



HEALTH AND WELL-BEING CARE GOVERNANCE PROTOCOL

1 INTRODUCTION

It is the responsibility of the Council to work with providers of Adult Social Care to ensure all services provided are safe and meet the needs of customers. When the term safe is used in this protocol, it means safe from harm or the risk of harm. Harm of course can be physical, psychological or emotional and in the wider context may constitute organisational abuse.

Some of the services that the council provides through its Local Authority Trading Company (LATC) Optalis, or commissions from other providers are regulated by the Care Quality Commission (CQC). Providers will have a planned review to measure compliance against the regulations at least once every two years. In addition, the CQC will undertake responsive reviews where there is a sufficient concern. There is a key emphasis on the new regime for Providers to monitor their own self-compliance. CQC – Health and Social Care Regulation (Regulated Activities) aim to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose their own care.

The old star ratings system has been replaced with a new ratings system:

- Outstanding
- Good
- Requires Improvement
- Inadequate

To get to the heart of people's experiences of care and support, the focus of CQC inspections targets the quality and safety of services. CQC ask five key questions of a service, which are; is the service:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

It is important to note that any CQC inspection operates as a snapshot. As such CQC places an expectation on the Local Authority to continuously monitor, act on and uphold its standards. The Local Authority therefore liaises closely in this respect with CQC.

For note, CQC only inspect services that carry out a regulated activity; services such as day care, or supported living without personal care are out of scope. There has also, more recently, been concern expressed through the media about the number of whistle blowers resulting in independent inquiries concerning the quality of care provision, a situation exasperated by the impending impact and continuation of cuts to the public funding of care services.

When considering if a service is safe and adequately meets the customer's needs, it is not just areas typically considered to be about quality of frontline care or support that are important in terms of care governance. For example, care providers giving unfair terms and conditions in their contracts to customers or customers having their tenancy rights breached may well mean that a customer's wellbeing is not being maintained so could result in care governance involvement.

This protocol covers all provision for Adult Social Care in Wokingham regardless of service or provider type and including self-funders. The protocol also applies to Adults Social Care provision commissioned by Adults Social Care for services outside of the Wokingham Borough.

2 PRINCIPLES AND PURPOSE

This protocol will be used to assist with ensuring that adult social care is safe and delivers quality outcomes in line with the vision and priorities of the Council and needs of customers. Care Governance at all times aims to work alongside providers and services to support and facilitate improvement.

The protocol will, naturally, have more influence on services that the Council specifically commissions but aims to influence regardless of funding stream. It establishes and clarifies the systems and processes which will:

- ensure that relevant information is obtained, collated and disseminated regarding service or provider concerns
- ensure that appropriate checks are undertaken prior to commissioning new services and that pro-actively monitor and promote best practice
- identify services that are of concern
- ensure that appropriate management action is taken to address concerns where these are identified

As well as ensuring that the Council meets its safeguarding responsibilities, information gained as part of Care Governance will be used to inform strategic and operational commissioning decisions.

3 RESPONSIBILITIES AND DECISION MAKING

All staff have a duty to respond appropriately to safeguarding issues as they arise. They should discuss these issues as they arise with the provider, with their Line Manager and where appropriate raise a safeguarding alert and/or inform the Care Governance Team. The Head of Adult Social Care (Statutory Services) or Head of Mental Health has overall responsibility, including decision making for the day-to-day quality issues associated with service provision within their area of responsibility. This includes decisions on Cautions List status.

For the Head of Adult Social Care (Statutory Services), delegation to the Chair is automatically assumed if they are absent or unavailable to attend the Care Governance Board meetings the Senior Operational Managers in Statutory Services. Specific members of staff in Statutory Services, in particular Operational Managers, will also be closely involved and lead on Care Governance work carried out. However, they cannot make decisions, only recommendations for those noted above to agree, unless the decision maker specifically gives them permission to become a decision maker for a specific provider or service. If this permission is given, it must be recorded in written format and will be noted on the next Care Governance Board minutes. A risk assessment of the decision will be completed and forwarded to the relevant Head of Service for authorisation.

For the Head of Mental Health, delegation is automatically assumed to the relevant Service Manager in their absence or unavailability. The same conditions as noted in the previous paragraph in relation to further delegation, applies.

Please note that the Operational Team in this protocol means: the Health Liaison Team, Assessment Team, Community Mental Health Team (CMHT), all of whom are statutory Adult Social Care teams in Wokingham Borough Council. In addition to these operational teams, Optalis has a Brokerage and Support Team which also delivers a statutory service for Adult Social Care. Senior Managers in the operational teams are responsible in the first instance for responding to Care Governance concerns with the support of the Care Governance team. Each team will identify a lead person who will ensure that an improvement plan is agreed and implemented by the provider (where this is required). However, whilst work around Care Governance may be carried out by the Brokerage and Support Team in Optalis, final decision making regarding Cautions List statuses can only be made by those in Statutory Services and can never be delegated to a member of Optalis (of course decisions will be influenced by recommendations made by the Brokerage and Support Team).

Where a service provided by Optalis falls under Care Governance, a decision will be undertaken whether it is considered appropriate for care governance investigation to be undertaken by Optalis' brokerage and support team by the Care Governance Manager and Safeguarding Manager.

The Contracts and Care Governance Team Manager is responsible for the management of the Care Governance Protocol and the Care Governance process. The Head of Adult Safeguarding Services and the Care Governance Manager are responsible for promoting proactive and preventative measures in relation to Care Governance issues.

4 LINK WITH ADULT SAFEGUARDING

Care Governance does not replace the Adult Safeguarding Process; it runs alongside it where required. Where there is any safeguarding concern, the Berkshire West Adult Safeguarding procedure should be followed. However, should the safeguarding concern indicate that there is, or may be, a concern about provider practice, the Care Governance Team should be copied into any correspondence and will work alongside the staff member leading the Safeguarding where this is required.

5 SOURCES OF INFORMATION

There is information from a range of sources that will provide information regarding the quality and security of services:

- **CQC Reports and Regulatory Letters/Information**
CQC publish reports for all services inspected on their website. The Local Authority receive a weekly update of intended inspections within their area.

CQC report's outline areas of non-compliance following inspections. Where CQC have safeguarding concerns it notifies Wokingham Borough Council (WBC).

- **Cautions, alerts or references from other Local Authorities**

Where other Local Authorities have safeguarding concerns about the quality of services, they will alert either the Contracts and Care Governance Team or Operational Teams. Whilst sometimes a safeguarding alert might not be felt necessary, local authorities may well still have some practice concerns and be monitoring services. Safeguarding Adults Co-ordinators from Local Authorities also share information if they have a concern about a Provider organisation.

- **Referrals to the Local Authority Safeguarding Adults Alerts**

Safeguarding alerts are made to all Operational Teams. Operational services are required to communicate provider related concerns to the Contracts and Care Governance Team, which may lead to Organisational Safeguarding investigations taking place within the provision..

- **Deprivation of Liberty Safeguards (DoLS)**

Requests made and/or authorised under the Mental Capacity Act in relation to DoLS are monitored and reported on by the Adult Safeguarding Service Manager and may highlight practice concerns.

- **Statutory Reviews**

When statutory reviews (which are annual as a minimum) are undertaken, areas of concern may be raised or noted regarding practice, which require further investigation.

- **Complaints, MP enquiries and Member enquiries**

WBC has procedures to respond to complaints and MP and Member enquiries. Where complaints or enquiries are made regarding service delivery for Adult Social Care services, these are raised with the relevant team.

- **Financial Checks**

Financial checks are undertaken prior to the issuing of an adults social care contract. Credit checks measure financial robustness. Providers receive a credit rating of green, amber or red.

An amber or red rating will indicate a risk to the security of a placement and/or indicate a concern has been identified.

- **Insurance Checks**

Services are required to have a range of Insurance in place, depending on the nature of the service provided. Services without adequate insurance place people who use services at risk.

- **Performance Information**

A range of information is gathered in relation to a service's performance. Some of this information is formally collected and some information is received from a range of informal sources.

- **Policies and Procedures**

Whilst no guarantee about service delivery, policies and procedures give an indication of a provider's intent and may highlight areas of poor practice that could occur if they are followed.

- **Feedback from Individuals.**

Any individual in contact with a service may raise concerns about its quality. This might be a person receiving a service, their family, carers or friends, a member of staff or a professional visiting the service. Such information will be received through a range of routes depending on the source.

6 REPORTING CONCERNS

The various sources of information above will be routed to staff in Operational Teams, or the Contracts and Care Governance Team. It might be a member of this Team directly that raises the concern based on an action or interaction they have been involved in. It could also be that a concern is raised to them from another party.

If the concern or potential concern is about provider practice, the Contracts and Care Governance Team should be advised if they are not already involved. It is important that this occurs even when the member of staff is planning on taking some further investigative action before coming to a decision as to the level of concern. This is because something may appear quite trivial, yet contact with the Contracts and Care Governance Team might highlight that several people have the same concern (which individual staff members would not know). Central logging allows trends and patterns to be noted which can be communicated to the staff member and may result in a different form of action or response.

The procedure for logging such concerns is outlined in Appendix A.

7 OBTAINING, COLLATING AND DISSEMINATING INFORMATION

The Contracts and Care Governance Team will be the central point for obtaining, collating and disseminating information about providers and services. This ensures a consistent and thorough approach across all services.

Any awareness of, or potential concern about services raised through any source must be passed to the Contracts and Care Governance Team to enable central management of information this does not negate staff's responsibility for following Safeguarding process and is intended to only inform the Care Governance team. There must not be any assumption that the Contracts and Care Governance Team already has the information. Notification can be made by email or telephone. All staff have a responsibility to do this (please see Section 6 above and Appendix A).

In addition to this, the Contracts and Care Governance Team will pro-actively obtain and collate certain information about services (see Section 8 below).

The Contracts and Care Governance Team will also disseminate information about providers and services of concern in order to assist safe and informed decision-making with placements for Adult Social Care. In order to do this they will:

- maintain a 'Cautions List' of providers or services where there are concerns which pose a high enough risk that it impacts on our Local Authority commissioning (see Section 9 below for details about how and why a provider would be added to the Cautions List).

- disseminate the Cautions List after each Care Governance Board meeting and following any change to it. This will be sent to: the Care Governance Board, Operational Managers for them to cascade to their staff as they see. (Optalis Brokerage and Support are a recognised part of our Statutory process and have signed a confidentiality agreement due to the sensitive nature of having information about its competitors.) The information given for each provider/service will be: the name and outline details of the areas of concern and plans in place to address them. If staff require further details, they should discuss the matter with their Line Manager or contact the Contracts and Care Governance Team.
- disseminate the Cautions List following any changes, to agreed colleagues from the CQC, Health and other Authorities in Berkshire. We will notify more widely of single provider/service entries where we know placements occur from a wider remit. In addition, we will advise all Local Authorities outside Berkshire that currently place with a service/provider placed on the Cautions List. Important to note, is that if the matter is being dealt with under Safeguarding, it is through the Safeguarding process that other Local Authority's and known commissioners are notified, although of course Care Governance will work alongside this.
- It has been agreed that information about the Cautions List will be made public, rather than the Cautions List itself. People will then contact the Contracts and Care Governance Team if they want to enquire specifically as to whether a provider is on the list. (Once the process for this is fully documented it will be distributed for comments and this procedure updated.)

When considering purchasing or arranging a service, all staff must consult the Cautions List so that any potential concerns about a service or provider is taken into consideration. This may mean that a provider or service cannot be used, depending on their status – see Section 8 below.

It is the responsibility of senior managers to disseminate the cautions list to their staff to ensure placements are not arranged that contradict the cautions list.

(No placements or services should be arranged or agreed without consulting/notifying the Contracts and Care Governance Team. This is because a contract needs to be put in place, or an addition made for the customer's service to an existing contract, prior to this occurring.) This process means a double measure is in place also regarding Cautions List provision.

8 PRE-CONTRACTUAL CHECKS AND PRO-ACTIVE SERVICE MONITORING

Whilst it is important that the Contracts and Care Governance Team obtains information in order to react where concerns may exist, they also have a key role to manage information in order to proactively safeguard and promote safe practice. To do this they undertake a range of tasks:

- Provider meetings – quarterly provider meetings are held by category type (residential/nursing, day care, domiciliary care, supported living etc). These enable the sharing of information with providers about service delivery mechanisms, relevant developments and best practice as well as keep them informed of the Council's vision and direction. They also allow providers to keep the Council informed of service and practice issues in order that it can respond and support providers where possible. (For example, at a recent meeting it was highlighted that providers have concerns over hospital discharges so the Discharge Manager from a local hospital attended the following meeting.)
- Pre-contractual checks – a range of checks are made prior to the issuing of contracts. Services commissioned via a tender process will have had a robust assessment as part of this (see Procurement and Financial Regulations). These checks involve: a financial assessment, insurance check, references and an assessment of the ability to deliver the service based on a

review of policy documents, method statements and an interview and presentation. A tender will only be awarded subject to a provider meeting the requirements.

Where contracts are put in place for individual care packages that are not tendered, once a proposed provider is identified, a range of placement checks are made. These checks ensure that information is obtained about services in order that a judgment can be made about its suitability but is not the only checks as the brokerage and care management process will involve engagement with proposed services. The standard checks made are: insurance, financial check (where a service is registered with Companies House), CQC inspection report (if a registered service) and a reference (if out of area). The checking of policies and procedures are not done as standard as there is usually no time. However if other checks or information gained raises any concerns they may be obtained if requested by the commissioner. Once completed this sheet is sent to the commissioner so that they can see all checks undertaken and any points to note. Whilst the Contracts and Care Governance Team can offer support and advice, should information indicate potential concerns, it is for Adults Social Care Operational Managers to decide if placements should proceed, they must put their proposal to do so the Manager of the relevant Operational Team.

The Head of Statutory Services or their delegated decision maker (as outlined under Section 4) can authorise placements to go ahead without the mandatory checks in exceptional circumstance. The Contracts and Care Governance Team has no authority to agree this. Contracts/SLAs/Agreements – written agreements are put in place for services commissioned. These ensure that agreement is reached regarding the service (including quality and standard) to be delivered and put mechanisms in place for responding to issues should they occur.

- Statutory annual reviews – all Adult Social Care customers with a critical need, have as a minimum, a statutory annual review and re-assessment of their service(s). This should involve a visit to the service and discussion with the customer and any carers or family so that a judgment can be made about current level of need and whether the service is adequately meeting need. Any service or provider concerns can be raised from reviews. In addition, when a provider or service is placed on the Cautions list, a review of placements will be prioritised if not undertaken already.
- Performance Information – there is at present no agreed generic performance information that is collated from services or providers. However, as part of undertaking some work around ‘Quality Assurance visits’ (see above), we will consider whether the Team should draw together any performance information as part of monitoring to ensure there are no triggers for concern e.g. exceptional or unusual death rates, low occupancy rates, high staff turnover or changes in management etc.
- Monitoring of CQC Inspection outcomes – A close link is in place with CQC. Where CQC inform us of providers or services that are not sufficiently meeting regulatory outcomes, this will be raised and discussed at the next Care Governance Board meeting to consider if a placement on the Cautions List and/or support is required based on the evidence available (see Section 10 below).
- At present, responses to concerns are generally reactive. The Board is looking into a more pro-active quality assurance approach moving forward.

9 IDENTIFICATION OF SERVICES THAT ARE OF CONCERN AND ACTION

There is a continual stream of information about services. The dissemination of information through the Contracts and Care Governance Team will ensure that nominated Care

Governance decision makers are immediately informed of all concerns that indicate any possible organisational safeguarding or quality concern about a provider or a service.

The relevant nominated Care Governance decision maker will decide, based on the information they have and liaison with the parties involved, the form of action required (see Section 10 below). This process allows for the handling and action of potential or known safeguarding or quality concerns regardless of the considered level of risk.

10 MANAGEMENT ACTION TO ADDRESS CONCERNS

Adult Social Care Statutory Services has in place a Care Governance Board that meets 4-weekly. The Terms of Reference for the Care Governance Board are at the end of this protocol.

The Care Governance Board meets to analyse information and review the services and providers on the Cautions List. It also discusses providers and services that are on the 'radar log'.

For the vast majority of the time, cases are fully discussed at an appropriate level between meetings and required actions undertaken as it would be inappropriate to wait. All records are updated immediately for any decision and information disseminated where required and decision risk assessments are completed to inform the flagging status.

The Cautions List Process

The purpose of the Cautions List is to officially record providers and services for which there are concerns which pose a high enough risk to customers, others that it impacts on their health and well-being and impacts on our Local Authority commissioning .It is also to ensure that improvement plans are in place and monitored to safeguard customers.

Where this is the case, a provider or service will be flagged as 'red' or 'amber' on the Cautions List or are placed on our Radar list. (As noted above, the decision to place or keep a provider on the Cautions List will be made by the relevant Head or Services or their nominated Care Governance representative in consultation with the parties involved and a decision risk assessment will be completed. This will include a review of all information held by Care Governance.)

Red flagged services/providers – services or providers flagged as red are considered at that time to pose a level of risk too high to commission any new services. A service will be flagged as red if it is considered that current practice would not adequately or safely be able to meet any new customer's needs and urgent reviews of current WBC placements will be undertaken.

Amber flagged services/providers – services or providers flagged as amber are considered to pose a level of risk that means an assessment of the risk to the customer should be undertaken, before commissioning a new service. A service will be flagged as amber if it is considered that current practice would not adequately or safely be able to meet some new customer's needs.

All services/providers on the Cautions List will have a robust and clear action plan in place which will be closely and regularly monitored via the serious concerns process or contract monitoring. The plan will make it clear what improvements are required with the aim that these are made as soon as possible. Existing placements will need to be reviewed and closely monitored (Adults Social Care Operational Managers have a responsibility arrange this on direction from the relevant Head of Service (or their nominated representative). The Head of

Service will determine the timeframe under which this needs to happen). Movements from placements will be made, but only where deemed absolutely necessary. If throughout the monitoring process the level of risk changes, the flag status will be amended so it is inline with the level of risk associated with the definitions above and determined by a completed decision risk assessment. If the risk posed is lower than that defined for a red or amber flag, the service or provider will be removed from the Cautions List and may be placed on the Radar list with review dates identified to check sustained improvement.

When considering the concerns, the Head of Service (or their nominated representative) needs to consider whether to place a single service on the Cautions List or the provider as a whole. This will be made depending on how widespread the concerns are across the provider's services.

Radar List Process

In addition to a Cautions List, there will also be a Radar List in place. The purpose of the Radar List is to ensure that:

- services or providers that have come off the Cautions List following an extensive or prolonged action plan are proportionately monitored to ensure improvements are maintained;
- concerns that are not of a high of enough risk for placement on the Cautions List are addressed; and
- where information is received which indicates a potential concern, action is taken to investigate and determine if care governance needs to be involved.

The Radar List is a tool to ensure that all services or providers that fall into the above categories have the appropriate action taken and do not 'fall off the radar'. The Radar List is therefore not communicated outside of the Care Governance Board.

Transferral from the Radar List to either the Closed Log or the Cautions List can only be made by the relevant Head of Service or their nominated representative.

Closed Log

Services will be moved onto and recorded in the Closed Log when it is felt they are no longer necessary to be placed on either the Cautions List or Radar List. They can be moved back to either list from the Closed Log if this is felt necessary in light of new information.

Communication of the Caution List

Only the Cautions list is distributed outside of the Care Governance Board.

The service/provider must be advised that they are added to the Cautions List before this occurs and it is distributed; only in extreme cases should this not happen i.e. where it needs to be immediate and contact is not possible.

The Contracts and Care Governance Team will maintain the Cautions List, Radar List and Closed Log. Relevant details will be updated chronologically on each by provider or service so that a brief capture of key information is instantly available. In addition each provider or service will have an electronic file where full information is held.

If a Provider is placed on the Cautions List they should already be in liaison with us and therefore be aware of any concerns and actions that are required. If not already known, full information must be given to them at the time they are made aware of their placement on the Cautions List.

A provider should be told verbally that they are placed on the Cautions List or their status on it is changed, wherever possible. In addition, a formal letter will be sent reiterating the reasons and actions required plus outline that the provider can appeal.

Appeals

If a provider wishes to have more information about the decision to place them on the Cautions List, this should be provided as a matter of urgency in written form. Providers may also make an official written appeal against their placement on the Cautions List. There is a two stage process to appeals:

Stage 1 – providers should write outlining the reason they disagree with the decision. In this they should state any inaccuracies in relation to the information we have used to make a judgement in relation to the level of risk plus anything else they feel is relevant. This should be sent to the Contracts and Care Governance Team Manager either by email or formal letter and will be passed to the Chair of the Care Governance Board to act upon. The Chair must write and advise of their decision on the appeal within 10 working days, unless there are extenuating circumstance meaning longer is required.

Stage 2 – if following Stage 1 the provider remains unhappy, they should write to advise why this is the case and give any additional information that is relevant to their appeal. This should be sent to the Contracts and Care Governance Team Manager either by email or formal letter and will be passed to the Head of Adult Social Care, who must write and advice of their decision within 21 working days, unless there are extenuation circumstance meaning that longer is required.

A provider will remain on the Cautions Lists during the appeal unless agreed otherwise. This is because there should be robust evidence in place of the necessary level of risk before they are placed ion the Cautions List in the first place. However, appeal letters should be looked at on the day of receipt and if the information from the provider indicates that the risk might not be at the level currently assessed, a further review of risk should be undertaken without delay. Where this is of benefit a meeting will be held with a provider in relation to their appeal.

COMMUNITY CARE
CARE GOVERNANCE BOARD
TERMS OF REFERENCE

The aim of the Care Governance Board is to:

- ensure there is a forum for bringing together evidence of quality or safeguarding concern in relation to services and providers
- ensure a consistent response and approach to concerns
- determine appropriate action by way of a Cautions List and Radar List process in response to concerns
- monitor, progress and chase actions plans
- ensure resources are focused and prioritised appropriately on quality reviews
- provide a forum to discuss, monitor and review safeguarding processes
- provide a forum to discuss good practice
- report and advise on its work and outcomes

Membership will be

- Adults Safeguarding Services Manager-Chair
- Contracts and Care Governance representative
- Head of Adult Social Care
- Head of Mental Health
- Brokerage and Support Manager

- Clinical Commissioning Group for Wokingham

- Care Home in Reach Team representative

Members can also send a representative although as this is a decision making group, they must have the relevant decision-making powers and authority. One of the Heads of Statutory Services can stand in as a chair if required.

Additional staff may be asked to attend to inform the board of a particular case.

Frequency

Meetings will be 4-weekly. Where decisions are required outside these meetings a fast-track meeting or contact will be held and decisions made by the relevant Head of Service.

Format of Meetings

Although not an exhaustive list, the agenda will as a minimum cover the items below:

- Update on existing cases and action plans – decisions regarding future status and actions required;
- Update and communication of decisions and actions taken at any fast-track meetings since the last Care Governance Board meeting;
- Information sharing regarding new concerns – decisions regarding future status and actions required;
- Discussion of current safeguarding and care governance practice – monitor and review and agree changes for improvement; and
- Review and planning for reviews, provider visits and support from the care home in reach service.
- Relevant feedback from other formal Quality Assurances groups and networks.

Administration of Meetings

The administration of meetings will be undertaken by the Contracts and Care Governance Team.

Care Governance Process Chart (Quick Reference)

Care Governance Process:

- Information from a variety of source (good or of concern) is reported into the central Care Governance Log. This is reviewed on a daily basis and can consist of safeguarding alerts, complaints, feedback from reviews, visits, members of the public, people who use service, CQC, Whistleblowing etc. or other commissioners.
- If level of concerns indicates significant quality assurance concern and potential transferable risks to residents indicating the likelihood of considering application of a serious concerns framework a Quality Assurance visit is undertaken against the identified concerns and recorded in the template (Appendix 3)
- On receipt of the written report and completed risk matrix the Board will make decisions regards the cautions list status if at all on the evidence provided. This is to ensure the evidence base for the decision is clear and proportionate and that any high risk matters are dealt with expediently by the relevant organisation to safeguard residents. This report is shared with the provider, it is however expected that any risk areas identified during the Quality Assurance visit are feedback to the manager whilst on site to enable their immediate response where required in order to promote health and wellbeing or safeguard residents.
- If entering the cautions list status (Red or Amber) the serious concerns framework is applied to review the rationale and findings of the Quality Assurance report and individually rate level of risk for each area of concern, an action plan is devised and agreed by partners contributing to the framework on a multi-disciplinary basis. This process also enables providers response to concerns raised and a forum of challenge from any party where required.
- The framework continues until the actions are completed and the level of risk reassessed to inform downgrading/upgrading on the cautions list status.
 - The process is intended to be as collaborative and supportive as possible within an ethos of early identification and prevention principles. A transparent and honest approach is vital to ensure a clear understanding of accountability and responsibility of individual organisations inclusive of duty of candour..

Risk Matrix

Provider Organisation:				Date:		
				Author:		
Seria l	Identified Risk	Evidence Base	Severity	Probability	Risk	Mitigating Factors
1						
2						
3						
4						
5						
6						

Severity	Probability
1 = standard	1 = may have occurred but is unlikely to reoccur
2 = moderate	2 = has occurred and is likely to reoccur, but is not currently occurring
3 = high	3 = has occurred or is occurring and is likely to reoccur *has not yet occurred but risk of occurrence is high
4 = critical	

Risk

	Severity		
Probability	1	2	3
1	2	3	4
2	3	4	5
3	4	5	6
4	5	6	7

Severity

1 Standard – lack of stimulation / support opportunities to engage in social and leisure activities where no harm has occurred. Residents not given sufficient voice or enabled to be involved in running of the service. Denial of individuality and opportunities for residents to make informed choice and take responsible risks. Poor, ill-informed or outdated care practices, where no harm has occurred. Care planning documentation not person-centred.

2 Moderate – lack of stimulation / support opportunities to engage in social and leisure activities where harm has occurred. Denial of individual opportunity to make informed choice, impacting on health and wellbeing. Care planning documentation contains inconsistencies, which directly impact on delivery of care. Care practices which have evidenced harm has occurred but there is no lasting impact for the resident. Resident's dignity is undermined but is not ingrained in culture of the organisation. Isolated incident of failure to disclose suspicions of abuse / whistleblowing or incident reporting. Unsafe / unhygienic living environment with a failure by the organisation to address this. Punitive responses to challenging behaviour that is indicative of a failure to engage with appropriate legislation, guidance and procedures to promote best outcomes for residents. Widespread medication errors that do not result in permanent harm to residents.

3 High – denial of access to professional support and services such as advocacy. Resident's dignity is undermined by practices indicative of organisational culture. Unsafe / unhygienic living environment, which is directly impacting on health and wellbeing of residents. Punitive responses to challenging behaviour that directly impact on the health and wellbeing of residents. Inappropriate restraint to manage behaviour, including environment, physical and medication interventions. Lack of response to changing care needs; failure to request a review or refer to the appropriate professional intervention. Widespread lack of care that significantly damages health and wellbeing, e.g. pressure wounds, dehydration, malnutrition, loss of independence or confidence. Staff entering in personal and/or sexual relationship with residents. Medication error(s) that result in permanent harm or death.

4 Critical – lack of appropriate safeguarding procedures, whistleblowing procedures, or pattern of failing to disclose or address suspicions of abuse or incident reporting. All risks as identified under 'high' where the Provider has yet to put an Action Plan in place to address these, or the Action Plan is considered deficient.

Probability

- 1 may have occurred and is unlikely to reoccur
- 3 has occurred or is occurring and is likely to reoccur
- *has not yet occurred but risk of occurrence is high

2 has occurred and may reoccur, but is not currently occurring



**WOKINGHAM
BOROUGH COUNCIL**

QUALITY ASSURANCE VISIT

The purpose of this template is to aid Wokingham Borough Council staff when carrying out a Quality Assurance visit in relation to a Care establishment. The visit may be planned or scheduled in advance, or it may be unannounced dependent on circumstances.

Visit date	
Establishment Name	
Total capacity of establishment	
Number of current WBC funded clients	
Breakdown of other client funding	

Information gathered before visit

Date of last CQC Inspection	
Areas of non-compliance	
Any monitoring by other LAs/PCT etc.	
Care Management feedback	
Number of safeguarding alerts raised in the past 12 months	
Previous safeguarding issues and actions taken	
Current safeguarding issues	
Specific areas to concentrate on during the visit	

HOME AND PREMISES RELATED

Policies & Procedures

Identify which policies and records have been reviewed and make comment. Include evidence of where they are being followed or where there are gaps.

Accident & Emergency	
Business Continuity	
Complaints & Compliments	
Data Protection	
Health & Safety (including water temperatures)	
Fire evacuation Plan & Testing Record	
First Aid	
Food Hygiene	
Infection Control	
COSHH	
Medication	
Fire Awareness	

Quality Assurance	
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Practice & Recording

Complaints – including action taken and lessons learned	
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Action required	By whom	By when

**STAFF RELATED
Policies & Procedures**

Code of conduct for staff (e.g. acceptance of gifts, buying, selling, borrowing, wills)	
Diversity	
Harassment	
Equal Opportunities	
Whistle Blowing	
Safeguarding	
Staff Training & Development	
Working Time Directive	
Lone Working	
Moving & Handling	

Practice & Recording

Staffing levels – including rota versus 'off duty'	
Safer Recruitment (application, references, photo, eligibility, interview notes)	
DBS	
Staff induction	
Supervision (schedule and content)	
Turnover	

Training

Is Mandatory training sufficient	
View training matrix and compare to training records	
Are there gaps evident and if so is there an evidenced plan for addressing these gaps	
Details of any training initiatives	

Action required	By whom	By when

**SERVICE USER RELATED
Policies & Procedures**

Safeguarding	
MCA	
DoLS	
Care / Support Planning	
End of Life Planning	
Service user finances	

Practice & Recording

Care / Support Plans	
Risk Assessments	
Finances recorded and managed	
Minuted service user meetings	
MAR sheets	
MCA Assessments	
Nutrition/ fluid charts	
Weight charts	
Daily logs	
Wound charts	
Incident / Accident reports	

Action required	By whom	By when

DIGNITY IN CARE

OBSERVATIONS

Is the layout of the home suitable for intended purpose	
Adequate parking	
Washing and toileting facilities to meet the needs of all service users	
Clean and free from offensive odours	
Do residents appear well kempt	
Service user rooms adequately and appropriately furnished and personalised	
Space for recreation and social	

activities, including access for visitors – are these adequately equipped and well maintained	
Grounds well maintained, safe and accessible to service users	
Appropriate outdoor furniture available	
Interactions between staff and service users	
Were staff responsive to service users, visitors etc.	

Discussions with staff

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Discussions with residents

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Discussions with families

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RAG status from visit

1		
2		
3		
4		
5		
6		

Summary / Recommendations