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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Quality Services: Delivering What Matters

Cardiff & Vale of Glamorgan procedures for contracted care and support services for children, young people and adults:

- Ensuring quality services
- Responding to increasing and escalating risks or concerns (including 'embargo policy')

Version 1 – 13<sup>th</sup> September 2022

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BWRDD PARTNERIAETH  
RHANBARTHOL  
CAERDYDD A'R FRO  
CARDIFF & VALE  
REGIONAL PARTNERSHIP  
BOARD



Ariennir gan  
**Lywodraeth Cymru**  
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REGIONAL COMMISSIONING BOARD**

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## **PART ONE**

### **CONTEXT & SCOPE**

#### **Introduction**

In May 2009, the Welsh Assembly Government issued statutory guidance surrounding escalating concerns with, and the closure of, care homes that are registered with the Care Inspectorate Wales (CIW) to provide services to adults, including those providing nursing care. It set out local authorities' and local health boards' (LHB) responsibilities in this area and suggests ways in which these responsibilities can be discharged, including establishment of local / regional procedures.

Commissioning partners in Cardiff and the Vale of Glamorgan Councils and the Cardiff & Vale University Health Board agreed that the management and assurance of quality services in line with contract agreements and arrangements in response to care home closures should have distinct and separate procedures.

These new procedures replace the former Cardiff and Vale of Glamorgan Escalating Concerns and Home Closures Procedures (2016) and focus on proactively assuring quality services (for children, young people and adults) and preventing (where possible) the need for care and support services entering into formal concerns process.

The procedures have been written with the intention that they cover both Adult and Children's Services. However, it is understood that their application in Children's Services is likely to take a more nuanced approach due to differences in the way that commissioning functions are resourced, the interface with the Children's Commissioning Consortia Cymru (4Cs), different statutory partners such as Education (and the regular Estyn) and different links within the University Health Board. For these reasons it is expected that Children's Services will develop supplementary guidance that will strengthen these arrangements when assuring quality services for children and young people.

#### **Objectives**

This procedure has been revised in the light of Part 9 of the Social Services and Well-being (Wales) Act 2014 (hereafter known as 'the Act'), the Regulation & Inspection of Social Care (Wales) Act 2016 (hereafter known as 'RISCA') and the developing approach to integrated commissioning of care and support services.

These procedures should therefore be underpinned by a culture of partnership working and a shared commitment towards supporting service provider(s) to ensure corrective or development action plans that are robustly developed, monitored and sustained. The primary objectives are to:

- Provide clarity regarding the specific statutory obligations of each of the key agencies in responding to concerns about the quality and safety of services.
- Strengthening the approach to monitoring and assuring quality services, ensuring consistency across the region (Cardiff & Vale), improving the transparency of decisions and promoting effective communication between and across the regulators (CIW), commissioners (councils & health board), people receiving managed care & support and their family / unpaid carers and service providers.

- Clarify commissioners' responsibilities for providing additional support to services with quality and / or safety concerns in order to prevent (where possible) commissioners having to implement formal contract management procedures.

It is important to acknowledge that that mistakes by act or omission occur occasionally in all services. In order to learn and improve, the principle of these procedures is that when mistakes happen:

- They should be recognised and all efforts should be made to ensure that if staff behaviour or organisational culture, process or policy contributed to the mistakes, that any contributory factors are remedied / rectified within a reasonable timescale.
- All problems, issues, concerns and /or risks to the well-being and / or safety of people receiving care and support are recorded and reviewed.
- Risks are assessed in relation to the actual or potential impact on the well-being of individuals or groups of people and what action is required to manage / mitigate those risks; this may include action by commissioners, regulators and / or service providers. This may include immediate action (e.g. a same day monitoring visit) where there are serious concerns that individuals may not be appropriately safeguarded.
- All risks are continually monitored, and improvements evidenced and recorded.
- All parties can demonstrate learning from mistakes or poor performance.

**Contract Agreements in Cardiff and the Vale of Glamorgan should require all parties to strive towards continuous improvement and learning.**

## Procedures

These regional procedures expand on Welsh Government's statutory guidance for care homes by incorporating all commissioned care and support services for adults and children and young people (e.g. domiciliary care, supported living and day services) as part of the procedure.

The safety and well-being of people receiving managed care and support is paramount; there are therefore clear links between these procedures and arrangements for safeguarding people (adults or children) at risk; **however the procedures are distinct and separate.**

In circumstances where a failure in the provision of care and / or support meets the definition of abuse or neglect (as detailed in Section 7 of the Act) such concerns may be investigated under the appropriate safeguarding procedures (Wales Safeguarding Procedures 2019). Where there is a suspicion or allegation of criminal offence(s) this may be investigated by or in conjunction with the South Wales Police following a Safeguarding Strategy Discussion.

Under new arrangements for safeguarding people at risk (in the Act), service providers may be asked to undertake initial enquiries to collate information about the safeguarding concerns.

Where abuse is suspected the policy and procedure to safeguard people at risk may take precedence. The overriding objective should be to ensure people's safety and well-being. In some situations it will be appropriate to use these procedures alongside safeguarding procedures in an effort to maintain the safety and well-being of individuals, while improving the quality of service delivery and integrity of the service provider. There may also be situations where these procedures are used alongside regulatory procedures. In such situations, clear communications between staff and agencies involved in both processes is essential – with lead managers having arrangements for

communicating processes and anticipated timelines to service providers. A multi-agency safeguarding plan should be initiated.

**The overall quality management / assurance process is illustrated in the flowchart on [Page 10](#)**

## **Response**

In the most serious situations it may neither be possible nor in the best interests of the person / people receiving care & support to attempt to remedy the quality of service or address safety concerns, and it may be unavoidable that the commissioner will have to terminate their contract with the service provider and seek alternative service arrangements. In the case of regulated services, CIW may consider imposing conditions upon the delivery of the service or seek to cancel the service's registration, which may result in the service closing.

Responding to concerns will warrant proactive or reactive intervention from those commissioning services, possibly from more than one commissioning agency. This action is designed to improve the quality of services and, where possible, prevent what might be avoidable termination of contract with the service provider or service closure.

The response of Care Inspectorate Wales (CIW) for regulated services, local authorities and C&VUHB to quality concerns is shaped by their statutory functions, duties and roles as regulator or Service Provider / Commissioner.

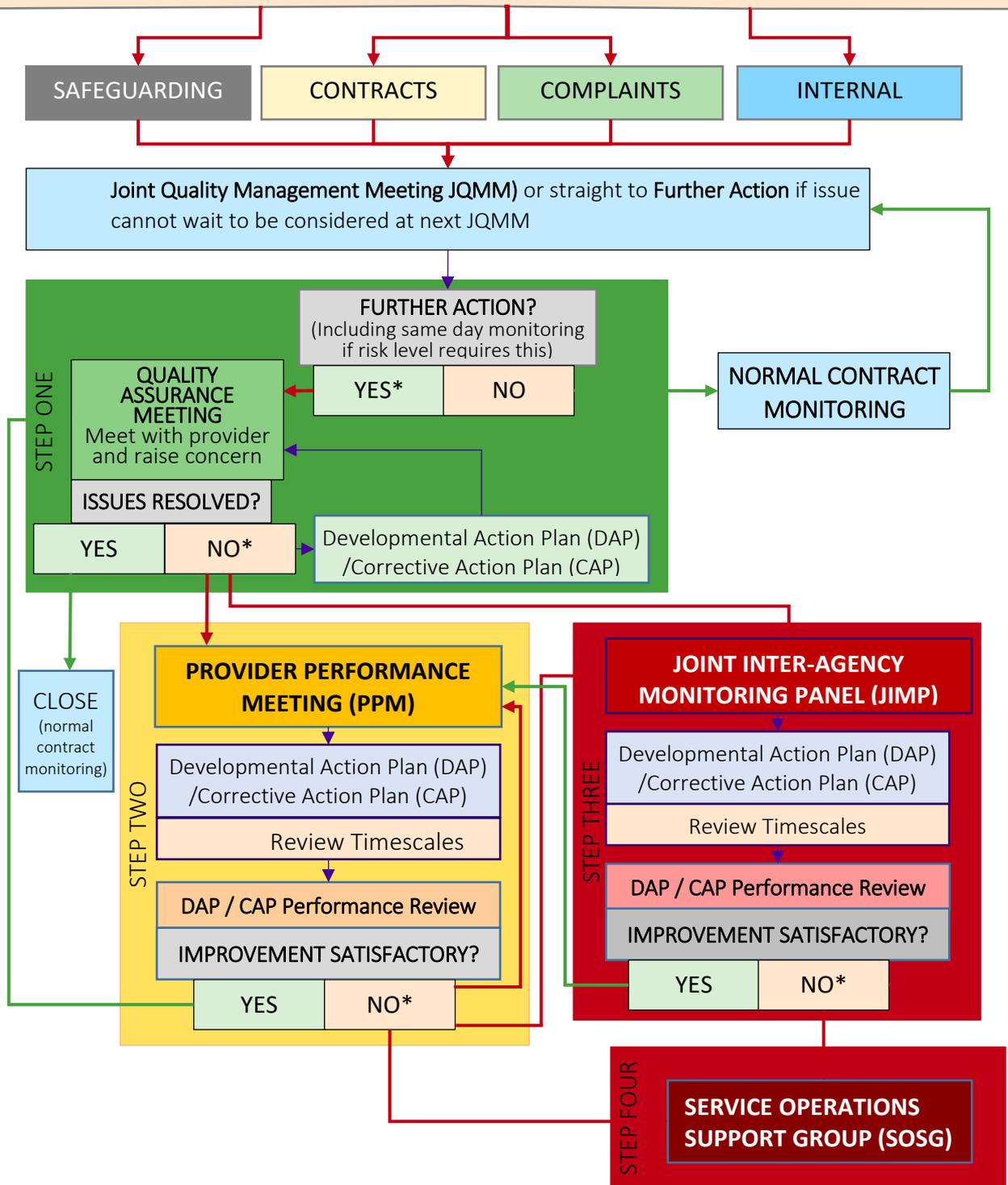
Local Health Boards (Functions) (Wales) Regulations 2003 transferred functions of the former health authorities to LHBs. Each LHB is responsible for discharging these functions to persons who are usually resident in their area. They are required to meet all reasonable requirements, including services for 'the care of persons suffering illness and the after-care of persons who have suffered from illnesses as they consider are appropriate as part of the health service'.

## **Review**

This Procedure has been formally approved by the appropriate decision-making arrangements that are in place for Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board and the three partners have committed to working within the procedures. The Procedures will be reviewed annually or sooner in the event of any changes or amendments to relevant, national (Welsh Government), regional (Cardiff & Vale) or local procedure or guidance.

# OVERVIEW DIAGRAM: CARDIFF AND VALE OF GLAMORGAN

**ISSUE RECEIVED**  
 Please note that immediate advice should be sought from Safeguarding where there are concerns that give rise to the safety of individuals, where there is concern about the conduct of someone in a position of trust and where there is uncertainty about whether the matter should be the subject of a Safeguarding referral and further guidance is required.



\*NB. The steps 1-4 only serve as a guide. The process does not preclude the missing of steps where there is a clear rationale to do so. For example, significant issues that give rise to serious concerns about a provider’s ability to appropriately safeguard individuals or where the provider has taken the decision to close the service or there are serious concerns about the ability / appropriateness of a Provider to continue to operate, should proceed straight to JIMP / SOSG without the need to first hold a QA Meeting or PPM.

## SCOPE OF THE PROCEDURE

The main objective of this procedure is to promote good standards of quality & safety within commissioned services, providing a consistent process for navigating, co-ordinating and positively resolving any concern(s) / problem(s) / issue(s) and / or risk(s) to the safety and / or well-being of people (adults and children) receiving commissioned care and support services within Cardiff & Vale.

This procedure sets out how the partner organisations (Cardiff & Vale of Glamorgan Councils and the Cardiff & Vale University Health Board) will collaborate to assure themselves and the public of the quality of services and respond appropriately and consistently to any concerns regarding standards of care. It sets out to ensure:

- Information is communicated effectively with all relevant parties; particularly with any people considered to be at risk & people involved in services where action is required.
- There is a shared understanding of how information will be managed and / or shared (for example, in relation to data protection & general data protection regulations, confidentiality and freedom of information in respect of commercially sensitive information).
- Responses to concerns and / or significant risks are coordinated within a timely manner.
- There are clear expectations surrounding actions agreed between commissioners and service providers; actions are specific, measurable (i.e. clear when achieved), achievable, have clear timescales and a named person who is accountable for them.
- Actions plans are co-ordinated where possible (i.e. if a concern results in regulatory, contractual and / or safeguarding requirements) and are regularly monitored.
- When actions are complete, this is recorded and risks are reviewed.

The procedure will take account of:

- Any feedback identifying concerns over the delivery of any aspect of commissioned / contracted care and support service.
- Increasing concerns about a service or provider within Cardiff & Vale or outside of the region where services are commissioned on behalf of Cardiff and Vale commissioning authorities.
- Other care settings / services who are also trading under an umbrella organisation (where appropriate).

The nature and / or geographical location of the service will determine the Lead Agency to execute this procedure (e.g. C&VUHB may take a lead for responding to clinical leadership / practice concerns in nursing homes) but the process will be administered by the Host Local Authority who will be required to ensure appropriate structures are in place to support the process. This may also give rise to management of appropriate safeguarding arrangements by the same Local Authority. The accountable lead for ensuring individuals' care & support needs are being met is with the relevant placing agency. To prevent duplication of meetings for the provider where they deliver services for more than one partner, regional partners will agree to the outcomes of the Lead Agency escalating concerns process.

In striving to achieve best practice in monitoring and managing standards or quality & safety in care and support services, this procedure has considered and incorporated:

- The National Outcomes Framework for Social Services in Wales  
<http://gov.wales/topics/health/socialcare/well-being/?lang=en>
- Health and Care Standards (framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings) <http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>
- Lessons identified from **Operation Jasmine**, the Older People Commissioners Review of Care Homes in Wales, the University of Hull's research around **Early Indicators of Concern in Residential and Nursing Homes for Older People & Residential & Support Services for People with Learning Disabilities** (October 2012).
- Factors affecting quality of care in children homes: **Monitoring focus improves care** (Tristan Donovan, 2013).
- The **National review of domiciliary care in Wales: Above and Beyond** (CIW, 2016)  
<https://careinspectorate.wales/national-review-domiciliary-care-wales-0>
- Statutory Guidance in relation to Part 7 of the Act: **Working together to safeguard people** (volumes 1 - 6).

## APPROACH TO QUALITY MANAGEMENT AND DEFINITION OF INCREASING AND ESCALATING CONCERNS

Wherever possible the aim should be to minimise any risks / quality & safety concerns (ensuring appropriate mitigating actions are taken) and avoid wherever possible formal escalation procedures becoming necessary. Therefore, all visiting professionals should be encouraged to forward any feedback on the service to their organisational quality lead – this should include both positive / notable practice and / or any concerns. This is particularly important when visiting professionals are undertaking individual service reviews.

Cardiff and the Vale of Glamorgan Council commissioners and the Cardiff & Vale UHB maintain oversight of all commissioned services and report to the Regional Commissioning Board and Regional Partnership Board on a regular basis. Such information supports market shaping activity.

Increasing and /or escalating concerns arise where there are **accumulating issues** and / or a **singular significant event or incident** relating to the operation of a service, or the quality of care and support being provided. These concerns may have been identified through a number of routes including (but not limited to):

- Statutory agencies involved in regulating or purchasing / monitoring services ( e.g. CIW);
- Visiting professionals, such as care managers, nurse assessors and CAMHS;
- South Wales Police (including concerns about possible child sexual exploitation referrals and / or multiple missing from care referrals)
- Any concerns identified by a Responsible Individual within their regulatory visits to a service
- Complaints or disclosures directly from individual(s) receiving the service, their families, friends, advocates or from current or ex-employees of the service;
- An adult / child safeguarding referral or the concerns arising from a series of safeguarding referrals in a particular setting or by a particular service provider.

## **An escalating concern is defined as:**

- A continued / repeated failure of the service to meet required standards of quality and safety.
- A serious and / or significant complaint / incident.
- A serious and / or significant safeguarding concern / incident.
- Significant concerns in relation to financial solvency of a service provider (which may result in actual or possible service closure).

**The legislative context underpinning this procedure is set out in [Appendix 1](#).**

## **THE ROLES AND RESPONSIBILITIES OF PARTNER ORGANISATIONS UNDER THIS PROCEDURE**

It is important to acknowledge that this Cardiff & Vale regional procedure to manage quality and / or any concerns does not replace or interfere with existing statutory duties, functions or obligations (particularly regulatory and safeguarding). Additionally, it does not require local agencies to undertake any responsibility or functions which are currently managed by CIW.

Each partner organisation has a clear role and responsibility to ensure that satisfactory care and support is delivered to people (adults or children) and, where care and / or the environment does not meet the quality requirements, to communicate concerns both internally and, where appropriate externally.

Ultimately local commissioners will need to communicate and work jointly with CIW and agree how they will manage their distinctive responsibilities. Sharing information with CIW will be vital.

Partner organisations will seek to work in a proactive and preventative manner, responding at the earliest possible stages to any quality concerns or inadequate care, abuse or neglect.

The act of commissioning and procuring services for individuals places a duty of care upon statutory agencies to be proactive in monitoring service delivery, safety and performance of service providers and managers.

When a visiting professional identifies any concern or risk to an individual or to the wider community of the establishment they will raise them within their organisation and ensure that such intelligence is communicated to appropriate colleagues within the host local authority, other local authorities, the Health Board and / or CIW. This can be done by e-mail, phone or in person in the first instance. Where there are safeguarding concerns, the appropriate documentation should be completed ('referral') and involved organisation/ LA Adult Safeguarding or Child Protection team should be informed using the appropriate Multi-Agency Referral for the relevant Local Authority same form AS1 for both LAs). C&V UHB staff will submit the referral via the C&V UHB Corporate Safeguarding Team. All referrals should be completed within 24 hours of the concern first being raised. The link to access these forms is as follows:

Child Safeguarding: <https://www.cardiffandvalersb.co.uk/wp-content/uploads/Multi-Agency-Report-Referral-Form-MARF-FINAL.docx>

Adult Safeguarding: <https://www.cardiffandvalersb.co.uk/wp-content/uploads/Adult-Safeguarding-Duty-to-Report-Adult-at-Risk-AS1-1.docx>

## Care Inspectorate Wales (CIW)

CIW is the national regulatory inspection and review body for a wide range of services. Its aim is to encourage the improvement of the social services and care sectors in Wales, by raising standards, improving the quality of services and promoting best practice.

CIW provides a citizen-centred regulation, inspection and review service. It is operationally independent and contributes to fulfilling the Welsh ministers' statutory obligations and safeguards those people who use care and social services. This role includes:

- Registration – deciding who can provide services.
- Inspecting services and publishing reports of inspections.
- Reviewing local authority performance.
- Taking, where necessary, action including enforcement to achieve compliance.
- Reporting on the quality and status of regulated services on an all Wales basis.

CIW ensures that commissioners of services are informed of the outcomes of its regulatory function and regular meetings are held between CIW and commissioners at senior and management levels.

If CIW becomes aware of a planned voluntary closure or has concerns about the welfare or safety of people supported by regulated services, especially those concerns that might lead to an enforced closure, it will inform the local authority and health board in whose area the home / service is located. Lead authorities will notify any other commissioners and / or self-funders (where this information is available).

In April 2018, RISCA replaced the Care Standards Act 2000 and The Care Standards Act 2000 (Notification) (Wales) Regulations 2011 and Guidance: <https://socialcare.wales/hub/regulation-andinspection>

## Commissioning Authorities

In exercising their functions under the relevant legislative framework, including the Act, the Continuing Healthcare Framework (2014) and Children and young people's continuing care guidance, a commissioning authority must:

- Act in accordance with any relevant requirements imposed upon it , and
- Have regard to any relevant guidance contained in any codes or policy guidance.

In summary the commissioning authority will generally discharge its responsibilities and duties by:

- Assessing, planning for, monitoring and reviewing the well-being of individuals (including health needs).
- Constructing a pre-placement contract, service specification and commissioning a service provider or agency to meet the assessed needs; formulating, monitoring and reviewing the quality and safety of services and responding effectively in the case of any significant risk to well-being or concerns.
- Responding to complaints.
- Terminating contracts and placements or taking other enforcement / corrective actions.
- Local market management and development activities.
- Working proactively and reactively with service providers.

Where the commissioning authority has serious concerns about a service provider, it has a duty to share information about concerns affecting people (adults or children) at risk with CIW and any other commissioners or relevant statutory bodies – even if this means disclosing personal information about service users.

## **CONTRACT COMPLIANCE**

The commissioning authority (ies) and service provider(s) shall be expected at all times to observe and co-operate with the terms and conditions of any pre-placement agreements and / or service contracts. Any breaches should be dealt with in accordance to the relevant terms and conditions of the contract or agreement.

Contracts / agreements should detail the quality monitoring / management arrangements for the service / services being provided. Where possible, these should be co-produced with people receiving the care & support service (and / or their carers) and service providers.

This quality management procedure is directly linked to the monitoring and management of these contracts / service agreements; any required action in relation to standards of quality & safety are in effect contract management requirements – where one or more of the parties has fallen short of the agreed standards or arrangements.

The Children's Commissioning Consortium Cymru (4Cs) co-ordinate quality management activities with residential & fostering framework providers on behalf of member local authorities and share this information with commissioners in Wales via their monthly Issues Concerns and Compliments Report. The report is targeted at raising awareness of the quality assurance of placement provision. The 4Cs All Wales Frameworks are Outcomes Based and report contents are used at the 4Cs Annual Provider Review. All Inspection Reports referred to in the report are uploaded by 4Cs to Childrens Commissioning Support Resource (CCSR) (Located at - <https://www.ccsr-wales.net/Portal> ) and can be accessed in full by Local Authority Commissioners and Placement Finders. The summary contained in the report is intended to assist Local authorities when commissioning at individual placement level however monitoring of IPCs is a Local Authority function. The CCSR database holds details of care settings and vacancies from a range of service providers, including residential homes and foster carers. These are continually updated by care providers, ensuring that CCSR provides the most up-to-date information possible. 4Cs process map can be found in the table of appendices under Reference Documents.

## **REGIONAL APPROACHES TO QUALITY ASSURANCE / MONITORING ARRANGEMENTS**

The purpose of quality monitoring processes is to ensure services deliver positive outcomes through appropriate clinical care / social care and support in a safe manner in line with legislative and contract requirements, agreed service specifications and individual care and support plans.

In developing regional approaches to assuring standards of quality and safety, commissioning authorities aim to better share information and intelligence, in turn reducing the burden of monitoring on providers. For example: Where a provider delivers services for more than one commissioning authority the host authority will undertake the escalating concerns process (including development/monitoring of the CAP/DAP). To prevent duplication of meetings for the

provider, regional partners will agree to the outcomes of the host authorities escalating concerns process.

Commissioning authorities should aim to work with partner organisations in a proactive manner, specifically in relation to making best use of information collated in respect of National Well-being Outcomes Framework, Health Care Standards Framework, Fundamentals of Care, workforce surveys and care standards information. Children's Services should also ensure there is an appropriate interface with the 4Cs and that it is working within the 4C's Issues, Concerns and Compliments Framework.

Commissioning authorities should use this existing information to:

- Seek to identify concerns or risks to well-being at the earliest possible stage and enable sustained progress and improvement, rather than waiting for formal escalating concerns status.
- Identify areas for development and provide proactive support, education and training to support service providers to improve their standards of quality and safety.
- Monitor the implementation of action plans where appropriate.
- Record and recognise improvements in care services; share good practice and lessons learned to support continuous learning and improvement.

Oversight of these activities will be provided by the Cardiff and Vale Regional Commissioning Board.

## **INFORMATION SHARING AND DATA PROTECTION**

Sharing of information about issues of concern enables organisations to consider jointly how to proceed in the best interests of the person / people at risk and to safeguard more generally. This must be conducted in accordance with prevailing data protection regulations and the Wales Accord on the Sharing of Personal Information (WASPI) guidance / principles.

All professionals are under a duty of confidentiality. This is detailed in relevant professional codes such as: Social Care Wales' 'Code of Professional practice for Social Care' <https://socialcare.wales/landing-page/code-of-professional-practice-and-guidance/> and the Nursing & Midwifery Council's Code of Conduct <https://www.nmc.org.uk/standards/code/>. This is important in maintaining confidence and participation in services and thereby helping to protect and individual's health and well-being.

However, as relevant guidelines make clear, the duty of confidentiality is not absolute and may be breached where this is in the best interests of the people (adults or children) at risk and in the wider public interest. If professionals judge that disclosure is necessary to protect the individual(s) from a risk of serious harm, confidentiality may be breached.

Where professionals judge that there is a need to share confidential information with social services or the police:

- They should attempt to support the vulnerable individual within a reasonable timescale.
- They may initially discuss the case anonymously with others, such as a colleague with suitable competence in safeguarding or with social services. (C&V UHB staff should be directed to the Corporate Safeguarding Team)
- The individual should be informed, unless to do so would seriously jeopardise their safety.
- Any decision whether or not to share information should be properly documented.

- Decisions in this area may need to be made by or with the advice of people with suitable competence in child protection work, such as named or designated professionals.

In order to make sound decisions, practitioners need to understand the general principles of sharing identifiable information in line with current data protection requirements:

- The safety and welfare of an individual(s) must be the first consideration when making decisions about sharing information about them.
- There must be a legal basis for sharing information and a legitimate purpose for doing so.
- When dealing with confidential information you will need to be satisfied that there is either:
  - A statutory obligation to disclose.
  - Express or implied consent from the persons involved.
  - An overriding public interest in disclosing information.

Practitioners:

- Must consider the significance, or the potential significance of the information they hold. Any information shared should be relevant to the purpose for which it is being shared and only shared with those practitioners or agencies that need to know.
- Should be open and honest with the individual(s) about the reasons why information needs to be shared and why particular actions need to be taken, unless to do so would adversely affect the purpose for which the information is to be shared.
- Should gain (informed) consent to share information unless it is not safe or possible to do so, or if it would undermine the prevention or detection of a crime.
- Should ensure information held is accurate, securely stored and kept for no longer than necessary.

The best way of ensuring that information sharing is properly handled is to work within specific information sharing protocols between the agencies and professionals involved, and to take legal advice in individual cases where necessary. Whenever information is shared, with or without consent, the information shared (when, with whom and for what purpose) should be recorded. Similarly, if a decision is taken not to share information, this should also be recorded.

[Appendix 2](#) sets out the Cardiff and Vale of Glamorgan Memorandum of Understanding (MOU) for the sharing of non-personal information, including monitoring reports, related to the care and support of children, young people and adults. The MOU sets out the collaborative working arrangements that have been formally agreed in relation to the sharing of non-personal information between Cardiff Council, Vale of Glamorgan Council, Cardiff and Vale University Health Board and CIW.

All meetings held within the Escalating Concerns Process will be subject to the rules of confidentiality set out in the **Data Protection Disclaimer** which is located at [Appendix 3](#) of this document. The disclaimer also includes a standard agenda that is to be used for the Provider Performance Meeting held at Step 2 of this protocol and the Joint Inter-Agency Monitoring Panel (JIMP) held at Step 3 of the Procedure.

## GENERAL PERFORMANCE - QUALITY / CONTRACT MONITORING

The aim of general quality/contract monitoring activity (at an individual level through care & support plans / individual service reviews or at an overarching service level) is to gather intelligence on the standards of quality and safety and the outcomes achieved for people receiving the service.

Wherever possible, the commissioning authority (ies) should aim to co-ordinate their monitoring and support activity in order to prevent / avoid escalating concerns. They should use intelligence from all sources (provider information returns, individual reviews, complaints & compliments, feedback from visiting professionals, inspection reports, etc.), to identify any issues, problems, or concerns at an early stage and support service improvement through proactive use of Developmental Action Plans (DAPs) to avoid those concerns increasing.

The principle of a quality management procedure is to evaluate the concern(s) and / or risk(s) to people's well-being, while supporting service providers to raise standards to an acceptable level and maintain and improve service delivery where possible.

However, where services are not compliant with the contract / agreement and / or the service falls short of the required standards, this increasing / escalating concerns procedure shall be invoked.

Increasing and / or escalating concerns arise where there are **accumulating issues** and / or a **singular significant event or incident** relating to the operation of a service, or the quality of care and support being provided.

Escalating concerns (contract management) procedures may be instigated alongside or as a consequence of other procedures including safeguarding procedures and / or any regulatory procedures. Where possible, the lead officers for each of these procedures will co-ordinate to ensure clear communication with the provider and any of the people supported by the service.

In responding to increasing and / or escalating concerns, commissioning agencies must consider whether sufficient support (e.g. good practice recommendations, guidance, training, etc.) has been provided to support a service provider to resolve / mitigate the identified concern(s) / minor issues in areas of underperformance.

Any actions / support offered or given to a service provider should be taken account of in the risk assessment and should assist parties in determining whether the threshold for escalating concerns has been achieved or not. Effective quality monitoring and / or clinical governance monitoring should remain central in supporting Service Providers to strive towards continuous improvement in delivering outcome focused services.

## GENERAL PERFORMANCE – JOINT QUALITY MANAGEMENT MEETING (JQMM)

As part of the general contract / quality monitoring process, the multi-agency Joint Quality Management Meeting (JQMM) is held every 8 weeks (Cardiff) /4 weeks (Vale). The JQMM is a multi-agency meeting that provides an overview of intelligence gathered by a range of agencies regarding care providers and enables discussion to take place around the provider's performance, strengths and areas for development, and allows shared decision making as to how to manage concerns. A record is maintained of the meeting and minutes taken. **However, it may be deemed necessary to go straight to a Quality Assurance Meeting, Provider Performance Meeting or Joint Interagency Monitoring Panel before a provider is discussed at the JQMM. This will be dependent on the nature and severity of the issues or concerns raised.**

A standing JQMM has been established in each of the local authorities as part of ongoing business as usual information gathering around provider quality. That information will then feed into the appropriate stage of any quality assurance or escalating concerns process ([Quality Assurance Meeting](#) page 21, [Provider Performance Meeting](#), page 23 [Joint Inter-Agency Monitoring Meeting](#), page 33 or [Service Operations Support Group](#), page 37) and has a link to the Cardiff and the Vale of Glamorgan Regional Safeguarding Board via the lead Managers for Safeguarding in both Local Authorities. Terms of reference for the JQMM can be located at [Appendix 7](#).

The purpose of the JQMM is to ensure that the Contracting, Social Services, Health, Safeguarding, Advocacy Groups and Complaints processes regularly share relevant information about providers including concerns and best practice to ensure that a shared understanding is developed in relation to the quality of services provided by the commissioned providers.

It is intended that this routine sharing of concerns and best practice will assist both local authorities, the Cardiff and Vale UHB and providers to:

- Have an early indication of where concerns are arising and an opportunity to intervene at an early and informal stage
- Recognise trends and themes emerging
- Target monitoring, intervention and review activities where these are most needed

The Contracts & Service Development Team Manager will chair the meeting (Cardiff) and the Operational Manager – Commissioning (Vale). The chairperson will agree the circulation of the minutes with participants at the meeting.

Attendees at the meeting will include a representative from the relevant Contracts Team, any appropriate Local Authority, Health Board, Safeguarding, Assessment and Care Management teams, Local Authority Complaints Officer, Age Connects/Advocacy representation, Wales Ambulance Service and also CIW. There is a need to ensure that all the key stakeholder who have intelligence about commissioned providers of services to children, young people and adults are included.

It is important to note that this will not replace but will run in parallel with the Safeguarding process. A specific allegation of abuse will continue to be investigated via the Safeguarding process while general performance issues that require the implementation of a Developmental Action Plan or when appropriate a Corrective Action Plan, will be managed by the Contracts Team under the Provider Performance Process. Please note that the Safeguarding process may create a Corrective Action Plan if there are immediate and significant risks to other service users. **All information must be shared with CIW.**

Contract Team Officers will endeavour to involve the provider at the earliest opportunity informing them of concerns and where appropriate enabling the provider to give their account and work in collaboration.

Contract Team Officers will work

- In collaboration with providers to monitor improvements and performance
- In line with any relevant Action Plan (DAP) or Corrective Action Plan (CAP). Action Plans may be drafted by the respective provider or imposed through the Provider Performance process.
- with the 4Cs in respect of Children's regulated providers to ensure synergy with the 4Cs quality assurance processes.

In summary the JQMM will:

- Identify the level of risk from a provider and wider market sustainability risk
- Identify the immediate and short-term actions
- Review provider developments & performance.
- Following cumulative concerns and or failure to respond, trigger the Quality Assurance Meeting, Provider Performance Meeting or JIMP dependent on the level of concern and risk, which will then take the lead responsibility for managing the CAP and DAP.
- Instigate case management review for provider performance assessment.
- Clarify the need to inform others and circulate minutes to Adult and Children's Services Management Team.

Monitoring and risk management arrangements may include:

- A series of meetings with the provider
- Further specific service user care reviews
- Directly seeking service user feedback
- Quality assurance monitoring visits
- Contract monitoring visits (including immediate visit if concerns are significant)
- Care manager monitoring visit
- Monitoring visits by the regulator - CIW/HIW/Estyn
- Dialogue with unpaid carers and family

(N.B. This list is not exhaustive and it will be for the meeting attendees to determine and agree the specific actions required).

**Please note - If a Safeguarding referral identifies a significant risk to other service users a Safeguarding Plan will also be developed within the Safeguarding Strategy meeting.**

Whilst it is acknowledged that an amalgamation of the JQMMs in Cardiff and the Vale of Glamorgan would enhance information sharing and best practice across both Local Authorities, practically it would be a challenge given the difference in size of both Local Authorities and the volume of providers that would need to be considered. Alternatively, key information about providers will be shared on a need to know basis, by exception, as a distinct part of the Regional Commissioning Board.

## PART TWO

Overarching Terms of Reference for Escalating Concerns Meetings (QA Meeting, PPM and JIMP) is located at [Appendix 8](#)

### STEP ONE: IDENTIFICATION OF CONCERNS – QUALITY ASSURANCE MEETING (QAM)

As detailed in the flowchart located on [Page 10](#) each of the Cardiff & Vale commissioners has a range of methods in place to assure themselves of the standards of quality and safety and the outcomes for individuals that a service offers.

In the event of any concerns arising, information should be recorded in the appropriate manner; for example:

- As a result of a contract monitoring visit, this should be detailed in a quality monitoring report.
- Where information is provided by professionals / practitioners (e.g. reviewers), this should be in the format of an email.
- In the case of any safeguarding concerns, this should be referred to the safeguarding lead officer.

In order to make a full assessment of the information provided and any risks, efforts should also be made to obtain perspectives on the quality & safety of the service from other sources (other professionals, customer surveys etc.); which may include seeking feedback from other relevant commissioning authorities' leads and CIW (for regulated services) to determine whether similar concerns are expressed elsewhere. This provides a broader and more objective assessment of the service.

Based on the initial feedback / evidence / intelligence available, the Lead Officer within the host authority (in conjunction with other partners where appropriate) should determine whether any immediate mitigating actions need to be undertaken (e.g. same day monitoring visit) and / or whether a **Quality Assurance Meeting (QAM)** should be convened. This decision must be proportionate to the risks or concerns identified. Individual commissioning authorities may undertake their own individual risk assessment to contribute to the group discussion / meeting. A **Risk Matrix Decision Tool** is located at [Appendix 4](#), which should be used to inform the risk assessment.

As part of the Quality Assurance Meeting, a decision may be taken on the evidence available and the outcome of any risk assessments that the escalating concern threshold has not been met. In such instances, where concerns persist, a local resolution (such as a Developmental Action Plan) may be deemed the most pragmatic way forward and this should continue to be monitored through usual quality monitoring arrangements.

The QAM will be chaired by the Manager of the Local Authority Contracts team or delegated to an appropriate senior officer within the team.

## Action Plans

Where an action plan is identified as a requirement, the plan must remain the responsibility of the service provider to develop in conjunction with the Contract Monitoring Officer and should detail named individuals accountable for the actions, timescales for completion of the action/s and measurable outcomes. This is seen as an opportunity for the service provider to make the necessary improvements required.

- **A Developmental Action Plan (DAP)** may be required where care management, contract monitoring, complaints monitoring and/or other sources of information indicate a short fall in the quality of service provided and statutory agencies want to see the service moving forward in specific areas of quality and practice
- **A Corrective Action Plan (CAP)** will be required where immediate action to ensure the safety of service users and/or staff is needed. This would be indicated in situations where a delay in taking preventative or remedial action could result in the need for enforcement action and cancellation of registration.

**DAPs or CAPs may also work alongside each other** where preventative or remedial action is required to target critical areas of performance and other short falls that require focused or in-depth consideration and action.

**A DAP or CAP must be agreed / signed by the designated Commissioning Officer and the service provider.** A template for a service provider Action Plan is located at [Appendix 5](#) and a template for a DAP/CAP is located at [Appendix 6](#).

## STEP TWO: SIGNIFICANT CONCERNS - PROVIDER PERFORMANCE MEETING (PPM)

The PPM meeting is an opportunity for effective information sharing and communication between agencies where significant concerns have been identified by one or more agencies, during which roles and responsibilities of each agency should be agreed. **The main objective of a PPM is to work jointly in considering the evidence around the service provider's performance, strengths and weakness and to complete a risk assessment.**

If there is identification of one of the following circumstances the JQMM would discuss the concerns and then initiate the Provider Performance Meeting

Or a PMM might be initiated outside of the JQMM process if the timing of the meeting is likely to cause an unreasonable delay and there is associated risk that needs to be dealt with without delay

Or if demonstrable improvement has not been established,

Any one or more of the following must be present to meet the 'threshold' for a PPM:

- A continued / repeated failure of the service to meet required standards of quality and safety
- A serious and / or significant complaint / incident
- A serious and / or significant safeguarding concern / incident
- Significant concerns in relation to financial solvency of a service provider (which may result in actual or possible service closure).

Resulting in

- Quality of life may be affected and individuals may be at risk of harm but it is felt that the provider is willing and able to take appropriate action to address the concern but requires multi-agency support to achieve this.

(N.B. This is not an exhaustive list)

**Please Note:** Where a Safeguarding referral has been made, this will continue to be coordinated by an Adult Safeguarding Consultant / Child Protection Coordinator or Adult or Children's Safeguarding Service / Team Manager, the Chairperson of the Provider Performance Meeting will ensure feedback is provided. Adult Safeguarding / Child Protection will decide what information can be shared with the provider and their representation at any Safeguarding Strategy Meeting.

The type of the response used will depend on the nature and seriousness of the concern. Those present at the Provider Performance Meeting will involve senior representation from key partners and be chaired by an Operational Manager/Head of Service or equivalent. In all instances, members of the PPM must have decision making powers on behalf of the organisation they represent and remain accountable in order to effectively manage the process. The Chair should consider whether to invite out of region commissioners either to attend or provide information to any further PPMs.

All PPM members / attendees should bring any local intelligence, reports and / or chronology, details of any supportive actions and (where relevant) any individual agency risk assessments in order to inform any judgements or decisions. The meeting will be held in two parts with the provider invited to attend the second part of the meeting.

It is important that a representative from the Local Authority's Contracts Team meets with the provider prior to the PPM to inform of the concerns and that the Escalating Concerns process has been initiated. The provider should also be advised of the format of the PPM and the expectation that they come prepared to respond to the concerns that have been identified.

The provider should be represented by the **Registered Manager and / or Responsible Individual** as a minimum. The Responsible Individual should be invited on all occasions.

The PPM will discuss information provided by each attendee however, further information may be required to ensure the safety of service users. This may be obtained through the Developmental and Corrective Action Plans and/or any information identified following review of the care being received by any service user. This would include service users who may be at risk because they are receiving care in the same setting or from the same provider. The review of this care may be undertaken by the relevant Local Authority review team or the Health Board may be asked to assist.

There is need to explore the concern identified with the provider who must be given the opportunity to give their account.

The nature of the concern and/or the level of risk will determine the response to be adopted and the time frame for action. This will be done through:

- Holding a telephone discussion with the provider
- Making an announced or unannounced monitoring visit (N.B. this will need to be undertaken on the same day that the concern arose if there are concerns that individuals may be at risk of harm)
- Writing to the provider and setting out the concerns requesting a written response as to how the provider intends to remedy the situation
- Requesting the provider attends a meeting (face to face or virtual)
- If concerns escalate and immediate action is required develop a Joint Corrective Action Plan (CAP) or Developmental Action Plan (DAP)
- Set a date to review and monitor DAPs and any CAPs
- Monitoring the DAP or CAP so that the provider improves or corrects its service
- Suggesting the provider reassesses service users to confirm his/her ability to provide care in line with the care plan/contract
- Arranging for care managers to review individuals
- Discuss informing the service user and family and request that reviews are undertaken
- Suggesting the provider voluntarily suspends new admissions
- Advising the provider that the authority/UHB has suspended new placements
- Advising the provider that the local authority and UHB will be carrying out its duty to inform other local authorities and Health Boards of the significant risk

(N.B. This is not an exhaustive list)

## **Recording Evidence, Decisions & Actions**

Where concerns have been raised verbally and not substantiated in writing or have been provided by an anonymous whistle-blower this must be recorded within the notes of the PPM meeting and followed up by the chair of the PPM. Alternative sources of enquiry / evidence may also be required to provide a range of perspectives on the potential concern in order to produce a full assessment of the risks.

Where there are multiple concerns and/or significant risks to the health and wellbeing of service users, consideration will be given to suspension of new placements, and escalation of the matter to **Step 3 – Joint Inter-Agency Monitoring Panel (JIMP)**. The Multi-Agency Risk Rating Matrix located at [Appendix 4](#) of this document will inform decision-making in this respect. The Risk Rating Matrix sets out the criteria in relation to impact and provider engagement that underpins the decision to step a provider out of Escalating Concerns, or for a provider to remain at Step 2 – PPM or escalate the provider to Step 3 - JIMP. A Corrective Action Plan (CAP) will be implemented, monitored by the Provider Performance Meeting and Safeguarding procedures put in place if individual abuse or neglect is alleged to have taken place or is at risk of taking place. This may be in addition to the Developmental Action Plan (DAP) already in place.

Decisions and actions must be shared with all commissioning authorities within one working day of the meeting and full meeting minutes within two weeks of the meeting (with a summary of key agreed actions communicated to all parties within 2 days).

The Chair is responsible for ensuring that there is a detailed written record (to be kept on the contract file and where appropriate individual child / adult case file) of all decisions made by the PPM meeting and:

- All concerns raised and / or evidence provided (by whom, in what format, whether dated / signed).
- The outcome of individual agency risk assessments and any agreement to an overall provider risk assessment agreed by the PPM meeting.
- Agreements in respect of:
  - Any (SMART) actions to be taken (by commissioners or the provider) to mitigate risks.
  - What support will be offered to a service provider to enable them to achieve and maintain a satisfactory level of service delivery.
  - Communication with the people supported by the services and / or their family /unpaid carers.
  - Communication with the service provider's employees.

## **Practitioner Disagreements**

In regards to handling individual cases / enquiries into people (children or adults) receiving commissioned care & support who are suspected of being at risk, where a decision is made not to act upon a report in line with safeguarding procedures:

- The practitioner who made the report should be advised.
- If they disagree with the decision and cannot resolve the matter locally then the matter should be considered by a PPM.

## **Monitoring Improvement**

The Provider Performance Meeting will write to the Provider to confirm any agreements and/or an action plan for improvement with target dates, any meeting dates and required attendance. This may include a change to the contract monitoring or care management arrangements.

## Monitoring Action Plans

Both the action plan and subsequent monitoring arrangements must be communicated with the members of the wider PPM within **10 working days** following the meeting with the service provider.

The chair of the PPM should ensure that there is (documented) agreement on how the action plan will be monitored. Every effort should be made by all parties to reach a formal and mutual resolution to the concerns within **as soon as possible** following the initiation of this Escalating Concerns Procedure.

Members of the PPM should ensure a joined-up / integrated approach to monitoring to reduce duplication and potential impact of numerous agencies monitoring / visiting a service at any given time.

Monitoring arrangements may include, but not be limited to:

- Dialogue with unpaid carers and family & staff (best practice).
- A series of meetings with the provider.
- Requesting copies of responsible individual's visit / quality reports or Schedule 6 reports in residential children's homes.
- Nurse assessor / care manager reviews of individual service user care.
- Service user and carer feedback.
- Quality and clinical monitoring visits.
- Monitoring visits by the regulatory inspectorate.
- Monitoring of DAP and CAP to identify issues.

Although individual actions will have their own agreed timescales (i.e. some actions may need to be immediate), the PPM will require a regular progress update / report. The timescales below are a guide, but actual frequency must be agreed at the Provider Escalating Concerns Meeting:

- CAP – one month.
- DAP – two months.

*NB: CIW / safeguarding procedures may impact on timescales.*

If the commissioning authority(ies) are satisfied that progress on implementing the DAP / CAP has been to an adequate and sustainable level, then the group may endeavour to sign off the action plan as completed or agree (and record) that significant progress has been achieved and the service provider will continue to be monitored through appropriate quality monitoring tools.

Where agreed actions cannot be achieved within agreed deadlines a decision must be taken by the chair of the PPM (in consultation with members of the PPM) whether to extend or adjust the timescales for the Service Provider to implement the required remedies, or whether a contract default notice should be issued.

Adjustment of any timescales should be a justified decision, based on progress and impact assessment of any planned / proposed remedies. In line with best practices, Service Providers should be supported as far as possible to be removed out of escalating concerns in a timely manner.

**A recommendation to extend the timescale must be endorsed by the appropriate Operational Manager or Head of Service (dependent on local arrangements.)**

If the service provider fails to, or is unable to comply with timescales in the action plan, or to make the improvements required, then the service provider should communicate this to the Chair of the PPM at the earliest possible time and an escalation to JIMP should be considered.

## Communicating with Stakeholders

When a service has met the escalating concerns threshold, the Chair of the PPM meeting is responsible for agreeing a communication plan to inform key stakeholders of the escalating concerns, including:

- People supported by a service if an adult (including self-funders) and their relatives / and parents / unpaid carers if children and young people, advocates etc. of service users, where appropriate. Contact details for care management team should be included in order to support / alleviate any anxieties at such time. Good practice would be to collate all responses or comments from people supported and / or their relatives and professionals as a result of this communication.
- The service provider's staff (where appropriate), who may also have information that will be useful to the process.
- Consideration must also be given around potential media interest and how this will be managed. Guidance may need to be sought from local press offices / external communications' leads.

## Approved Lists & Frameworks

Where contract / agreements exist within a framework agreement, commissioners also need to consider appropriate actions in respect of the framework / approved list.

## Responding to Concerns

Consideration is given to the risks to the well-being and safety of the people supported by the service and whether it would be appropriate to make any further referrals to the service. The PPM will decide on the most appropriate course of action, based on the evidence provided and level of concern which may include any of the following:

- Increased monitoring and / or supportive actions by the commissioner or others.
- Writing to the Service Provider outlining the risks or concerns and asking for development actions (local resolution).
- Individual reviews of care & support.
- Safeguarding enquiries or investigations (following strategy discussion).
- Criminal investigations (advice will be given by the police).
- Formal Service Provider's escalating concerns meeting where development and / or corrective actions are required.
- A temporary suspension of placements / packages of care. *(In the event of consideration of a suspension of placements / packages of care, the PPM should consider the potential impact of the suspension on the Service Provider reputation and financial viability. If a suspension is put in place, the chair of the PPM should make it very clear to the Service Provider what they need to do to enable the suspension to be lifted.)*

A number of actions may be undertaken at the same time and in parallel in order to effectively mitigate risk. The chair of the PPM meeting has responsibility to co-ordinate information across the group when a number of procedures (e.g. escalating concerns & safeguarding) are running in parallel as no one should prejudice others without good reason or agreement.

To ensure effective monitoring of concerns, a PPM meeting should be re-convened within a maximum of **six weeks** from the first meeting to report back on progress / developments of any subsequent corrective or developmental action plan and to share any new intelligence over the concern(s) / issue(s) and or risk(s). This can be conducted in the form of a meeting or e-mail correspondence circulated amongst members of the group.

## **Local Resolution (Reactive / Proactive Monitoring & Support)**

Monitoring and support activity may be deemed the most appropriate action to follow in first instance to mitigate and / or alleviate the concerns through low level / routine quality monitoring or practice development support.

The primary focus of this activity is to provide preventative resolution from any risk and or concern(s) to escalate further. Commissioners should work with the provider to mitigate any wider implications. For example, C&VUHB may support a service provider to resolve clinical concerns that can be improved through the provision of advice, guidance and support to encourage best practice. Joint (health and social care) monitoring and support should be encouraged where possible and specifically where a service provider delivers nursing care.

A collective decision may be reached by the PPM meeting to close the concerns based on the evaluation of evidence / local intervention. Where this is the case minutes, reports and evidence, where available, should be recorded formally and shared.

## **Written Notification to Provider**

A notification of escalating concerns detailing a summary of the risks and concerns identified, must be provided to the service provider no later than **five working days** following the PPM. This letter should advise that a PPM has been held and detail the outcome of the meeting and the actions that the provider is expected to undertake to address the identified concerns and the related timescales.

## **Templates to Support Communication**

A range of templates / guidance notes have been developed to support communication with stakeholders and Providers who are involved in the Escalating Concerns process. These are intended to serve as a guide to Officers for use if helpful but they are not mandated. They are included as [appendices](#) as follows:

**Appendix 9** – Aide Memoire for professionals meeting

**Appendix 10** – Form for collecting professionals' feedback

**Appendix 11** – Template for notifying stakeholders of provider Escalating Concerns

**Appendix 12** – Template for notifying stakeholders following communication with the Provider

**Appendix 13** – Letter template inviting Provider to an Escalating concerns Meeting

**Appendix 14** – Provider Escalating Concerns meeting agenda template

**Appendix 15** – Provider letter template confirming Escalating Concerns status and requirement action plan

**Appendix 16** – Provider letter template notifying of end of Escalating Concerns process.

## **Suspension of Placements**

Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults, Wales Government (2009) notes that health and social care agencies need to be able to demonstrate, if required to do so, that they have exercised their functions reasonably and rationally (given that placing an embargo on placements in a home could ultimately lead to the closure of a home). Whilst this guidance was specifically intended for Adult Care Homes, the principles underpinning the guidance is applied in the context of this procedure to Children's care home placements and other types of services for adults and children.

Section 46-48 of the above statutory guidance issued in 2009 details:

- *Where a local authority or LHB applies an embargo ..., i.e. it chooses not to place new service users there for a specified reason, it should be put in place in line with the authority's or LHB's policy on embargos and applied consistently. Any variations from normal practice should be recorded.*
- *There must be a clearly evidenced rationale for usage of embargos... The use and removal of embargoes, or indeed cancellation of a contract, must be linked to a thorough risk assessment which has been considered as part of the multi-agency framework.*

CIW as the regulator may impose a condition to prevent or restrict admissions to a service. In other circumstances, any decision to bar or restrict admissions should be undertaken in accordance with this Escalating Concerns Procedure.

Following serious concerns either through an individual Safeguarding case or the Corrective or Developmental Action Plan process, a recommendation is made to Provider Performance Meeting and the appropriate Operational Manager / Assistant Director/Head of Adult/Children's Services or equivalent in Cardiff or the Vale Council as to whether or not it is appropriate to suspend any new business with the organisation, whilst maintaining existing contracts until the issue has been resolved or whether or not the contract must be terminated and services be delivered by an alternative provider. It must be noted that if patients are solely funded by health, the Health Board could also consider it appropriate to suspend new placements. The Local Authority may proceed to do this even if the Health Board does not.

Options may include:-

- Restriction or ban on admissions to part of the Home offering a particular service (for example; to the Dementia Unit within a Home)
- Restriction or ban on the grounds of complexity (for example; those meeting CHC funding criteria)
- Restriction or ban relating to specific care provision (for example: end of life care)

- The Provider may themselves choose to impose a voluntary restriction or ban on admissions.

Escalation of persistent serious concerns requires that measures already put in place are reviewed in the light of new evidence or concerns.

Discussion whether to inform the service users and family must take place at this stage. Rational must be recorded in the Provider Performance Meeting minutes.

Providers may also choose a voluntary suspension of placements while addressing concerns in partnership with the Local Authority. However, the Provider Performance Meeting will always make an independent assessment of risk. This should be recorded in minutes of the PPM and / or in the action plan. **Whilst such a voluntary embargo may be proposed by the provider, it should not be requested by the commissioner and should not influence any appropriate contract management activity or enforcement on behalf of the commissioners.**

Once a decision has been taken to suspend new placements, the appropriate Operational Manager / Assistant Director/Head of Adult Services will confirm this in writing and a detailed CAP or DAP will be sent to the provider to ensure clarity of expectations about improvements before suspension is lifted. Informing the service provider and other stakeholders of decisions taken to manage admissions/referrals will be the responsibility of the suspending authority, either Cardiff or the Vale of Glamorgan Council. The provider has a Duty of Candour to inform self-funding clients of restrictions placed upon the service.

Whilst the new placements may be suspended the Local Authority will ensure, along with agency partners that the care of the service user already receiving a service from the provider is monitored and progress recorded in their care plan. The ongoing monitoring of the placement and any improvements will be via the CAP or the DAP process.

The imposition of placement restrictions or embargo will be reviewed by Commissioners as part of the risk assessment and decision-making process set out within this procedure at [Appendix 4](#). Decisions will also need to take account of any statutory action being/taken by CIW. Where an embargo or restrictions are in place, the decision made, the nature of these and when reviews have taken place will be detailed in the minutes of the Escalating Concerns Meetings.

The Chair of the Escalating Concerns Meeting must ensure that arrangements are made to notify the Commissioning Network that a Provider is in Escalating Concerns and any restrictions that have been put in place. A template for notifying the Commissioning Network is located at [Appendix 17](#).

| <b>Communication of suspension / termination</b>                           |  |
|--|--|
| <b>People supported and / or their carers, family and representatives:</b> | The Professionals Escalating Concerns Group meeting should discuss and record whether / what and when to inform the people supported and / or their unpaid carers, family and representatives of the concerns; this must also be discussed with the service provider.  |
| <b>CIW</b>   | Where there are on-going concerns or the level of risk is such that the commissioners feel that it is unsafe for people to continue to receive care at a particular setting or from a particular service, CIW along with other relevant partner organisations must be notified. CIW will be invited as appropriate to attend or provide information to the PPM and will receive minutes of meetings as appropriate.  |
| <b>Other commissioners within Wales</b>                                    | <p>The lead officer from within the PPM should make every effort to advise other commissioners (not represented at the PPM meeting) and should advise the Service Provider when and how such decisions will be communicated.</p> <p>In all instances of conditional placements / suspension of placements or contract termination, local contracting teams must communicate actions via the All Wales Commissioning &amp; Contracting Network. For National Framework Agreements:</p> <ul style="list-style-type: none"> <li>• The 4Cs provide all member commissioners with quality &amp; compliance reports on children’s residential &amp; fostering Framework providers. If this is a framework provider, all placing authorities will be informed and 4Cs and the host authority will consider immediate concealment on CCSR jointly, subject to a decision by the Escalating Concerns Meeting, to prevent further placements. After this point 4Cs will convene a <b>Risk Management Meeting</b>, which will include all placing local authorities. Further information on the process from this point can be found in the 4Cs provider risk management process. For non-framework providers, 4Cs must still be notified so other placing authorities can be alerted. However, meetings will be convened and led by the local authority.</li> <li>• The Commissioning Care Assurance Performance System (CCAPS) provides all member commissioners with quality &amp; compliance reports on framework providers of care homes for adults aged 18–64 with learning disabilities and / or mental health support needs.</li> </ul> |
| <b>Other commissioners outside of Wales</b>                                | <p>The lead officer from within the PPM should make every effort to advise other commissioners (not represented at the PPM meeting) and should advise the Service Provider when and how such decisions will be communicated.</p> <p>Where possible, the lead agency should involve other commissioners in the PPMs and / or share notes of meetings and advise them of any decision to suspend placements / terminate contracts. The lead agency may wish to request that the commissioners sign up to a WASPI compliant information sharing agreement or memorandum of understanding for sharing of non-personal information.</p>   |

Decisions to place suspension of placements on nursing homes should be made jointly between the local authority(ies) and health board.

Although it is an employer's responsibility, the joint commissioners should also discuss and agree whether to refer an individual to the Local Authority Designated Officer (LADO) / Designated Officer for safeguarding (DOS) who is responsible for managing all allegations made against staff and volunteers who work with children and adults at risk within their area. The Safeguarding procedures should be used in such instances to deal with any concerns or allegations of professional abuse, neglect or harm.

## **Removal of Conditional Referrals or Suspensions (Embargos)**

Where a service provider has made the required improvements and / or the risk(s) have significantly reduced, a Provider Escalating Concerns Meeting should decide whether it would be appropriate to lift any conditions upon referrals / suspensions of placement / packages of care.

Conditions / suspensions may be lifted whilst there are still corrective and / or development actions required – it is imperative that the chair of the PPM ( or JIMP) and the wider PPM (or JIMP) are clear from the outset what the issues / concerns / risks are that have triggered any conditions / suspensions and not prolong the process where risks have been effectively mitigated.

The outcome or review of any such decision will be shared with partner organisations in writing and with the Commissioning Network. (See communication with stakeholders, above.)

Where there are ongoing concerns or the level of risk is such that the Local Authority feels that it is unsafe for service users to continue to receive care at a particular setting or from a particular service, CIW or HIW along with other agency partners must be notified and an urgent JIMP will be convened. The JIMP will consider whether the contract should be cancelled and if appropriate initiate the Home Closure Protocol and / or decommission the service.

Where the improvements required in the Corrective (CAP) or Developmental Action Plan (DAP) has been completed and the breadth/depth of the risk has significantly reduced the Provider Performance Meeting will consider whether it is appropriate to lift the suspension of placements. A recommendation will be made to the Provider Performance Meeting (or JIMP) and appropriate Operational Manager / Assistant Director / Head of Services of Cardiff and the Vale of Glamorgan Councils who will then take the decision as to whether new placements will commence with the provider. The outcome of any decision will be shared with agency partners in writing.

A decision to step a provider out of PPM will be informed by the Multi-Agency Risk Rating Matrix tool (Located at [Appendix 4](#)) and the rating provided by individual members of the PPM along with the consensus rating will be recorded in the minutes of the meeting.

Where provider performance and compliance has not improved following a maximum of 4 Provider Performance meetings or a maximum timescale of 6 months, a Joint Inter Agency Panel will automatically be initiated.

## STEP THREE: JOINT INTER-AGENCY MONITORING PANEL (JIMP)

If there is identification of one of the following circumstances the Provider Performance Meeting would discuss the concerns and then initiate the Joint Inter-Agency Monitoring Panel that will then manage the ongoing process:

- A continued / sustained/repeated failure of the service to meet required standards of quality and safety
- A serious and / or significant complaint / incident
- A serious and / or significant safeguarding concern / incident
- Significant concerns in relation to financial solvency of a service provider (which may result in actual or possible service closure).

Resulting in:

- The service being compromised to a significant extent, quality of life is affected, and residents are at risk of harm
- The provider is unable to meet a large proportion of its obligations and liabilities.
- There may be adverse repercussions for clients making care unsustainable or unsafe and / or the provider may be unable to recover or continue to be viable
- Concerns exist about Provider's capacity to achieve timely change without intensive multi agency support
- The provider has been notified of concerns but problems persist or they have not responded

(NB: This is not an exhaustive list)

**Please Note** – It is not necessary for a provider to have been in QAM or PPM prior to escalation to JIMP. However, it is expected that with good contract monitoring / quality assurance processes in place, it is unlikely that a provider will enter the Escalating Concerns process at JIMP level. Nevertheless, if the aforementioned concerns are identified, a provider should be escalated to JIMP without first going through the QAM / PPM steps of the process if the Escalating Concerns process has not already been initiated at the time that the concerns are identified.

The Assistant Director/Head of Service from Adult / Children's Services or Deputy Nurse Director PCIC Cardiff & the Vale University Health Board or another senior officer with appropriate experience and delegated responsibility, will chair the meeting. The chairperson will agree the circulation of the minutes and participants at the meeting.

Attendees at the meeting may include a representative from Cardiff and the Vale of Glamorgan Council's Contracts Team, any appropriate Local Authority, Health Board, Safeguarding, Assessment and Care Management teams, Local Authority Complaints Officer, Age Connects/Advocacy representation and also CIW.

The meeting will be held in two parts with the provider invited to attend the second part of the meeting. It is important that a representative from the Local Authority's Contracts Team meets with the provider prior to the JIMP to inform of the concerns and that the matter has been elevated to the highest level of the Escalating Concerns process due to the seriousness of the identified issues. The provider should also be advised of the format of the JIMP and the expectation that they come prepared to respond to the concerns that have been identified

The provider should be represented by the **Registered Manager and / or Responsible Individual** as a minimum. The Responsible Individual should be invited on all occasions.

The following sections of the procedures related to the Provider Performance Meeting are also to be applied to the JIMP arrangements:

- **Recording Evidence and Actions**
- **Monitoring Improvement**
- **Communicating with Stakeholders**
- **Responding to Concerns**
- **Written Notification to Provider**
- **Suspension of Placements**
- **Communication of Suspension of Placements Table**
- **Monitoring Action Plans**

In view of the continued concerns that have been highlighted during escalation through the Provider Performance process, it may be necessary to open formal communications with residents of the care home/care agency along with next of kin/family members/appointed representatives to discuss the performance and strategic intentions for the home/agency.

In order to facilitate appropriate communications a meeting will be convened jointly by the home and JIMP officers. The meeting may be chaired by the Provider, with the JIMP Chair and Local Authority Commissioning Officers in attendance representing Adult / Children's Services, the UHB and any other appropriate public body.

Following the meeting, information will be provided to service users, along with relatives and family members, confirming the contact details for officers who have been designated to provide support and advice during the JIMP process.

The Chair will ensure that communications are established with any other Local Authority or UHB who have placements at the respective home, and also that the relevant officers are invited to all JIMP related meetings.

Ongoing monitoring visits by Officers from Adult / Children's Social Services, UHB or any other appropriate body, will be implemented to support evaluation and feedback to the JIMP and Chair in line with the CAP/DAP as has been agreed.

In view of the potential concerns regarding the care provider and corresponding potential for media interest, consideration should be given by the Chair to any appropriate press release/information from the Local Authority Press Office//UHB Communications Team regarding the escalation to JIMP status and any subsequent activity regarding the home. Likewise the Chair should ensure that the Director of Social Services is fully apprised of the situation and that appropriate arrangements have been put in place to brief the Cabinet Member for Adult / Children's Services. Health Representatives should ensure that the Director of Nursing for PCIC and Executive Nurse Director are also fully apprised of the situation

During the JIMP process, the Local Authority may decide to deploy appropriately qualified and experienced Care Workers and / or Managers within the provision for a time-limited period to reduce risks and provide reassurance that individuals are safe and their needs are being met. Local Authority staff may be deployed on a short-term basis to alleviate the need for the service to close or to safeguard individuals whilst arrangements are being made for them to safely transition to another care provider. Any decision regarding the deployment of Local Authority staff in such circumstances must be made by the Director of Social Services. The Local Authority may also call upon the University Health Board to provide additional Nurse Assessor or District Nurse presence at the service (care home) if it is felt that this is required to safeguard individuals until alternative

arrangements can be put in place by the provider. The Process Map located at [Appendix 18](#) sets out number of actions the Local Authority may take in response to a range of concerns raised in relation to care homes and provides some additional guidance.

The frequency of JIMP meetings will be set by the Chair, and will allow for effective evaluation of improvements and performance in line with the CAP/DAP as set by the JIMP Panel.

The Chair will review performance by the Provider along with any improvements made and make a decision as to whether the JIMP is to be continued, or authorise escalation to Home Closure ( if a care home) –at Step 4 of this protocol - Home Operations Support Group (HOSG). The decision will be underpinned by the Risk Rating Matrix tool (See [Appendix 4](#)) and the ratings of all JIMP members will be recorded on the minutes of the JIMP along with an overall consensus rating that has informed the Chair’s decision.

**Appendices 9-16, [Templates to Support Communication, page 28/29](#), also apply here.**

## **INDICATOR OF ORGANISATIONAL ABUSE - LARGE SCALE ENQUIRY (LSE)**

Concerns about potential “organisational abuse” will lead to the need for a decision to be made about whether LSE procedures are required. These procedures sit separate and distinct from the Escalating Concerns Procedures and sit within the Wales Safeguarding Procedures (2019). However, they may run parallel to the Escalating Concerns Procedures.

As organisational abuse can be indicated by a number of instances of poor practice, making a large scale enquiry decision can be difficult.

LSE Procedures should not be seen as a tool for regulatory or contract monitoring arrangements. These processes should be reviewed as distinct from each other

Triggers for making a referral for LSE may include the following:

- There is a risk that serious abuse, involving death or serious harm of an individual or individuals will occur or has occurred.
- It is suspected that a number of adults at risk have been abused:
  - By the same perpetrator
  - By a group of perpetrators
  - In the same setting
- There is clear evidence from an individual safeguarding process and investigation that other service users are at risk of serious harm or exploitation as per local and regional safeguarding policy and criteria
- An anonymous alert or whistle blower within the service highlights that a number of service users may be affected
- Collective safeguarding alerts (this is where several alerts are received at the same time, over a period of time, naming individual victims in the care setting). This may require a flexible approach depending on the nature and pattern of the alerts raised and whether there are any wider concerns about the care service or setting.
- A review of the concerns about the care service or setting will be carried out in partnership with the LA and Police (depending on the setting and concerns raised) to determine if there is evidence to indicate organisational abuse.
- There is clear evidence that, despite monitoring and/or CIW Inspection Reports, there continues to be insufficient evidence and assurance of improvements within the service.

- Despite monitoring, support and actions, service users are being placed at risk of abuse or neglect as per organisational abuse criteria. This may include a poor CIW Inspection Report resulting in requirements, enforcement, or urgent enforcement action

**It should be noted that organisational abuse indicators are not a failsafe criteria; it does not replace professional judgement or preclude earlier intervention based either upon a referral, multiple referrals or other sources of information.**

If many of the indicators for organisational abuse are identified then this will progress as an enquiry and have the same status in terms of receiving a structured and recorded response by the Local Authority Safeguarding Teams. A Large Scale Enquiry may require a series of individual safeguarding adult procedures to address allegations of abuse specific to each individual.

### **Decision not to proceed to a Large Scale Enquiry**

If there is insufficient evidence to proceed to LSE the strategy meeting action plan must clearly document action to be taken to address the concern(s) raised and who is responsible for undertaking and monitoring them. When the actions are completed a summary outcome report must be provided to core attendees to provide assurance. It is important the person who made the alert is informed as soon as possible that safeguarding adult procedures are not thought to be appropriate. A referrer who believes that action is being taken may cease to monitor or take protective action if they believe others are involved. Referrers are also keen to learn whether the concern has been appropriate or not.

## **STEP 4 –SERVICE CLOSURE – SERVICE OPERATIONS SUPPORT GROUP (SOSG)**

In the event of Service Closure being the only available course of action left then the Service Closures Protocol will be put in place.

The JIMP will lead the arrangements for operational management for a care home closure and establish the Service Operations Support Group (SOSG). This will act as a support mechanism in the management of closure. Where there has been a home closure the JIMP and the SOSG will meet to evaluate the whole closure process and identify lessons learned. A copy of evaluation report must be sent to CIW.

The Cardiff and Vale of Glamorgan Councils has a duty to respond to concerns about standards of care and the protection of vulnerable adults, children and young people. This protocol has been developed to clarify the roles and responsibilities of Adult and Children's Services and other partner agencies to ensure good communication and partnership working to promote the safeguarding and welfare of service users during the closure of a care home.

As part of the Escalating Concerns process, including escalation from the Joint Interagency Monitoring Panel (JIMP), or where a service has been identified as failing to the extent of posing undue risks to service users and/or staff there are provisions to suspend or withdraw the service in a planned manner with proper governance, and with full communication with the provider and service users. The Service Operational Support Group (SOSG) protocol is to be implemented to promote good standards of service delivery by services operating within the Cardiff and Vale of Glamorgan Councils.

### **Closure Arrangements**

The timescale of the closure will affect the urgency of the initial meeting of the Service Operations Support Group (SOSG).

- an immediate closure (e.g. cancellation of registration (under RISCA) or an emergency/disaster such as fire, flood, structural damage)
- a planned closure (e.g. withdrawal of registration under RISCA) or voluntary closure such as through non-viability).

In the case of closure, the SOSG will be called by the relevant Senior Manager in Adult / Children's Services. The SOSG will be chaired by the Senior Manager (this will normally be the Head of Adult / Children's Services or a senior officer delegated by the Head of Service) who will also arrange for appropriate minutes to be taken and will consist of senior officers including:

- Director/Assistant Director – Adult / Children's Services, or designated senior officer (e.g. Operational Manager) (Chair)
- Case Management Team Manager
- Contracts & Service Development Team – Officer/Manager.
- Safeguarding Manager
- Head of Nursing or Locality, UHB (where a nursing home or where a nursing assessment is required)
- Long Term Care Manager, UHB
- CIW Representation
- GP Representation
- Other Officers / Agencies as required (e.g. Legal Services)

Once a Service Closure Plan has been developed it will need to be agreed, by the Head of Adult / Children's Services or designated Senior Officer and the Director/Deputy Director of Nursing for PCIC within UHB (if a care home provides nursing care) will be asked to endorse it and the provider, residents and families will be notified.

## Closure Plan

The SOSG must define immediate priorities and core tasks to be undertaken as part of the closure process. They must assign tasks and actions to key personnel and ensure that Group members are briefed on any legal issues including rights of entry, confidentiality and securing resident property. The SOSG must agree a strategy to support interim arrangements.

Whether the closure is likely to be immediate or whether the closure is planned will depend on the following which will require immediate information gathering and consideration:

- Are there any Court decisions or judgments which must be taken into account?
- What immediate, short-term and long-term risks are there to the health, safety and welfare of residents?
- Are there problems with the structure, fabric or service connected to the building which makes its continued occupation dangerous or unsafe? Is any remedial action possible?
- Can essential services such as heating, water, electricity and gas be maintained if the service is a care home?
- Are the actions or potential omissions of the existing staff group likely to expose residents to inappropriate care, abuse or risk of harm?
- Has the number of care/nursing staff diminished to a serious or critical level and what actions need to be taken immediately or on a short term basis?
- Is there capacity and the ability to work with the care home owner and/or manager in planning and/or managing the transfer of residents?
- Could interim management or staffing support be provided from an external/alternative source and would this be acceptable to the registered person/s/receiver?
- Has equipment been removed or sold which further undermines the potential to keep the care home open in the short-term? Could alternative equipment be found or provided?
- What actions have been/or need to be taken to prevent further admissions?
- How are vacancies in other care homes / locations being prioritized ( if the service is a care home)?
- At a regional level should other agencies be involved in the plan?
- What actions are being planned or being taken by authorities or agencies that have placed people within the care home from out of County?
- How much is known by the staff, clients and their relatives/unpaid carers?
- What further action should the provider consider?
- Is there media interest?

(N.B. This is not an exhaustive list)

A summary of actions is set out in the checklist located at [Appendix 19](#)

With the permission of the service (registered) provider it may be possible to support individuals in the short term until a resolution of either the immediate problems are achieved or actual closure of the service occurs. This will require the permission of the owner and the agreement with the Director of Social Services in each organisation. Where a care provider makes a business decision to

close it is their responsibility to develop an effective closure plan to safeguard and provide continuity of care to the individuals affected by the closure. The 'provider' closure plan must be presented to the SOSG members to ensure that there is a holistic response. Where a provider decides to close a service then appropriate written notice must be given to the Council in line with the contractual arrangements (e.g. 90 days written notice for adult care homes and domiciliary care but the timescales may differ for other types of contracts).

Following notification of the 'Proposal' to close and before the 'decision' to cancel registration (if a regulated service) is taken; the SOSG will need to ensure that it has:

- Identified, with CIW, all potential risks to residents and the contingency arrangements necessary to minimise avoidable exposure to risk.
- An agreed multi-agency policy and approach (in respect of residents admitted to hospital following closure if a care home for adults) in finding alternative accommodation.
- Established a communication strategy designed to engage residents and families and any other relevant parties with a view to how to progress with the proposed closure plan.
- Whenever possible, established a close dialogue with the registered provider who can assist in assuring the safety and welfare of patients and residents.
- Develop an assessment and reviewing process for all individuals which would be undertaken by social care and health professionals to help inform move on plans for each individual.

## **Individual Re-location Planning Where the Service is a Care Home**

The SOSG must ensure that every resident has an allocated Case Manager and, where appropriate, an NHS nurse assessor who should be fully briefed. Where necessary, the SOSG will ensure that an Independent Mental Capacity Advocate / children and young person's independent professional advocacy has also been briefed and that there is appropriate advocacy to support individuals and families. Where the service is from an out of county Council then the SOSG members must ensure that there is effective communication with the partner Council. As well as ensuring that the Social Work team from the out of county Council is involved in the closure planning process, which will include assessment and planning with individuals.

If the service is an adult care home the SOSG must ensure that self-funding residents are also supported – as good practice, all self-funders should be offered the support from a Social Worker & or nurse assessor. The self-funding resident is free to decline the support from Social Services & Health, but the following facilities must still be offered:

- An up to date assessment of needs
- Transport to view a new home of their choice
- Support in moving or transferring personal possessions
- The same level of information on the closure process as others
- Relevant support to unpaid carers and families
- Details of vacancies within the area
- Details of local advocacy services
- Support in relocating with an alternate provider

The SOSG must ensure that a needs assessment for all residents (including people who are self-funding) has been obtained or completed. In the case of adult service users, the assessment should consider issues of mental capacity and any risk factors that may arise as a result of physically

moving the person from the care home – including an equality impact for the home and individuals.

Additional critical information required as part of the assessment process includes:

- Details of health and social care needs
- Details of all equipment or environmental aids used by the person
- Details of assistance required on transfer e.g. ambulance, taxi
- Details of medication and pending medical and/or hospital treatment or appointments
- Details of personal non-clothing items held in the care home
- Details of finances/savings etc. held by the care home
- Details of preferred care routine
- Details of significant relationships within their current care home.

The SOSG must ensure that new care and service-delivery plans are written to meet individual needs and agree transitional support, monitoring and review arrangements. Assessments and care plans will need to be shared with the new provider following the transition to the new service Provider.

The SOSG will arrange to cancel existing contracts with the provider and financial arrangements in line with the closure plan.

A summary of responsibilities is set out in the table located at [Appendix 20](#)

## **Monitoring and Review**

Within one calendar month of all individuals being moved from the service provider, the SOSG will meet to evaluate the whole closure process and to identify lessons learned. The Chair of the SOSG will prepare a prompt report on the service closure and this will be circulated to senior managers within local statutory agencies, and the appropriate Area Manager within CIW.

## CONCLUDING ESCALATING CONCERNS

The QAM / PPM / JIMP MUST also complete a final risk assessment this should be a new assessment and not a follow-on of the initial risk assessment informed by the Risk Matrix decision Tool located at [Appendix 4](#). There may be additional milestone risk assessment completed during the episode of escalating concerns. Regardless, the final risk assessment should be stand-alone assessment which demonstrates a decrease in the presenting risks.

Where there is sufficient evidence presented, indicating that the service provider has met all of the required actions featured within the CAP and / or where the service provider is able to demonstrate that implemented changes are on-going and sustainable then the QAM /PPM / JIMP should determine whether or not the service provider still meets the escalating concerns threshold.

Where it is determined that the threshold is no longer met and:

- Further action is required, the service should be categorised as working towards a CAP (with continued monitoring through the QAM / PPM / JIMP) or DAP (local resolution).
- All actions have been completed; a return to routine quality monitoring should occur.

The QAM / PPM / JIMP, should consider that not all of the identified areas on a CAP / DAP may be available to evaluate given their nature (e.g. cultural changes), however there should be sufficient evidence available to suggest change / improvements are being implemented and sustained. It would be the responsibility of the routine quality monitoring function to ensure progress is maintained.

Where routine quality monitoring activities suggest progress / improvements are not sustained then this should instigate a further discussion within the QAM /PPM / JIMP (as above).

Decisions to remove Escalating Concerns status should be notified in writing to the service provider and formally communicated to all relevant stakeholders.

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