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**To: Health and Social Care Scrutiny Board**

**Date: 6<sup>th</sup> July 2022**

**Subject: Adult Social Care Quality Assurance and Market Failure Plan**

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**1 Purpose of the Note**

- 1.1 To inform SB5 of the Council's refreshed approach to quality assurance of adult social care provision and to seek support for the approach.
- 1.2 To inform SB5 of the enhanced approach to management of market failure in adult social care and request support for this

**2 Recommendations**

- 2.1 SB5 is requested to make comments on the proposals and approaches to Quality Assurance and market failure planning to the Cabinet Member for Adult Services for consideration at her meeting on 13<sup>th</sup> July 2022.

**3 Information/Background  
Quality Assurance**

- 3.1 The Council's Adult Social Care Service remains committed to ensuring best value in its commissioning and procurement and requires on-going assurance that the quality standards for care and support outlined in its service specifications and contracts continue to be met. This includes requirements for individual outcomes to be delivered by providers working with service users and their representatives with dignity and respect being central to the quality of services.
- 3.2 As at June 2022, the Council has around 130 services (including some in house services) that require monitoring including 73 care homes (of which 48 cater for older people, 15 for younger adults with learning disabilities/autism and 10 for younger adults with mental ill health) 17 home support providers (providing both short-term promoting independence support and longer-term care) 18 housing with care schemes for older people and 14 supported living facilities catering for people with learning disabilities/autism or mental ill health. Other services include day opportunities, community meals and a range of voluntary sector preventative support.
- 3.3 The work to monitor and oversee the quality of these services is led by the City Council as contractor. This is undertaken collaboratively by our Adult Commissioning Team, working with nurses employed through Coventry and Warwickshire Clinical Commissioning Group (CWCCG) who provide clinical input to the Quality Assurance function. We also work closely with colleagues at the Care Quality Commission (CQC) whose role as regulator is distinct and separate to our role as contractor of services for people with care and support needs. The collective approach with CWCCG colleagues and the CQC ensures we are better able to identify issues and take remedial steps to improve the delivery and quality of care locally.
- 3.4 The service has applied a risk-based approach to quality assurance for many years with more focus on those services considered to be most at risk due to indications of poor quality gathered from local intelligence. This process has been reviewed and on the basis of this a

refreshed approach based on 4 levels of risk, outlined, is proposed with endorsement sought for this approach.

3.5 The enhancements to the approach are:

- Introduction of an improved risk-based approach with greater clarity on levels of concern and appropriate oversight and action
- Improved processes and management of providers where there are quality concerns with clear escalation process

3.6 This revised approach has 4 levels as summarised in table one below.

**Table One – Risk levels**

Level of Risk	Description	Level of oversight	Support Options available	Contractual options
1	Providers with concerns which are defined and / or single or time limited in cause and / or the scope is restricted e.g. infection control failure	Ongoing monitoring by contracts officer/clinical nurse with proactive visit brought forward or frequency reviewed	Monitored Improvement plan Signposting to key partners e.g. Infection Prevention and Control, Medication Optimisation Team etc. Focus and access to Learning & development sessions	Not applicable
2	Persistent or widespread low risk concerns - concerns continue, need formal action	Ongoing monitoring of data Reactive visit Develop and agree actions with service an action plan Scheduled ongoing visits to monitor compliance with action plan	Escalate to Lead officer/Quality Assurance officer/care home lead Monitored action plan Signposting to key partners e.g., IPC support, medication optimization etc. Priority access to learning and development support Regular virtual meeting with Manager and /or owners	Voluntary Placement stop/restriction of hours Notice of concern letter issued
3	Persistent serious concerns - significant and / or sustained concerns that require enforcement action	Ongoing monitoring of data Reactive visits Coordination of intelligence with key partners to monitor improvement, Undertake service user reviews Review and monitor ongoing safeguarding's concerns Monitoring action plan Unannounced ongoing visits to monitor compliance in accordance with action plan	Multi-agency Strategy meeting instigated – escalation to Head of service Escalation / Briefing note to Director and cabinet portfolio member Consult with legal Monitored action plan Signposting key partners i.e., IPC support, medication optimization etc. Priority access to learning and development support Quality Performance meetings with strategic directors/owners CCC/CWCCG formal meeting (senior managers)	Imposed Placement stop/restriction of hours Decommissioning/end contract Potential breach of contract letter issued or notice of concern letter
4	Persistent Serious Concerns -	Ongoing monitoring of data	Multi-agency Strategy meeting instigated –	Imposed Placement Stop/restriction of hours

	where the provider is at risk of urgent closure or failure or significant risk to service user	Reactive visit Coordination of intelligence with key partners to monitor improvement, Undertake service user reviews Review and monitor ongoing safeguarding's concerns Conduct unannounced ongoing visits to monitor compliance in accordance with the action plan	escalation to Head of service Escalation / Briefing note to ADASS and cabinet portfolio member Consult with legal Monitored action plan Signposting key partners i.e., IPC support, medication optimization etc. Priority access to learning and development support/service Quality Performance meetings with directors/owners/managers CCC/CWCCG formal meeting (senior mgrs.)	Termination of contract letter issued Decommissioning/ end contract
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- 3.7 Oversight of level 3 and 4 provision is through the Provider Escalation Panel (PEP). This is a multi-agency panel led by the service on behalf of City Council that considers service provision which is causing the most serious quality concerns and ensures support and/or recommends contractual action to the Head of Commissioning and Quality and Director of Nursing and Clinical Transformation. Level 2 provision is held at Quality Peer Support Group (QPSG) level. This group comprises a Quality Assurance Officer, contracts and commissioning officers and quality assurance nurses. Its remit is to oversee moderate level concerns putting in the necessary support and challenge. It is supplemented by two-weekly meetings for contract officers to improve consistency of approach and support with monitoring of quality. Level 1 concerns are those that are managed by individual contract officers and clinical nurses with oversight from their line managers.
- 3.8 PEP will apply the escalation framework to manage the risk, monitor progress, track, and coordinate the response, action/activity undertaken across all agencies with providers and seek assurance that sustainable improvements are being achieved leading to de-escalation (or escalation) from (to) PEP and QPSG.
- 3.9 Governance will continue to be via PEP through to Coventry Safeguarding Adults Board. With the inception of the Integrated Commissioning Board there is also reporting through System Quality Assurance mechanisms (see Appendix 1)

### Market Failure

- 3.10 Under the Care Act (2014) local authorities are required to develop their local knowledge in respect of potential provider failure, and focus where appropriate, on supporting providers at risk of failure. Crucially we are required to have plans in place to manage exits from the market to ensure continuity of care. This paper outlines the approach to market failure through its updated Market Failure Plan. The plan outlines a number of scenarios and our approach to managing these. Of crucial importance is the Council's response to emergency situations requiring immediate action to ensure continuity of care for vulnerable people. The Council is responsible for ensuring continuation of services, for both funded and non-funded social care recipients in the event of provider failure and has a legal requirement to do so. The plan in place addresses both and provides a robust response to situations by Adult Social Care Commissioning, Contracting and Operational functions.
- 3.11 There are several scenarios which can cause a provider / market failure. Some of these are sudden (although very rare), some are as part of national / local financial pressures and others staffing capacity issues which are well publicised and / or communicated to Council's

through regular dialogue with organisational leads. Actions vary according to whether provision is building based e.g, care home, Housing with Care, Supported Living, or day centre; or delivered in the service users own home e.g. home support/community meals. These are described in the Market Failure plan (see appendix 2) however there are several actions that are common to both approaches i.e, a clear communication and engagement strategy; safeguarding (including consideration of Large-Scale Safeguarding Investigation) and quality assurance/safe and well checks for service users.

3.12 The amended approach to managing market failure through its updated Market Failure Plan is attached as appendix 1. The plan outlines several scenarios and our approach to managing these. It is of crucial importance that the Council's response to emergency situations requiring immediate action to ensure continuity of care for vulnerable people, the commissioning team has recently refreshed their emergency failure protocol (any action required within 72 hours), the approach is outlined in this paper.

3.13 The changes proposed with the refreshed Market Failure Plan are as follows:

- More precision around emergency situations of service closure
- Enhancement of the number of transport options available in the plan to ensure appropriate transport is available in an emergency
- An updated and increased number of agencies who may be available to support in an emergency to include recruitment agencies
- Further detail on the approach to emergency provider failure can be found in the Market Failure Plan at appendix 2

## **Appendices**

- Appendix 1            Quality Assurance risk escalation and governance arrangements
- Appendix 2            Market Failure Plan

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