Quality assurance survey of Local Authorities
September 2012

About us

Think Local Act Personal partnership is a group of over 30 national partners that are committed to real change in adult social care. Our goal is for people to have better lives through more choice and control over the support they use: often referred to as "personalisation". We represent a wide range of organisations - from people who use services and carers, to the providers of services and representatives from central and local government.

We believe that services and support should be:
- More personalised, according to the needs and wishes of the people who use them.
- Provided in ways that help people to be active and contributing members of supportive communities.

To do this, we need to work to change some of the systems, processes, practices and cultures that have developed over the years around helping people access care and support - building on the good things and changing those that get in the way of personalisation.
Think Local, Act Personal is working with its partners to identify the challenges being faced and to share innovative solutions that are being developed across the country, so that more people have choice and control over their lives.

The **National Market Development Forum (NMDF***)* is a work stream of the *Think Local, Act Personal* partnership and involves around fifty key individuals from a range of independent sector social care and housing providers and national umbrella bodies, as well as representatives from TLAP's National Co-production Advisory group, from councils, government, Care Quality Commission and support organisations including Skills for Care, Sitra and Social Care Institute for Excellence.

The forum's purpose is to explore some of the challenges of market development in adult social care in the context of quality assurance and improvement, personalisation of the market and market facilitation and procurement, seeking to propose practical ways in which partners can work together to address them in the future.

Introduction

The purpose of this survey was to obtain an overview of how local authorities are approaching quality assurance and monitoring of providers of the residential and domiciliary care services that they contract with. The intention was to identify common approaches and areas of interesting practice that can provide thoughts and ideas for authorities wishing to validate and develop their own approach to quality assurance with this sector.

Responses were received from 11 local authorities with one further response representing a consortium of 11 local authorities.

The following are the key messages and themes drawn from the responses. The report also highlights some interesting practice examples reported by councils, although these have not been further investigated or validated by TLAP.

To draw out themes and key messages the report says how many of the authorities have said they have a particular feature in their scheme. The survey itself required a narrative response for each question, so whilst some themes may appear to have a low use, this may not mean it is not used by other responding authorities who may simply not have mentioned the feature in their response.

1. Can you briefly describe the QA system you use when contracting with providers?

Whilst many of the responses indicated that schemes had some similar features no two schemes were the same apart from the use of an assessment workbook developed and used by a collaborative group covering 11 local authorities.

The following headings were not prompts within the survey, but are themes drawn from responses.

Accreditation

Of those authorities who responded only 3 authorities gave information about how they assess providers before they commission their services or include them on a list of approved providers.

Approval mechanisms included the following:
- CRB checks
- Completing a registration application form
- Taking up references
- Evidence of appropriate insurance
- Signing up to authority code of ethics
- Ability to demonstrate robust approach and processes for
  - Quality assurance
  - Health and safety and risk management

- o Safeguarding
- o Equality and diversity
- o Financial robustness

Self assessment

Four authorities require providers of services to complete an annual self assessment. The content of the assessment differed across authorities but a key feature was assessment against key contract requirements and key performance indicators and quality standards. These often included elements drawn from or aligned to the Care Quality Commission's (CQC) Guidance about Compliance, Essential Standards of Quality and Safety and/or Supporting People Quality Assurance Framework (QAF).

Information for the public

Five authorities maintain an on-line directory of services to provide information to the public about the services they have accredited; two authorities said they also use their directory to publish a star rating for each service. Two other authorities said they were in the process of developing star rating systems, for one the system is in use but not yet made public.

Two authorities provide a facility on their website for people who use a service to provide public feedback. Two authorities were in the process of developing these facilities.

Contract and quality monitoring

Seven authorities said they carried out visits to assess compliance and the quality of service being provided. Visits included:
- Validation of self assessment information (if used)
- Observation of practice
- Discussion with service users, manager and staff
- Audit of records and policies.

Only three authorities provided information on how often their monitored services. Frequency of monitoring was quarterly for one and yearly for the other two. Information received between monitoring visits is assessed to identify whether further monitoring or compliance action is needed.

One consortium of 11 authorities have developed a workbook aligned to CQC's essential standards which sets out the standards expected from providers and is the basis for the quality monitoring process.

Analysis of data and information

In addition to information from self assessment and monitoring visits, authorities used information from a range of sources to contribute to their overall assessment of providers. These sources included:
- Health care professionals
- Social care practitioners
- Contract monitoring staff

- Service users
- Care management
- Safeguarding staff
- Commissioners
- CQC reports
- Police
- Complaints
- Local Involvement Networks (LINks)

Supporting providers

Three authorities had developed good practice guides for providers and 4 held provider forums to promote and develop improvement and good practice.

Practice examples

1. One authority described a quality framework with a specific aim to support and encourage a diverse market place of suppliers and encourage new entrants to develop new types of service provision. To achieve this they have moved away from block contracts, framework agreements and over specified pre qualification arrangements and have worked with people who use services, sector organisations and carers to develop
   - An accreditation framework that focuses on competency to deliver services.
   - Quality assurance guidance that sets out the outcomes and standards by which the authority reviews and monitors services
   - A model contract that people with learning disabilities can use when purchasing services for themselves (developed directly with people who use services)

This authority also passports services registered with CQC through elements of their accreditation process that duplicates elements of CQC essential standards.

2. As part of their quality framework, this authority provides an online website, helpline, regular newssheets and letters and provides accessible information on preventative services.

3. This authority organises the information they consider about a provider into a series of challenges:
   - **Independent challenge:** includes 3rd party surveys, Link, Advocacy services, health, housing
   - **Consumer/citizen challenge:** includes feedback from 'trip advisor' comments on website, relevant data from *independent challenge* and service user feedback gained during monitoring visits
   - **Provider challenge:** includes contract monitoring visits, complaints data, service user reviews, safeguarding contacts
   - **Professional challenge:** includes case file audits, information from CQC.

The information is used to risk assess services and to produce a quality rating

2. Does the QA system apply to both residential and domiciliary services?

Five authorities said that their scheme covers both residential and domiciliary care. One of those schemes also provides a framework to assess all accredited providers which included providers offering services not requiring registration with CQC. This includes the types of providers that people with a personal budget might seek to use.

One authority's scheme was for residential and nursing care only.

3. Is your system locally designed or an 'off the shelf' system, e.g. ISO 9001 or the Supporting People QAF?

All authorities reported that their quality assurance system was designed locally, or in one case, locally designed but for used by 11 authorities. Five authorities said that their system was based on the Supporting People Quality Assurance Framework. Other authorities also reported that CQC's Essential Standards had heavily influenced their scheme.

4. To what extent are users of services involved in the design and delivery of your QA system, eg through site visits?

Six local authorities involve people who use services in auditing/contracting monitoring of residential and/or home care services. Three authorities said they were developing user involvement:
1. Currently piloting the use of experts by experience (a person with in-depth experience of using services).
2. Is exploring using experts by experience within auditing and contract monitoring of services.
3. Developing a scheme where providers and commissioners will pay service users to be involved in auditing. As well as providing feedback for the authority, the intention is that providers will benefit by using the results as a marketing tool and also as evidence of self assessment.

Six authorities use service user questionnaires to obtain feedback on user experience of the service received.

Six authorities said that they have service user focus groups or specialist forums to discuss key issues and service development. Elements they had been involved in included accreditation schemes, design of quality assurance frameworks and development of standards, service specifications and audit tools.

Practice examples

1. One authority has trained local residents to be peer interviewers who are trained and supported by a local third sector group under the supervision of a professional researcher.

These interviewers are used when reviewing accreditations and will also act as mystery shoppers.

2. This authority has commissioned service users to act as dignity champions who undertake visits to services to monitor adherence to dignity and respect standards. This information is used within the overall monitoring of a service.

3. To develop their learning disability quality audit framework, this authority involved people with learning disabilities:
    *   to define quality and agree the format and focus of the audits.
    *   as auditors who interview people using services. Their feedback is included in the overall monitoring report.

5. To what extent are users of services involved in the evaluation of information on service quality?

None of the local authorities directly involve service users in the evaluation of information gathered on service quality. Authorities indicated that the service user feedback from discussions during monitoring visits, responses to questionnaires and their feedback if involved in visits are considered within the overall evaluation of a service.

One authority uses their local LINks to get feedback about what is important to service users and what their priorities are. Information is used to inform developments and contribute to the authority's local account.

Six authorities also had focus groups (see question 3).

6. How do you use the information about service quality which your system captures?

Eight authorities use information captured to inform ongoing commissioning and contracting with providers. This was linked to methods to drive up quality by working with providers to achieve improvement. Where providers failed to meet contractual obligations or quality standards they are required to develop action plans showing how they are going to put right any short falls identified. Suspension of contracts and cancellation of contracts were the ultimate sanctions.

One authority said that monitoring visits would increase in these situations and another said that the information would be used to target further reviews of the service. Four authorities said that they use the information to actively target improvement with one authority using the information to address training needs and workforce development.

Five authorities used their on line directories to inform the public of the outcome of reviews and only one authority currently has a publicly available rating scheme, although two further authorities are working on introducing a rating scheme.

Two authorities shared their information with the Care Quality Commission.

Three authorities use the information to set fees, with one using the information to inform decisions about enhanced payments.

One authority compiles the outcome of the review of each provider into a summary report which is sent to the customers of each supplier.

Practice examples

1. The regional consortium representing 11 authorities use the information to benchmark service provision and target improvements. A benchmarking tool is being developed to provide easier data sharing. This approach allows the region to 'accredit' organisations on behalf of the other members of the consortium which ensures this is done once and not 11 times. They are exploring how to use information at a regional level to identify broad areas that might need support.

2. One authority uses their bi-monthly newsletter to publish good news stories and share good practice.

3. Working with their Primary Care Trust and liaising closely with providers, this authority has captured the quality of care against clinical and care indicators. They have used the information to provide joint training and workshop events on identified poor performance areas resulting in improved practice and reduction in unnecessary admissions to hospital.

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7. How important to you are other sources of information, eg from CQC or LINks, when making assessments of a service's quality?

To build a comprehensive and rounded profile of individual providers, 8 authorities said they actively use information from CQC as part of their quality monitoring of providers and 7 use information provided by LINKs.
Other important information sources for some authorities were:
- Healthcare professionals
- Police
- Social work professionals
- Service User representative bodies
- Advocacy services
- Other regulators

Practice example

One authority said that they shared the information they gathered during quality monitoring activity with CQC to inform their Quality and Risk Profile system.

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8. Are you aware of good practice in relation to QA approaches used by providers in your area?

One response reported that there were a range of independent quality assurance approaches used by providers but another that felt that providers needed to do better in this area.

One authority said that liaison with larger providers had led to an exchange of understanding around respective quality assurance approaches and provided a challenge to ensure they were correctly applied. Another felt that the standard templates that trade associates provided some support to providers.

Conclusion

Whilst this is a relatively small survey sample, it has provided a snapshot of how authorities are approaching quality monitoring and quality assurance and an insight into what they considered the important elements that contributed to that process.

The arrangements that authorities have to monitor the quality of services are important because they provide people who use services, commissioners, and other key stakeholders with assurance that the services they accredit are kept under review and that remedial action is taken when failings are found.

1. A number of those responding to the survey were either in the process of, or about to start a review of the way they carried out their quality monitoring work. They were keen to develop systems that recognised good practice and encouraged innovation and improvement. These reviews are particularly important in light of the **draft Care and Support Bill (July 2012)** (http://www.dh.gov.uk/health/2012/07/careandsupportbill/) which proposes to formalise the role of Local Authorities to encourage continuous improvement in the quality of local care services.

2. With the loss of the quality rating system, previously operated by Care Quality Commission, which gave services registered with them a star rating, there has been a move by some authorities to introduce local rating systems that will give people the ability to compare services and provide them with information about their quality.

3. The white paper, Caring for our future: reforming care and support (July 2012) http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/ says that:
   People who use care services, and carers, must be confident that they will be heard and their feedback will be taken seriously.

   Having an understanding of service user experience came across as important for all the authorities with some having a wide range of methods to gather feedback and ensure their input into the quality assessment process. Where some authorities were less developed in this area they were actively seeking to improve this aspect of their work.

Some Local Authorities responding to the survey were exploring how they could strengthen their systems and processes for receiving and acting on feedback. Robust complaints systems, surveys, direct discussion, use of experts by experience, group discussions, formal consultations and co-production to develop their services, policies and guidance documents were good examples of how some Local Authorities are striving to meet the White Paper expectations.

4. A number of Local Authorities are developing websites that include directories showing which providers have been accredited by them, that also allow people who use services and other key stakeholders to feed back their experience of using a particular service. . Those consumer comments will provide people with information to help them make choices when searching for a service for themselves or someone they care about. The White Paper says that the Government supports the development of such websites.

Local authorities are not alone in developing initiatives to enable consumer comment and provide quality ratings. Rating schemes and consumer comment websites need to be credible, easily understood and fair. It will be important for authorities to consider how they will:
- Validate and moderate comments and deal with malicious comments
- Allow providers to respond to comments made and say what action has been taken
- Liaise with other authorities and consider how other comparison websites are developing rating systems for this sector to ensure that rating systems have common features and are easily understandable. Without this collaborative approach there is a high potential for public confusion and misunderstanding.
- Be able to show what evidence has been considered when making a judgement about where a service sits within a rating scheme.

5. The majority of providers welcome local authority quality monitoring processes as it provides public confirmation that people who use their services receive good outcomes and their service continues to meet service standards and contractual requirements placed on them. However, at a time when providers are faced with enormous financial constraints, they are concerned about the administrative burdens and costs in providing duplicate information to commissioners, regulators and other stakeholders and the costs of monitoring the increasing information about them as it is made publicly available. Reducing this burden needs to be taken into account as local authorities develop their approaches to quality assuring these services.