who have residents placed within care homes (where the providers commissioning status is red or amber).
- The public who have access to information about providers via the i-hub. Providers who are 'red flagged' will be removed from the list of providers on the i-hub but will be re-instated if quality improves and their commissioning status changes
- Staff within the department
- The Care Quality Commission (CQC) who may be informed of any concerns with a provider
- The provider - all decisions and concerns will be shared and discussed with the provider, as appropriate, in an open and honest manner.

CODE OF CONDUCT

Staff undertaking work in relation to care governance will:

- a) Be courteous, professional and honest in their behavior towards all stakeholders, providers, other members of staff and people receiving support
- b) Equitable in their assessment of the quality of the support provided
- c) Share their assessment of the quality of support with the provider and agree actions to make improvements
- d) Investigate notifications from anonymous or vexatious sources in a sensitive manner, whilst ensuring the response is appropriate to the concerns raised.

CARE GOVERNANCE PROTOCOL

PURPOSE

The Care Governance Protocol defines relationships and responsibilities amongst those who work with and in the organisation, to ensure there is effective control of the care governance process.

It is used to ensure the Department commissions safe services that deliver quality outcomes in line with the objectives of the Council and establishes and/or clarifies the systems and processes which will:

- identify provider services that are of concern, and
- ensure appropriate management action to address those concerns

THE COUNCIL'S APPROACH TO CARE GOVERNANCE

It is the responsibility of the Council to work with providers of adult social care to ensure continuous improvement. This is particularly important where services are not judged to meet appropriate standards.

The Council's approach to Care Governance is one of working in partnership with care and support providers to ensure the safety and quality of services within the borough and to residents who have been placed in care settings outside the borough, where the council retains a duty of care for those individuals.

ROLES AND RESPONSIBILITIES

There are many people and organisations involved in ensuring the safety and quality of care services. The list below shows the people involved in the care governance process and what their main responsibilities are in relation to this process. It is not a definitive list and others may be involved in the process from time to time.

Post	Main Responsibility
Chief Officer: Adults and Joint Commissioning	Overall responsibility for decisions on care governance including: <ul style="list-style-type: none">• Chairing CGB meetings• Decision maker for commissioning status where the board is unable to come to a

	<p>consensus.</p> <ul style="list-style-type: none"> • Decision to approve new providers and whether limitations should be placed on them.
Nominated Contact person	<ul style="list-style-type: none"> • Responsible for making contact with the provider ahead of each CGB meeting to receive an update from the provider as to their current position and to receive any representations the provider wishes to make to the Board. • Being the main contact for providers on the 'Cautions list' • Working with the provider on the development of their action plan • Updating the CGB on progress towards improvement.
Care Providers	<ul style="list-style-type: none"> • The quality and safety of the care support being delivered within their organisation. • Improvement of the quality and safety of the service they provide
Care Governance Board (CGB)	<ul style="list-style-type: none"> • Ensuring the quality and safety of care and support being delivered to residents of the borough. • Ensuring swift action is taken where there are concerns about the quality of care. • Decision maker (by consensus) regarding current commissioning status.
Contracts Manager	<ul style="list-style-type: none"> • Ensure the quality and safety of services being delivered by all providers with whom the Council has contracts through appropriate wording in contracts and regular, effective monitoring.
Contract Monitoring Officers	<ul style="list-style-type: none"> • Monitoring the quality and safety of care being delivered by providers. • Ensuring the CGB is made aware of care quality/safety concerns. (Where concerns are felt to be high risk that this is raised at the earliest opportunity.) • Ensuring all information is available for the CGB to make effective decisions

	<ul style="list-style-type: none"> • Working with providers on improvements.
Head of Adult Safeguarding and Practice Development	<ul style="list-style-type: none"> • Ensuring that the safeguarding framework is linked to the care governance framework and that safeguarding information relating to providers is brought to the attention of CGB.
Safeguarding Development Workers	<ul style="list-style-type: none"> • Check CQC website for any providers in the Bracknell Forest area due for a CQC visit. • Review relevant CQC reports that have been published in the last month and report findings to the CGB. • Where there are concerns with a provider ensure people receiving services from them are visited and have a welfare check by informing team managers. • Joint with the Contracts Team, undertake contract monitoring visits.
Brokerage Manager	<ul style="list-style-type: none"> • Undertaking monitoring of domiciliary care providers and reporting the outcomes of such monitoring to the CGB. • Ensure the CGB is sighted on potential quality concerns within the domiciliary care market. • Working with providers on improvements
Brokerage Service Co-ordinators <i>(via the Brokerage Manager)</i>	<ul style="list-style-type: none"> • Where appropriate ensuring all concerns regarding the quality of the care being delivered are recorded and reported to the CGB, and that any thematic issues are highlighted to the Board and mitigating actions are put in place. • Where the issue is deemed to be 'high risk' ensuring this is reported to the Chief Officer: Adults and Joint Commissioning at the earliest opportunity.
Head of Joint Commissioning	<ul style="list-style-type: none"> • Overall responsibility for the functions carried out by the contracts, brokerage and commissioning team.
Operational Heads of Service	<ul style="list-style-type: none"> • Accountable for the management of day-to-day quality/performance issues associated with providers, such as missed/late calls or

	<p>allegations about provider bad practice.</p> <ul style="list-style-type: none"> • Where there are concerns with a provider, they are responsible for taking this through the care governance process.
<p>Social Care Practitioners</p>	<ul style="list-style-type: none"> • Prior to supporting a person to move into a care home, undertake all relevant CQC checks. • Carry out reviews and welfare checks and, where there are concerns, highlighting these to the appropriate Head of Service to take through the Care Governance process.
<p>Principal Procurement Officer</p>	<ul style="list-style-type: none"> • Provides administrative support to the Board i.e. agenda setting, production of CGB papers, minute taking and distribution etc. • Co-ordinating representations from providers to take to the CGB and corresponding with providers regarding decisions from the CGB. • Updating the Care Governance Spreadsheet • Liaising with other L.A.s and CCGs regarding care governance issues, including creation and circulation of the 'Cautions List'.

REGULAR MEETINGS

The following are a list of meetings that support the Care Governance process.

Name of Meeting	Who attends	Frequency	Purpose	Decisions made
Care Governance Board pre-meeting	<ul style="list-style-type: none"> • Safeguarding Development Workers • A representative from OPLTC • Principal Procurement Officer • Either the Head of Adult Safeguarding and Practice Development or Head of Joint Commissioning. 	Monthly –10 days before CGB	To go through the existing and new flags, and the forward plan, to ensure that all the appropriate information is at hand for the CGB meeting and all the appropriate staff are aware of their actions for the meeting.	<ul style="list-style-type: none"> • Who will make contact with the provider ahead of CGB to receive their representations • Paperwork to be taken to CGB • What information needs presenting • Recommendation to the CGB regarding the information being presented
Care Governance Board	<ul style="list-style-type: none"> • Chief Officer: Adults and Commissioning • Head of Adult Safeguarding and Practice Development • Safeguarding Adults Development Workers • Head of Long Term Support and Continuing Health Care • Head of Community Response and Reablement • Services manager – Community Response & 	Monthly	<ul style="list-style-type: none"> • To consider new referrals to the Care Governance Board • To monitor the actions plans of providers already subject to monitoring 	<ul style="list-style-type: none"> • Authorising new providers and deciding any limitations (if this decision has not been taken outside of the meeting) • Deciding changes to the commissioning status for providers (<i>see how this is decided below</i>) • Deciding whether providers

Name of Meeting	Who attends	Frequency	Purpose	Decisions made
	<ul style="list-style-type: none"> • Reablement • Locality Manager (CMHT) • Community Services Manager Older Adults Mental Health • Community Services Manager Mental Health services • Head of Learning Disability Services • Joint Team Manager (CTPLD) • Team Leader (ASD) • Team Manager – Older People and Long Term Conditions • Brokerage Team Manager • Contracts Manager • Contract Officer • Principal Procurement Officer • Head of Joint Commissioning 		<ul style="list-style-type: none"> • To support the planning of routine Quality monitoring • To review the outcomes of routine quality monitoring visits. 	<p>should be on the 'Cautions list'</p> <ul style="list-style-type: none"> • Nominating Contact Officer to work with providers on areas for improvement
Post CGB meeting	<ul style="list-style-type: none"> • Principal Procurement Officer • Safeguarding Development 	Monthly (<i>within 2 days of CGB meeting</i>)	<ul style="list-style-type: none"> • To go though actions arising out of the CGB meeting and ensure staff 	<ul style="list-style-type: none"> • Ensures clarity rather than decision making meeting.

Name of Meeting	Who attends	Frequency	Purpose	Decisions made
	Officer		are aware of issues that need to be actioned.	
Domiciliary Care Providers Forum	All home care providers with whom the Council has contracts	Quarterly	To discuss developments, issues or concerns and any actions that need to be taken	<ul style="list-style-type: none"> • This is an information exchange meeting rather than decision making
Quality Assurance Monitoring Visits	<ul style="list-style-type: none"> • Contracts Officer • Safeguarding Adults Development Workers (<i>when required</i>) • Brokerage Team Manager 	Annually as a minimum but more frequently depending on the type of service, volume and issues raised.	<ul style="list-style-type: none"> • To ensure good quality and safety of care provided to residents in all settings 	<ul style="list-style-type: none"> • Whether the provider is providing good quality and safe care.

HOW TO BECOME A PROVIDER – APPROVALS PROCESS

Bracknell Forest Council operates approved provider lists for support services, and will only commission services from organisations who have been through an approval process and who have signed the appropriate contract for the service. The approval process varies slightly depending on the specific service, but would always include:

- Taking up references,
- Credit checks
- Ensuring that all contractual requirements are met e.g. that the provider has the appropriate insurance cover, and where required, is registered and compliant with the Care Quality Commission.
- Contacting the host Authority to check whether they have a contract and whether they have any safeguarding or care quality concerns, (in the last year).

Requests to approve providers can be made directly from the provider, as for domiciliary care, or a request may be made by a social care practitioner. All requests are processed by the contracts section, who undertake all the relevant checks.

The process undertaken by the Contracts Team is at the link below.

[Appendix 2 - Contract Procedures](#)

The provider approval application form is available at the link below.

[Appendix 3 - Provider Approval Application](#)

PRACTITIONER GUIDANCE TO COMMISSIONING SUPPORT FROM DOMICILIARY OR CARE HOME PROVIDERS

(by all staff except staff in CTPLD and the ASD teams)

The department has clear expectation of staff when they are supporting someone to identify possible providers of support. The expectations are based on the following principles:

- All individuals have the right to identify which provider they would prefer to support them.
- Where the individual identifies a provider whose commissioning status is either red or amber, the practitioner will seek guidance from the Chief Officer Adults and Commissioning and/or Head of Safeguarding and Practice Development before informing the individual of the concerns to enable them to make an informed decision regarding possible support providers.
- An individual's preference (regarding provider) will be adhered to unless there is clear reason as to why this would not be acceptable to the council i.e. commissioning status of red, council does not currently have a contract with the provider etc.

The full guidance is available at the link below.

[Appendix 4 - Process to be followed for commissioning support from Domiciliary or Care Home Providers](#)

PROCEDURE FOR USING CARE PROVIDERS OUT OF HOURS WHERE THERE IS NO APPROVAL/CONTRACT

With the enhanced intermediate care service operating out of hours, there is sometimes a need to use a domiciliary care provider to provide an urgent service that cannot be provided by the in-house domiciliary intermediate care team or an approved provider (a provider who has been vetted by the council and who has signed the council's standard terms and conditions).

This would be in exceptional circumstances, and would normally be where approved providers either:-

- have no capacity with which to assist
- or cannot be used as they are red flagged by the Care Governance Board

In these circumstances, the following procedure (*link below*) must be followed to ensure that the safety of the person receiving the service is not compromised and that payment for services provided can be processed efficiently and without delay.

[Appendix 5 - Procedure for using care agencies out of hours where there is no approval](#)

CARE GOVERNANCE BOARD MEETINGS

The Council's Care Governance Board meets monthly to share, discuss and agree actions in relation to information received both internally and externally regarding providers of services. The Board receives information from a range of sources including:

- CQC reports and regulatory letters/information
- Other Local Authorities and NHS partners
- Safeguarding Alerts and or referrals
- Requests and authorisations for deprivation of liberty
- Quality assurance visits completed by Adult Social Care Contracts team
- Reviews undertaken by Health and Social Care Practitioners
- Complaints, MP enquiries and Member enquiries
- Financial Checks and Insurance Checks
- Feedback from Individuals
- Reported untoward incidents
- Exceptional or unusual death rate
- The state of building
- Low occupancy levels, particularly in small care homes
- The percentage of beds/proportion of business purchased by BFC adult services (not in itself a cause for concern, but the impact would be great if there were issues).
- A high level of complaints or a single complaint that is of particular concern
- Changes and transition in management or ownership
- High staff turnover

LINKS TO CQC JUDGEMENT FRAMEWORK

The CGB will take into account the outcome of CQC inspection reports and the level of risk to individuals CQC assess as being appropriate where non compliance with the regulatory framework is identified.

More details about CQC's Judgement Framework are available at the link below:

[Appendix 6 - CQC Judgement Framework](#)

PROVIDER COMMISSIONING STATUS

The Board considers each 'referral' on its own merits and what action, if any, is required. Where appropriate, an action plan is developed in partnership with the provider. This identifies the actions required and timescales for completion. The Board also decides on the level of concern against the criteria listed below.

Where concerns have been identified regarding a provider, their commissioning status will be reviewed by the Care Governance Board on a monthly basis. The status is assessed as being red, (high risk), amber, (medium risk) or green (low risk) from the information provided to the Board.

A **red flag** indicates a possible high risk to people using that service and no new packages will be commissioned whilst the concerns are being resolved. All individuals receiving support via BFC will be reviewed, and other relevant local commissioning organisations (Local Authorities and NHS) informed. A robust action plan will be developed by the provider and monitored by the CGB.

An **amber flag** indicates a medium risk and will indicate that the provider has a robust action plan in place and there is a monitoring regime in place. The commissioning of packages may be agreed after a risk management plan has been completed. As with services where the degree of caution necessitates a red flag, action plan updates and review outcomes will be shared at Care Governance Board and decisions made as to caution status.

A **green flag** indicates a low or no risk and will be given when the Chief Officer and Care Governance Board are satisfied that all quality issues and concerns have been addressed. All service providers, where there have been no concerns, will automatically have a green commissioning status.

PRE- CGB MEETING

The Contracts and Safeguarding teams gather information from a variety sources in the month between the CGB meetings. In particular:

- The Safeguarding team receives and distributes notifications from CQC on a weekly basis as to new regulatory inspections and or warning notices. Where the Council has a contract with the provider, the reports will be checked and updates recorded on the CGB spreadsheet with any actions being addressed through the CGB.

- The Contracts team update the CGB spreadsheet (titled Live CGB spreadsheet) with any changes in commissioning status agreed by the chair of CGB in-between meetings.
- The Nominated Contact person ensures all minutes, action plans etc., from their contact with providers, are sent to the Contracts team for saving in the provider's folder in preparation for the next CGB meeting.
- The Contracts team records all incidents on the CGB spreadsheet, collating all related documentation, for ensuring the alert is disseminated to the appropriate people for action.

Ten days before the CGB, there is a pre-meeting with the Safeguarding Adults Development Officer, a representative from OPLTC, the Principal Procurement Officer and either the Head of Joint Commissioning or the Head of Adult Safeguarding and Practice Development. The purpose of the meeting is to go through the proposed agenda and forward plan, to ensure that all the appropriate information is at hand for the CGB meeting and all the appropriate staff are aware of their actions for the meeting.

The Principal Procurement Officer brings the following information to the pre-meeting:

1. The existing commissioning status of providers
2. Updates from other Local Authorities where concerns have been raised
3. Any relevant information that has been obtained from other sources, (e.g. CQC, safeguarding referrals, complaints, feedback from people receiving services, social workers, Members and MPs).
4. QAF reports completed in the month and QAF plans for improvement
5. The forward plan
6. The commissioning status of organisations under the remit of the relevant Nominated Contact Person and the progress and actions that have been taken that will be reported to the CGB.
7. The CGB updates table that will be taken to the CGB meeting.

THE CGB MEETING

At the CGB meeting the information that has been collated prior to the meeting is discussed and decisions made on providers commissioning status and actions that need to be taken. In particular the Board will:

- Approve new providers and decide any restrictions in the use of new providers (e.g. a maximum number of hours service per week)

(Note: Where an approval is required urgently, the decision will be taken by the Chief Officer: Adults and Joint Commissioning or, in their absence, the Chief Officer Older People and Long Term Conditions).

- Monitor new providers and review any restrictions.

- Review the current commissioning status of providers and, after considering the latest information presented (including representations received from the provider), decide whether this is still appropriate or should be changed.

Commissioning status will be assessed according to the assessed levels of risk:-

- **Red** – High Risk – suspension of placements and reviews being undertaken for current placements
 - **Amber** – Medium Risk – place with caution and possibility of reviews being undertaken for current placements
 - **Green** – Low Risk – no restrictions on placements
- Decide actions that need taking following the meeting and who will be responsible, including whether welfare checks on people receiving support from the provider should be undertaken and who the 'Nominated Contact Person' should be for providers on the Cautions list or where serious concerns have been raised. These will be listed in the minutes and sent to the appropriate staff.

All providers who have a red or amber flag are placed on the **Cautions List**. This is the list of providers for which new placements are either restricted or suspended whilst serious quality and/or safeguarding concerns are being investigated. The decision to place a provider on the Cautions List will be made either by the Chief Officer: Adults and Joint Commissioning in consultation with the Contracts Section or Safeguarding Section, or at the CGB meetings. It is sent to:

- A nominated person in each of the 5 other Local Authorities in Berkshire,
- A nominated representative for the CCG federations for Berkshire
- Commissioners within other Local Authorities who have people receiving support from the provider
- A nominated person for the Central Southern Commissioning Support unit.

Minutes will be taken of all CGB meetings and these will be distributed to:

- Members of the CGB
- Staff who have actions to carry out

ACTION POST CARE GOVERNANCE BOARD

After each CGB meeting the following actions will be undertaken by the Principal Procurement Officer:

1. Update the excel Care Governance Board Live spreadsheet, with changes to flag status and new providers. This will be undertaken within 24 hours.
2. Letters will be sent to notify providers of change in commissioning status, to Red or Amber status, together with the "Service Providers' Guide to Care Governance Board". This will occur within 3 working days. For providers with a red status the letter will also request details of other Local Authorities who fund people with the Provider.
3. Send letters to notify providers of change in commissioning status, to Green together with "Care Governance Process - Provider Feedback". This will be completed within 5 working days.
4. Send the Cautions List providing details of providers' flag status arising out of the CGB Meeting to Berkshire Commissioners, and Commissioners with residents placed in the homes on the list, using secure e-mail and with "Protected" status. This will be distributed to Berkshire Commissioners within 3 working days and non-Berkshire within 2 working days of receiving details from the provider.
5. Within 10 working days the minutes of the CGB meeting will be distributed to all members of the CGB and staff who have actions to complete.

After each Care Governance Board meeting the following actions will be undertaken by the Brokerage team;

Within 24 hours the Brokerage team will:

- add new providers agreed by the Care Governance Board to the i-Hub.
- remove all providers with red flags, re-instate providers whose red flag have been removed.

The 'Nominated Contact Person' will be responsible for providing monthly updates to the CGB, and ensuring that copies of all relevant documents e.g. minutes from meetings with the provider, actions plans etc, are sent to the Contracts Section. This needs to be at least 3 working days before the next Care Governance Board meeting to enable the Principal Procurement Officer to include any representations in the papers for the CGB meeting. The representations will be saved in the providers folder.

All emailed correspondence with the provider will be sent from the Contract team drop box. This will enable other members of staff to see what has been sent in the event of queries arising.

The Contracts and Brokerage teams should use the checklist at the link below for carrying out all actions following CGB meeting.

[Appendix 7 – Checklist post CGB meeting](#)

PROVIDER GUIDE TO CARE GOVERNANCE

The department has produced a Providers' Guide to Care Governance. The Guide sets out the departments approach to care governance and how the department will work in partnership with providers in order for all services to continually improve. The full guide is available at the link below.

[Appendix 8 - Providers guide to Care Governance](#)

QUALITY ASSURANCE FRAMEWORK (QAF)

N.B. The QAF outlined below is due to be substituted in 2014.

The QAF is “a set of principles, structures and processes defining what quality is, how it will be measured and how it will be improved”¹.

Purpose

The primary purpose of the QAF is to raise the quality of services as experienced by the customers of those services.

“When a public body purchases a service for vulnerable adults from an independent provider, the public body has moral and legal accountability for the duty of care and quality of the service. No matter how far the contract may try to locate legal responsibilities solely with the provider, the purchaser has responsibilities for what does and does not happen. Efficient and effective contract monitoring enables public bodies to fulfil and be comfortable with such responsibilities.”²

¹ The Quality Assurance Framework for Adult Health and Wellbeing Directorate Services, London Borough of Tower Hamlets, 2012

² “Improving performance through effective contract monitoring”, Doug Gosling, CSIP Change Agent Team

The approach to quality assurance is one of working in partnership with providers to improve the quality of the support provided. It should not be seen as an adversarial relationship but rather one of promoting good practice.

The procedure covers all social care support for adults paid for from Bracknell Forest Adult Social Care budgets.

The QAF covers the following:

- How monitoring will be prioritised
- What will trigger reactive monitoring
- How to decide the frequency of proactive monitoring
- The process pre-visit, during the visit and following the visit
- How the information will be collated
- Who the information may be shared with and who needs to authorise the broader sharing of this information
- How the information will be stored
- A code of conduct
- Roles and Responsibilities

There are also the following supporting documents:

- Risk Assessment form
- A list detailing sources of information to aid monitoring
- The quality assurance monitoring form
- Criteria for assessing quality which is used to determine the 'red', 'amber' or 'green' status.

The full QAF procedure is available at the link below.

[Appendix 9 - Quality Assurance Monitoring procedure](#)

WELFARE CHECKS

The safety and well-being of people receiving care support is of paramount concern.

Where concerns have been raised about the quality of the care provided, welfare checks are carried out to ensure that people are not placed at risk. The welfare check consists of a visit to people receiving care from the provider. The main focus of the welfare check will be dependent on the nature of the concern raised.

Timescales, who receives a visit and who conducts the check is dependent on the nature of the concern and whether it is deemed to be low, medium or high risk in terms of the impact it is likely to have on the person receiving care. Responsibility for making these decisions lies with the Chief Officer: Adults and Commissioning and the Care Governance Board.

The full welfare check procedure is available at the link below:

[Appendix 10 - Welfare Checks Procedure](#)

APPENDIX 1 – GLOSSARY

Term	Definition
Cautions list	The list of providers for which new placements are either restricted or suspended whilst serious quality and/or safeguarding concerns are being investigated.
CCG	Clinical Commissioning Group
CGB	Care Governance Board
Commissioning Status	The Commissioning status indicates what limitations (if any) there are on a provider to take on new or existing packages of support.
CQC	Care Quality Commission
Live CGB spreadsheet	The Excel spreadsheet that provides up to date information on all providers (the council holds a contract with) current commissioning status.
Provider	Any organisation that provides social care support
QAF	Quality Assurance Framework
Referral	A care governance issue being brought to the attention of the Board.
Welfare Checks	Visits made to people receiving social care support to check there are no quality or safeguarding issues having an adverse impact on them.

APPENDIX 2 CONTRACT PROCEDURES

ASCH&H CONTRACT PROCEDURE NOTE

REVISION HISTORY

Date of this Revision: October 2014 by Alison Cronin

Date of next revision: October 2015

Revision Date	Changes made by:
Jun 10 - Dec 11 Changes effective from 1 st January 2012 – finalised 17 th Jan 2012	New sections: Section 4 – Approval Process completely re-written Section 5 – Out of area placements Section 9 – Grants Section 10 – External Consultants Section 13 – Contracts for other Services
Nov update	General update of existing sections
August 2013	General update
January 14	New section 15 – Change of bank account details. Update by Alison Cronin
March 2014	Updated section 4 and 6. Update Alison Cronin
July 2014	General Update – reviewed by Alison Cronin
October 2014	Contract Signatures – new section by Alison Cronin

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SECTION TWO – OVERVIEW

1. Bracknell Forest Council's Adult Social Care Health and Housing (ASCH&H) Contracts Team operates to ensure that the support secured for individuals is subject to a contract.
2. Bracknell Forest Borough Council requires contracted providers of adult social care to be registered with the Care Quality Commission (CQC) and operates a scheme of preferred providers for particular levels of care.
3. An assessment of providers is undertaken, in accordance with the appropriate Contracted Provider Procedure (section 4).
4. Subject to a successful assessment the organisation will be added to the Preferred Provider list for that particular care group.
5. Once added to Preferred Provider list, the organisation will be required to sign a Form of Agreement with the Council after which negotiations can be undertaken to secure appropriate support for individuals.
6. Support provision is recorded within LAS and an IPO is prepared that details the specific care to be delivered by the provider for each individual. When a price has been agreed for a specific level of support, and a start date confirmed, the details (including the price) should be entered into LAS which will eventually reach the Brokerage team for provisioning. Brokerage will raise an Individual Purchase Order (IPO) which is passed to the Contracts Team for issuing to the Contracted Provider for counter-signature and return.
7. Receipt of the counter-signed IPO completes the contract for each specific service.
8. Support services that are jointly funded by the Clinical Commissioning Groups (CCGs) will be care managed by BFC's appropriate team, and the contract managed by the Contracts Team. Services that are funded solely by the NHS will not be contract managed by BFC so no contract or IPO should be issued.
9. Where relevant the CCG element of support services will be recharged to the CCG by Finance.

10. BFC Contract Standing Orders must be consulted and applied before any contract is issued.

SECTION THREE – TARGETS & TIMESCALES

1. Support services should only be placed with a provider who has been approved, and with whom there is a signed contract. There may be exceptions to this in very rare circumstances. For example, this could be where the risk of leaving an individual without a service outweighs the risk of placing an individual with a provider who has not completed the Contracted Provider approval process OR where the provider has an existing contract with a Berkshire authority and references indicate that the authority is satisfied with the service and there are no outstanding issues or concerns. Regardless of the specific circumstances, written approval to the placement being made must be given by either Care Governance Board (CGB) or the Chief Officer: Adults and Joint Commissioning.
2. The final decision on approval for contracted providers is taken by the Chief Officer: Adults and Joint Commissioning, or the Chief Officer: Older People and Long Term Conditions. The Care Governance Board will receive monthly reports on approvals from September 2013.
3. All providers who deliver personal care are required to be registered with the Care Quality Commission (CQC), and subject to their regulatory regime. Those organisations who do not deliver personal care are not required to register. For ASCH&H, the use of such organisations will be minimal, and largely confined to Mental Health services.
4. Where possible, an IPO should have been raised prior to the start of any service, signed by the Contracts Team, and sent to the Contracted Provider for counter signature and return to the Contracts Team. This may not be possible for emergency placements. In this situation the appropriate process should be followed as soon as possible.
5. All IPOs are sent out in the expectation that they will be counter signed and returned to BFC within 5 working days.

6. IPOs which are not returned within 5 working days will be chased by the contracts team.
7. The target is to have a signed IPO in place within 21 days of the service commencement date.

SECTION FOUR – CONTRACTED PROVIDER PROCEDURE – NON RESIDENTIAL SERVICES (Domiciliary Care, Supported Living and Live-in Care)

1. A provider may approach BFC with the intention of offering their services, or requesting accreditation, or Contracted Provider Status. Or, BFC may approach a Provider direct. Note: BFC does not have an accreditation process.
2. Packages of support must not be placed with any provider who is not already on the Contracted Providers List, and has already accepted BFC standard Terms and Conditions, unless this has been agreed in advance by CGB, or the Chief Officer: Adults and Joint Commissioning or Chief Officer: Older People and Long Term Conditions.

First Stage of Process

3. The Contracts Team will send the provider a copy of BFC Contracted Provider Questionnaire for Support Services (Appendix A) for completion and return. This form and the associated documents e.g. insurance certificates, will be used to assess the provider's potential suitability to provide the specific type of support, and for domiciliary care services, confirmation that they accept BFC's fixed rate. In the event that BFC initiate contact with a provider to discuss their being part of BFC approved provider list, they will not be asked to complete this questionnaire. However, the provider will have to submit the associated documents.
4. In the event that the provider is unable to provide the references specified on the form, BFC may consider alternatives. These will be considered on a case by case basis, and could include; references from other businesses e.g. the provider may provide support services to care homes, references for other support services provided from the same office, or references from people with support needs or their representatives.
5. On return, the form will be checked by the contracts team to ensure that all sections have been completed and that the relevant information is attached.

This will include checking the CQC report (where relevant), and checking the company registration with Companies House if a credit check cannot be undertaken. A copy of the financial information will be passed to finance for checking and comment.

6. The application will be considered by the Contracts Team and the Brokerage Team Manager (for domiciliary care) or a representative from a relevant operational team (for other services).
7. If the application is approved, the provider will move to the next stage of the approval process. If not approved, the provider will be informed by the Contracts Team that their application has been unsuccessful. In some circumstances, BFC may work with providers in order to help them successfully complete the initial stage of application.

Stage Two

8. A site visit will be undertaken at the provider's premises. This will generally involve 2 BFC representatives. These could be from the Contracts Team, the Brokerage Team (for domiciliary care) and/or a representative from a relevant operational team (for other services). An Initial Assessment Visit Form (Appendix B) will be completed at the visit. The only exception would be for providers who do not have a local office. This would generally relate to live-in care providers, as often their offices are some distance away. In this situation, the live-in care provider would be required to submit the information detailed at number 9.
9. The visit will be an opportunity to undertake checks on policies and procedures (including their policy on safeguarding, and the storage and exchange of personal information), staff and individuals' files (these files will only be an example of a file format as BFC has no right to view personal information relating to people who are not funded by BFC, or where care workers have not signed a declaration that their file can be viewed), complaints, safeguarding alerts, etc. Where providers have only recently registered with CQC, BFC may decide not to undertake a full check of policies as these will have been checked by CQC as part of their initial registration process. Each case will be considered individually. Where appropriate copies of policies will be checked by other experts within BFC e.g. the safeguarding policy could be checked by the Head of Adult Safeguarding and Practise Development. However if the provider is successful they will be expected to sign our contract which has various stipulations around what their policies and procedures must comply with.
10. Subject to the application process being successfully completed, the Contracts Team will refer the application, along with all supporting information, to the Chief Officer: Adults and Joint Commissioning, or the Chief Officer: Older People and Long Term Conditions for consideration and final approval. The Care Governance board will receive monthly reports regarding those organisations which have been approved.

11. If approved, the provider will be sent BFC Terms and Conditions, Specification, and a Form of Agreement for the provider to sign and return. The provider will also be sent a copy of the Provider's Guide to Care Governance, for information. The provider will be asked to supply details of their bank account. Only once the Form of Agreement has been signed and returned, should arrangements be made for the provision of any specific care package. Record on the spreadsheet named 2014-15 IPO Log (or the spreadsheet for the relevant year) that the contract has been sent. The spreadsheet is in G:/SUA Inbox Dom Care. The Contracts Officer is responsible for checking the spreadsheet on a weekly basis to ensure that contracts have been returned, and notifying the issuing officer if they are not back.

Initial three month contract period for new Contracted Providers

12. Newly approved Contracted Providers may be appointed a 'responsible officer' who will be the lead person with overall responsibility for monitoring the provider's performance during the initial three month period. This could include requesting feedback from interested parties e.g. care managers, people with support needs or their representatives, Brokerage Team, contracts and finance (to ensure there are no issues with invoicing). This could also include visits to people's homes to discuss the service being delivered. The 'responsible officer' could be the Brokerage Team Manager, an operational Manager, Contracts Manager, Principle Procurement Officer or Contracts Officer.
13. The CGB or Chief Officer: Adults and Joint Commissioning, will decide whether there should be any restrictions to limit the number of hours that can be placed during the 3 months, or whether any authorisation process is required before a specific package of support is offered to the Contracted Provider (to ensure the suitability of the provider to meet the needs of the person).
14. The responsible officer will provide monthly updates on performance to the CGB meetings. In addition, they will raise any concerns that arise between meetings to the Chief Officer: Adults and Joint Commissioning with a view to deciding if any action is required.
15. The CGB or the Chief Officer; Adults and Joint Commissioning will monitor the Contracted Provider through the updates from the responsible officer, and will decide whether any further restrictions should be implemented or whether at the end of the three months all restrictions can cease.
16. For domiciliary care services, the Brokerage Team will be responsible for ensuring any restrictions are implemented and monitored.

SECTION FIVE – CONTRACTED PROVIDER PROCEDURE

OUT OF AREA DOMICILIARY CARE SERVICES

There may be occasions where an individual who is currently supported by BFC requires a temporary domiciliary care service to be set up out of area. For example, this could be where an individual is going to stay with a relative while work is carried out on their home, or to have a break. In this situation, the individual is usually offered a Direct Payment. Where this is not possible, the following process will be followed. [Sometimes the family will have already identified a provider*, sometimes the Brokerage Team will source a suitable provider through the host authority.] The initial enquiry will be made to the Brokerage Team. Brokerage will contact the host authority and obtain a list of their accredited/approved providers, together with details of rates and whether there are any safeguarding issues or any other concerns which would preclude any providers from being considered. This information will be passed to the Contracts Team together with supporting documents.

1. The Contracts Team will double check that potential providers are registered for the service being commissioned.
2. A selection of potential providers will then be contacted to check rates and availability.
3. Once a suitable provider has been identified and the rate and service agreed, the Contracts Team will send a set of standard documents (which will include Terms and Conditions, Specification, Form of Agreement) to the provider, preferably by email, or by fax, or by mail, with a request for copies of their public liability and employers liability insurance certificates and their bank details. A copy of the Council's Providers Guide to Care Governance will also be sent for information.
4. Upon receipt of the appropriate insurance certificates and signed Form of Agreement, the Contracts Team will inform the Care Manager and Brokerage Team of the details so the information can be recorded in LAS. An IPO will then be raised by the Brokerage Team. The Contracts Team will process this in accordance with Section 8.
5. Details of the provider and contact details will be added to the relevant Updated Contracts Database 2 spreadsheet.

** if the person, or their representative, sources their own provider who is not approved by the host authority, or where there are concerns regarding the provider, then the Contracts Team will ascertain as much information as possible, and will refer this to the Chief Officer: Adults and Joint Commissioning for a decision to be taken as to whether BFC will fund the service.*

SECTION SIX – CONTRACTED PROVIDER PROCEDURE – RESIDENTIAL SERVICES

If a Care Manager wishes to make a placement in a residential home with whom BFC does not already have a contract, the Care Manager will follow their own team's processes and procedures and any relevant procedures before making a request to the Contracts Team for a contract to be issued. The Contracts Team will;

- check CQC registration,
 - check that the home is able to meet the specific needs of the person;
 - if the home is outside of Bracknell, check with the host authority to check if they have any concerns regarding the care provision, or whether there have been any safeguarding concerns, if these have not already been undertaken by the care manager and the Contracts Team has received written confirmation of the outcome.
1. The contracts team will request copies of the appropriate insurance certificates and their bank details. From September 2013 the Contracts Team will also request a copy of their Safeguarding Policy.
 2. The Safeguarding Policy will be sent to the Safeguarding Section who will check and advise by email whether there are any concerns or whether the policy is sufficient. Any CQC Notifications will be sent to the appropriate Head of Service for any comments or concerns.
 3. The Contracts Team will request a Credit Check from the Group Accountants Team in Corporate Services. Where this does not provide sufficient information, a copy of the home's accounts may be requested. These will be checked by either the Group Accountant in ASCHH or the Group Accountant in Corporate.
 4. A copy of the CQC notifications, credit check, relevant emails confirming all checks have been successfully completed and confirmation that insurance requirements have been met, will be presented to the Chief Officer: Adults and

Joint Commissioning or the Chief Officer: Older People and Long Term Conditions, for consideration and approval. From September 2013, on a monthly basis, the CGB will receive details of all the new providers.

5. Once the application has been approved, the Contracts Team will send a set of standard documents (Terms and Conditions, Specification, Form of Agreement, and Payment Schedule) to the home, preferably by email, or by fax, or by mail and request a copy of their bank details. The provider will also be sent a copy of the Provider's Guide to Care Governance, for information. Record on the spreadsheet named 2014-15 IPO Log (or the spreadsheet for the relevant year) that the contract has been sent. The spreadsheet is in G:/SUA Inbox Dom Care. The Contracts Officer is responsible for checking the spreadsheet on a weekly basis to ensure that contracts have been returned, and notifying the issuing officer if they are not back.
6. The provider details will be added to the Contracted Provider Database, Controcc and the Provider Insurance Database. If a date for the commencement of the service is known, an IPO will be raised by the Brokerage Team, signed by the Contracts Team, and sent to the Home's Manager.

SECTION SEVEN – INDIVIDUAL PURCHASE ORDER PROCEDURE FOR RESIDENTIAL CONTRACTED PROVIDERS –

A Care Manager looking to make a placement should always follow their team's processes and procedures, and any other relevant procedures before requesting that the Contracts Team issue an IPO. This would include the following:

- check that the provider has the appropriate registration with CQC,
- check the latest inspection report,
- check with the Contracts Team to ascertain whether a prospective provider has already accepted BFC's Terms and Conditions, (see point 8)
- check whether the Contracted Provider is known to the Care Governance Board.

Subject to all the checks being satisfactory, and the service being approved by panel, the Care Manager may proceed to arrange the placement. When a start date is known for the support, and the necessary funding authorised, the Care Manager should request that an IPO is raised by the Contracts Team by entering the details into LAS.

1. Requests for an IPO will arrive to the Brokerage Team along with the supporting information, from which Brokerage will generate an IPO which will contain all the necessary details to complete the contract between BFC and the Contracted Provider.
2. The IPO will be signed electronically by a member of the Contracts Team, converted to a PDF document and then emailed to the Contracted Provider, using the secure encryption email portal (in accordance with ASC Recording Policy, where this is not possible the Chief Officer: Adults and Joint Commissioning must be made aware and consulted on the most appropriate method to use to send IPOs to the Contracted Provider), for counter signature.
3. Basic details of the service will be recorded on the IPO Log spreadsheet for the relevant year, (which is in SUA Inbox Dom Care directory) indicating the date sent and the date the signed copy was received. The Contracts Assistant will check the spreadsheet regularly and chase any IPOs not returned within the timescales.
4. The expectation is that IPOs are signed and returned (all pages) within 5 working days. If the IPO is not returned within 5 working days, it will be chased by the Contracts Assistant.
5. On return of the signed IPO, this will complete the contract for the provision of support for the named person receiving the support.
6. The target is to have a signed IPO in place within 21 days of the commencement of the service.

How to check if a contract already exists for a Provider

7. When approached by a Care Manager to ascertain whether the Council already has a contract with a provider, the following steps should be undertaken:
 - Obtain the full name of the provider and their address
 - Check the Contracts database to see if a contract already exists.
 - Check Controcc to double check if a contract exists and to check that we do have current placements. If we do not have current placements, check when the service with the Provider was last used.
 - Check to see if there are paper and electronic copies of the contract in place.

8. If a contract already exists then the Care Manager can proceed with placement. If no contract exists, then Contracts Team will undertake the normal steps to create a new contract. Where Bracknell Forest Council previously contracted with a provider but due to circumstances have not purchased services for over one year, then a shortened form of the approval process shall be implemented.

9. The CGB or the Chief Officer; Adults and Joint Commissioning will need to provide approval for the use of the shortened form, which will include:
 - a. The CQC website is checked for Inspection reports and any issues
 - b. Receiving insurance documents from the provider,
 - c. Undertake a credit check.
 - d. Reference from host Local Authority.

10. Once completed the information will be presented to the Chief Officer: Adults and Joint Commissioning or the Chief Officer: Older People and Long Term Conditions, for consideration and written approval.

Emergency Placements

1. The Emergency Agreement process shall only be instigated when it is not possible to comply with the standard procedure for putting an IPO in place

2. Should it prove necessary to put a package of care in place by using an Emergency Agreement, the details of the proposed service shall be discussed with the proposed Contracted Provider, and a provisional agreement shall be made which will be initially confirmed by e-mail from the Contracts Team to the Contracted Provider.

3. An IPO will be issued within two working days of the Emergency Agreement process being instigated which shall record the start date of the package. The IPO shall replace completely the email issued as part of the Emergency Agreement process.

SECTION EIGHT– IPO PROCEDURE – HOME SUPPORT SERVICES

A Care Manager looking to make a domiciliary care placement should always follow their team's processes and procedures, and any other relevant procedures before requesting a placement is made by the Brokerage Team, including panel approval.

The Brokerage Team should always follow their team's processes and procedures, and any other relevant procedures before making a placement with a Contracted Provider. Once all relevant processes and procedures have been completed and a start date known, the Brokerage Team will raise an IPO and save this in the 'SUA In Box Dom Care'.

1. The Contracts Team will check the SUA In Box Dom Care at regular intervals during the day.
2. When an IPO is in the SUA In Box Dom Care the Contracts Team will open the IPO and check the details.
3. The IPO will be signed electronically by a member of the Contracts Team, converted to a PDF document and then emailed to the Contracted Provider, using the safe email facility for counter signature. In accordance with ASC Recording Policy, where this is not possible, the Chief Officer: Adults and Joint Commissioning must be made aware and consulted on how IPOs will be sent. Copies of all PDF IPOs will be deleted in rotation to ensure appropriate document management.
4. The Word version of IPO will then be saved in the Domiciliary Care Contracts, in alphabetical order. The PDF version is also saved in the directory within the PDF folder.
5. Details of the support package will be entered in the IPOs spreadsheet for the relevant year, including the date the IPO was sent, and the date the IPO was returned.
6. The expectation is that IPOs are signed and returned within 5 working days. If the IPO is not returned within 5 working days, it will be chased by the Contracts Assistant.
7. The target is to have a signed IPO in place within 21 days of the commencement of the service.

8. If the IPO has not been returned because any aspect of the service details is incorrect, the Brokerage Team will be notified so that an amended IPO can be raised.

Emergency Placements

1. The Emergency Agreement process shall only be instigated when it is not possible to comply with the standard procedure for putting an IPO in place.
2. Emergency Agreements may be for new packages, increased or decreased packages, or variations to an existing package.
3. Should it prove necessary to put a package of care in place by using an Emergency Agreement, the details of the proposed service shall be discussed with the proposed Contracted Provider, and a provisional agreement shall be made which will be initially confirmed by e-mail from the Contracts Team to the Contracted Provider.
4. An IPO will be issued within two working days of the Emergency Agreement process being instigated which shall record the start date of the package. The IPO shall replace completely the email issued as part of the Emergency Agreement process.

SECTION NINE – GRANTS (excluding the small grant application process)

A duly authorised officer looking to issue a grant should always follow their team's processes and procedures, and any other relevant procedures before requesting that the Contracts Team issue a grant. This would include checking that sufficient funds are available.

1. The specific details of the grant will be relayed to the Contracts Team, who will check that the grant meets the definition of grant as defined in the Procurement Manual before proceeding. Any queries should be checked with the Assistant Borough Solicitor.

2. The specific details of the grant will be added to the Master Grant Template, and any relevant clauses will be amended as necessary.
3. The details of the grant agreement will be recorded on the Contracts Database for the relevant year.
4. Two copies of the grant agreement will be sent to the provider for signature and return to the Contracts Team. The details of the grant will be entered in the Residential Individual Purchase Orders spreadsheet for the relevant year, indicating the date sent and the date the grant agreement was returned. This spreadsheet will be checked regularly by the Contracts Assistant. If the grant is not returned within 7 working days, the Contracts Assistant will alert the issuing officer within the team, who will chase the provider to ensure that the grant agreement is returned.
5. Once the signed grant agreement is returned, this will be counter signed by the appropriate Chief Officer. One copy will be returned to the provider.
6. The Contracts Team will check the Contracts Database spreadsheet on a monthly basis, and five months before the end of the grant agreement, the Contracts Team will liaise with the duly authorised officer to check whether the grant will be required to be renewed at the end of the agreement.
7. If the decision is to reduce or end funding (for voluntary and community groups and small businesses) the Best Value Statutory Guidance states that *“where on the basis of past practice the organisation might have some basis for expecting the funding or contract to be continued”* BFC should give at least 3 months notice of the actual reduction to both the provider involved and the public/service users (see appendix C).
8. The Contracts Team will either give three months notice to the provider of any decision to reduce or end funding, or will issue a new grant agreement, as appropriate.

SECTION TEN – EXTERNAL CONSULTANCY AGREEMENTS

A duly authorised officer looking to issue an external consultancy agreement should always follow their team's processes and procedures, and any other relevant procedures before requesting that the Contracts Team issue an agreement. This would include obtaining agreement from the Category Manager to use a consultant rather than go through the Corporate Contract for Agency staff, checking that sufficient funds are available and also ensuring that a DBS check is undertaken, where relevant. **From 2014, consultant agreements cannot be issued until the employment status of the consultant has been checked with the Head of Finance and Resources, to ensure that the consultant meets the criteria for being self employed.**

1. On receiving a request to issue an external consultancy agreement, the Contracts Team will first ascertain that the correct procedures have been followed in accordance with the Contract Standing Orders and the Procurement Manual and that the Head of Performance and Resources has given approval in writing
2. Specific details will need to be provided to the Contracts Team:
 - name and contact details for the consultant,
 - start date,
 - end date,
 - review date if relevant,
 - financial details including total cost, if known,
 - whether the consultant is required to have a DBS check. Where this is required, the consultancy agreement will clearly indicate that the consultant must inform BFC of any change in their circumstances which might impact on their DBS status.
3. Service Specification details will also be required. These should include the responsibilities of the consultant, the responsibilities of BFC, and the arrangements for monitoring the service.
4. The relevant information will be added to the Consultancy Agreement Template on BORIS.
5. The External Consultant will be required to provide copies of the appropriate insurance certificates together with accounts for the last two years (these will be checked by Finance).

6. Two copies of the contract, including the security and confidentiality declaration will be sent to the Consultant for signature and return. Once the contracts have been returned, these will be signed by BFC's appropriate manager and one copy returned to the Consultant for their records. See appendix E for list of Delegations.
7. The relevant details will be entered into the IPO Log spreadsheet for the appropriate year. The spreadsheet will be checked regularly by the Contracts Assistant. If the agreement is not returned within 7 working days, the Contracts Assistant will alert the issuing officer within the team, who will chase the consultant to ensure that the agreement is returned.
8. The relevant details will also be recorded on the Contracts Database for the relevant year.
9. Should an agreement need to be extended, subject to complying with the Contract Standing Orders, this will be managed by sending out a Letter of Extension, which will state the original end date, and the end date of the extended period. Any other details which have changed will also be stated in the letter, or alternatively, a new consultancy agreement could be issued.
10. Two copies of the letter will be sent out for signature and return of one copy by the consultant. The details will be recorded on the Contracts Database spreadsheet for the appropriate year. The spreadsheet will be checked regularly by the Contracts Assistant. If the agreement is not returned within 7 working days, the Contracts Assistant will alert the issuing officer within the team, who will chase the consultant to ensure that the agreement is returned
10. The extension period will be recorded on the Contracts Database.

SECTION ELEVEN – CHANGE OF OWNERSHIP – ASSIGNING CONTRACTS

1. The current owner will inform the Contracts Team that there is a change of ownership, and request that the contract is assigned to the new owner OR;
2. The new owner informs the Contracts Team that there is a change of

ownership, and requests that the contract is assigned to themselves.

3. The contracts team will:-

- Undertake a credit check
- Check CQC registration to ensure that the Contracted Provider is still registered
- Where appropriate, obtain 2 references for similar work undertaken by the new owner
- Request a bank reference
- Request payment details.

4. Once all the checks have been completed satisfactorily, contracts will send a duplicate letter to the new owner confirming the assignment of the contract, and asking them to sign and return a copy to indicate their agreement to this.

5. The relevant details will be added to the IPO Log spreadsheet for the relevant year. The spreadsheet will be checked regularly by the Contracts Assistant. If the letter is not returned within 7 working days, the Contracts Assistant will alert the issuing officer within the team, who will chase the provider to ensure that the letter is returned

SECTION TWELVE – ANNUAL CHECKS FOR ALL CONTRACTED PROVIDERS

On a rolling basis, the Contracts Team will undertake the following desktop checks to ensure ongoing suitability of Contracted Providers:-

Annual credit checks

1. On an annual basis the Contracts Assistant will email Corporate Group Accountants to request a credit check for each provider, indicating the company number, where known, and the approximate value of the contract.
2. The outcome of the check will be recorded on the Master List of Credit Checks Undertaken spreadsheet in Contracts Database.
3. Any concerns regarding a Contracted Providers credit rating should be reported to the Contracts Manager and referred to the Care Governance Board where relevant.

Insurance checks

1. The details of new Contracted Providers will be recorded on the Providers' Insurance Database, indicating the date insurance policies end.
2. On an annual basis the Contracts Assistant will contact the Contracted Provider to request copies of the renewed insurance policies, which will be checked to ensure that they comply with the requirements of the appropriate contracts.
3. The spreadsheet will be updated with the new renewal dates.
4. Any concerns regarding the insurance policies will be reported to the Contracts Manager.

SECTION THIRTEEN – CONTRACTS FOR OTHER SERVICES – (Adhoc Providers)

This section deals specifically with purchases of other services which are of low value, and which are generally only required intermittently. When determining whether the process below could be applied, the Contract Standing Orders must be consulted and applied where necessary.

Examples where this might be used could be:-

- Ambulance services for Enhanced Intermediate Care Services
 - Au-pairs
1. Determine how often the service might be used and the likely annual cost of the services to determine whether this process can be used.
 2. Check whether the organisation is subject to any registration body either voluntary or legislative e.g. CQC.
 3. Check what insurances are required and obtain copies to ensure that the organisation has the necessary cover. This information could be obtained from the registration body, or Corporate Services Insurance Team can advise.
 4. Consider whether BFC already has a suitable contract the organisation could be asked to sign, or which could be amended. This could include BFC's standard Terms and Conditions for Minor Goods and Services. Alternatively, negotiate suitable terms based on the organisations terms of business.
 5. Where services are to be provided to vulnerable people ensure the organisation routinely undertakes enhanced DBS checks and ask for copies of their safeguarding adults policy and whistle blowing policy (which will be checked by the Head of Adult Safeguarding).
 6. Consider whether a specification is required. This need only be very brief, depending on the service requirements.
 7. The criteria for any organisation is (as relevant):
 - Where there is a legislative requirement for registration, that the organisation is registered for the service we are commissioning

- Where organisations are inspected that the latest report is satisfactory
- That the organisation has been providing services for at least six months
- That the organisation has suitable insurance cover
- That the aforementioned policies are sufficient
- That they are able to provide 2 references, ideally from other local authorities, but references from health or other organisations will be considered.

8. If this process does not appear to apply to any particular service, the Contracts Manager should be consulted.

SECTION FOURTEEN – CONTRACTS WITH PROVIDERS WHO HAVE PREVIOUSLY BEEN CONTRACTED WITH BY CHILDREN & YOUNG PEOPLE’S SERVICES

This section deals specifically with purchases of services from organisations that have previously had contracts with the Children and Young People’s Service. In this regard the Contracts Team will liaise with children’s services to check whether or not they still use the provider, and whether there are any concerns or issues. In addition, where available, the Contracts Team will request copies of references, safeguarding policy, DBS policy and clearance, and insurances. Where this information is not available (or is out of date), the Contracts Team:

1. Will request copies of the appropriate insurance certificates. From September 2013 the contracts team will also request a copy of their Safeguarding Policy. The Safeguarding Policy will be sent to the Safeguarding Section who will check and advise by email whether there are any concerns or whether the policy is sufficient. Any CQC Notifications will be sent to the appropriate Head of Service for any comments or concerns.
2. Will request a Credit Check from the Group Accountants team in Corporate Services. Where this does not provide sufficient information, a copy of the provider’s accounts may be requested. These will be checked by either the Group Accountant in ASCHH or the Group Accountant in Corporate. A copy of the CQC notifications, credit check, relevant emails confirming all checks have been successfully completed and confirmation that insurance requirements have been met, will be presented to the Chief Officer: Adults and Joint Commissioning or the Chief Officer: Older People and Long Term Conditions, for consideration and approval. From September 2013, on a monthly basis the CGB will receive details of all the new providers.

3. (Once the application has been approved) will send a set of standard documents (Terms and Conditions, Specification, Form of Agreement, and Payment Schedule) to the provider, preferably by email, or by fax, or by mail and request a copy of their bank details. The provider will also be sent a copy of the Provider's Guide to Care Governance, for information.
4. The provider details will be added to the Contracted Provider Database, Controcc and the Provider Insurance Database. If a date for the commencement of the service is known, an IPO will be raised by the Brokerage Team. The Contracts Team will sign this electronically and send to the provider using the secure email facility.

SECTION FIFTEEN – CHANGING BANK ACCOUNT DETAILS ON SERVICE PROVIDERS ACCOUNTS

The following procedures must be followed.

1. All requests for changing bank account details must be made in writing. Do not accept any requests over the phone.
2. On receipt of a written request you must check with the provider by phone to verify any changes given. Use a previously obtained number, this can be from an invoice paid or previous correspondence. Do not contact the Provider via contact details provided in the written request, unless they correspond with details already on file. Record any actions taken i.e. who you spoke to, date.
3. If you are taking bank details directly from an invoice ensure that there are no obvious alterations.
4. Save copies of all correspondence in the Service Providers file.

Include in your checks:-

Correct Service Provider Name/Address/Email

Correct Service Provider Group – ensures correct payment terms are used.

Payment Details.

SECTION SIXTEEN – FREQUENTLY ASKED QUESTIONS

1. What rates can be paid for residential or nursing care?

Usually placements (within Bracknell Forest) are made at the maximum usual rate for that type of placement. These are published at the beginning of each financial year.

2. What if a placement costs more than the maximum usual rate?

If a placement costs more than the maximum usual rate;

- it may be possible to reduce it by negotiating with the home (care manager or contracts team).
- in special circumstances panel approval may be sought to approve the payment of a higher than usual rate.
- A third party e.g. family member, friend, other person or an organisation, may offer to pay a third party top-up. This could apply where BFC can find suitable accommodation locally that meets the assessed needs of the person and is available at our bed price, but the family or person themselves choose a more expensive home. BFC is responsible for the full cost, including the top-up in the event that the third party fails to pay. In these situations a three way agreement is entered into between the home, the third party, the person and the council

3. What do we pay for Shared Rooms?

Ordinarily shared rooms should not be used, unless a couple have specifically requested to share a room. If placement in a shared room is unavoidable, then a £40 per week reduction will be applied to the maximum usual rate. Care Managers should make the Contracts Team aware if a shared room has been arranged. All IPOs should indicate whether the room is single or shared.

SECTION SEVENTEEN – CONTRACT SIGNATURES

Domcare/residential/SL/live-in care

All the above only require a signature from the provider

1. the contract documents should be emailed to the provider
2. the provider should be asked to sign and return a scanned copy of the form of agreement by email and then return the original in the post. The scanned copy of the form of agreement should be saved in the providers file
3. scan a copy of the t&cs and other documents issued to the provider into the providers file (this will ensure that if ever there is a contract query, we have a copy of the contract that was issued in the file)
4. ensure that the original signed form of agreement is returned, and chase if it is not back within a week
5. the original form of agreement should be put in the black contract folders

Tendered contracts (below £400k)/SLAs/Grants/Contract Extension Letters

All of the above require a signature from both the council and the provider

6. email or post the documents to the provider (if by post send 2 copies)
7. the provider should be asked to sign and return two hard copies
8. on receipt, the appropriate council signatory will sign both copies
9. one copy is returned to the provider, and the other is scanned into the providers file. The original copy should be put in the black contracts folders

Contracts Above £400k

This section is cut and pasted from the Procurement Manual

All contracts must be signed or sealed before the supply, service or construction work begins.

Under the Limitation Act, claims under contracts executed under seal may be made for up to 12 years after completion of the contract rather than 6 years for other contracts. Normally the Council's contracts are executed under seal where they exceed £400,000; in other cases, the advice of the Borough Solicitor should be sought.

All of the above require a signature from both the council and the provider

1. email or post the documents to the provider (if by post send 2 copies)
2. the provider should be asked to sign and return two hard copies of the form of agreement
3. on receipt, both copies should be sent to the Assistant Borough Solicitor, who will arrange for them to be executed under seal and signed by the Borough Solicitor and the Mayor. One copy is retained by legal, and the other is returned to the contracts team
4. ensure that one copy is returned and chase after 7 days if not returned.

5. scan a copy of the form of agreement into the providers file and return the hard copy to the provider

Contract Variations

- the letter should be emailed or posted to the provider
- the provider should be asked to sign and return one copy
- scan a copy of the signed letter into the providers file and put the original copy into the black folders

Recording of contracts/grants/variations etc that are issued

1. Record all documents that are sent for signature on the Contracts Docs tab on the IPO Log
2. The contracts assistant will be responsible for checking the spreadsheet weekly and notifying the relevant officer if any documents have not been returning within the following timescales:-
 - a) 1 week for domcare, residential, SL and live-in care
 - b) 3 weeks for all other documents
 - c) 7 days for contracts sent to legal

APPENDIX 3 – PROVIDER APPROVAL QUESTIONNAIRE

BRACKNELL FOREST COUNCIL CONTRACTED PROVIDER QUESTIONNAIRE FOR DOMICILIARY CARE SERVICES, SUPPORTED LIVING AND LIVE-IN CARE

(Please complete all sections in white)

Section 1 Name of Organisation Applying for Contracted Provider Status	
Full Name	
Contact Details of Principal Contact	
Full Name	
Job Title	
Telephone Number	
E-mail Address	
Address and post code	
Section 2	
2a) Full name of parent company (or indicate if not applicable)	
2b) Company Registration number of parent company	
2c) Full name of Organisation applying for Approval	
2d) Company Registration number of organisation applying for approval	
2e) Address and contact details of the local registered office that will provide services	

to Bracknell	
Address	
Telephone Number	
Fax Number	
E-mail address	
Website address	
Out of hours emergency phone number	
2f) Please detail below the number of office based employees and the number of support workers based in the local office (including Full Time Equivalent), and supply, as an attachment, a copy of the local office's structure chart.	
Number of office based staff fte.....	
Number of support workers..... fte.....	
Section 3	
3a) Which service/s are you requesting Contracted Provider status for (please tick as appropriate) domiciliary care <input type="checkbox"/> supported living <input type="checkbox"/> live-in care <input type="checkbox"/>	
3b) Name of registered manager for local office that will provide services to Bracknell, together with details of the registered manager's qualifications and experience.	
3c) Care Quality Commission Certificate number for local office – please attach a copy of your current approval certificate to this application	
3d) Date of last inspection	
3e) Were there any major or minor non-compliance issues resulting from the inspection? If yes, please give details below, or on a separate document, together with an update on any actions taken.	
3f) Please attach a copy of the report to this application	

Section 4

4a) Please provide below contact details of two referees. These should be from a Local Authority or Health Trust who have experience of using the service or services that you are looking to provide the Council with.

The Council may consider other referees, but this is at the discretion of the Council. Failure to provide suitable references may result in your application being rejected.

If you are unable to provide references as detailed above, please contact the Contracts Team to discuss alternative options.

Referee One

Name of Organisation

Name of referee

E-mail address of referee

Telephone number of referee

Referee Two

Name of Organisation

Name of referee

E-mail address of referee

Telephone number of referee

4b) Please provide below the contact details of your bank in order for the Council to undertake a bank reference. Please note that any costs relating to the provision of the reference will be borne by the provider. The provider is asked to notify their bank that the Council will be requesting a reference, and that any charges should be invoiced to their organisation.

4c) Please provide below, a brief history of the business with a brief overview of the existing business activities, particularly your experience of providing care services. Please include details of how long you have been providing these services (max 500 words).

Section 5			
5a) Does the organisation already provide similar services in Bracknell?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
5b) If yes, please detail below the number of users and the number of hours of support provided per week.			
5ci) If no, please detail the number of users and the number of hours support provided per week by your office applying for approval, together with the details of the area/s covered?			
5cii) If no, please provide below details of your organisations business plan for developing services within Bracknell, including an estimated start date (max 300 words). Your plan must incorporate the following information: Current position, future position, strategy, implementation and financial requirements timescales. If you have a business plan please detail below anything from it that you feel is relevant, whilst bearing in mind the 500 word limit.			
5d) Does your organisation have experience of providing third party care e.g. the service is commissioned by a third party on behalf of the user? If yes, please provide details			
5e) Please indicate below the areas in Bracknell Forest that your organisation will be prepared to provide services to by marking in the boxes below:			
All <input type="checkbox"/>	Winkfield and Cranbourne <input type="checkbox"/>	Warfield Harvest Ride <input type="checkbox"/>	Priestwood and Garth <input type="checkbox"/>
Bullbrook <input type="checkbox"/>	Wildridings & Central <input type="checkbox"/>	Harmanswater <input type="checkbox"/>	Great Hollands North <input type="checkbox"/>
Great Hollands South <input type="checkbox"/>	Old Bracknell <input type="checkbox"/>	Crown Wood <input type="checkbox"/>	Hanworth <input type="checkbox"/>
Ascot <input type="checkbox"/>	Crowthorne <input type="checkbox"/>	Owlsmoor <input type="checkbox"/>	College Town <input type="checkbox"/>
Central Sandhurst <input type="checkbox"/>	Little Sandhurst & Wellington <input type="checkbox"/>	Binfield with Warfield <input type="checkbox"/>	

5f) During the last three years have any directors of your organisation or their relatives:		
<ul style="list-style-type: none"> • Had any involvement in any other companies who provide services to the Council? Yes <input type="checkbox"/> No <input type="checkbox"/> • Been a member of the Council or an employee of the Council? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If yes, please provide details below:</p>		
5g) During the last three years have any directors of your organisation been barred from working with vulnerable adults or children?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:		
Section 6		
6a) Please provide a copy of your organisation's accounts for the last 2 years, or alternatively, if not available, indicate your last two year's audited trading position below. (NB: responses from providers who are part of a group, must give details relevant to the provider (who will carry out the work) and not to the group). See note below:		
<i>Profit (loss) is to be net figure before taxation</i>		
Year	Turnover	Net Profit (Loss)
Please explain below if you are unable to provide any of this information.		
6b) If the reason you are unable to provide the above information is because you are a new organisation, please answer the following questions:-		
What initial investment did you start your business with e.g. bank loan/overdraft?		
What assets does the organisation have?		
Do you have a business plan? If so, please provide a copy		
6c) Please supply copies of the following insurance certificates:-		

Employers Liability insurance (the minimum level of cover required is in accordance with the Employers' Liability (Compulsory Insurance) Act 1969 or any statutory orders made thereunder)

Public Liability insurance (please note that the Council requires a minimum of £10,000,000 cover)

Please note that all Contracted Providers must meet these minimum requirements. Please confirm that your organisation will be willing to increase the level of cover as above in the event that your organisation attains Contracted Provider status. A copy of certificates will be required.

Yes No

6d) As requested below, please supply details of any of the following that are attributable to the local office that is applying for approval.

- HSE notices – last three years
- Reportable accidents – last three years
- Non-reportable accidents – last three months

Please submit on a separate document.

The details should include the date of the accident, type of accident, injury caused, who was at fault, how the accident was dealt with.

NB: Reportable accidents are those that are required to be reported to the HSW under RIDDOR Regulations

6e) If there have been no accidents within the specified periods please tick this box

6f) Please provide details of any safeguarding incidents, embargoes and/or investigations (irrespective of outcome) the local office applying for approval has been involved in within the last three years. This must include: date of the incident, the nature of the incident, what happened during the investigation, outcome of the investigation, changes to your service based on the incident/investigation. **Please submit on a separate document.**

6g) If there have been no safeguarding incidents in the last three years please tick this box

6h) Please provide details of any incidents reported within the last three months. This must include: the date of the incident, the nature of the incident, who was a fault (if known), how the incident was dealt with. **Please submit on a separate document.**

6g) If there have been no incidents in the last three months please tick this box

Section 7

7a) Does your organisation provide any other services? If so please detail below

Waking nights

Sleeping nights

Respite

Children

Other: Please specify below

7b) What services does your organisation specialise in?			
Dementia <input type="checkbox"/>	End of Life <input type="checkbox"/>	Palliative care <input type="checkbox"/>	Reablement services <input type="checkbox"/>
Other: Please specify below			
Section 8			
8a) For domiciliary care services only, please confirm below your acceptance of the Council's fixed rate for domiciliary care services (see attached Appendix 2) and confirm that these rates will apply to all services funded by the Council, whether arranged directly or through a direct payment or individual budget.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
8b) The Council operates an Electronic Time Monitoring System for domiciliary care and is proposing to implement the system for supported living in the future. This is a landline solution provided by CM2000. By spring of 2014, the Council aims to move to minute by minute billing. All providers of domiciliary care and supported living are required to implement the system. Please confirm your organisations agreement to this.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
8c) Please confirm that the following are attached. Please indicate n/a against any that do not apply:			
2f	Organisation Structure chart		
3d	Copy of Care Quality Commission Approval		
3f	Details of any regulatory requirements		
3g	Copy of CQC inspection report		
4c	History of business activity		
5cii	Proposal for developing services in Bracknell		
6a	Copy of accounts		
6b	Copy of Business Plan		
6c	Employers' Liability insurance certificate		

	Public Liability insurance certificate	
6d	HSE Notices Reportable accidents Non reportable accidents	
6f	Safeguarding	
6h	Incidents	
<p>I/We declare that to the best of my/our knowledge the answers given in this application form (and supporting information submitted) are correct. I/We understand that the information will be used in the evaluation process to assess my/our organisation's suitability to be a Contracted Provider.</p> <p>I/We understand that achieving Contracted Provider status does not indicate that the Council are under any obligation to purchase services from my/our organisation.</p>		
Signature:		
Print Name:		
Job Title:		
Date:		

Please return this form with any accompanying documents within 21 days of receipt of the form. If we do not hear from you by the end of this period, we will assume that you have decided not to proceed with your application.

The approval process is in two stages.

The Contracted Provider questionnaire is the first stage of the approval process.

If you satisfactorily complete the first stage the Council will arrange a site visit to complete the second and final stage of the approval process.

You will be notified on the completion of each stage whether your organisation has successfully completed that stage.

Thank you for taking the time to complete Bracknell Forest Council's Contracted Provider Questionnaire. Please send the completed questionnaire to:-

Contracts.team@bracknell-forest.gov.uk

If you have any queries regarding this questionnaire or the approval process, please contact the Contracts Team on 01344 351519 or 01344 351601, or by emailing your query to the above email address

APPENDIX 4 - PROCESS TO BE FOLLOWED FOR COMMISSIONING SUPPORT FROM DOMICILIARY OR CARE HOME PROVIDERS

Underpinning principles

The Council will take all reasonable steps to ensure it only commissions services from care homes or home support providers that have a proven record of providing high quality, safe and person centred support to individuals. However in the case of providers who are newly established and therefore unable to demonstrate a proven track record care governance will commission with them following the usual pre-approvals checks and completion of a risk assessment.

Overview of Pre-contracts process

Prior to the council commissioning with a provider, the contracts team run a series of pre-contracts checks against the provider, these include:

- Checking CQC inspections (where appropriate)
- Taking up of references from other organisations who have a contractual relationship with the provider i.e. the NHS or other LA's
- Credit checks
- Undertaking a thorough assessment of the provider's ability to provide support in line with the contract.

Process for identifying and approving new Care Home Placements (this is in addition to existing panel processes and the Council pre-contracts processes)

The Social Care Practitioner is responsible for undertaking the following actions:

1. Check the most recent CQC Inspection report and identify any areas of non-compliance or concern
2. Check with Contracts Team if the provider is currently subject to red or amber flag by Care Governance Board and if the council currently has a contract with the provider (if the council does not have a contract then the council is unable to commission with the provider until all pre-contracts checks have been satisfactorily completed)
3. Make contact with the Host Authority (if the placement is outside of Bracknell Forest area) or the Contracts team (if the provider is in Bracknell Forest) and check the following info
 - a. Is the authority using this provider, if so are there any quality or safety concerns about the service?
 - b. What quality/contract monitoring arrangements does the host authority have in place?
 - c. Has the host authority received complaints about the service and have these been resolved?

- d. Have there been or are there currently any Safeguarding issues within the service (this may mean speaking with the safeguarding team/lead with in the host authority)?
4. If there are any areas of concern as a result of the responses to the above questions, the Social Care Practitioner must undertake a risk assessment of the suitability of the placement to meet the person needs in light of the above information.
5. The practitioner will then be responsible for undertaking the above assessment in partnership with the person and or their family (where appropriate)
6. Where the provider is subject to monitoring by care governance board the practitioner must advise their team manager (or Assistant Team Manager in their absence) of the outcome of their risk assessment.
7. The Team Manager (or Assistant Team Manager in their absence) will approve (or not) the proposed placement, having received all relevant information and reviewed the risk assessment.
8. If the Team Manager (or Assistant Team Manager in their absence) is unsure of the appropriateness of the placement, the issues should be referred to the Chair of Care Governance Board or in their absence Chief Officer: Older People and Long Term Conditions.
9. Where the placement is with a provider who is subject to monitoring by CGB (Amber place with Caution) the practitioner must review the person situation to ensure the service is meeting their needs at least every two months or until such time as:
 - a. The service is no longer subject to Monitoring by the CGB
 - b. The issues that caused the home to be subject to monitoring by CGB are not relevant to the individual.

Process for identifying and approving new packages of support with domiciliary care providers (this is in addition to existing panel processes). This is relevant for people supported by CR&R, OPLTC, CMHT and CMHT (OA).

The following process will be followed in all situations were the individual in need of support has not identified a specific provider that they wish to receive support from.

10. Brokerage team will identify appropriate providers who are able to support the person in line with their needs and wishes
11. Brokerage will be aware of the most recent CQC inspection report and the current care governance board status.
12. Should the identified provider be subject to monitoring by care governance board or be non complaint with CQC, then brokerage will inform the social care practitioner of this and the areas of concern.
13. The social care practitioner must undertake an assessment of the suitability of the proposed provider to meet the person needs in light of the above information; this will be completed in partnership with the person and or their family (where appropriate).

14. Where the provider is subject to monitoring by care governance board the practitioner must advise their team manager (or Assistant Team Manager in their absence) of the outcome of their risk assessment.
15. The Team Manager (or Assistant Team Manager in their absence) will approve (or not) the proposed provider, having received all relevant information and reviewed the risk assessment.
16. If the Team Manager (or Assistant Team Manager in their absence) is unsure of the appropriateness of the provider, the issues should be referred to the Chair of Care Governance Board or in their absence Chief Officer: Older People and Long Term Conditions.
17. Where the proposed provider is subject to monitoring by CGB (Amber place with Caution) the practitioner must review the person situation to ensure the service is meeting their needs at least every two months or until such time as:
 - a. The service is no longer subject to Monitoring by the CGB
 - b. The issues that caused the home to be subject to monitoring by CGB are not relevant to the individual.

APPENDIX 5 - PROCEDURE FOR USING CARE PROVIDERS OUT OF HOURS WHERE THERE IS NO APPROVAL/CONTRACT

Background:

With the enhanced intermediate care service operating out of hours, there is sometimes a need to use a domiciliary care provider to provide an urgent service that cannot be provided by the in-house domiciliary intermediate care team or an approved provider (a provider who has been vetted by the council and who has signed the council's standard terms and conditions).

This would be in exceptional circumstances, and would normally be where approved providers either:-

- have no capacity with which to assist
- or cannot be used as they are red flagged by the Care Governance Board

In these circumstances, the following procedure must be followed to ensure that the safety of the person receiving the service is not compromised and that payment for services provided can be processed efficiently and without delay.

- 1) All out of hours staff to be issued with a list of approved providers, which will include details of rates for various services, where these are known. The out of hours member of staff is to exhaust this list before considering the option of using another provider.
- 2) The out of hours member of staff must also review the most recent Care Governance Board update to establish whether there are any current concerns with the approved provider before they are approached. (The Team Manager to ensure that updates are accessible to out of hours staff). If they are amber flagged the out of hours member of staff must consult with the Manager on-call for Intermediate Care, who will make a decision as to whether the approved provider can be approached, based on risk. **If the approved provider is red flagged they must not be used.**
- 3) If another provider is to be used, the provider should be identified and checked against the CQC website to establish that they are registered for the service that is required, and to check the latest report. If there are any concerns the out of hours member of staff must consult with the Manager on call for Intermediate Care, who will make a decision as to whether the provider can be approached, based on risk.

- 4) If there are no current concerns, services may then be arranged. If there are concerns and no other options available, the out of hours member of staff must discuss with the Manager on-call for Intermediate Care, who will make a decision based on risk assessment.

- 5) On the first working day after services have been arranged, the out of hours member of staff should inform the Team Manager who will ensure that Contracts Team are made aware so that they can ensure that the provider involved goes through the approval process or that a contract is entered into. Where a provider is based outside of the borough, the Contracts Team will contact the host authority to check whether there are any concerns regarding the provider. If there are any concerns, these will be reported back to the EICS who will make a judgement as to whether any ongoing services should be transferred to an alternative provider.

- 6) The Team Manager will also ensure that payment can be processed efficiently with the finance team.

APPENDIX 6 - CQC JUDGEMENT FRAMEWORK

The CQC Judgement framework is concerned with Regulations 9-24 in Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These are the regulations that most directly relate to the quality and safety of care.

The Judgement framework is written for staff of the Care Quality Commission to help them reach judgements about whether a provider or a manager is meeting the essential standards (providers and managers are described as 'registered persons' in the Enforcement policy) and to decide our regulatory response when they are not.

The Judgement framework promotes consistency in judgements and provides transparency to providers about the methods we use to reach our judgements. It is not a substitute for the professional judgement of our staff, and the individual circumstances of the provider or manager will always be taken into account.

Within the Judgement framework, CQC talk about making a judgement about whether a provider or manager is compliant or non-compliant with one or more of Regulations 9-24, which describe the essential standards of quality and safety.

When people who use services (and others, where appropriate) are not experiencing the outcomes described in the essential standards of quality and safety, CQC carry out further activity to identify whether this is the result of non-compliance with one or more of the regulations (this is described as not complying with legal requirements in the Enforcement policy). In some cases the outcomes may be met; however there may still be non-compliance with the regulations. Where CQC make a judgement of non-compliance with a regulation, they use the Judgement framework and Enforcement policy to decide what is appropriate regulatory action.

The framework is split into four stages:

1. Determining whether there is enough evidence to make a judgement
2. Making a judgement about whether the evidence demonstrates non-compliance
3. Determining the impact of non-compliance
4. Determining regulatory response

If CQC judge the provider and/or manager is compliant (this is described as complying with legal requirements in the Enforcement policy), they will only use stage 1 and stage 2 of the framework.

If they judge that the provider and/or manager is non-compliant, they will progress to stage 3 and stage 4 of the framework, using the Enforcement policy to help determine their regulatory response.

Although the Judgement framework is split into stages, the process will not always be linear. For example, during any part of stage 2 or stage 3, we may find we do not have enough evidence. In this instance, we can refer back to stage 1 to gather more evidence. CQC may also find it helpful to consider stage 2 and stage 3 together in order to come to a judgement.

What do CQC judgements look like?

CQC will judge a provider or manager to be either:

- Compliant, or
- Non-compliant

with one or more of the regulations. Where a provider or manager is judged to be non-compliant with a regulation, CQC assess the impact of this on people who use the service (and others, where appropriate) and judge it to be either:

- Minor
- Moderate
- Major

If a judgement is reached that the provider or manager is non-compliant with one or more of the regulations, CQC use the Enforcement policy to help determine our regulatory response.

More information on the CQC judgement framework and Enforcement policy can be found at:

[How we inspect | Care Quality Commission](#)

APPENDIX 7 – CHECKLIST POST CGB MEETING

Date of CGB meeting:				
Item	Action	Standard	Action to be taken by:	Date completed:
1	Update the excel Care Governance Board Live spreadsheet, with changes to flag status and new providers.	<i>Within 24 hours</i>	Principal Procurement Officer	
2	Update the i-hub – remove all providers with red flags, re-instate providers whose red flag have been removed, and add new providers who have no restrictions.	<i>Within 24 hours</i>	Brokerage	
3	Send letters to notify providers of change in commissioning status, to Red or Amber status, together with the “Service Providers’ Guide to Care Governance Board”.	<i>Within 3 working days</i>	Principal Procurement Officer	
4.	Letter to request details of Local Authorities and CCGs who fund people with the Provider which have been given a red flag.	<i>Within 3 working days</i>	Principal Procurement Officer	
5	Send letters to notify providers of change in commissioning status, to Green together with “Care Governance Process - Provider Feedback”.	<i>Within 5 working days</i>	Principal Procurement Officer	
6	Update the Cautions List	<i>Within 3 working days</i>	Principal Procurement Officer	
7	Distribution the Cautions List to Commissioners under secure e-mail and with “Protected” status providing details of providers with details of the flag status of	<i>Within 3 working days (Berkshire Commissioners)</i> <i>Within 2</i>	Principal Procurement Officer	

	Providers arising out of the CGB Meeting.	<i>working days of receiving details from providers (non-Berkshire Commissioners)</i>		
8	Distribute minutes of the CGB meeting to all members of the CGB and staff who have actions to complete.	<i>Within 10 working days</i>	Principal Procurement Officer	

APPENDIX 8 - PROVIDERS GUIDE TO CARE GOVERNANCE

The aim of this document is to define the purpose and procedures of the Care Governance Board and how its operation might impact on services and providers.

As you will already know the Care Quality Commission (CQC) use a compliance system to show how well a service is performing against Key National Standards. CQC then use this information (in addition to other feedback) to assess the performance of Adult Social Care departments in terms of procuring and delivering quality services to its residents. In line with this, the Care Governance Board seeks to draw together and review information gathered from various sources in order to ensure that services commissioned are of a high standard

The dissemination of information through the Contracts and Care Governance Team will ensure that Heads of Service are immediately informed of any concerns that indicate a possible safeguarding or service quality issue. The Head of Service will decide, based on the information they have, whether the Caution List Process needs to be followed. This process allows for the handling and action of potential or known safeguarding or quality concerns regardless of the considered level of risk.

Caution List : A list of providers

- With whom new placements are not made, or made with caution, where quality and/or safeguarding adults concerns are being investigated or where a contractor is in “breach” of contract.

The Caution List Process

Once a Head of Service has decided a service or a provider should be added to the Caution List it will remain on the Care Governance Board agenda for monitoring purposes until the board are satisfied that all issues have been resolved.

Each service/provider on the Caution List will be given a commissioning status as follows:

- Red – High risk
- Amber – Medium risk

Red flagged services – will have a robust agreed action plan put in place which will be closely and regularly monitored. No new services will be commissioned. Existing services will be closely monitored and movements made where they are deemed necessary.

Amber flagged services – will have a robust agreed action plan put in place which will be closely and regularly monitored. New services will be commissioned with caution on a case-by-case basis. Existing services will be closely monitored and movements made where they are deemed necessary.

Green flagged services – will have completed the action plan and made any recommended changes within their service. An on going action plan may be in place if required but commissioning will resume to normal and the provider will be removed from the Caution List. Green flagged services will not appear on the caution list.

At each Care Governance Board meeting a decision will be made as to:

- which new providers/services have been or need to be added to the list and their commissioning status;
- whether providers currently on the list should remain and what their change in commissioning status is, if any
- Whom and what should be communicated within and outside BFC for any cases discussed.

If a provider is placed on the Cautions List they will be advised of this in writing and provided with a designated contact at the Council who will liaise with them regarding action planning and improvements.

Following the meeting the Contracts Team will update the Cautions List and communicate to the rest of the board regarding any new cases or updates as agreed. The Contracts Team will also inform/update providers on their status. It may be that they are asked to provide details of the people that they have at their homes, which are funded by bodies other than Bracknell Forest Council.

Sources of Information

There is information from a range of sources that will help the Care Governance Board and Heads of Service determine risk and commissioning status:

- **CQC Reports and Regulatory Letters/Information**

CQC publish reports for all services inspected on their website. On a monthly basis they circulate notifications to local authorities of all inspection reports that have been published in the previous month (for services in their area). They may also contact local authorities if they have concerns about a home in their area.

- **Cautions, alerts or referrals from other Local Authorities**

Where other Local Authorities have safeguarding concerns about the quality of services, they will alert either the Contracts and Care Governance Team or Care Management Teams. Safeguarding Adults Co-ordinators from local authorities also share information about services known to them.

- **Referrals to the Local Authority Safeguarding Adults Alerts**

Safeguarding alerts are made to Care Management Teams or the Contracts Team which may lead to Safeguarding Adults investigations.

- **Deprivation of Liberty Safeguards (DOLS)**

Requests made and/or authorised under the Mental Capacity Act in relation to DOLS are monitored and reported on by the Adult Safeguarding Service Manager and may highlight service concerns.

- **Complaints, MP enquiries and Member enquiries**

BFC has procedures to respond to complaints, MP and Member enquiries. Where complaints or enquiries are made regarding service delivery for Adult Social Care services these are raised with the relevant team.

- **Financial Checks and Insurance Checks**

Credit checks measure financial robustness and can be carried out at any time by the Council. Services are required to have a range of insurances in place, depending on the nature of the service provided. Services without adequate insurance place service users and the Council at risk. The Contracts Teams monitors providers policy expiry dates and may ask for a copy of the renewal certificate.

- **Feedback from Individuals, Providers, Reviews and Quality Assurance Monitoring**

Any individual in contact with a service may raise concerns about its quality. This might be a person receiving a service, their friends or family, carers, an employee of a provider or a professional visiting the service. Such information will be received through a range of routes depending on the informant. Service providers themselves may inform the Council about an issue relating to their own service or another service they know of.

- **Feedback from Quality Assurance monitoring**

In consultation with operational teams and providers, the Contracts Team undertake annual Quality Assurance reviews of all care homes and home care providers in the borough via desk top and field based monitoring. More frequent Quality Assurance reviews may be undertaken for providers that are deemed to be medium or high risk.

APPENDIX 9 - QUALITY ASSURANCE MONITORING PROCEDURE

(In-House and external providers)

1. Purpose

The purpose of this document is to clarify the procedure to be used for ensuring the quality and contract compliance of support paid for by Adult Social Care. It specifies the need to collate information from a variety of sources, including information from monitoring visits, care management reviews, ad hoc compliments & complaints, views of staff and, most importantly, views of the people receiving support and their families. This should provide a view of the quality of the support provided and any improvements that can be made.

2. Why monitor

“When a public body purchases a service for vulnerable adults from an independent provider, the public body has moral and legal accountability for the duty of care and quality of the service. No matter how far the contract may try to locate legal responsibilities solely with the provider, the purchaser has responsibilities for what does and does not happen. Efficient and effective contract monitoring enables public bodies to fulfil and be comfortable with such responsibilities.” (*Improving performance through effective contract monitoring*, Doug Gosling, CSIP Change Agent Team)

The overall purpose is to monitor both sides of the contract to ensure that the Council and the provider are working together to provide the best support possible for people.

3. Objectives

Bracknell Forest Council’s Care Governance Protocol emphasises the need to “ensure that the Department commissions safe services that deliver quality outcomes in line with the objectives of the Council”. The main objectives of quality assurance monitoring are to:

1. ensure the support provided is of good quality, safe, efficient and effective
2. ensure the support provided is meeting the objectives identified by the person in their care plan
3. identify any areas of concern and appropriate actions to address those concerns
4. develop good relationships and work in partnership with providers to continuously improve the standard of care
5. support providers in working towards none being rated as zero/one star by the Care Quality Commission (CQC [formerly CSCI])
6. ensure contractual obligations are being met by the Council and the provider

7. listen to providers' concerns about the Council's performance and identify how improvements can be made.

4. Priorities

Three main elements need to be considered to establish priorities for quality assurance monitoring: the resources available, the risks associated with the market and the approaches to monitoring. Where resources are low, monitoring needs to become smarter. One way of achieving this is to ensure best use is made of existing quality assurance information, such as information gathered through care management reviews, CQC inspections etc.

Reactive work is by definition uncontrollable and usually takes priority, whereas proactive monitoring is planned throughout the year.

5. Reactive monitoring

There are a number of triggers that may raise cause for concern and the possibility of reactive monitoring. These include:

- Notification from CQC of a negative inspection (zero or one star rating) or serious concerns
- A particular untoward incident
- Suspected safeguarding issue
- Concerns raised by care management staff, (including feedback from care management reviews and concerns identified as part of proactive monitoring)
- Complaints from those receiving care, relatives and MP/Member enquiries
- Concerns raised by partner agencies (e.g. NHS)

These concerns are logged by the Brokerage and Contracts teams and notification is sent to Team managers and Heads of Service. The relevant Head of Service and the Contracts manager will undertake a risk assessment (*see Appendix 1 'Risk Assessment'*), and decide what action needs to be taken, including monitoring arrangements. (This is reviewed by the Care Governance board [CGB]).

5. Proactive monitoring

Alongside the reactive monitoring, there will be proactive monitoring which will be planned and undertaken at regular intervals. The frequency of this type of monitoring will depend on whether any concerns have been raised and/or the assessed rating from CQC.

- Where concerns have been raised or CQC have rated the provider as zero or one star, the frequency of the monitoring visits will depend on the severity of the concerns. Severe concerns will merit monthly monitoring, less severe quarterly monitoring. This monitoring will be overseen by the CGB.
- Two star and three star rated providers will be monitored at least once a year.

- The monitoring of home care and other forms of support will also take account of the number of people receiving support and/or the hours of care delivered by the provider. Those with a higher number of people and/or hours will receive more frequent monitoring.
- There may also be additional monitoring of providers who have only recently set up in business, to ensure they are providing a good standard of the care.

If any triggers for concern are identified in between the proactive monitoring visits, reactive monitoring will instigated.

7. Scope

- This procedure covers all social care support for adults paid for from Bracknell Forest Adult Social Care budgets.
- The same monitoring will be used for Council and external providers.
- For residential/nursing care homes that are outside the Borough it may not be necessary to conduct a visit. In place of the visit, a request for the quality assurance/contract monitoring report of the host authority, (or other authorities who have people supported there), will be made. If no reports are available from other authorities the Head of Service and Contracts Manager will carry out a risk assessment and the CGB will decide whether a visit should be undertaken, (*see Appendix 1 'Risk Assessment Form'*). The CGB will consider the travel times, number of people the council is supporting in the home, the results of any care manager visits to review the needs of the person/people in the home and the risks of not visiting. A self-assessment or telephone monitoring may be considered at this stage.
- The monitoring will exclude the elements covered by recent CQC monitoring (within the last year). These elements will be collated from the CQC report and added to information gathered by Bracknell Forest Council monitoring, to form a rounded view of the quality of the support being provided.

8. Process

Pre - Visit

Before any monitoring is started it is necessary to gather some information on what is currently happening. The CGB will have an overview of all work to improve the quality of support. This will be the first point of contact before any work is undertaken. If the CGB agree quality assurance monitoring should proceed, the initial task is to start gathering data from a variety of sources.

A key source for assessing quality is the view of people receiving support and their families. This may be gathered from face-to-face conversations on visits, telephone calls or questionnaires, but will mainly be obtained through structured feedback from the Care Management review process.

Further information will be collated from a variety of sources including:

- a. Latest CQC report
- b. Annual Quality Assurance Assessment (AQAA) – *self-assessment submitted by the provider to CQC*
- c. Other relevant documents from the provider – e.g. ‘Statement of Purpose’ booklets.
- d. Previous contract monitoring report
- e. Notes on LAS (Adult Social Care database)
- f. Issues raised at CGB and/or Berkshire Monitoring Officers’ Group (MOG) meetings
- g. Any ‘Cause for Concern triggers’ held on the Contracts team central spreadsheet
- h. Compliments & Complaints information (*n.b. this may be from the Complaints Manager or information from the Brokerage Team*)
- i. Recent satisfaction surveys, (*including provider satisfaction reports, telephone questionnaires and information from care management reviews*)
- j. Any safeguarding concerns that have been raised.

(See Appendix 2 ‘Sources of information for Q.A. monitoring’ for full list and location of information)

The information gathered at this stage will be used to form an initial view of the quality of the support being provided. All information will be held in the electronic filing system held within the Contracts team folders.

Visit

Appendix 3 ‘Quality Assurance Monitoring Form’ lists the areas that need to be covered prior to and during the visit. The visit should be undertaken in the spirit of partnership working and should not be adversarial in any way.

The provider will be given the opportunity to see all the information gathered in the pre-visit phase. However, the monitoring officer will need to ensure data protection/confidentiality issues are not breached. If in doubt, the monitoring officer will check with the Council’s data protection officer and/or the relevant Head of Service, prior to sharing the information. This will be particularly important when sharing compliments/complaints, where it may be necessary to retain the anonymity of the correspondent. In such cases the monitoring officer should obtain the consent of the author.

After the Visit

On, (or shortly after), the visit the 'Quality Assurance Monitoring form' will be completed, (*Appendix 3*). This will be used to record the findings of the visit and information gathered pre-visit. The 'Criteria for assessing quality' (*Appendix 4*) will be used to provide a summary recording sheet.

This summary sheet will be agreed with the provider and reported through to the CGB at the next meeting. (Serious concerns would be taken to the Safeguarding Adults Co-ordinator and/or Head of Service immediately.) The provider will be given a copy of the form and summary sheet. The originals will be held in the Contracts Team electronic filing system. The summary sheet will be used to distinguish between 'satisfactory' and 'unsatisfactory' performance and should aid equity in decision making.

In the event of the provider not agreeing the assessment on the quality assurance monitoring form, the monitoring officer will attempt to resolve the areas of dispute through discussion with the provider. If no agreement can be reached, the monitoring officer will give the provider the opportunity to record their reasons for not agreeing with the assessment. This will be passed to the CGB with the summary sheet and the provider will be given the opportunity to discuss the disagreement with the relevant Head of Service.

Improvement plans will be agreed with the provider. If improvement plans are already in place, (following CQC inspections, safeguarding incidents, reactive monitoring etc.), it may only be necessary to update these to include anything found during the quality assurance monitoring process. If no improvement plan exists, the person undertaking the quality assurance monitoring officer role (QAO) and/or a manager nominated by the Head of Service, will work with the provider to develop one. This will be held in the electronic filing system, and will be monitored by the QAO and/or a nominated manager.

Improvement plans will be monitored throughout the year, with the provider submitting half yearly updates (or quarterly/monthly updates for zero/one star) to the QAO.

8. COLLATION AND DISSEMINATION OF INFORMATION

QAOs will be responsible for ensuring all relevant information is gathered and held electronically in the Contracts team filing system.

The QAO responsible will collate the information into a 'Quality Assurance Monitoring Form' (*Appendix 3*) and the 'Criteria for Assessing Quality' summary form (*Appendix 4*). Completing the summary form rather than a formal report for reporting to the CGB will be sufficient in most cases. This will be available to all members of the CGB.

The monitoring of support and improvement plans will be reported to the CGB, with members of the Board ensuring relevant information is passed on to operational staff.

Sharing information is an essential part of quality assurance monitoring. However, there are risks to sharing information. If a provider is deemed to be providing a poor quality service, and this is shared publicly, it may not be possible for the provider to continue in business. It is therefore necessary to have some constraints on the sharing of information. These are listed below.

- QAOs will share information within the department through the Care Governance Board.

- They will also share information on an ad-hoc basis with staff within the department. Staff will be made aware of the confidential nature of this information and that negative comments could affect the providers' ability to continue in business.
- There is also an agreement to share information with neighbouring local authorities and authorities who are paying for support from providers within Bracknell Forest.
- CQC may be informed of any concerns and may view any data gathered throughout the quality monitoring process.
- Serious concerns that have arisen during the process will be notified to the team manager, Head of Service and members of the CGB. In order to safeguard vulnerable adults, they may also be shared with other local authorities where appropriate. However, authorisation for this will be required from the CGB prior to sharing.
- Requests for information from people outside the Council, apart from other local authorities, will be actioned through the 'Freedom of Information' process, and therefore viewed by the Council's legal department prior to being shared.

10. Filing System

A filing system will be set up to ensure that:

- there is an effective system for logging issues as they arise (also see Care Governance Protocol)
- there is a central place for documents relating to quality assurance that staff are aware of and know how to access
- documents are kept in an orderly manner to aid the quality assurance monitoring process.

11. Approach

The approach will be one of working in partnership with providers to improve the quality of the support provided. It should not be seen as an adversarial relationship but rather one of promoting good practice.

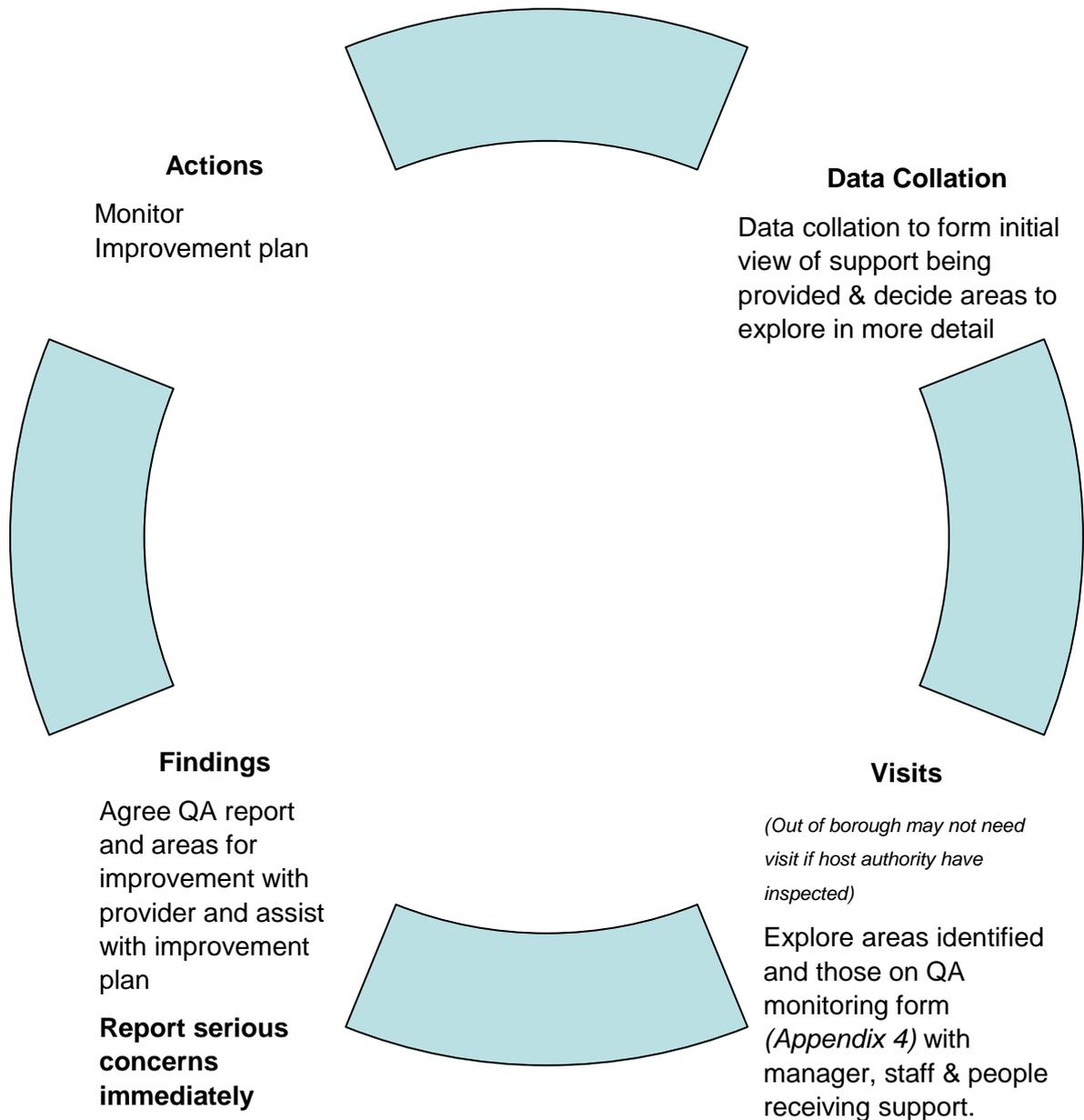
12. Code of conduct

Staff undertaking quality assurance monitoring will:

- a. Be courteous, professional and honest in their behaviour towards all stakeholders, providers, staff and people receiving support
- b. Equitable in their assessment of the quality of the support provided

- c. Share their assessment of the quality of support with the provider and agree actions to make improvements
- d. Investigate notifications from anonymous or vexatious sources in a sensitive manner, whilst ensuring the response is appropriate to the concerns raised.

Chart 1 - Quality Assurance/Contract Monitoring Process Flowchart



13. Roles and responsibilities

The table below shows the roles and responsibilities, in relation to quality assurance monitoring:

People involved:	Responsible for:
People receiving support and their families	<ul style="list-style-type: none"> • Providing views on the quality of the care, what is good, what could be improved, gaps in support
Brokerage, Contracts Team & staff undertaking Quality Assurance monitoring (QAOs)	<ul style="list-style-type: none"> • Collating QA information from a variety of sources • Carrying out a quality assurance monitoring visit • Assessing the quality of the support being provided and whether the contractual obligations are being met. • Reporting findings to CGB • Maintaining a filing system for monitoring reports and collated evidence, including relevant concerns from other members of staff or the public
Care managers	<ul style="list-style-type: none"> • Reporting any concerns to the Team manager, who will inform the Care Governance Board and pass to the Contracts team to log on the central database • Ensuring people receive a care management review and feeding the Q.A. aspects through to the QAOs for collating into their reports
Safeguarding Adults Co-ordinator	<ul style="list-style-type: none"> • Ensuring QAOs are aware of any safeguarding issues in relation to care providers • Attending the CGB meetings • Providing advice to QAOs
Complaints Manager	<ul style="list-style-type: none"> • Providing information on any complaints or compliments about the support provided
Heads of Service	<ul style="list-style-type: none"> • Ensuring QAOs are aware of any relevant concerns/issues • Providing advice and support to QAOs • Carrying out risk assessments where causes for concern have been identified • Ensuring appropriate action is taken to ensure the safety of people and quality of support provided
Members of Care Governance Board	<ul style="list-style-type: none"> • Ensuring QAOs are aware of any relevant concerns/issues that they are aware of. • Providing advice and support to QAOs • Agreeing the monitoring approach and action plans for improvement • Making decisions on the continued use of the particular provider
Providers	<ul style="list-style-type: none"> • Working in partnership with the QAOs to improve the quality of the care provision • Providing access to QAOs and Care Mangers

	<p>as required</p> <ul style="list-style-type: none"> • Working with QAOs/Care Management staff to produce and agree an action plan for improvement
Commissioning team	<ul style="list-style-type: none"> • Developing the Quality Assurance Strategy and processes. • Piloting processes.

Appendices

- 1. Risk assessment Form – Residential & Nursing Care Homes**
- 2. Sources of Information for Quality Assurance Monitoring**
- 3. Quality Assurance Monitoring form**
- 4. Criteria for assessing quality**

APPENDICES

Appendix 1 – Risk Assessment form – Residential & Nursing Care Homes

(The higher the score, the higher the priority for monitoring)

Area	Component	Score
Number of people receiving support	Less than 5	0
	Between 5 and 10	5
	Between 11 and 20	10
	Over 20	15
Last Visit	Up to 6 months	0
	6 – 12 months	10
	Over 12 months	15
Service User feedback satisfaction rate	Over 90%	0
	80 – 90%	10
	Under 80%	20
Change of manager since last visit		10
Complaints in last 12 months <i>Number & Issues</i>	Minor	5
	Moderate	10
	Major	20
Concerns raised	Assessed by Head of Service or team manager as:	
	Minor	10
	Moderate	20
	Major	50
Financial Viability of the company is in doubt		20
CQC inspection rating	3 Stars	0
	2 stars	5
	1 stars	20
	0 stars	30

HIGH PRIORITY **50+**

MEDIUM PRIORITY **35+**

LOW PRIORITY **<35**

Appendix 2 - Sources of information for QA monitoring

Item	Source:	Used for:	Location:
1	CQC report and star rating	Gaining knowledge of the CQC view of quality in the home. Note should be made of the date the CQC inspection was undertaken as it may be some time ago and things could have changed considerably since then.	www.cqc.org.uk
2	CQC AQAA - Self-assessment form completed by care provider	Much of the monitoring form can be completed in advance from this self-assessment.	From the care provider, prior to the visit.
3	Any other data held by the provider – e.g. satisfaction questionnaire results, Statement of Purpose (SOP) booklets	SOP - examples of good practice and other data relevant to the QA monitoring. Satisfaction results may give an overview of strengths and areas for improvement.	Request from care provider prior to visit.
4	Environmental Health	Inspection reports on food handling etc.	BFC Environmental Health Dept.
5	Previous quality assurance monitoring report and action plan	Information on areas performing well/not well at previous inspection. This will be used to check what has changed since the last inspection.	Quality Assurance Monitoring filing system
6	List of people being supported by Bracknell Forest (and their relatives)	List of who we need to speak to/send quality questionnaires to about the care they are receiving.	Finance and/or LAS Adult Social Care (ASC) database
7	Contract	To check what the contract states should be provided	Quality Assurance Monitoring filing system
8	Care Manager's last review and care plan of the person	Note any issues found. Possibly speak to the care manager to see if they have concerns if they are not coming on the visit.	ASC filing system/Swift
9	Meetings: CGB MOG (Berkshire wide monitoring officers group)	Pick up any issues regarding homes to be visited.	See agendas for room bookings

10	LAS (Adult Social Care database)	Notes against individual records may have relevant information. <i>(A sample of reviews may be taken if there are a large number of people using this support.)</i>	LAS
11	Compliments/Complaints	Pick up any compliments/complaints about the provider in the last twelve months.	Care managers, Brokerage, Contracts, Complaints Manager
12	Relatives	Any concerns	Phone/questionnaire
13	Person receiving support	Areas they think are good or those that need improvement.	Speak to them on visit Care management reviews
14	Provider manager and staff	Any problems/issues	Speak to them on visit
	Visit	Picking up any noticeable issues	QA monitoring visit

Appendix 3 - Quality Assurance Monitoring form (Residential and Nursing Care Homes)

SECTION 1 - To be completed in the office before visiting the home

A.	SERVICE PROVIDER INFORMATION
Name & Address of Care Home	
Company Name	
Registered Manager	
Last CQC inspection date and rating	
CQC registration number	
Date of Visit	
Date of Last QA visit (if applicable)	
B.	SERVICE

Category of Support	(eg registered nursing care (over 65))
Registered number of beds	
Number of people receiving support	<i>From CQC website</i>
Number of people receiving support funded by BFC	
C.	CONTRACT DETAILS
Contract Start Date	
Contract End Date	
Weekly fees	<i>From CQC website</i>
Insurance Policy Date & Value	

D. FROM AQAA, 'STATEMENT OF PURPOSE' (SOP) & SATISFACTION SURVEYS (need to request a copy from the home).	
STAFFING	
<ul style="list-style-type: none"> • Number of current staff • Ratio of staff to residents (FTE) • Number of staff vacancies • Number of staff who have left employment in last 12 months <p><i>(AQAA Staffing 1a to 1h)</i></p>	
<ul style="list-style-type: none"> • Number of shifts covered by agency staff in the last 3 months <i>(AQAA 13a)</i> 	
<ul style="list-style-type: none"> • CRB/POVA/GSCC registration <i>(AQAA 13d)</i> • Agency Staff (current number) <i>(AQAA 13a)</i> 	
TRAINING	
<ul style="list-style-type: none"> • Do all staff have a development programme that meets the NMS for your service? <i>(AQAA 13c & AQAA Staffing 2b & 2c)</i> • Basic food handling and hygiene <i>(AQAA 13b)</i> 	
HEALTH & SAFETY	

<p>Equipment – is it maintained and serviced appropriately? (AQAA 1)</p> <p>Any Safeguarding Adults issues? (AQAA 10f & 10g)</p> <p>Food storage & rotation – (BFC Environmental Health report)</p> <p>Medication: Storage, Procedure, Disposal (AQAA 3a to 3e)</p>	
<p>HEALTH ISSUES</p> <p>Do residents have regular visits from the GP? (SOP)</p> <p>Do residents have access to regular chiropody? (SOP)</p>	
<p>CHOICE & CONTROL:</p> <p>Do residents have a choice of Doctor?(SOP)</p> <p>Do residents choose how they want the room decorated? (colour etc.) (check SOP & AQAA text)</p> <p>Do residents choose the time to get up/go to bed? (SOP)</p> <p>Do residents have a choice of meals and time to eat (within reason)? (SOP)</p> <p>What changes have been made as a result of requests from residents? (AQAA text)</p> <p>Do residents have person-centred plans?(SOP)</p>	
<p>POLICIES:</p> <p>What policies does the provider have? (AQAA 6)</p>	
<p>COMPLAINTS - Number and nature of complaints over the last 12 months? (AQAA 10)</p> <p>Has anything changed as a result of comments/complaints? (AQAA text)</p>	
<p>HOSPITAL ADMISSIONS – Number of emergency admissions over last 12 months? (AQAA 10i)</p>	

SECTION 2 -To be completed by QAO at visit (or from recent CQC monitoring if undertaken in the last 12 months):

E.	ON ARRIVAL
CQC registration certificate displayed?	Y/N
Current Insurance certificate displayed?	Y/N
CQC inspection report displayed?	Y/N
Activities programme displayed?	Y/N
Visitors book, were you asked to sign in?	Y/N
COMMUNICATIONS <ul style="list-style-type: none"> • Communication book • Notice board/newsletters 	Y/N Y/N

E. DISCUSSION WITH MANAGER	
STAFFING <ul style="list-style-type: none"> • Staff supervision/how often? • Appraisals • Staff meetings HEALTH <p>Food – how much is spent per resident per day /week? <i>(Annual budget spend in previous year, divided by number of residents/365 days)</i></p> <p>Food- do you have any complaints? If so what is the nature of them? <i>(Also see most recent satisfaction survey, if this has a question on food).</i></p> <p>Do residents have regular access to a</p>	

<p>dentist?</p> <p>How does home make sure everyone gets enough to drink?</p> <p>Does home have scales and weigh people regularly?</p> <p>Nursing – any issues?</p> <p>COMPLAINTS - How are complaints handled? (<i>Logging process, target timescales etc.</i>)</p> <p>Business Continuity (Contingency) – is there a plan in place?</p>	
<p>Discuss what has been found from desk search above. Any further comments from the manager?</p>	
<p>FUTURE PLANS/DEVELOPMENTS (<i>see latest AQAA actions & any actions from previous visits</i>)</p> <p>Completed since last visit:</p> <p>Actions being taken forward:</p>	
<p>COUNCIL PERFORMANCE</p> <p>Are there any areas that the Council needs to improve? Anything that the manager feels is a barrier to improving performance? E.g.</p> <ul style="list-style-type: none"> • Payment of invoices • Reviewing of people’s needs 	

<ul style="list-style-type: none"> • Communication problems (<i>do we share local & national good practice etc.?</i>) • General relationships between the home and Council staff (<i>good partnership approach?</i>) • Other contractual obligations – (<i>do we pass them any compliments, complaints or ideas for improvements that we receive?</i>) 	
<p>ANY OTHER COMMENTS MANAGER WOULD LIKE TO MAKE?</p>	

<p>F.</p>	<p>VISUAL INSPECTION OF HOME</p>
<p>ACCOMMODATION:</p> <p>Are the residents rooms decorated & furnished to a reasonable standard?</p> <p>Are communal rooms decorated & furnished to a reasonable standard?</p> <p>Are rooms clean and comfortable?</p> <p>Is the layout of furniture attractive?</p>	
<p>STAFFING:</p> <p>Are staff welcoming and approachable?</p>	
<p>VIEWS OF RESIDENTS</p> <p>Include any views from discussions with residents. These views may be to do with any of the following:</p> <ul style="list-style-type: none"> • Health – are you able to see the doctor/chiropract/dentist when they need to? How long does it take from request to appointment? • Quality of life – are you generally happy with day to day living, what activities 	

<p>have they done in last few weeks, card games, bingo, art/crafts, crosswords</p> <ul style="list-style-type: none"> • Making a positive Contribution – is the residential home having a positive/good impact on your life and day to day living? • Choice & Control- is there a choice of meals, how much choice? • Is there anything that you don't like about the food/food service ? • Choice of activities each day? Choice of décor in room, choice of when you get up and go to bed? • Discrimination & Harassment - How do you feel about how the staff are with yourself, other residents and other staff/visitors etc. Do you feel you are treated fairly? • Economic Well-Being • Dignity & respect - Are the staff respectful and patient towards you when assisting you? Have you had any problems, or ever felt uncomfortable due to the way you have been treated? • Anything else they would like to see changed/improved? 	
<p>VIEW OF STAFF</p> <ul style="list-style-type: none"> • Leadership • Training • Use of resources • Anything else they would like to see changed/improved for residents or staff? 	

Appendix 4 – Criteria for assessing quality

	Criteria	Red, Amber, Green (RAG)	Evidence
1	Accommodation/Offices		
2	Staff – friendly & approachable		
3	Staff - expertise		
4	Food		
5 *	Health		
6 *	Safety		
7*	Safeguarding Adults issues raised		
8	Choice & Control		
9	Meeting the objectives of the care plan		
10*	Dignity & Respect		
11	Views of people receiving care: Under 80% positive (R) 80 – 90% positive (A) Over 90% positive (G)		
12	Complaints – clear procedure and evidence that they are acted upon		
	For Domicilliary care only:		
13*	Level of missed calls: High (R), Medium (A), Low (G)		
14	Proportion of late calls: High (R), Medium (A), Low (G)		
15*	Overall view of service		

Score: R = 0, A = 1, G = 2 If overall score is less than 10 = Red (needs more frequent monitoring). If any areas marked * are red, the overall view is red (needs more frequent monitoring)

Signed on behalf of Bracknell Forest Borough Council

Name: (please print)

Title:

Signature:

Signed on behalf of the Residential/ Nursing Home or Domically Care Agency

Name: (please print)

Title:

Signature:

APPENDIX 10 - WELFARE CHECKS PROCEDURE

Background

The safety and well-being of people receiving care support is of paramount concern.

Where concerns have been raised about the quality of the care provided welfare checks are carried out to ensure that people are not placed at risk, and that all of their assessed support needs are being met. The welfare check consists of a visit to people receiving care from the provider. The main focus of the welfare check will be dependent on the nature of the concern raised.

Timescales, who receives a visit and who conducts the check is dependent on the nature of the concern and whether it is deemed to be low, medium or high risk in terms of the impact it is likely to have on the person receiving care. Responsibility for making these decisions lies with the Chief Officer: Adults and Commissioning and the Care Governance Board, (CGB).

Purpose

The overall purpose of this document is to detail the procedure that must be followed to ensure welfare checks are carried out in an effective, consistent and proportionate manner.

Procedure

The following is a list of actions to be undertaken when a concern regarding the quality of care provided by an organisation is identified.

1. Whoever receives the information must discuss the concern with their Care Governance Board representative or if their team does not have a representative or they are unsure who their representative is, the contracts team.
2. The Care Governance Board representative or Contracts team, will be responsible for determining if the concern requires discussion outside of the scheduled Care Governance Board or not. Note if there are concerns that people may be at immediate risk of harm the concern **MUST** be referred to the Chief Officer: Adults and Joint Commissioning as a matter of urgency.
3. Contacts Brokerage to find out who receives support from this provider. *(n.b. The list needs to include people currently in hospital or not currently receiving the service due other circumstances such as respite care etc.)*

4. The CGB discusses the concern and assesses the level of risk according to the likely impact the issue has on the people receiving care, (see 'Prioritising Welfare Checks' below).
5. The CGB decides the level of welfare checks that need to be undertaken, (i.e. whether all people receiving care support from this provider or a sample), who should complete the welfare check, (social care practitioner/ contracts monitoring officer or Brokerage team), and the timeliness of the welfare checks.
6. The care governance Board representative for each team (where appropriate) will review the records on LAS of the people due to have a welfare check. If the person is due for a review/reassessment within the next two months, they will consider undertaking this rather than the shorter welfare check.
7. The Care Governance Board representative completes the first part of the Welfare Check form, (appendix 1), and passes this to the person undertaking the visit.
8. The person completing the welfare check completes section 2 and 3 of the Welfare Check form and passes back to the care governance board representative for collation
9. The Care Governance Board representative collates the information from the welfare checks and reports this at the next CGB meeting, unless the results of the checks suggest serious concerns. In this case, they should be reported as soon as possible to the Chief Officer: Adults and Commissioning and the Head of Safeguarding and Practice Development.
10. The CGB decide if any further welfare checks need to be undertaken and the frequency of these.

Prioritising welfare checks

The Care Quality Commission (CQC) 'Judgement Guide' determines the impact of non-compliance of their care standards in terms of the impact on people using the services.

The definitions of 'impact' are:

Low/Minor: No or minimal level of impact on people who use services in one or more areas.

Medium/Moderate: A moderate impact, but no long-term effects on people who use services in one or more of the areas.

High/Major: A significant or long-term impact on people who use services in one or more of the areas.

The report published following their inspection records whether the standard the provider has failed on is deemed to have a minor, moderate or major impact.

In a similar way, considering whether to conduct welfare checks, the number of people who need a check and timescales, the Care Governance Board will assess the impact the concern is likely to be having on the people receiving care support from the provider. This will inform the priority and scale of the welfare checks.

Timescales

Low/Minor impact – Welfare checks will be undertaken as part of the normal social care review cycle or within three weeks, whichever is earlier.

Medium/moderate impact - welfare checks will be conducted as part of the normal review cycle or within two weeks, whichever is earlier.

High/Major impact – Welfare checks will be conducted within one week. A full review will be undertaken if this was due within the next two months.

How many people need welfare check?

In deciding the number of people who require a welfare check, the Board will take account of the level of concern. Low impacts are more likely to be sample checked, whereas amber/high is more likely to result in all people receiving support from the provider being checked.

Where welfare checks are undertaken with a sample of people every effort will be made when selecting the sample to determine those people who are most likely to be impacted by the areas of concerns identified.

Who should undertake the welfare check?

In deciding who should undertake the welfare check, the Care Governance Board takes account of the nature of the concern. For example, if the concern raised is due to a CQC report of failed standards relating purely to management issues, the Board may decide the appropriate response is for the Contracts team to undertake the check and as part of the routine Quality Assurance monitoring. If the concern relates to the quality of care provided, the Board may decide a social care practitioner should undertake a welfare check.

APPENDIX 1 – WELFARE CHECK FORM

SECTION 1

NAME OF PROVIDER:	
NAME OF PERSON UNDERTAKING WELFARE CHECK:	
NAME OF PERSON RECEIVING CARE SUPPORT:	
LAS ID OF PERSON TO BE VISITED:	
DATE OF REQUEST:	
DATE VISIT MUST BE MADE BY:	

NATURE OF CONCERN(S):

	DESCRIPTION AND PROMPTS
--	--------------------------------

1.	
2.	
3.	
4.	
5.	

SECTION 2 *(To be completed by the person undertaking the welfare check)*

DATE OF WELFARE CHECK/REVIEW:

Taking each of the concerns listed above record the current situation regarding this issue and the impact this has had on the care the person is receiving.

The rating is whether, from your discussion with the person, the concern had a major, moderate or low impact on the care they are receiving.

	CURRENT SITUATION AND IMPACT ON THE PERSON RECEIVING CARE	RATING (major, moderate, minor)
1.		
2.		
3.		
4.		

5.		

SECTION 3 - ANY OTHER CONCERNS RAISED DURING THE VISIT

	ANY OTHER CONCERNS RAISED DURING THE VISIT	RATING (high, medium or low)

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DATE OF VISIT:

WELFARE CHECK COMPLETED BY:

APPENDIX 11 – PROVIDER FEEDBACK COVERING LETTER

Name of Manager

Name of Home

[insert address with Postcode]

Date

BY E-Mail: [insert e-mail address]

Dear [insert name],

Notification of flag status

Bracknell Forest Council's Care Governance Board operates a Caution List and flagging system as part of our on-going monitoring of providers. This letter is to confirm that [insert name of organisation] is no longer on Bracknell Forest Council's Caution List.

If your flag status changes the Contracts Team will write again to advise you of this.

I would be grateful if you could complete the attached questionnaire on the Care Governance process and return to me.

Bracknell Forest Council reserves the right stop purchasing from any service that continuously undermines the safety and well being of the individuals using it.

Yours sincerely

Principal Contracts Officer
Bracknell Forest Council
Time Square
Market Street
Bracknell, RG12 1JD
Enc:

APPENDIX 12 – PROVIDER FEEDBACK FORM

Care Governance Process - Provider Feedback

1. Did your organisation understand the Care Governance Process?

Yes No

Please detail below any comments you would like to make regarding this question

2. Did the Council fully explain what the concerns were?

Yes No

Please detail below any comments you would like to make regarding this question

3. Did you feel that you had an opportunity to explain your response to the concerns, and that your views were listened to?

Yes No

Please detail below any comments you would like to make regarding this question

4. Did the Council offer support and advice?

Yes No

Please detail below any comments you would like to make regarding this question

5. Were you allocated a nominated contact at the Council to liaise with regarding these matters?

Yes No

Please detail below any comments you would like to make regarding this question

6. Did the Council offer and provide where appropriate, support and advice?

Yes No

Please detail below any comments you would like to make regarding this question

7. Do you feel that your commissioning status was reviewed and amended in a timely fashion?

Yes No

Please detail below any comments you would like to make regarding this question

8. If you have any other comments, please indicate these below.
9. Would you be happy for a Council representative to contact you to discuss your feedback? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of organisation	
Name of person completing the form	
Position in the organisation	
Contact Telephone number	

APPENDIX 13 – NOTIFICATION LETTER TO PROVIDERS

[Home address]

BY E-Mail [insert email address]

[insert date]

Dear [insert name],

Notification of flag status

Bracknell Forest Council's Care Governance Board operates a Caution List and flagging system as part of our ongoing monitoring of providers. This letter is to confirm that [insert name of provider] have been placed on Bracknell Forest Council's Caution List with an [insert flag status, [insert appropriate wording i.e. due to the recent Care Quality Commission inspection report, and the standards that have been failed]].

At this stage you may well have already had contact from the Council regarding this matter. **(name and contact details of lead contact)** will be in contact to discuss how the council can support you in achieving compliance with [the CQC standards] or [tackling the safeguarding issue] [delete as appropriate]. They can be contacted on [insert telephone number] or by email at [insert e-mail address].

An outline of the Care Governance and Caution List process is attached for your reference. This flag status will be formally reviewed by the Care Governance Board on [insert date]. If you have any representations or any developments please send these to [insert name] five working days before the [insert date of next] meeting. As soon as your flag status changes the Contracts Team will write again to advise you of this.

In the meantime, I would be grateful if you could provide me with the details of any other commissioning bodies who fund placements in your service i.e. Local Authorities, CCGs etc, within the next 10 working days in order that Bracknell Forest Council can send details of the commissioning status to those organisations.

Bracknell Forest Council reserves the right stop purchasing from any service that continuously undermines the safety and well being of the individuals using it.

Should you have any questions, please contact myself on 01344 351519.

Yours sincerely

Principal Contracts Officer
Bracknell Forest Council
Time Square
Market Street
Bracknell, RG12 1JD