

**Isle of Wight Council
Adult Social Care**

**QUALITY ASSURANCE
POLICY**

**Care Quality Commission
(CQC) Registered Homes
and Services of the IOW
Council**

July 2021

1 Document Information

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3. **SCOPE AND AIMS**

The quality of Adult Social Care matters. It matters because people who use services should be able to expect person centred care that is safe, effective, caring and responsive. This care should be supported by good leadership and sustained by good use of resources. “(Adult Social Care, Quality Matters).

In care and support, quality starts from what matters most to enable people to live their lives in the way that they want. By definition, there can be no ‘one size fits all’. Getting the right balance for people can only be achieved through a person-centred approach which understands someone’s personal history, current circumstances, future aspirations and what is important to them. This may change over time, so it is important not to make assumptions.

We believe that on the Isle of Wight (IOW) all of our CQC Registered Homes and Services should:

- Keep people safe (without taking away personal control) and be of high quality.
- Be personalised according to the needs and wishes of people who use them, enabling personal aspirations and outcomes to be achieved.
- Be provided in ways that help people to be active and contributing members of supportive communities.
- Deliver a quality service provision based upon good national and local practice/ guidance and 'Ensure continuing learning from all audit feedback, regulatory and governance meetings to deliver a culture of continual improvement’.
- Ensure all staff teams have the support and training to provide high quality care
- Have robust senior management oversight which offers support and guidance.

Relevant legislation includes (but is not exhaustive):

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Act (2014)
- Mental Capacity Act (MCA) 2005 and Code of Practice
- Human Rights Act 2015
- COVID 2020

Registered Homes and Services of the IOW Council:

- The Adelaide
- The Goulding's
- Shared Lives
- Plean Dene
- Saxonbury
- Westminster House
- Community Outreach

This policy applies to all employees working across the Council Care Homes and Services (including that working bank hours, temporary, agency, volunteers or work experience). It has considered good practice and relevant legislation including CQC (Care Quality Commission) compliance.

4. PURPOSE

The purpose of this policy is to support the Council's commitment to quality assurance and social impact. This is not a separate activity that is done once in a while but a continuous process of evaluation to develop and improve the support we provide which in turn develops the independence, choices and opportunities for the people we support. The

IOW Council will use a range of methods to measure the quality of service provision, both quantitative and qualitative.

5. RESPONSIBILITIES FOR COMPLIANCE

The overall legal responsibility for compliance across the In-House Services lies with the Nominated Individual (NI) and Registered Manager (RM) with CQC.

Responsibility for developing, managing and delivering the quality assurance system lies with all staff across the in-house service provision within the IOW Council. This will include analysis of data and the production of reports in conjunction with the Business Information Team. The Service Managers and Nominated Individual are responsible for providing information on all service areas on a regular basis to inform the Adult Social Care (ASC) Service Board who have overall accountability.

The Registered Managers in partnership with the Group manager and Service Managers are responsible for scrutinising the quality assurance reports and formulating action plans to improve service delivery and support. The reports and action plans will be reviewed monthly by the Group Manager and shared with the Nominated Individual and Service Managers in preparation for their Service Board monthly reports.

Effective processes rely on all employees across the organisation continuing to make quality assurance a meaningful tool to deliver and demonstrate sustained improvements in the quality of everything we do.

This should:

1. Identify areas of strong performance.
2. Identify areas that need some attention and additional support.
3. Be sufficiently robust to identify improvements and areas of decline.
4. Recognise when an issue needs to be escalated.

REGISTERED MANAGERS (RMs)

A monthly service return is completed by each RM in relation to their Registered service. This is drawn from a variety of sources and includes specific focus audits undertaken throughout the previous month to demonstrate compliance with CQC and also includes data required by the IOW Council.

The focus audits completed by the Group Manager will vary dependent on the Service provision (Community based services, Care Home Services, Reablement Services). For this reason, there is no specific document/formula detailing the range of audits used. These will be discussed and reviewed monthly for their value and outcomes achieved through visits undertaken and 1-1s. All audits will be available when required.

Focus Area Audits

Audits which will focus on specific areas and dependent on key issues that are relevant with the Care Quality Commission, Department of Health and Social Care current affairs. These will be discussed by RM's during 1-1s and quality visits with the Group Manager/ Service Manager. The purpose of all visits is to review regulatory compliance, Council systems, wellbeing support and best practice. It may also include an observation of employees providing support based on the Active support model and feedback from people living in the home and their support staff.

Example Focus Areas:

- Medication
- Finance procedures
- Environment: Health and Safety, Infection Control, Maintenance
- Accessible information
- Food fluids and nutrition
- Health and wellbeing

-
- Well being
 - Reablement
 - Community Outreach focus audits specific to the Service.
 - Shared Lives focus audits specific to the Service.
 - Closed cultures
 - Learning disability issues

Where an action is identified from any audit completed by the RM this will be detailed in the actions area of the audit **IF** it can be addressed and signed off within a maximum period of 2- 4 weeks.

Where an action cannot be concluded by the RM this will be recorded on the Services Improvement Plan (SIP) (see action below) and will be escalated by the Nominated Individual, Group Manager and Service Managers to the relevant department within the IOW Council and a meeting called if required .

The Business Information Team (BIT) within the Adult Social Care Department will be provided with a range of information relevant to the running of the In-House Services. The BIT will produce a summary overview of the current position for all the Council registered care homes and services . BIT will coordinate this into one template and will forward to the Service Managers/ Group Manager for their comments on the position and performance of the homes. The Service manager will write a narrative which should also identify any key issues or actions that need to be reflected to the leadership team. The final report will be presented to the monthly Service Board by the Service Managers responsible for the homes/ Services along with an update on the progress of their individual SIPs.

6.QUALITY ASSURANCE VISITS – frequency /roles and responsibilities

Quality Assurance Team

The Integrated ASC Quality Assurance team will carry out an announced inspection of all of the IOW homes. The frequency will be based upon a risk assessment of the individual service. This assessment will be based upon intelligence gathered from a variety of sources including the information uploaded by the manager of the Service onto the Quality Framework, safe guarding concerns and other issues that impact on safety and quality.

A written report which includes quality ratings will be issued to the Registered Managers, Group Manager and Service Manager. Any actions and recommendations from the visits will be recorded on the individual homes Service Improvement Plan (unless it can be immediately actioned.)

These visits form a part of the monitoring of all CQC registered services on the Island under the new Quality framework for Care homes and Homecare providers. This includes self-assessment, self-reporting, feedback from professionals and visits by Experts from Healthwatch. Services are assessed using 21 quality indicators, which then provide an overall quality rating for each service, benchmarking the service against service similar providers. Services are required to upload data onto the Quality Assurance Framework which will be assessed and impact on the ratings awarded at any one time throughout the following year.

GROUP MANAGER (GM)

The GM will undertake monthly visits to all Services (with the exception of Community Outreach which will be undertaken by the Service Manager who has 1-1-line management responsibility). The visit will involve undertaking one focus area audit (See above) and where a risk is identified a deep dive audit will follow which will be announced and may involve the NI and Service Manager.

The Group Manager will document and share the outcomes of these visits with the Registered Manager, Service Managers and Nominated Individual and any immediate risks will be raised on the day and actioned by the relevant individual/department.

The Group Manager will be responsible for the 1-1 supervision of the 4 learning disability Homes and the 2 reablement services during which time compliance and overall governance will be discussed.

Service Managers (SMs)

There are two Service Managers who have a division of responsibility for the management and oversight of the registered provisions which are as follows:

Service Manager - Learning Disability Services / Shared Lives (4)

Service Manager - Reablement Homes and Community Outreach (3)

The 2 Service Managers will also have line management and responsibility to undertake monthly 1-1's with Shared Lives and Community Outreach. Governance and compliance will form a part of the discussions held as will any audit undertaken that month by the Group Manager and/or Nominated Individual.

Where a Service Manager considers there are areas of risk in a specific area, they will undertake a deep dive of a specific topic and may request attendance by the NI.

Nominated Individual (NI)

The NI will receive copies of and monitor the quality of all reports /audits completed by the Group Manager and Service Managers. The NI will attend all monthly RM meetings, maintenance monitoring meetings and weekly governance meetings held and attended by Service Managers and Group Manager so as to ensure they have oversight and assurance of the level of compliance across the In-House Services

The NI will meet with the Group Manager on a monthly basis to summarise all audits, discuss compliance and consider information required to be presented within their report to the monthly Service Board.

The NI may attend a Service announced or unannounced at any time should concerns be identified through any process (discussions/audits received).

The NI will also organise a monthly presentation / discussion forum of current/ key issues for the managers. This could be based on the Care Quality Commission themes and trends, the Department of Health, learning and development , health, and safety and or any other highlights that are prevalent to the quality and development of the service provision.

The NI will also undertake a 3 monthly mock inspection so as to be assured that the information collated through auditing/governance meetings are accurate giving additional assurance of service improvement and compliance to the Service Board. Prior to this visit the Group Manager will undertake a visit to collate a range of data which will be used and analysed when the NI visits to complete the mock inspection.

The NI will present a full report to Service Board on a monthly basis which will summarise all audits / discussions held, and intelligence gathered during the month as to how each Service is achieving compliance with CQC regulations.

7. GOVERNANCE MEETINGS

Weekly governance meetings will be held and attended by the Service Managers, Group Manager and Nominated Individual. The purpose of the meetings will be to closely monitor the quality of all Services, raise risks and issues and ensure there is a clear plan of action and escalation within the Council if required.

8. SERVICE IMPROVEMENT PLANS (SIP)

The Registered Managers will retain a Service Improvement Plan which is used as a monitoring tool to assure the improvement and development of the Service in alignment with the Care Quality Regulations and other relevant legislation. The SIP will include all issues that cannot be immediately resolved and may require escalation and monitoring by Senior Management.

The SIP may therefore contain actions from a range of sources from every internal and external audit such as: -

- CQC Inspections
- Group Manager Audits
- Health and Safety Inspections
- Fire Safety Visits
- CCG/ASC Quality Assurance Team Audits
- Environmental Health
- Stakeholder and Customer feedback
- Group Manager monthly audits
- Nominated Individual visits / discussions

The SIP will be reviewed each month during audits undertaken by the Group Manager/ Nominated Individual discussions and at all supervisions by either the Group Manager or Service Manager dependent online management responsibility. A summary will be presented to the monthly service board.

9. USER INVOLVEMENT AND CUSTOMER FEEDBACK

High quality care and support exists where people who use social care have informed choice and control and as much involvement in decisions about their care and support as they want to have. All staff within the in-house Services are responsible for ensuring that involvement from people we support is positively encouraged through genuine involvement on a day to day basis in shaping and providing feedback.

The Registered Managers are responsible for rolling out a customer survey on at least an annual basis and collating, analysing and reporting on the results. This will be sent to families and friends and professionals and include feedback from people living at the home.

The Registered Manager will implement actions identified from these results that inform continual improvement and development of the service as appropriate in accordance with feedback and as agree with the Group Manager / Service Manager and Nominated Individual.

During 3 monthly inspections the Nominated Individual will contact some relatives, key professionals, and talk with and observe residents in the Services so as to gain feedback from them

10. STAKEHOLDER ENGAGEMENT

As with customer engagement, it is important that stakeholders such as families, friends and professionals involved in people's lives are locally encouraged to be involved in decisions about the care and support that is provided to people. This would form part of the Best Interest process for those individuals who lack capacity.

The Nominated Individual will also contact all interested parties as a part of the mock inspection process to gain an understanding of involvement, engagement and participation with Services.

Relevant contacts :

Registered Services :

Plene Dene 01983866015

The Adelaide 01983 568621

The Goulding's 01983752135

Westminster House 01983 526310

Shared Lives 01983 823209

Community Outreach 01983 821000 ext 8312 or 823830

Saxonbury 01983 755228

IOW Council

01983 821000 – main switchboard number

Daron Perkins (Service Manager IOW LD Services) EXT 832240

Patricia Taylor (Nominated Individual CQC Registered Services IOW Council) 07812513530

Jo Parry (Group Manager for all CQC Registered Services for IOW Council) 07976 009047

Emma Pugh (Pathway Lead for Integrated Regaining Independence Services, IOW NHS Trust and IOW Council. Nominated System Co-ordinator, Hospital Discharge Services, IOW Health and Care System . Community Division Leadership Team Office, South Block, St Marys Hospital.