

COMMISSIONED SERVICES

GOVERNANCE AND

ASSURANCE

STRUCTURE

**(Specific to Adult, Community Older Peoples
Services, Mental Health and Intellectual
Disability Programmes of Care)**

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Introduction

The Belfast Health and Social Care Trust (BHSCT), as a statutory organisation, is required to commission the best possible services and positive outcomes for service users, within the financial resources available to it.

Ensuring people are safe and cared for when they require services is of paramount importance and the delivery of high quality care rests with each provider organisation. Under its statutory duty to secure continuous improvement within the services it commissions, and its work to pursue assurance of safety and quality, the Trust's Commissioned Services Quality Assurance Structure builds upon the recommendations of reports by Francis, Keogh, Berwick, Home Truths and service level Serious Adverse Incidents (SAI's). The structure is aligned to the Trusts Integrated Governance and Assurance Framework 2021-2022, ensuring that there are effective systems in place for governance, essential for the achievements of the Trusts objectives. This structure ensures commissioned services report progress against a number of key metrics within a Quality Management System (QMS). This alignment provides assurances that the structures and arrangements in commissioned services ensures that decision making is informed by intelligent information and takes an holistic view of the whole of commissioned services across the three programmes of care. It embeds the Trust's vision for 'quality' and evidences how services with an oversight role assure themselves, service users who we place in commissioned care, and their families, that the services they are receiving are of a high quality.

This framework outlines the processes that are used to identify and measure the quality of services the Trust commissions, in line with the values of the Trust and contractual requirements. It also sets out the integrated governance arrangements within Adult, Community and Older Peoples Services Commissioned Services, Learning Disability and Mental Health programmes of care that ensure a consistent approach by the Trust to inform on the quality of commissioned services. It details the assurance arrangements processes for escalation and additional support/actions that may be required to address quality and safety concerns.

Quality is everyone's business and the service is committed to working with partners across the system to ensure the best possible outcomes and experience for service users and their carers and families.

"All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment,

inquiry, improvement, regular reporting, encouragement and support” (Berwick 2013).

The Trust have clear, identified responsibilities in relation to commissioning for quality, informed by the contractual requirements:

- To ensure that services commissioned are safe, effective, provide good service user experience and ensure continuous improvement.
- To ensure services are provided in an integrated way, working in partnership with the Trust.
- To actively seek service user feedback on services and engage with all, with the intention of improving services.
- Support independent commissioned services to deliver high quality care.

This structure describes how the service will work with the independent sector and Trust programmes of care, identifying quality standards, measuring and monitoring quality and what actions it will take if there are concerns about the quality of services commissioned. This includes services commissioned by Older People, Intellectual Disability and Mental Health services. The services will review its quality priorities constantly to ensure quality remains the key focus and the Quality Assurance Framework identifies key objectives and methods of monitoring compliance against them.

Objectives for Integrated Governance and Assurance Framework

Objectives

The Trust's Quality Management System has six key metrics:

1. Safety
2. Experience
3. Effectiveness
4. Efficiency
5. Timeliness
6. Equity

Best Practice, Best Care 2001, (DHSS&PS, 2001) defined „a quality service“ as

“The provision of a high standard of care and treatment given by the right person at the right time in the appropriate setting.”

The emphasis on the quality of service delivery was subsequently enshrined in legislation when the Health and Personal Social Services (Quality, Improvement, Regulation) (NI) Order was granted in 2003. This Order places a Statutory Duty of Quality on Health and Social Care Trusts in relation to the provision of services, stating

“This means that each organisation has a legal responsibility for satisfying itself that the quality of care it commissions and/or provides meets a required standard.”

All health and social care organisations must ensure there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor, and promote safety and quality improvements in the provision of health and social care governance.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/oss-circular-01-2018.pdf>

Additional strategic objectives

- To seek and hear the service user voice, ensuring it is incorporated into the Trust’s commissioning plans and quality assurance processes.
- To be transparent - openness and candour are key values for the Trust. Candour and honesty are integral to healthcare and quality assurance as well as service improvement.
- To support the development of a strong safety culture.
- To learn and support learning for improvement in the providers of services we commission, to act and share learning from safety complaints and service user experience.
- To ensure awareness of, and inclusion of, national and regional documents, reports and directives to influence and update the Quality Assurance Framework.

<https://www.health-ni.gov.uk/articles/quality-standards-health-and-social-care>

Background

Ensuring that service users receive high quality care relies on a complex set of interconnected roles, responsibilities and relationships between the Trust, Programmes of Care, provider organisations, other HSC Trusts, commissioners and system and professional regulators.

This Quality Assurance Structure sets out a number of measurable actions and related outcomes which will help ensure the Trust is commissioning safe, effective services that meet people’s needs. The framework also describes the various mechanisms that are in place to assure quality. Defining quality is complex, this framework will describe what the service means by the term quality and how it will assure itself that the people the Trust places in commissioned services are receiving high quality care.

The core operating principles for Quality set out in the 'Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003' identifies the following behaviours:

- Patients and the public come first – not the needs of any organisation.

- Quality is everybody's business – from the ward to the board, from supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers.
- If we (health and care professionals, staff, as well as patients and the wider public) have concerns we speak out and raise questions without hesitation.
- We listen in a systematic way to what our service users and staff tell us about the quality of care.
- If concerns are raised, we listen, investigate and determine appropriate action.

Key Drivers for Quality

Patient and Public Involvement (PPI)

The service is committed to working with service users, carers, community and voluntary groups and other partners to involve, engage and listen in order to identify commissioning priorities and inform service redesign.

Quality schedules in contracts

Contracts with providers contain set quality indicators which allow the Trust to monitor and measure performance. Contractual levers can be applied if quality is not achieved.

Regulatory Standards

Standards have been developed to facilitate the regulation of specific Health & Social Care Services provided by the statutory and independent sectors. The Care Standards are specified in legislation HPSS (Quality, Improvement and Regulation) N.I Order 2003. <https://www.health-ni.gov.uk/publications/quality-standards-health-and-social-care-documents>. The standards are inspected and regulated by the DHSP through the Regulation and Quality Improvement Authority (RQIA).

Registration with RQIA is subject to compliance with a regulatory framework based on a series of 'fundamental standards' of quality and safety. <http://www.rqia.org.uk/>

Statutory Duty of Candour

Since 2015 every healthcare professional is required by law to be open and honest with service users when something goes wrong with their treatment or care causes or has the potential to cause harm or distress. Professionals are also required to be open and honest with colleagues and employers in order to promote a culture of patient safety improvement.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/duty-key-analysis-paper2.pdf>

Equality, diversity and human rights

Promoting equality, valuing diversity and upholding human rights is integral to the pursuit of quality and addressing gaps in health inequalities.

National Institute for Health and Care Excellence (NICE) Quality Standards

These are a set of prioritised statements designed to drive measurable quality improvements in a particular area of healthcare. Guidance is derived from high quality independent input from a wide variety of health and social care professionals who consider patient experience, safety, equality and cost effectiveness in their development.

NI Safeguarding Policy and Procedures

The purpose of the Policy is to set out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning health and social care to protect people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. As commissioners of services we need to assure ourselves that the organisations from which we commission have effective safeguarding arrangements in place and hold them to account through contracting arrangements.

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

Learning from service user feedback

Putting 'Patients Back in the Picture' and the more recently Home Truths Report, published post Francis Report, highlight changes required to ensure providers listen to service users and carers, look for trends, disseminate lessons learnt and make changes to ensure care is improved.

Learning from Investigations and Enquiries

National and regional enquiries and reports often follow failures in care and come with recommendations to prevent recurrence such as that which followed the investigation into Winterbourne View, Dunmurray Manor and Muckamore Abbey. The service scrutinises all such reports and incorporates into its accountable functions, including holding providers to account for delivery of changes where required.

What is Quality Assurance?

Quality assurance is the systematic and transparent process of determining whether a service is meeting specified requirements through a variety of measures. <https://medical-dictionary.thefreedictionary.com/quality+assurance>

The mechanisms for monitoring and escalation are further illustrated in [Appendix 1](#). These include:

- Clear expectations of quality defined through detailed service specifications and contracts.
- Monitoring of provider performance through annual contract management meetings and associated quality or concerns meetings.
- Scheduled Senior Practitioner led site quality visits to providers to observe the lived experience of residents / service users and review care provision documentation.
- Weekly governance meetings, led by each programme of care, to have oversight of quality across the services they commission.
- Non-scheduled quality assurance visits as a response to a complaint / incident.
- Keyworker communication and visits to residents / service users and feedback from families.
- Escalation and lines of communication from front line staff to the Executive team.

As statutory bodies accountable to the public this strategy will be overseen by the Adult, Community and Primary Care Director and the framework describes how this will take place.

Context

Following a number of high profile reports and enquiries, particularly the Public Enquiry into the care at Mid-Staffordshire NHS Foundation Trust (2013) carried out by Sir Robert Francis, the Homes Truths Report (2018) and Serious Adverse Incident (SAI) into Clifton Nursing Home (2021), it was reiterated that the Trust has key roles and responsibilities for continual assurance of quality in services it commissions. During the last few years there have been a number of investigations of care homes that have highlighted the tragic consequences of poor care and treatment, neglect and abuse. The two national notable reviews are Winterbourne View (2012), a Hospital for people with Learning Disabilities, the Francis public inquiry into Mid Staffordshire Hospital (2013) and locally Dunmurray Manor and the subsequent Home Truths Report in 2018, all resulted in lessons learned, policy changes and guidance being introduced.

The recommendations accepted in the Francis report provide the framework for this document alongside recommendations in reports which followed, namely:

- Winterbourne and follow up Winterbourne View Concordat (2012).
- A promise to learn – a commitment to act. Improving the Safety of Patients in England, Berwick Report (2013).
- Compassion in Practice. Nursing, Midwifery and Care Staff, Our Vision and Strategy (2012).
- Home Truth Report 2018.
- SAI Clifton Nursing Home 2021.

The main key quality recommendations from the Francis Enquiry, Winterbourne View and Home Truth Report can be found in [Appendix 2](#).

Our Approach

Working proactively

Each programme of care will gather and share information and intelligence as appropriate with relevant stakeholders about the quality of care so that it can identify potential problems early, prevent harmful impact and manage risk.

Reacting and responding (working reactively)

In the event of a potential or actual serious quality concern becoming apparent, the relevant service area will make and support informed judgments about quality and ensure that appropriate, timely responsive actions are implemented. It will also include other stakeholders as necessary, placing service user safety at the centre of any decisions and subsequent actions.

Local context

Older Peoples' Commissioned Services

The Service has 155 care homes with approximately 2100 care home residents and 24 domiciliary care providers with approximately 3300 service users.

Intellectual Disability Commissioned Services

The Intellectual Disability Service commissions placements from 55 Care Homes (8 Care Homes are located in Belfast Trust, the other 47 Care Homes are out of Trust) for 272 residents. The service also commissions Supported Living Placements from 13 Providers for 25 schemes in Belfast, 20 schemes outside Belfast for 179 service users and domiciliary packages from 22 domiciliary providers for 136 service users.

Mental Health Commissioned Services

Mental Health Services have 650 service users of which 193 are in care homes across 45 different homes. The breakdown includes:

- 2 mental health care homes (with 50 residents).
- 3 care homes with separate mental health areas which are part of a larger complex, with a total of 57 mental health residents.
- The remainder of 86 placements are across general care home settings.
- Domiciliary Care is provided by 18 domiciliary care agencies with approximately 206 service users.
- The remainder of the caseloads are in Supported Housing and SDS Direct Payment

Mental Health Services also manage 7 ECR placements, which are specialist treatment or care provision in England.

Each service has a responsibility in the monitoring of standards of quality provided by all providers and provide assurance to the Trust that care is of the highest quality possible.

Roles and Responsibilities of Partners in the System

‘Quality... is not the responsibility of any one part of the system alone, but a collective endeavour requiring collaboration at every level of the system.’

National Quality Board 2014

In addition to the Trust and programmes of care interface regarding quality oversight, other Trusts, Providers and RQIA are required to provide regular oversight, leadership and additional assurance into commissioned services. All partners also have a responsibility to ensure people are protected from harm and failures in quality, including neglect and abuse.

Providers

Providers have a responsibility to understand and identify what high quality care looks like and must strive to deliver this. They are required to have robust governance arrangements in place to monitor, manage and drive improvements and must evidence meeting the NI minimum standards related to nursing homes, residential homes and domiciliary care.

All providers are governed by legislation and regulated by RQIA.

Regulators

The RQIA is the agency responsible for monitoring, inspecting and regulating services. The RQIA is a non-departmental public body of the Department of Health established in 2005. The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 created a legal framework for improving the quality of health and social services in Northern Ireland.

Article 38 of the Department of Health, Social Services and Public Safety (DHSSPS) Quality Improvement and Regulation (NI) Order 2003 gives the power to the DHSSPS to publish minimum standards that the RQIA must take account of in the regulation of the care homes and domiciliary providers. The Standards aim to improve the quality of care for people living in care homes or in receipt of domiciliary care.

RQIA carry out a minimum of 2 unannounced inspections per annum.

RQIA inspections report what the Inspector will observe, hear or review on the date of the inspection. The findings are reported within a framework of 4 key indicators / domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

To help assess whether the care is safe, effective and compassionate and whether the service is well led, the inspectors look for evidence against a number of indicators, for example:

- 'Is Care Safe?' i.e. does it avoid and prevent harm to patients and clients from the care, treatment and support that is intended to help them.

Areas for improvement are reported at the end of the report under the Quality Improvement Plan (QIP). The Registered Provider is issued via the RQIA portal the inspection report which includes a QIP which must be completed by the Registered Provider / Registered Individual (RI) detailing how the areas for improvement will be met. If the action outlined in the QIP is not taken to comply with Regulations and Standards, then further enforcement action will be taken. It is the responsibility of the Registered Provider to ensure all areas for improvement identified within a QIP are addressed within the specified timescales.

RQIA reports are published on their website, which, following their internal processes, typically take some 56 days following an inspection.

Enforcement action is an essential element of the RQIA responsibilities. There is a range of enforcement options to ensure compliance with regulation and minimum standards.

RQIA may employ simultaneous enforcement actions in regard to a registered service, provided the action is related to separate breaches of Standards. It can also escalate if inspectors identify risks to health, welfare, safety or failure to comply. Issues for escalation are graded (minor, moderate, major) in terms of severity.

RQIA Enforcement Procedures [Document 2 of 6] April 2017 state in paragraph 4.7:

“If a failure to comply with a specific standard and / or regulation has been stated for the second time in an inspection report and an inspector identifies that it has not been addressed or compliance has not been sustained, an Enforcement Decision Making (EDM) meeting must take place. Only in exceptional circumstances should a specific failure to comply with a regulation or standard be stated for a third time. Where this is the case, a full explanation should be noted by the inspector within the EDM meeting record”.

And at paragraph 4.8:

“Where an inspector identifies an establishment / agency / Trust which is failing to comply with regulations or failing to comply with any statement of minimum standards, RQIA will consider the various options to enable that establishment / agency / Trust to secure compliance. Depending on the circumstances, an assessment of the associated risks and the response from the Registered Person / Trust’s Responsible Individual/s, RQIA will consider a range of actions.”

At paragraph 4.10 in circumstances where RQIA has serious concerns about a service user’s life, health or wellbeing, RQIA may use urgent procedures to cancel the registration of an establishment or agency or that of a Registered Person. RQIA may increase inspection activity for a period of time to monitor compliance and to ensure necessary improvements are being made and maintained.

The Urgent Procedure states:

“Under Article 21 of the 2003 Order RQIA can apply to a Lay Magistrate for an order to:

- *cancel the registration of a person in respect of an establishment or agency*
- *vary or remove any condition of registration*
- *impose an additional condition*

If RQIA has serious concerns about a service user’s life, health or wellbeing, and is considering urgent procedures, an Enforcement Decision Making (EDM) meeting will be held. If a decision is made to apply for an order under Article 21, a record of the decision is made.”

RQIA ensures services meet fundamental standards of quality and safety and publish their findings, including performance improvement required, to help people choose care. The Trust Commissioned Services Governance Team scrutinise Inspection Reports and will include any themes for improvement to observe when onsite visits are undertaken.

The Trust will escalate when quality concerns are identified about a provider and will support improvement work and monitoring quality of care and service user safety. There is an interface meeting between the Trust and RQIA monthly to discuss providers and share information promoting a cohesive approach to both the regulatory and Trust duty of quality of care function.

Professional regulators such as the Nursing and Midwifery Council (NMC), General Medical Council (GMC) and Health and Care Professional Council (HCPC) and NISCC set standards, hold a register, quality assure education and investigate complaints. The provider has the responsibility to ensure compliance with regulatory standards of the professionals they employ and report concerns of practitioners.

What is Quality?

Quality is difficult to define and incorporates many aspects of data, information of feedback from a wide variety of sources. Measuring quality and gaining assurance is complex. The key drivers for quality have been taken into account and are included within this framework.

‘Rules, standards, regulations and enforcement have a place in the pursuit of quality, but they pale in potential compared to the power of pervasive and constant learning’.
Berwick Report 2013.

Definition of Quality



Quality Measures

How the service establishes expectation of quality in its commissioned services

Commissioning involves a series of stages usually conducted in a systematic cyclical process over the course of a year which assist the Trust in deciding what services are needed and whether existing services require review. Quality assurance is inherent and integral to that process.

The commissioned services governance team measure quality through:

- Regular, routine monitoring of quality indicators and data within the contract, escalating and taking action where required as outlined in [Appendix 1](#).
- Clinical visits / walk rounds / scheduled and unscheduled Quality Assurance visits.
- Hearing the voice of the person, their carers and families through complaints / compliments / surveys and development of key relationships.
- Dialogue with HSC Trust colleagues at interface meetings and outcome of their Quality Assurance visits
- Review of Inspection Reports and Quality Improvements Plans (QIPS).
- Interface meetings with RQIA and sharing of information and intelligence.
- Sharing of information and intelligence across programmes of care and Trust staff involved in care home and domiciliary care provision and appropriate escalation via the Governance reporting structure (page 16).
- Safeguarding processes

Contracting Process

Ensuring that service users and residents have access to a range of high-quality services is the core function of commissioning. The Contract supports this by giving a robust framework through which the Trust Commissioner can set clear standards for a provider and subsequently hold it to account for the quality of care it (and any sub-contractors) deliver against those standards. The Contract requires providers to run services in line with recognised good clinical or healthcare practice and providers must comply with regional standards on quality of care (https://www.rqia.org.uk/RQIA/media/RQIA/Resources/Standards/nursing_homes_standards_-_april_2015.pdf)

https://www.rqia.org.uk/RQIA/media/RQIA/Resources/Standards/care-standards-residential-care-homes_2021.pdf)and any agreed local quality requirements. The contract is managed by each programme of care through annual contract meetings with the providers and the Trust's contracts department. These contract meetings address under performance against all quality requirements and either agree action plans for improvement and / or provide a process for escalation of quality or performance concerns which are impacting on quality.

Each commissioned provider is required, contractually, to submit information on recognised indicators of the safety, quality and effectiveness of services. These include:

- Service user experience information from internal and external surveys, family and friends, complaints and compliments.
- Incident and Serious Incident reporting data, compliance with Trust reporting timeframes, quality of reporting, analysis, including medication errors, never events, falls incidents and completed investigation reports.
- Infection prevention and control measures, including clinical practice, environmental audit data and numbers of healthcare-associated infections and outbreaks of infections identified.

This information is reviewed and considered along with the context of other available data and intelligence the Trust collates - complaints, escalation level, RQIA reports, safeguarding and incident reports, quality monitoring reports. Where Older Peoples Services is not the lead contract holder, Mental Health or Intellectual Disability Programmes will lead on these.

The contract includes clauses which serve to focus the provider and commissioner on the achievement of quality improvement and places emphasis on avoiding harm. In addition to the terms within the main body of the contract there are also specific schedules which both parties work on collaboratively prior to sign off which are directly related to quality.

If the provider fails to provide any part of the service, the Trust may:

- Bring unsatisfactory performance to the attention of the provider in writing, requiring the performance to be dealt with in a manner prescribed by the Belfast Trust.
- The Trust will issue a performance notice and a timescale for rectification to the standard of the Trust. If the remedial actions fail to remedy the unsatisfactory performance to the satisfaction of the Trust, the Trust will issue a further notice.

Accumulation of 3 non-material (failure to perform in line with the contract) performance notices within a 12 month rolling period may be considered by the Trust as a material breach. If the provider has not remedied notices by the timescale set then one of the following will occur:

- 20% funding will be withheld.
- Contract terminates.

The Trust may suspend admissions to a Care Home or from being on the providers list where it considers that a breach creates an immediate or serious risk to the residents / service users. The Belfast Trust will notify the provider, RQIA, other Trusts and the Health and Social Care Board (HSCB).

A fundamental priority for the Trust is to commission high quality care which is safe, prevents avoidable harm and risk to service user safety. This includes systems to not only protect service users but robust processes to investigate and learn from incidents. Quality Measures the service routinely monitor include:

- Serious Adverse Incidents
- Adverse Incident reporting
- Safeguarding Referrals
- falls
- Complaints
- Quality Monitoring Reports
- Service user / family feedback
- Outcome of quality assurance visits
- Outcome of annual care reviews

These measures enable the Governance Teams for Commissioned Services to retain the full picture of quality concerns and incidents enabling them to analyse, report and where necessary, take action for escalation on significant incidents, emerging patterns and trends. This data collation and associated reports assists the Trust in the provision of assurances of safe, effective care for service users alongside value for money for the Trust who commission the services.

The Commissioned Services Governance Team produce annual reports on the quality of care (of care home and domiciliary care providers). Quality reports help the Trust to assure the quality of care provided by independent sector providers.

The Trust will work on a multi-agency basis to collaboratively deliver improvements in the quality of care in care homes and provided by domiciliary care. The Trust care home nurse managers' forum which meets quarterly with care home representatives to share best practice, implement initiatives and support continuous quality improvement is facilitated by the Trust Care Home Support Team. Weekly ECHOS also provide regular communication forums for sharing information. The Commissioned Services Assistant Service Manager/Governance lead has a monthly forum with all Domiciliary providers.

Adverse Incident Reporting

All reportable Incidents are reported through to the Trust by each provider. They have a regulatory and contractual responsibility to report to the relevant Commissioned Services Governance Team, RQIA and the aligned Key Worker of a service user / resident within 24 hours. ([Appendix 3 examples of incidents](#))

Incidents are reported and investigated by keyworkers and / or care managers. The expectation is that learning from all incidents is shared across the whole of the provider organisations and if appropriate shared more widely.

Incident reporting and complaints are reviewed at the annual contract meeting to ensure comprehensive investigations with appropriate action plans demonstrating organisational learning have been completed. Evidence of learning embedded into practice is observed as part of the Quality Assurance visits carried out by Trust staff.

Quality Assurance Visits by the relevant programme of care will review incidents and any relevant themes, trends and learning, and observe if practice within the care homes is compliant with best practice.

Assurance of Learning from Serious Adverse Incidents (SAIs) / Significant Event Audits (SEAs)

The Trust has a responsibility to obtain assurance following declaration and investigation of a Serious Incident. This includes robust quality scrutiny of the completed SAI report to ensure all pertinent issues have been identified and considered within the report, and that relevant actions are included in an action plan which identifies SMART actions.

If the Trust is assured the SAI report contains a robust action plan to reduce the risk of a similar incident from happening again the incident will be closed. However the Trust must be assured of completion of actions and embedding of learning identified in the action plan.

Safeguarding

Robust safeguarding processes are integral to all aspects of service user safety. The Adult Safeguarding policy and procedures are in place in NI from 2015. <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf> The Trust acknowledges its statutory function and responsibility as both a commissioner of services and as an employer and has clear governance processes in place for safeguarding children and vulnerable adults. Related policies are:

- Adult Safeguarding Policy NI , 2015

- Regional Child Protection Procedures <https://www.health-ni.gov.uk/articles/regional-child-protection-procedures>
- Mental Capacity Act NI 2016 <https://www.legislation.gov.uk/nia/2016/18/contents/enacted>

The Trust works in partnership with providers to discharge its statutory and legislative functions.. The Trust recognises the importance of 'parity of esteem' (the state or condition as being regarded as equal, https://www.lexico.com/definition/parity_of_esteem) for those with mental health and intellectual disability needs. This applies to the monitoring and assurance of all commissioned services.

The service ensures that safeguarding requirements are integral to any contracts with providers and holds them to account for the delivery of those standards. Through the receipt of compliance with staff safeguarding training uptake, review of safeguarding incidents / reports and participation in site visits where required. Designated Leads for Safeguarding attend provider quality meetings when required.

Infection Prevention Control

Management of Healthcare Acquired Infections (HCAI) and organisational approaches to infection prevention and control are not only crucial to maintaining service user and population safety, but ensure a continued focus on the management and reduction of all HCAI.

The Commissioned Services Governance Team receives information and assurance on Infection Prevention and Control (IPC) measures through onsite visits by Care Home Support Team (CHST), RQIA reports and observations of practice on every care home visited by Trust staff. Requested Trust IPC visits can be made if concern is escalated.

Assurance on IPC in care homes will form part of the quality assurance visits undertaken by key workers, care managers and leads. Trust IPC resource will support this as well as education and IPC support from CHST's and regional PHA led training.

Assurance methods which form the framework are as follows:

Assurance Method	Frequency	Data	Lead
Monitoring of incidents and appropriate action as required on situational basis	As received by key workers. Weekly in care home governance meeting ACOPS weekly live Governance	Datix reporting	Keyworker (Mental Health Care Manager) / approver ASM's CSW, Crest and Commissioned services Governance team Chair of Division
Robust quality review of completed complaint or SEA / SAI investigations and action plans	Monthly	Complaints dashboard, governance dashboard SAI report and tracking of action plans	ASM Commissioned Services Governance team Governance and Quality Manager Director sign of
Scheduled / planned Quality Assurance visits	As per agreed schedule/prioritised based on escalation report/ intelligence received	Monitoring dashboard and reports	ASM Crest ASM ID/MH
Keyworker visits / contact with residents/ families	quarterly or more frequently if need identified	Feedback at weekly governance meeting	ASM Crest ASM CSW/ID/MH
Annual Care reviews	Annual for each resident	Feedback at weekly governance meeting	ASM Crest ASM CSW/ID/MH
Quality Monitoring reports (QMR)	As required (to be submitted 7 days from issue / incident occurring)	Datix reporting	ASM Commissioned Services Governance Lead
Annual Contract meetings	Annual or if concerns/ sanctions required more frequently	Contract monitoring report	Contract Manager Service Manager and ASMs

Clinically led site visits

A schedule of clinically led visits is carried out by CHST. This is now a multidisciplinary team to provide clinical in-reach, education and training to older peoples' nursing care homes in the Belfast locality. This is also an assurance where feed-back is provided to provide insight into both the service user experience and quality of clinical care provision provided. Reports are given and action plans put in place when performance requires improvement.

Quality Assurance visits

Prior to visits, information will be collated regarding adverse incident themes, complaints, care reviews and any performance issues which will inform some of the focus of the visit. A feedback report will be sent to the provider which summarises the visit and an action plan devised for any resultant actions. This will be monitored at the weekly care home Commissioned Governance meeting and included on the care home quality assurance visits dashboard.

Care Home Closure

PHA with partners have published good practice guidance for Trust, Providers and Partners. It helps partners to co-ordinate action, avoid duplication and prevent confusion when a home is closing or when transferring residents from homes that close. This regional document aims to ensure that when closure arises, there is a joined-up and effective response from all partners to minimise as much as possible the impact on people using services, their families, carers and advocates.

The Trust will take appropriate and timely action in supporting residents and making sure they transition to an alternative placement if a facility has to close unavoidably. In instances where the home proceeds to close the Trust will liaise with the home regarding termination of the contract including transfer of residents' records to the Trust.

Domiciliary Provider Closure

The Trust will take appropriate and timely action in ensuring transfer of service to another suitable provider preserving continuity of care to the Service User.

In instances where the provider proceeds to close the Trust will liaise with the home regarding termination of the contract including transfer of Service User records to the Trust.

Governance Oversight and Reporting

The commissioned services Governance Team produce the following reports (Table 1 below) collating, analysing and reviewing aspects of Quality within the care home and domiciliary care provision. Live governance report also includes Moderate incidents and above or those minor and insignificant incidents that had the potential to be major/catastrophic Reports and issues requiring escalation are then shared through the following governance reporting structure:

Commissioned Service Reports

Report Type	Frequency	Date to be completed/sent to 8a/8b	Recipient List for sharing reports	PRIORITY RAG RATING
Moderate Incidents_Live Governance Report	Weekly	Sent Monday pm	Comm Svcs 8B 8C	
DaTIX unapproved, Run Chart re Activity CREsT		Wednesday	Commissioned Services Managers	
Briefing Report Care Homes on escalation	Weekly	Thursday	ACOPS LD, MHJCC, CLT, 8a 8b 8c	
Complaints Dashboard	Monthly	Friday	ACOPS LD, MH ICC, CLT, 8a 8b 8c	
Governance Report - Care Homes	Monthly	2nd week	Gov ASM	
Governance Report - Domiciliary Providers	Monthly	2nd week	Gov ASM	
ASM/SM Gov Dashboard	Monthly	17th-18th Month	ASMs, SM Divisional Lead	
Care Home Monitoring Dashboard			Commissioned Services 8a, 8b 8c	
Briefing report Dom care on Escalation	Monthly	4 th week	ACOPS LD, MH, ICC, CLT, 8a 8b 8c	
RQIA Inspection Report	Bi-Monthly- depending on RQIA		ACOPS, LD, MH	
Executive Report - Domiciliary	Quarterly	3rd week	8B Contracts and Commissioned Services	
Executive Report - Care Home	Quarterly	3rd week	8B Contracts and Commissioned Services	
Complaints Report	Quarterly	4th week	8A Governance. Complaints shared with ASMs of services specific to complaints reported.	
Survey reports	Yearly	April	TBC	
End of Year Activity Report Dom	Yearly	TBC	8A, 8B and 8C	
End of Year Activity Report Care Homes	Yearly	TBC	8A, 8B and 8C	
Contracts Reports Doms	As per Contracts meeting schedule	1 week prior to meeting	Attending Staff from 8b, 8a, Gov. Team & Contracts	
Contracts Reports Care Homes	As per Contracts meeting schedule	1 week prior to meeting	Attending Staff from 8b, 8a, Gov. Team & Contracts	
Covid Related Reports	Frequency	Date/time to be issued	Distribution List	
Outbreak Summary report	Daily	by 6pm	ACOPS LD MH	
Weekly Summary Report	Weekly	Monday based on Friday data	Christine Wilkinson.	
Care Partner & Visiting Arrangements	Weekly	Wednesday	8A 8B & 8C within Commissioned Services	

Table 1

Table 2 ACOPS Governance Reporting:

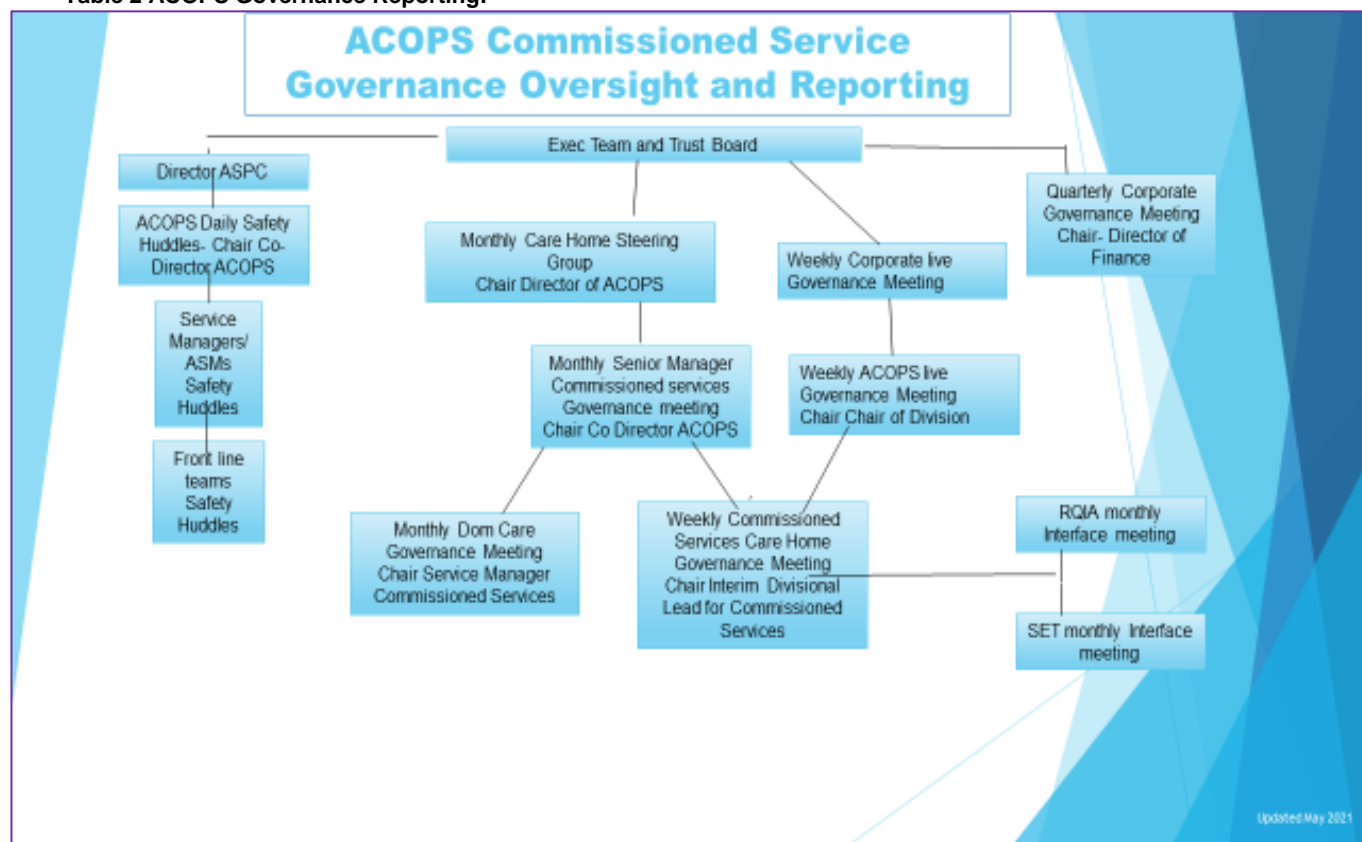
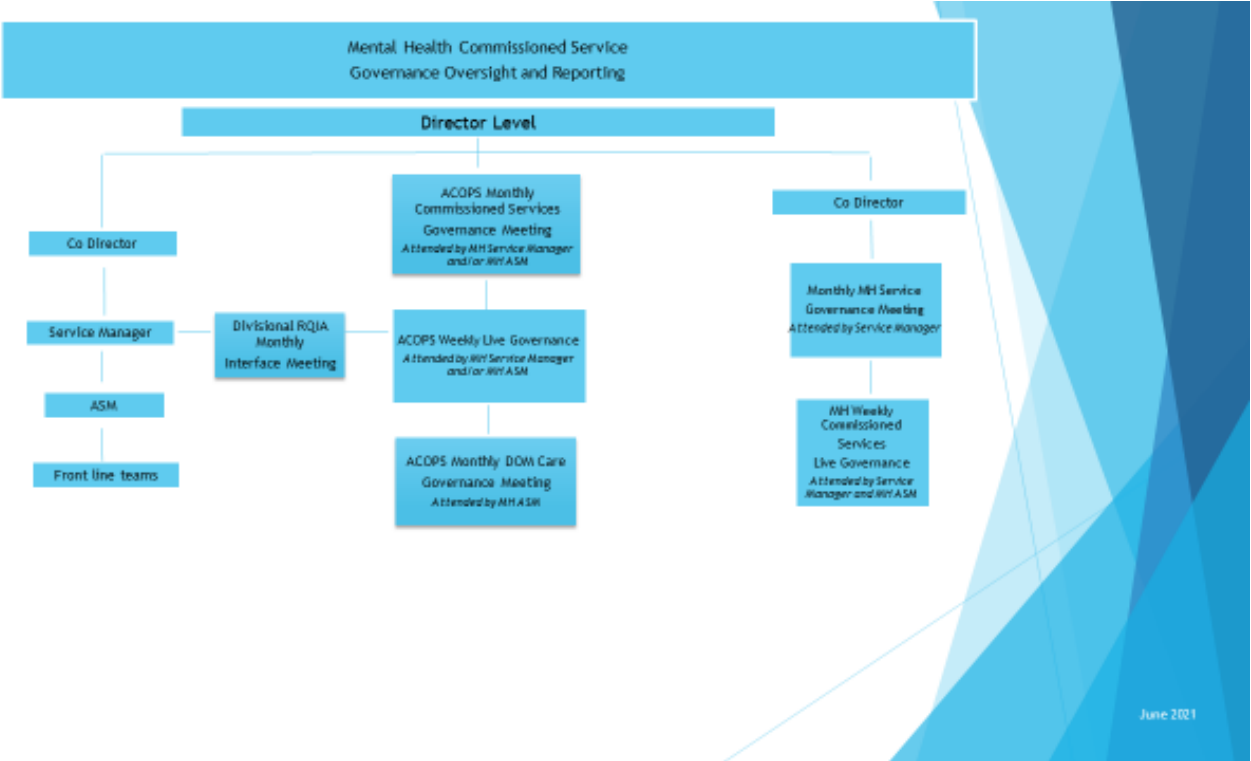


Table 3 LD Governance Oversight and Reporting:



Table 4 MH Governance Reporting:



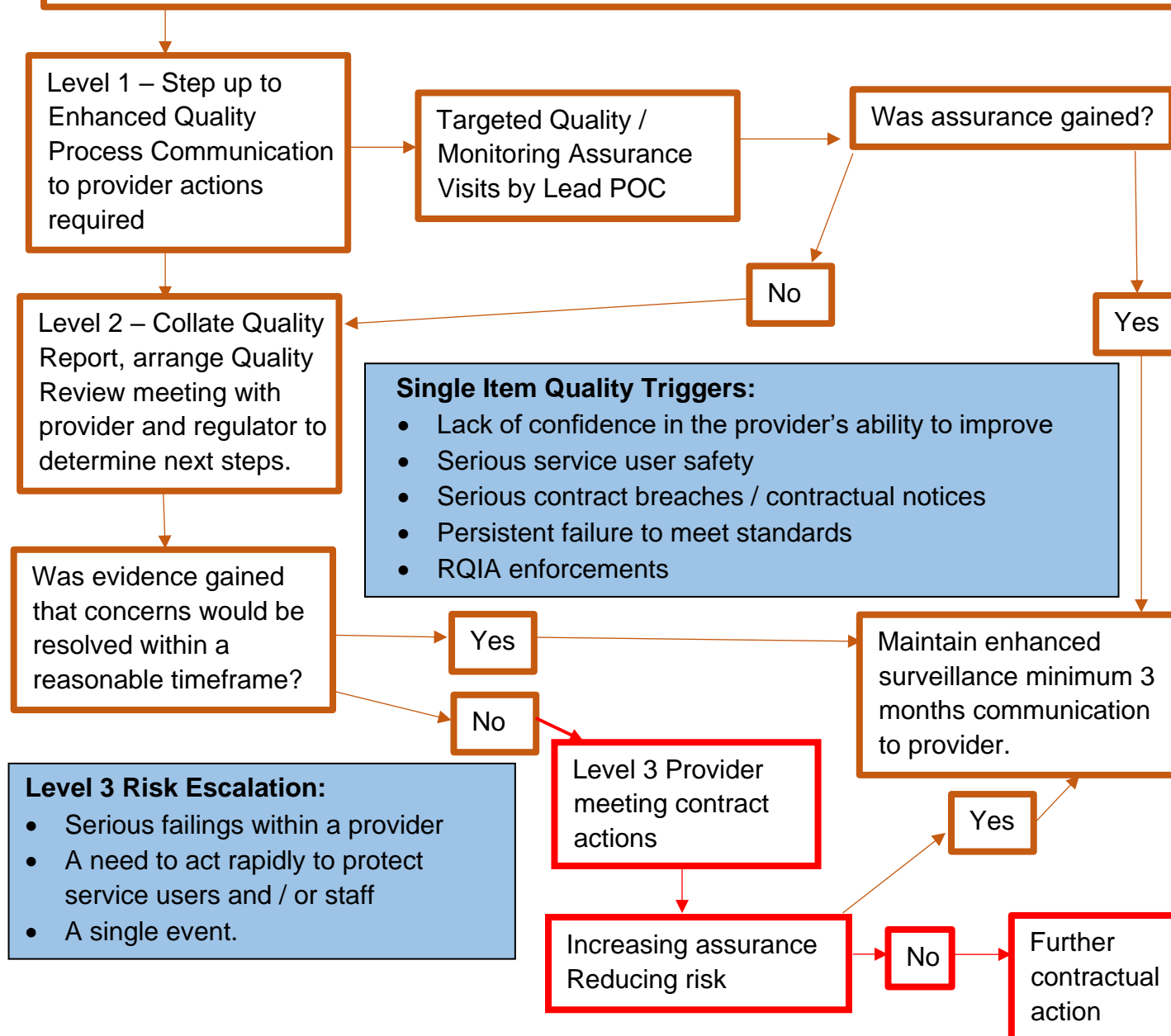
Appendix 1: Quality Monitoring Process

Routine Quality Assurance Examples

Nursing and Residential Minimum Standards
Complaints
Incidents
Safeguarding
Partnership Working
Assurance Visits
Family Feedback
Quality Monitoring Reports

Serious Adverse Incidents
Leadership / Workforce
Governance arrangements
Delivery against contract specification
Contract review meetings
Clinical visits
Care reviews

Persistent and / or Increasing Quality Concerns identified



BHSCT Care Home Quality Assurance Escalation Protocol

This protocol is not an exhaustive list but should be used as a guide on areas of performance that should be considered when assessing the delivery of safe, effective and compassionate care. A home should not be on a level of escalation for MORE than 3 months without either de-escalation or escalation with formal action through contracts to ensure timely actions and improvements in place.

Level Of Escalation	Indicators	Required Action by Commissioned Services	Outcome	Weighting
Level 1 Low Risk	Safety: <ul style="list-style-type: none"> Increased number of adverse incidents that relate to resident safety, such as falls, medication management or of a safeguarding nature. Increased number of ASG referrals Quality: <ul style="list-style-type: none"> Increased number of QMRs Increased number of complaints-recurring themes Routine Visits by Trust staff indicating quality of care concerns that create a risk to a residents health and well-being Leadership / Governance: <ul style="list-style-type: none"> Manager not visible or there has been a change to management or leadership arrangements Instability in staffing – high turnover of staff or high use of agency Low staff morale Low or no reporting over a 3 month period and there is concern that issues are not being appropriately reported. 	<ol style="list-style-type: none"> Governance lead- 12 month Analysis of AI, QMR, Complaints information , last RQIA Inspection Report Crest Practitioner contacts 10% families for feedback CREST Lead Nurse or SSW or Care Manager undertakes a quality assurance visit SSW Practitioner / Nurse Lead will communicate issues of concern to home manager with written action plan Home will be presented at weekly governance meeting. Advise other programmes of care of concerns and ASG team through the weekly briefing report circulation-feedback sought Add to RQIA interface meeting agenda 	Weekly review of data and feedback	15% Evidence of Person-centred, safe and high-quality care with appropriate risk management arrangements in place and concerns being addressed.

Level Of Escalation	Indicators	Required Action by Commissioned Services	Outcome	Weighting
Level 2: Home where there are indicators of unsatisfactory performance Medium Risk	Safety: <ul style="list-style-type: none"> Breach of more than 3 regulations and standards leading to a requirement (s) from RQIA Grade 3 or above or cluster of avoidable pressure damage reported or identified Concern in relation to adult safeguarding issues relating to individual resident not being managed in line with adult protection procedures and local protection plan not being implemented. Quality: <ul style="list-style-type: none"> Whistle blowing allegations related to quality of care Practice issues observed that are impacting on quality of care and lived experience of residents Increasing QMRs, complaints or notifications with reoccurring trends and/or an inability to sustain agreed actions/improvements Leadership / Governance: <ul style="list-style-type: none"> Repeated Issues identified by staff that have been previously addressed but improvements not sustained. 	<ol style="list-style-type: none"> Focused care reviews should be undertaken on 20% of residents within 10 working days. Fortnightly quality assurance visits Arrange contract meeting chaired by Service Manager with RI and Registered Manager of the home to outline Trust concerns and agree action plan. Provide guidance on areas for improvement. Follow up meeting in writing to registered manager and responsible person outlining concerns and expectation and action plan which will be used to monitor required improvements within 4 week timeframe Contact RQIA, other Trusts. Seek feedback on any concerns these organisations may have. Inform other programmes of care /ASG team. Seek feedback on any concerns they may have. 	<ul style="list-style-type: none"> Maintain enhanced monitoring on monthly basis for 3 month period Home issued with action plan Meeting with home to discuss action plan. Home advised that if improvement not achieved within required 4 week time scale, escalation to level 3 could result 	30% Improvements and assurances evidenced-remove from escalation If not, escalate to level 3.

Level Of Escalation	Indicators	Required Action by Commissioned Services	Outcome	Weighting
Contd:	<ul style="list-style-type: none"> • Noncompliance with tissue viability or Nursing Home Support Team's recommendations. • Failure to evidence action taken to address areas of noncompliance with residents care and treatment • ASG incidents where there are concerns regarding the timeliness of the home's response, the level of cooperation with implementing recommendations or with engaging with the investigation. • Ongoing late or non-reporting of A / Is following previous communication from Commissioned Services / Contracts Department. 			

Level Of Escalation	Indicators	Required Action by Commissioned Services	Outcome	Weighting
Level 3: Unsatisfactory performance with assurances not provided or improvements evidenced in agreed timeframe, serious concerns to safety Significant Risk	Safety: <ul style="list-style-type: none"> Practice issues observed that are considered to be a significant risk to the health or well-being of a resident. Significant fire risk identified and/or failure to comply with fire safety standard. Adult Protection Investigation or monitoring visit identified risk of serious harm to one or more resident. Repeated incidents of failure to comply with care and treatment recommendations ie SLT Notice of improvement issued by RQIA that indicate concern relating to the delivery of safe, effective and compassionate care. Breach or series of breaches of contract by provider creates an immediate risk of harm to residents. Quality: <ul style="list-style-type: none"> Incidents requiring SAI reviews Adult Protection Investigation or enhanced monitoring visits indicate systematic failure around quality of care. Any home with an RQIA failure to comply notice or other sanction Host Trust has closed home to admission. 	<ol style="list-style-type: none"> 1. Focused care reviews should be undertaken on all residents 2. Minimum Weekly enhanced monitoring visits 3. Trust serious concerns meeting with provider chaired Co Director/ or Divisional Lead 4. Performance notice issued 5. Four weekly oversight meetings with home management team and RI to discuss improvement against– RQIA to be invited 6. Trust to consider if there is a need for a strategy management group under the ASG procedures 	<ol style="list-style-type: none"> 1. Trust to close home to new admissions 2. Communication to all residents/ families by keyworkers to provide assurances of Trust actions and monitoring 	45% Sanction following contracts meeting Closure to admissions / performance notice.

Level Of Escalation	Indicators	Required Action by Commissioned Services	Outcome	Weighting
Contd:	Leadership/Governance: <ul style="list-style-type: none"> Identified shortfall in staffing levels with no assurance of continuity of care can be provided Failure to evidence /sustain improvement against action plan Failure of the home to implement protection plan for individual resident where there is an ongoing adult protection investigation Concerns/complaints related to quality of care or poor practice being raised by multiple service users, which home has not addressed. Home did not implement action plan Sustained failure to address practice issues. 			

Appendix 2: Key Quality Recommendations from the Francis Enquiry and Winterbourne Review

Francis Enquiry key quality recommendations:

- GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital or other specialist services.
- The Commissioner is entitled to and should apply a fundamental safety and quality standard in respect of each item of service it is commissioning and agree a method of measurement and redress for non-compliance.
- Local commissioners must be provided with the infrastructure and the support necessary to enable a proper scrutiny of its provider's services.
- In selecting indicators the principle focus of commissioners should be on what is reasonably necessary to safeguard patients and to ensure that at least fundamental safety and quality standards are maintained.
- Commissioners – not providers – should decide what they want provided.
- Commissioners need to identify and make available alternative sources of provision.
- Commissioners must have the capacity to monitor the performance of every commissioning contract on a continuing basis during the contract period. They must also have the capacity to undertake their own audits, inspections and investigations.
- Commissioners should be entitled to intervene in the management of an individual complaint on behalf of a patient where it appears to them that it is not being dealt with satisfactorily.
- Consideration should be given to whether commissioners should be given responsibility for commissioning patients' advocates and support services for complaints against providers.
- Commissioners should have contingency plans to ensure that patients are protected from harm if they are at risk from substandard or unsafe services.

Winterbourne key quality recommendations:

- **One shared vision** driven forward by active senior leadership based on the presumption that hospitals are not homes and that people should be supported to live in the community.
- **One pooled budget** allowing maximum flexibility for commissioners to fund what individuals truly need and aligning the financial incentives on all commissioners to invest in community-based provision.
- **One robust plan** for commissioning on a whole life-course basis, supporting early intervention and support (from early childhood onwards), expanding the provision of community-based support and care and reducing the number of inpatients and inpatient provision.
- COPNI Home Truths recommendations.
- Clifton Nursing Home (SAI Level 3) Recommendations.

Examples of Adverse Incidents (commissioned services):

Incident to be reported	Description / Parameters	ISP
Medication	Misuse of medication; medication not given; medication given in error; dosage errors; loss of medication; non-compliance; pharmacy errors; syringe pump errors.	RH, NH, Dom
Weight loss	Significant weight loss that includes an increased nutritional risk and the need to refer to GP / Dieticians.	NH, RH
Missing / absconded	Service User missing from Home / absconded.	RH, NH, Dom
Pressure damage	Pressure damage from Grade 2 upwards.	RH, NH, Dom
Choking	Episodes of choking or swallowing difficulties resulting in potential or actual harm to service user.	RH, NH, Dom
Unexplained bruising / injury	Unexplained injury that requires medical attention. Example (but not limited to) bruising / skin tears / cuts / abrasions, fractures, etc. *NB: ensure consideration of screening by the Adult Safeguarding Champion.	RH, NH, Dom
Accident	Explained injury that requires medical attention. Example (but not limited to) fractures, bruises, complaints of pain, abrasions, skin tears.	RH, NH, Dom
Missed calls	Any calls missed. (Should also include the tasks not undertaken). This should include missed runs (note in body of DATIX missed run and n° of calls missed i.e., missed tea run x 6 calls)	Dom
Call times	Call earlier / later than commissioned; not staying allocated time; clients feeling rushed.	Dom
Communication	Lack of communication; poor communications; communication breakdown.	RH, NH, Dom
Equipment	Equipment issues – any incident or fault related to equipment, which could cause risk or harm i.e. dislodged enteral feeding / trachea tubes, dropped syringe pump, deflated mattress, hoist faults / issues.	Dom NH RH
GDPR	Data breaches, including but not limited to: <ul style="list-style-type: none"> • Missing records; • Unintentional destruction of records; • Inappropriate storage of records; • Inappropriate sharing of Service Users information; • Failure to retain records in line with Guidance. 	Dom NH RH

Incident to be reported contd.	Description / Parameters	ISP
Environmental / Estates	Including but not limited to: <ul style="list-style-type: none"> • Damage to buildings, equipment or records as a consequence of: <ul style="list-style-type: none"> ○ Fire ○ Flood ○ Storm ○ Intruder ○ Vandalism ○ Terrorist act ○ Adverse weather conditions ○ Infestation. 	Dom NH RH
Infectious outbreaks	Infectious outbreak including but not limited to: <ul style="list-style-type: none"> • Norovirus • C. Difficile • Scabies • Chicken Pox / Shingles • Influenza / Covid-19 	Dom, NH, RH
Behaviour	Including but not limited to: <ul style="list-style-type: none"> • Distressed reactions • Dementia related behaviours • Sexualised behaviour • Alcohol/drug misuse • Self-harm. <p><i>*NB: ensure consideration of screening by the Adult Safeguarding Champion.</i></p>	Dom NH RH
Unexpected / Sudden Deaths	Only required where the death is unexpected, sudden or suspicious.	Dom NH RH

(This is from the most up to date reporting guidance document for ISP)

Incident to be reported contd.	Description / Parameters	ISP
COVID related	Symptomatic / positive staff or symptomatic positive service users	RH, NH, Dom
Allegation of assault / theft	Any reports referred to ASG or PSNI involvement.	RH, NH, Dom
Fire / smoking	Resident smoking in room, resident at risk in terms of smoking, risk assessment not undertaken.	RH, NH, Dom
Falls - moderate and above. Minor – not required to be reported.	Fracture, head injury or any other injury that requires hospital treatment.	RH, NH, Dom
Found on floor – injury	Only if injury requires medical attention or has had a serious outcome.	RH, NH, Dom
Medication	Misuse of medication; medication not given; medication given in error; dosage errors; loss of medication; non-compliance ; pharmacy errors; syringe pump errors.	RH, NH, Dom
Service User missing from Home / absconded.	This is to be reported as an incident for all Residents in Care Homes missing from Homes for any period of time. For Domiciliary providers it should only be reported as an Incident if the client is not in when call is to be delivered (and this is very unusual).	RH, NH, Dom
Poor care	Allegation made to Provider staff including allegations of pattern of poor care provision (including staff attitude).	RH, NH, Dom
Pressure damage	Pressure damage Grade 2 and above.	RH, NH, Dom
Choking	Choking.	RH, NH, Dom
Unexplained bruising / injury	Unexplained injury that requires hospital attention. Unexplained bruising.	RH, NH, Dom

Incident to be reported contd.	Description / Parameters	ISP
Missed calls	Any calls missed (should also include the tasks not undertaken). This should include missed runs (note in body of DATIX missed run and n° calls missed i.e. missed tea run x 6 calls); missed calls due to adverse weather conditions (note in body of DATIX).	Dom
Call times	Call earlier / later than commissioned; not staying allocated time; clients feeling rushed.	Dom
Attitude	Staff attitude to client / NoK. Client attitude to staff.	Dom
Communication	Lack of communication; poor communications; communication breakdown	RH, NH, Dom
Poor recording	Home recording not appropriately completed; home recording falsified.	Dom
Equipment	Equipment issues – any incident or fault related to equipment which could cause risk or harm i.e. dislodged enteral feeding / trachea tubes, dropped syringe pump, deflated mattress.	NH RH
Data protection breach	Missing records, failure to retrieve records at the end of a package; unintentional destruction of records; any other breach appropriate.	Dom NH RH
Environmental	Infestation.	Dom NH RH
Suspected adult safeguarding / RQIA reportable incidents	Alleged theft; alleged physical / verbal abuse; financial abuse; sexual abuse; any incident involving PSNI.	Dom NH RH
Challenging behaviour	Sexual inappropriate behaviour or challenging behaviour due to alcohol / drug misuse.	Dom NH RH
Home closure due to infection control incident (flu, infection, etc.)	Closure to flu, vomiting bug, etc. Make sure it is noted in Body of DATIX for Home Closure due to.....)	NH RH

Quality Monitoring Report (QMR)

A QMR is a tool the Trust uses to capture information in terms of quality of services, which the Independent Sector Providers have not informed us about. A QMR can be defined as an Adverse Incident and is in effect an Adverse Incident identified by a Key Worker / Care Manager / Service User/ NoK/ Advocate.

The DATIX System is used for all Trust staff to report QMRs related to care homes or domiciliary care providers (Appendix 2 Datix procedure). All quality issues / concerns identified / reported to any Trust staff must be recorded on QMR on Datix and forwarded to the Governance team.

A Quality Issue should be sent to the Governance Team within 7 working days of the issue being brought to your attention.

Examples of what to Report as a QMR:

Domiciliary Examples - list not exhaustive

1. Missed Calls
2. Non report of failure to gain access
3. One worker sent on double calls
4. Call delivered (recurrent or excessive) earlier / later than commissioned
5. Clients feeling rushed
6. Dignity not maintained
7. Tasks not completed
8. Staff attitude
9. Poor/ breakdown of communication
10. Pressure damage – where provider negated to complete tasks / report timely which plays a role in the skin breakdown
11. Recording issues (missing records, calls not recorded, false recording)
12. Inappropriate equipment use e.g. not using hoists, transferring with one care worker when two commissioning, not using slide sheets, hoist
13. Non-adherence to universal precautions e.g. PPE not used, care worker disposing of used equipment inappropriately, spill of urine or faeces on clothing or flooring

14. Damage caused to client's property
15. Recording Issues e.g. failure to record, monitoring records not maintained, inappropriate comments recorded in monitoring records
16. Medication issues e.g. missed / inappropriate administration.

Nursing / Residential Homes Examples list not exhaustive:

1. Staff attitude
2. Staffing levels
3. Leadership / management concerns
4. Environmental cleanliness concerns
5. Infection prevention control concerns
6. Poor quality of care i.e. (personal care, catheter care, nursing care, dietary requirements, skin care, poor presentation of resident)
7. Lack of stimulation / isolation/ activity
8. Dignity not maintained
9. Poor / breakdown of communication
10. Inappropriate equipment use e.g. not using hoists, transferring with one care worker when two commissioning, not using slide sheets, hoist.
11. Non-adherence to universal precautions e.g. PPE not used, care worker disposing of used equipment inappropriately, spill of urine or faeces on clothing or flooring
12. Non adherence to COVID 19 precautions: PPE, signage, IPC measures, hand hygiene, waste disposal, cleanliness, decluttering, hand washing residents, temperature recording staff / residents, cohorting, staff moving between non Covid / Covid, staff working across homes / not recognising deteriorating patient and actioning appropriately
13. Damage caused to client's property
14. Delay in medical attention or delay in referral to Allied Health Services
15. Recording issues
16. Medication issues

Please note these lists are not exhaustive so please contact the Governance Team for Commissioned Services for advice and guidance.

Trust Commissioned Services Governance and Quality Assurance Site Visits Procedure

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1. Purpose

The purpose of this document is to clearly define the Trust Commissioned Services Quality Assurance Visit Procedure. To outline conduct and staff responsibility when organising, attending, contributing to and reporting a quality assurance visit. The document aims to align the programmes of care approach to visits across the Trust for care home visits and to enable cross-divisional effective collaborative working.

2. Scope

This procedure relates to all planned and unplanned site visits undertaken to the commissioned providers, this includes care homes and domiciliary care who hold a contract with the Trust.

3. Procedure

Site visits are a tool to be utilised within the commissioning cycle and at every level of quality surveillance. The frequency, focus, key lines of enquiry and type of the visit will be determined by the level of quality surveillance and concern (as indicated by the intelligence we receive, which may include but is not limited to care review outcomes and family feedback, safeguarding and incident intelligence, or by a drop or trend in performance or quality indicators).

It is helpful to frame and clarify the type and purpose of site visits as described below, from an information gathering site visit, to a quality assurance site visit. It is recognised that a review of a service user journey on a commissioned pathway may be indicated.

Providers, regulators or other stakeholders, such as other Trusts, may seek supportive site visits. Within the Trust the lead programme of care will lead on the site visits aligned to the programme of care.

4. Table to define the types of site visits

Type of visit:	Why undertake the visit?	Key visit principles:
1. Information Gathering	To gain information and learn more about how services are being provided and to give providers an opportunity to share any challenges or best practice.	<p>Announced visit.</p> <p>This could include an annual routine care review.</p> <p>The provider is normally under routine quality surveillance.</p>
2. Routine	In response to an area of concern which requires further information / assurance on the services position.	<p>Planned visit, however, there may be rare exceptions where an unannounced visit is indicated.</p> <p>This could include a family complaint or incident reported to the Trust.</p> <p>The provider is normally under routine quality surveillance.</p>
3. Enhanced Quality Assurance Visits	This is in response to a serious concern or a significant service user safety risk. Led by Band 7 Leads.	<p>The visit needs to be announced to the provider in order to safely facilitate the visit – can be in or out of hours.</p> <p>The provider is normally under enhanced quality surveillance and on the escalation register.</p>

5. Procedure

5.1 Visit Indications

The types of visits are defined in the table above and the indications of a visit are outlined within. The key visit principles articulate the level of quality surveillance the provider is usually under with the relevant programmes of care.

For all visits Trust staff must formally record the rationale for the visit.

5.2 Preparing for the visit

The first stage of preparing for a visit requires the relevant service (ACOPS Commissioned Governance Team, MH and LD Commissioned Services ASM Leads) to confirm why the site visit is required and which type of visit, either 1, 2 or 3 is needed. This helps the service to determine whether the visit is announced or unannounced. Unannounced visits should be rare and by exception limited to the undertaking of a visit where there are serious concerns about service user safety. Visits can be both in and outside Monday - Sunday 9am – 5pm hours.

The Key Lines of Enquiry must be determined prior to the visit and recorded in the site visit template, for example, to evidence learning embedded from a complaint or SAI. The site visit template must be populated with the key lines of enquiry to ensure the visit meets its desired purpose. Therefore, the template found in Appendix 1 of this document has been designed as a basic template to build key lines of enquiry within the Trust's five domains for quality and safety assurances.

The size of the site visit team needs to be determined. The size of the team needs to be appropriate for the scale of the visit and proportionate to the size of the Provider being visited. The key lines of enquiry for the visit need to be clearly articulated and the skills / experience / specialism of the Leads need to be appropriate for the purpose of the visit, for example where a visit is specific to safeguarding it would be appropriate to ensure the lead is the Senior Social Worker. Where medication management incidents or complaints related to IPC / care planning are reason for visit Lead Nurse would be appropriate to visit.

A date and time for the visit will be mutually agreed with the provider. When organising the date of the announced site visit the reason for the visit, Lead name and the Lead contact must be shared with the provider.

Prior to all routine quality assurance site visits the Lead must be prepared and aware of the need to record on the relevant template and report back to the relevant governance weekly meeting, with a copy of report to be placed on relevant care homes governance record. The Lead should be clear on the rationale for the visit; aware of any supporting intelligence; the key lines of enquiry; reporting mechanism for urgent concerns and plans to report on the visit.

5.3 Conducting the visit

All staff must be bare below the elbow, smart and presentable and be wearing Trust identification. The principles of good infection prevention and control practice and professionalism must be embodied by all Trust staff carrying out visits.

On all three types of site visit the staff member must announce their presence; the purpose of the visit; determine visit boundaries (for example, when visiting an outbreak care home there may be restrictions in access due to isolation areas, confirm the mechanism for escalating immediate concerns and agree a process for enabling a verbal feedback to the provider (care home manager etc.) on the day at the end of the visit.

All members of Trust staff must act in accordance with the Trust and professional bodies' code of professional conduct. The team must be respectful to the provider facility they are visiting and the staff and service users within the setting. The Trust staff member will at all times; act professionally; respectfully; confidentially; sensitively and supportively. The staff will be courteous at all times and be mindful of the privacy and dignity of service users; relatives and provider staff during the visit.

5.4 Reporting on the visit

5.4.1 Sharing visit findings on the day

Areas which pose a safety risk to any staff, resident or service user must be escalated at the time of the site visit. Trust staff must escalate any safety risks to the relevant Assistant Service Manager (ASM); it is the ASM's responsibility to address these with the appropriate senior representative from the Provider (regional manager of responsible individual). It is anticipated that there will be extremely rare occurrences where a Trust staff member identifies a significant immediate risk and has to escalate outside of this defined process to the Provider, this must always be followed up by informing the ASM and relevant service manager of the risk and the immediate action taken to address it.

At the end of the site visit, on the day, the Trust staff member will provide high level summary feedback to the care home or domiciliary care manager. The summary feedback must include any risks to service user safety, any significant positive findings and areas for improvement and action.

5.4.2 Sharing a quality assurance visit

A formal documented report must be completed and agreed by the Trust staff member and shared with the provider within 10 working days of the site visit. The report must be tabled through the weekly commissioned services governance

meeting process and a formal response from the provider must be sought. Please note formal responses may range from acknowledgement of the site visits findings, challenge to the findings or an action plan to address the findings. Each formal response must be considered through the commissioned service governance and contract management process.

5.5 Seeking assurance from findings

Assurance from the findings may range from, but is not limited to, requesting particular intelligence or evidence (for example, audit results, an action plan or a particular policy), completing a follow-up visit or seeking (and monitoring) a provider's action plan to address any areas which require improvement.

5.6 Informing level of quality surveillance

Site visit findings, triangulated with all other governance mechanisms for determining the quality of a services delivery, should be utilised to facilitate an informed decision of the level of quality surveillance the provider is subject to.

Appendix 2 on page 44 outlines the full process map from the initial planning to reporting and follow-up.

6. Glossary

6.1 Visit types

Information Gathering – Announced visit to gain information and learn more about how services are being provided and to give providers an opportunity to share any challenges or best practice. Have sight of and speak to residents, families and staff.

Routine – A visit conducted in response to an area of concern which requires further information / assurance on the services position. This is usually an announced visit but may be unannounced.

Enhanced quality assurance visit - this type of visit is in response to a serious concern or a significant service user safety risk. The visit can be both unannounced and announced.

6.2 Announced and unannounced

Announced – The Provider has prior knowledge of the arranged site visit in line with the standards outlined in this procedure.

Unannounced – The Provider does not have prior knowledge of the arranged site visit in line with the standards outlined in this procedure.

6.3 Commissioner led site visit

A site visit is led, organised and facilitated by the relevant programme of care. The visit is subject to this procedure standard.

6.4 Service user journey

The visit focuses on reviewing a particular Service User via care review process. It is usually conducted as a scheduled visit partly due to the planning implications to enable a full review with family in line with care management procedures and relevant attendees.

6.5 Key Line of Enquiry

Key Line of Enquiry also referred to as a KLOE. A specific area to focus attention on within the five domains:

- Safe
- Effective
- Caring
- Responsive
- Well led.

Blank site visit reporting template

Name of Nursing / Residential Home		Date of Visit	Time:	Length of Visit:	From: _____ To: _____
Number of occupied Mental Health beds		Number of Residents in Care home at time of visit:			
Is the home currently placed on the Trust Escalation Protocol?	If Yes: what Level of Escalation?				
Date of last RQIA Inspection:		Update from Inspection: <i>(Please attach last RQIA inspection)</i>			
Reason for Visit <i>(Please highlight as appropriate):</i>	Unannounced / Announced / Whistleblowing / Routine / Other <i>(If other please specify)</i>				
Has there been previous learning for Care Home through SEA / Complaints process or previous monitoring visit?				If Yes please insert recommendations below:	
Recommendations and Progress made from previous visit:					
IPC Adherence <i>(IPC Visit – Donning / Doffing Stations / COVID-19 Register Available / Temperature Taken, etc):</i>					
PPE Adherence <i>(Gloves, aprons, masks, sanitisers, sufficient stock):</i>					
Vaccination adherence uptake %	Staff :		Service Users:		

Documentation Reviewed

Care Records

Including Care Plans, Risk Assessments, Protocols, Daily progress notes and Communication records

1:1 Care Plans

Restrictive practices

Number of DOLs / MCA bundles in place / extensions up to date?

Is the environment locked / unlocked?

Food & Fluids

quality of food

**If applicable*

Bowel Charts

**If applicable*

Wound Care Tracker / Repositioning Charts

**If applicable*

Adult Safeguarding

Reporting procedures and documents

Name ASG Champion and Lead

Safeguarding incidents i.e. referral to professional body / ROIA / TRUST / ISA and relatives informed

Engagement / Activities with Residents

Engagement between staff and residents, residents' presentation and activities in care home, staff presence. Opportunities to leave the unit.

Environment

*Condition and maintenance of the home's environment and detail any action to be taken in identified areas including any health and safety issues
Commentary on any other planned improvements for the home and timescales.*

Observation of Practice <i>Moving & Handling</i> <i>Mealtime Experience</i> <i>*if applicable</i>		
Management of Resident's Finance		
Management of Resident's Property <i>Evidence of inventory list</i>		
Current Visiting Arrangements <i>Has the care home implemented the new visiting guidance?</i> <i>Are visits taking place in resident's bedrooms?</i> <i>How often and for how long?</i> <i>What level of PPE is the care home communicating to visitors that they are required to wear?</i> <i>Where are visits observed, whilst monitoring visit is undertaken? Outside/bedroom/day room/ out of unit</i> <i>Feedback re: visitor's experience if observed.</i> Visiting Policy <i>Has a copy of the Visiting Policy been secured from the care home?</i>	Yes / No	If No please outline reasons:
Care Partners <i>How many Care Partnerships are currently being facilitated in the care home?</i> <i>Are there restrictions in place re: care partner visits?</i> <i>What elements of care are the care partnerships supporting with?</i> <i>Is there individual risk assessments in place re: care partnerships?</i>		

Resident Feedback <i>Identify residents by unique identifier and a summary of their views on quality of care and services provided by the home in boxes</i> <i>Meals, activities, compassionate care, general</i> <i>Minimum sample 3 residents.</i>	Resident 1	Resident 2	Resident 3	Resident 4
Relatives/ NOK/ relevant others Feedback <i>A summary of their views on quality of care and services provided by the home in boxes</i> <i>Meals, activities, compassionate care, general</i> <i>Minimum sample 2 relatives / others</i>	Relatives/ NOK/ relevant others	Relatives/ NOK/ relevant others	Relatives/ NOK/ relevant others	Relatives/ NOK/ relevant others
Staff Feedback <i>A summary of their views</i>	Staff 1	Staff 2	Staff 3	Staff 4
Staffing <i>Comment on staff (staff rota) in terms of numbers, qualifications, stability of staff group and experience to meet the needs of the current resident group. Please also outline action required and /or taken to address vacancies in the staff team</i> <i>Duty rota , Fire Safety Records, Record of staff Meetings, Mandatory Training Records, Staff Recruitment Records, Staff Induction Records</i> <i>1:1 staff being if place if applicable</i>				

Governance

Review of incidents / accidents, reported to ASM and Commissioned Service Manager

Number of notifiable accidents / incidents or other untoward events from the last visit

Complaints

*Key findings from a review of the complaints record:
Number of formal/informal/open complaints*

Source

Service user, relative, informal advocate, formal advocate service, Other, please specify.

Main Issue

Care Practice, environmental issue, staff attitude, service user finance, food and nutrition, other, please specify

Additional Information

Concluding comments of the registered provider / delegated person regarding the overall quality of care and / or services provided in the home; and confirmation that the home is operating in line with its Statement of Purpose and categories of care, as indicated in the home's registration certificate.

Summary of Visit:

Areas of concern:		
Agreed Actions Required:		
Feedback Provided to:	Designation in Care Home:	
Comments made re: Feedback and Action plan agreed with the Registered / Acting Manager / Person in Charge of Home as a result of this visit:		
Person completed report:	Designation:	Date:
Copy of report issued to Manager Date:		

Monitoring Visit to Domiciliary Provider



Provider:

Date:

Attendees:

Review of RQIA Inspection – as per RQIA Website:

Staff files					
	File 1	File 2	File 3	File 4	File 5
Employment Date					
Application received					
Interview Date					
2 Written References (one most recent employer)					
Access NI					
NISCC					
Copy of Contract / Terms & Conditions					
Comments:					
Actions:					

Staff Training – Induction and Refresher Training					
	File 1	File 2	File 3	File 4	File 5
Start Date					
Induction Training					
Shadowing ~ copy of rota viewed					
Induction Training: based over 5 days ~ full details below					
Refresher Training: Fitness to Practice Passport ~ full details below					
Comments:					
Actions:					
Staff Monitoring By Provider					
	File 1	File 2	File 3	File 4	File 5
Start Dates					
Supervisions (list type and frequency)					
Spot Checks					
Staff Appraisal					
Team Meetings					
Comments:					
Actions:					

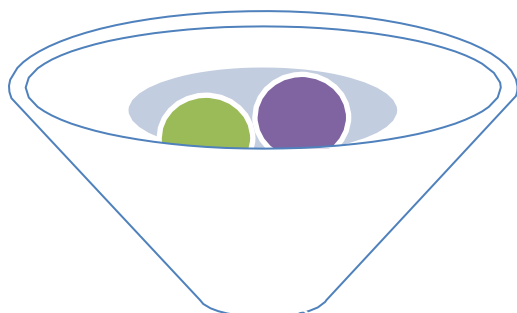
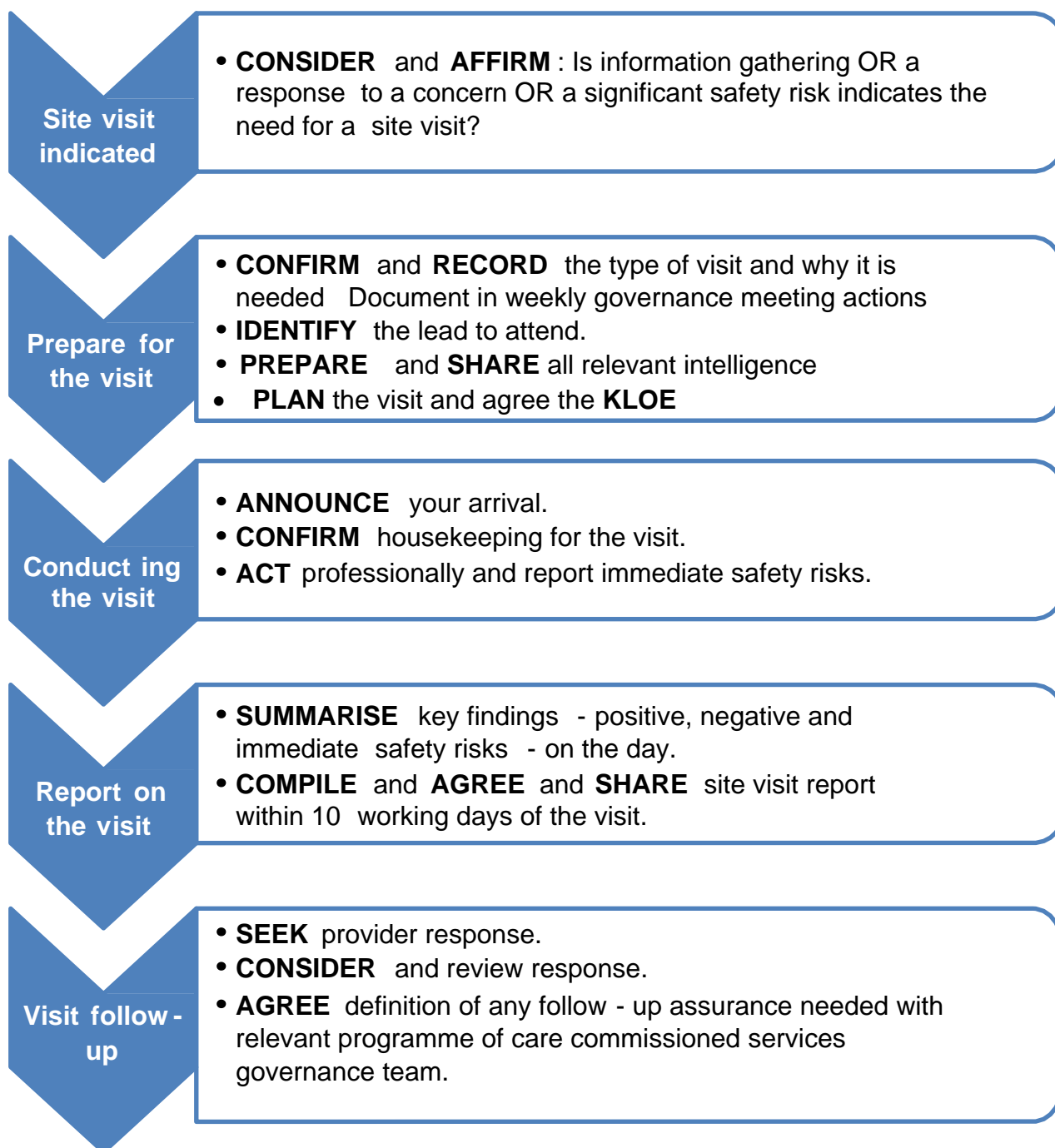
Client Monitoring by Provider					
	Service User 1	Service User 2	Service User 3	Service User 4	Service User 5
Start date					
Quality Assurance Visit Record					
Quality Assurance Tel Check					
Yearly updated Risk Ax					
Up to date Trust Care Plan and Risk Ax					
Signed Copy of Service User Agreement					
Comments: Actions:					
Rota Analysis:					
Comments: Actions:					
Regulation 23 Reports					
Comments: Actions:					

QMRs and Adverse incidents	
Comments:	
Actions:	
Who is your Adult Safeguarding champion?	
Business Continuity Plan	
One in place for current year?	
Has it been enacted in past year?	
Practise Run?	
Revise it?	

Completed by:

Date:

7. Appendix two – Site visit process map



**Level of
Quality
Surveillance**