

Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Contract Management Update

Summary:

This report seeks to provide the Adults Scrutiny Committee with an update on the work of the Commercial Team - People Services, with specific reference to the Contract Management of Adult Care Services across all service provision (including Adult Frailty and Long Term Conditions and Specialist Services).

Actions Required:

To consider the information presented in this report.

1. Background

The Commercial Team – People Services was established in January 2015. The purpose of the team is to:

- Contract Manage in excess of 650 Adult Care Services
- Provide assurance that commissioned services are safe and meet people's needs
- Ensure commissioned services deliver Value for Money
- Inform future commissioning decisions through use of data and market intelligence

Market Profile:

The Council contracts with a range of providers to deliver services for Older People, those with a Physical Disability and those with a Learning Disability.

In addition the Commercial Team also contract manages a number of contracts relating to non-regulated services, such as the Carers Support Service, Dementia Family Support Service, Advocacy Service and Integrated Community Equipment Service.

Provision	Number of Contracts
Residential Services (In County)	268
Residential Services (Out of County)	256
Homecare	12
Community Supported Living	30
Day Care	83
Extra Care	8
Other (e.g. ICES, Carers Support Service, Advocacy etc.)	16

Contract Management Visits:

For the majority of our contracts the frequency of contract management visits is determined by the level of risk. We have in place a Risk Matrix which takes into account a number of factors to determine whether or not a provider is High, Medium or Low risk.

As a general rule, 'High' risk providers are visited at least monthly, 'Medium' risk are visited quarterly/six monthly and 'Low' risk are visited annually.

Our homecare providers receive monthly visits regardless of their level of risk, but may be visited more frequently where concerns exist.

This approach enables us to focus our limited resources to the most important areas.

An overview of the contract management visit for residential care providers can be found in Appendix A.

In between contract management visits the team monitor and action quality concerns raised through Poor Practice Concerns, Safeguarding Alerts and feedback from operational colleagues. In some instances this will change the providers risk rating and instigate a more formal review of performance through a contract management visit.

Risk Rating Providers:

The Risk Matrix is populated with both quantitative (e.g. CQC inspection results, data such as vacancy rates and use of agency staff) and qualitative information (e.g. intelligence from Contract Management Visits). There are 26 individually scored items across 10 different areas; each area has a weighted score applied to generate the risk rating.

This methodology has been shared with providers and partners.

The current risk profile (as at 17 June 2016) is:

Risk Rating	Residential –In County	Homecare	Community Supported Living
High	21	5	1
Medium	126	5	19
Low	121	2	10

Liaison/Information Sharing Arrangements:

Service Quality Review:

- The Service Quality Review group was established in February 2015 and is a multi-agency approach to managing high risk providers. The group consists of LCC staff (Contract Officers, Safeguarding, Quality & Development, Infection and Prevention Control Nurses and Operational representatives) along with attendance by CCG colleagues and local representation from the Care Quality Commission (CQC).

An Information Sharing Agreement is in place to ensure the appropriate and secure sharing of information between parties to effectively manage provision.

CQC:

- In addition to the Service Quality Review group the Head of Commercial Services meets bi-monthly with the Lead Inspector from CQC to specifically review providers causing concern.

Safeguarding:

- The Commercial Team – People Services have a close working relationship with the Safeguarding Team. This ensures appropriate sharing of information and often results in joint visits to providers. The Head of Commercial Services meets monthly with Safeguarding to ensure effective information sharing.

Lincolnshire Care Association (LinCA):

- An excellent working relationship exists between the authority and LinCA, maintained through monthly liaison meetings. This enables the Council to share information and intelligence and influence LinCA's workforce development strategy to target resource at the most important areas.

Operational Teams:

- Contract Officers regularly attend Operational Team Meetings to share information regarding the market and gather feedback from staff (both positive and negative).

Contract Management Framework Project:

The team is committed to continuous improvement and, even though Contract Management received a successful Audit judgement, a project was initiated in February 2016 to undertake a full review of our contract management approach. The review includes:

- Ensuring a consistent approach to visits
 - Looking at pre-visit preparation, the visit and post visit activities for all types of contracts
 - Including a review of process and documentation
- Ensuring an appropriate approach to Contract Management of Out of County provision
- Looking at how we use data and intelligence
 - Improving the compliance and quality of data submitted by providers on a weekly, quarterly and annual basis to;
 - Ensure we get accurate vacancy information
 - Understand movement of residents and staff
 - Monitor number of incidents (such as falls, emergency admissions to hospital)
 - Monitor respite activity
 - Monitor provider complaints
 - Improve the way we review performance data with providers, delivering accessible reports that enable meaningful conversation
- Looking at how we share data and intelligence
 - Developing a suite of reports for the purposes of the Quality and Safeguarding Board and Adult Care Divisional meetings
 - Improving the quality of information that support commissioning decisions
- Reviewing how we support providers
 - Introducing a set of Provider Guidance Notes
 - Sharing information on their Risk Profile
 - Re-introduction of provider forums
- A full review of internal processes and procedures
- A review of Learning & Development for Contract Officers
 - Skills assessment/gap analysis
 - Development of a comprehensive induction programme for new staff

2. Conclusion

The Commercial Team – People Services has been judged to have a robust approach to contract management. In early 2015 there were over 80 providers rated as 'High' risk, through focussed contract management and close working with CQC this number has reduced to less than 30. This is supported by CQC's own inspection results with no providers being rated as 'inadequate' demonstrating that our resources are being directed in the right areas.

Our relationship with care providers is good and is reinforced by our excellent working relationship with LinCA.

We are, however, not complacent. We have identified a programme of work to continue to strengthen our service, to ensure we achieve Value for Money and continue to improve the quality of services delivered to the residents of Lincolnshire.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Contract Management Visit Overview for Residential Care Providers

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alina Hackney, who can be contacted on 01522 553919 or alina.hackney@lincolnshire.gov.uk.

Appendix A

Commercial Team – People Services

Contract Management Visits Overview of Approach for Residential Care Providers

Visit Preparation

Prior to a Contract Management Visit we will send an agenda and will undertake some preparation work. We may request some documents from providers, for example their latest Training Matrix, to assist us in preparing for the visit.

Prior to a CQC inspection providers are required to submit a Provider Information Return (PIR) which is a pre-inspection questionnaire, this questionnaire covers some of the areas we will be looking at during our visit. If providers have recently submitted a PIR (or maintain an equivalent document) and wish to send this to us in advance of our visit we will use this as supporting evidence.

The Visit

During the visit the Contract Officers will be looking at the following areas and will document their findings on a standard Contract Management Visit form. This will be shared with the Registered Manager following the visit.

Contract Monitoring

- The current risk rating will be reviewed and discussed.
- The framework agreement specifies information that should be submitted to us on a weekly, quarterly and annual basis. In advance of the visit we will be looking at whether or not information has been supplied and will discuss with the provider any queries with the data.
- We will ask if there are any notifiable incidents of a significant nature, if there has we will record these and note actions taken to reduce the risk of these reoccurring.

Safe & Effective Service: Environment

- We will be looking at how accessible the building is for residents and visitors.
- We will be looking in general at how clean the environment is and how protected from infection it is.
- We would be looking to see if fire alarms and fire extinguishers are visible and accessible.
- We will also look to see if personal evacuation plans are in place where appropriate and understand how providers ensure the safe evacuation of residents.
- Where equipment is being used (such as bath lifts, hoists, profiling beds etc.) we will look at how clean and well maintained it is.
- As we observe interactions between care staff and residents we will be looking to see if these interactions are undertaken in a caring and attentive manner.

Safe & Effective Service: Poor Practice and Safeguarding

- Before we visit we will review the number of poor practice concerns and safeguarding alerts that have been reported since the last visit. We will discuss these with the provider.
- We will review their Safeguarding Policy and Whistleblowing Policy and understand how accessible it is to staff.

Safe & Effective Service: Medication

- We will want to know if there have been any medication related errors/incidents since the last visit. If so, we want to understand what has happened as a result of it – have any lessons been learnt, have there been any change in practice?
- We will want to understand and see what local policies/procedures are in place regarding medication.

Safe & Effective Service: Staff

- We will review their training matrix and check to see that it is up to date and demonstrates continuous learning and development.
- We will want to understand what Safeguarding specific training is available and how often this is refreshed.
- The framework agreement states that providers should practice Safer Recruitment. We will look to understand how this requirement is met within the service.
- We will also want to understand current staffing levels, including levels of agency use.
- How staff are managed is also important, we will want to understand their approach to supervisions and staff appraisals, including how frequently they are conducted.
- During the visit we may speak to staff who are on duty and will capture their feedback as part of the visit.

Quality of Life and Positive Experience: Residents

- When we ask to look at a selection of care plans, minimum of two, we will be looking to see that residents have given their consent to their treatment and that they have been involved in their care planning. Where appropriate we will also look to see that a Mental Capacity Assessment and Best Interest Decision is present.
- We will also want to see what support is given to encourage people to live as independently as possible.
- We will ensure that there is a choice of food and drink on offer and that these choices meet the dietary requirements of residents.
- During the visit we may speak to residents and will capture their feedback as part of the visit.

Quality of Life and Positive Experience: Complaints and Compliments

- We will ask how many complaints and compliments have been received since our last visit and want to understand how they are responded to and how they influence service improvement.

Well-Led Service: Quality and Management

- We will want to understand how the service is managed, for example;
 - is the Registered Manager experienced
 - to what extent does the owner involve themselves in the management of the service
 - what internal quality assurance processes are in place and what happens as a result of any findings
 - are policies and procedures up to date
 - are there any quality assurance kite makes in place, like Investors in People or ISO9000.
- We'll want to see evidence that the provider engages and consults with stakeholders (e.g. residents, staff and relatives) regarding the quality of service provided.
- We will also want to understand how money and valuables are managed on behalf of residents, for example what policies and procedures are in place and whether or not they undertake regular audits.

Well-Led Service: Equipment

- Before our visit we will send the provider an up to date list from the Integrated Community Equipment Service (ICES) for them to review, showing all the equipment that is currently showing as allocated to the home. We will discuss this with the provider to see whether there are any discrepancies and we will address any queries that arise. This will also help us to feedback to our ICES provider, NRS Healthcare.

Well-Led Service: Financial and Business Viability

- If any providers are experiencing any financial difficulties, either as an organisation or relating to specific service users, it is important that we are made aware. This helps us to mitigate risks to service users and to assist providers in resolving any issues.
- Likewise, we will ask providers if the business is either up for sale or in administration.

Well-Led Service: Business Continuity

- Before we visit we will look at the business continuity plan to ensure it reflects priorities in the event of a disruption to service. We will also look to see that it adequately identifies contingency arrangements in order to ensure that risks are mitigated.

At the end of each section we will make a judgement on whether or not the provider is meeting the requirements. If not, we will agree and detail the actions required in order to address this.

Paperwork Review

- As part of the visit we will look at a sample of care files and staff files and any other documents we have requested prior to or during the visit.

Feedback, Meeting Summary and Summary of Actions

- Towards the end of the meeting we will update the provider with any developments or upcoming events and ask about their future business developments/plans.
- After the meeting we will summarise verbally our findings of the visit. If we have identified specific concerns that we feel need to be followed up with further visits we will put a formal action plan in place.

After the Visit

A typed version of the contract management visit form, a revised Risk Profile and action plan if appropriate, will be sent to the provider no later than 15 working days after the visit. The visit form will contain an updated risk rating and a date of our next planned visit.

We ask the provider to review the notes and make any comments, returning the form within 10 working days of receipt. If providers do not respond to us within 10 working days we will accept our version of the notes as an accurate representation of the meeting.

Contract Officers will follow up any low level actions with the Registered Manager when they become due. If we have identified any specific areas of concern we will develop a specific action plan and will arrange a further visit to follow up on the actions in more detail.

This page is intentionally left blank