

# **Social Care & Health Quality Framework – Quality Ratings Guidance**

**(Care Homes With and Without Nursing)**

**April 2018**

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# **1. Introduction**

## **1.1. What is this guidance about?**

From April 2018 Birmingham City Council (the Council) will be implementing a new flexible contracting arrangement for care homes with and without nursing services that it commissions. Quality assurance is integral to the new framework and as part of the new contracting arrangements the Council is to introduce a revised system of quality ratings.

This guidance document aims to provide a detailed explanation of the following:

- The quality assurance framework and its component parts.
- The methodology and mechanism used to produce the rating.
- The rating process, including, responsibilities, timescales and deadlines.
- How the Council will use the quality rating.

## **1.2. Who is this guidance for?**

This guidance is aimed at managers of care homes as well as any other individuals who are responsible for the quality of care and support services delivered by their respective organisations. The guide aims to enable understanding of the quality framework and ensure that providers are able to comply with its requirements.

## **1.3. Why does the Council have a quality rating framework?**

The Care Act 2014 set out a range of measures and duties upon local authorities, in order that citizens can choose from a diverse range of high quality care and support services; to drive up the overall quality of care in the market; and put citizen needs and outcomes centre stage.

The quality assurance framework and the quality ratings system therefore aims to deliver or facilitate the following:

- Transparency through the publication of quality ratings and information about local care provision.
- Assist citizens and commissioners to make informed decisions when purchasing care and therefore provide 'peace of mind'.
- Drive up quality across the market.
- Support market shaping activity through the acquisition of improved market information.

## **2. Quality Framework Principles**

### **2.1. Principles**

The framework is underpinned by a set of overarching principles:

- The delivery of outcomes for service users and citizens are at the forefront of care delivery.
- Care providers are responsible for ensuring they deliver good quality care.
- The Council has a duty to provide assurance of and to drive up the overall quality of care in the city.
- The Council aspires only to do business with good quality providers. It does not intend to contract with those providers that are unable to sustain consistently good quality services.
- The Council will provide a range of support to providers to improve services but not indefinitely.
- The Council will incentivise high quality provision.
- The Council will measure the overall quality of provision by taking into account a range of opinions to provide a balanced view.
- Quality will be measured against contractual terms and conditions, core standards and the delivery of outcomes.
- The quality assurance framework mechanism and how it operates is transparent and clear.

#### **2.1.1. Outcomes**

The Quality Assurance framework is focussed on the delivery of outcomes to both citizens and commissioners of care and support. In order to ensure that the framework is consistent with the key priorities of national and local government, it has been aligned to the 4 outcome domains detailed within the Department of Health's Adult Social Care Outcomes Framework (ASCOF).

These are:

1. Enhancing quality of life for people with care and support needs;
2. Delaying and reducing the need for care and support;
3. Ensuring that people have a positive experience of care;
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

#### **2.1.2. Incentivising Quality**

The Council wants to assure and where necessary raise quality across the social care market, and shall seek to reward those providers of quality services delivering value for money. The Council intends to achieve this by:

1. Not contracting with providers whose quality rating is 'Inadequate'. Care homes providers will not be permitted to join the flexible contracting arrangement if they have an 'Inadequate' rating. Any provider whose quality rating reduces to 'Inadequate' during the life of the contract will be suspended and they may have their contracting arrangements terminated if they are unable to sustain the required improvements.
2. Awarding care packages to providers with the highest quality rating. In situations where multiple providers bid for a care package the provider with the highest rating will be successful. In cases where there is no difference in the provider quality ratings the provider with the best customer feedback rating will be successful.
3. Publishing the quality ratings to enable citizens who fund their own care to make informed decisions about which organisation they choose to contract with.

### **2.1.3. Taking a balanced view**

The Quality Assurance Framework aims to capture a range of views on the quality of services and use them to produce a single quality rating that can be used to inform care commissioning processes and facilitate service users and citizens to make informed choices. The rating system will therefore draw upon a balanced range of data sources:

- The view of the regulator: the CQC inspection rating
- The view of the Commissioner: Birmingham City Council or the NHS' Joint Quality Assurance Framework (JQAF) rating
- The view of the citizen or service user: Citizen feedback captured via the social work review process, Healthwatch, and the providers customer engagement mechanisms.
- The view of the provider: Provider Quality Assurance Statement (PQAS)

### 3. Quality Rating Mechanism

The following section details the mechanism that sits behind the quality rating. It describes how the different data sources will be considered and used to produce a single quality rating for each service.

#### 3.1. Overview

Quality of provision will be assessed and each registered location given an overall quality rating of either **Gold, Silver, Bronze or Inadequate**. The statements below reflect what services in the different bands will look like:

##### **Gold**

- People describe the service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes.
- The provider is striving to be a leader in their field.
- The provider exceeds the standards set down by the Care Quality Commission (CQC), and contractual terms and core standards.
- The exceptional level of service is delivered consistently over time.

##### **Silver**

- People describe the service as good and that it meets their needs and delivers good outcomes.
- The provider meets the standards set down by CQC, and contractual terms and core standards.
- The good level of service is delivered consistently over time.

##### **Bronze**

- People describe the service as not always good and that it does not always meet their needs or deliver good outcomes.
- The provider is not fully meeting all of the standards set down by CQC and contractual terms and core standards. Improvement is required.
- A good level of service is not consistent over time.

##### **Inadequate**

- The provider does not meet key standards set by CQC and contractual terms and core standards.
- People using the service are not safe and they are at risk of harm.
- Significant improvement is required, the service will be at risk of losing its registration.

Each registered location will receive an annual quality visit to be delivered by one of the following bodies: the Care Quality Commission (CQC), the Council or, in the case of Nursing homes, the NHS. If a provider has been awarded a *Gold* rating they will have a quality assurance visit bi-annually.

The annual visit shall take into account the provider's view of their service submitted through the Provider Quality Assurance Statement (PQAS) and also a range of customer feedback data.

This annual visit shall determine the provider's quality rating until the next annual visit or focussed quality assurance visit occurs (as a result of negative intelligence about the provider), or the provider informs the Council of a fall in service quality through its next PQAS submission.

The table below sets out how the outcomes of the 3 quality monitoring regimes align.

Overall Quality rating	CQC inspection outcome	Council outcome	NHS audit outcome
Gold	Outstanding	Gold	Bright Green (best achievement)
Silver	Good	Silver	Green (compliance)
Bronze	Requires Improvement	Bronze	Amber (partial compliance)
Inadequate	Inadequate	Inadequate	Red (minimal compliance)

### 3.2. Annual Quality Assurance Visit

The most recent visit carried out by either the Council, the CQC or the NHS shall determine the provider's quality rating. For example, a visit carried out by the CQC in August 2017 will be superseded by a visit carried out by the Council in June 2018.

#### 3.2.1. CQC Inspection

The CQC shall use its outcomes framework to rate the quality of service. Full details of this are available on the CQC's website.

#### 3.2.2. The Council's Quality Assurance Visit

The Council shall use a framework based on 5 care domains and 16 core standards, assessing performance against 92 criteria to determine the provider's quality rating. Based upon the level of achievement against the criteria each care domain shall be assigned a rating of *Gold*, *Silver*, *Bronze* or *Inadequate*. The table below describes how the score for each of the domains is combined to provide an overall rating.

<b>Gold</b>	At least 2 of the 5 domains are rated Gold and the remaining 3 rated no lower than Silver
<b>Silver</b>	At least 4 of the 5 domains rated Silver, no more than 1 is rated Bronze, and no domains are rated Inadequate
<b>Bronze</b>	2 or more domains are rated Bronze and no more than 1 domain is rated Inadequate
<b>Inadequate</b>	2 or more domains are rated inadequate

The Council shall determine the level of achievement against each of the criteria within a domain. The majority of criteria can be rated on the following basis - *Fully* achieve (Silver), *Partly* achieve (Bronze) or *Not* achieve (Inadequate). Some of the criteria are described as *mandatory* because they are critical to good care delivery and carry greater weighting. Some of the criteria are described as *advanced* because they have additional scope to be rated at a higher level -

*Exceptional* (Gold). The full list of criteria and their rating scope can be found in **Appendix 1 – Criteria and example evidence requirements**.

The rating applied shall be based upon the evidence seen on by the officer carrying out the quality assurance visit. The evidence considered shall be comprised of documentation, observation and feedback from discussions with services users and employees. Examples of the types of evidence needed to demonstrate achievement against the criteria can be found in **Appendix 1 - Criteria and example evidence requirements**.

The tables below describe how the score for each of the criteria is combined to provide rating for each of the 5 domains.

<b>Involvement and Information</b>			
Total standards	2		
Total criteria	14		
Mandatory criteria	4		
Advanced criteria	8		
<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Inadequate</b>
At least 6 of the 8 advanced criteria are rated <i>Exceptional</i> and all others are rated <i>Fully met</i>	At least 11 of the 14 criteria are rated <i>Fully met</i> , including all 4 of the <i>Mandatory</i> criteria. None of the criteria are <i>Not met</i>	All 4 of the <i>Mandatory</i> criteria are <i>Partly met</i> . No more than 3 criteria are <i>Not met</i>	4 or more criteria are <i>Not met</i> , or 1 or more of the <i>Mandatory</i> criteria are <i>Not met</i>

<b>Personalised care and support</b>			
Total standards	3		
Total criteria	18		
Mandatory criteria	5		
Advanced criteria	9		
<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Inadequate</b>
At least 7 of the 9 advanced criteria are rated <i>Exceptional</i> and all others are rated <i>Fully met</i>	At least 14 of the 18 criteria are rated <i>Fully met</i> , including all 5 of the <i>Mandatory</i> criteria. None of the criteria are <i>Not met</i>	All 5 of the <i>Mandatory</i> criteria are <i>Partly met</i> . No more than 4 criteria are <i>Not met</i>	5 or more criteria are <i>Not met</i> , or 1 or more of the <i>Mandatory</i> criteria are <i>Not met</i>

<b>Safeguarding and Safety</b>			
Total standards	5		
Total criteria	23		
Mandatory criteria	8		
Advanced criteria	4		
<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Inadequate</b>
At least 3 of the 4 advanced criteria are rated <i>Exceptional</i> and all others are rated <i>Fully met</i>	At least 18 of the 23 criteria are rated <i>Fully met</i> , including all 8 of the <i>Mandatory</i> criteria. None of the criteria are <i>Not met</i>	All 8 of the <i>Mandatory</i> criteria are <i>Partly met</i> . No more than 5 criteria are <i>Not met</i>	6 or more criteria are <i>Not met</i> , or 1 or more of the <i>Mandatory</i> criteria are <i>Not met</i>



<b>Suitability of staffing</b>			
Total standards	3		
Total criteria	19		
Mandatory criteria	4		
Advanced criteria	5		
<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Inadequate</b>
At least 4 of the 5 advanced criteria are rated <i>Exceptional</i> and all others are rated <i>Fully met</i>	At least 15 of the 19 criteria are rated <i>Fully met</i> , including all 4 of the <i>Mandatory</i> criteria. None of the criteria are <i>Not met</i>	All 4 of the <i>Mandatory</i> criteria are <i>Partly met</i> . No more than 4 criteria are <i>Not met</i>	5 or more criteria are <i>Not met</i> , or 1 or more of the <i>Mandatory</i> criteria are <i>Not met</i>

<b>Quality of Management</b>			
Total standards	3		
Total criteria	18		
Mandatory criteria	3		
Advanced criteria	6		
<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Inadequate</b>
At least 5 of the 6 advanced criteria are rated <i>Exceptional</i> and all others are rated <i>Fully met</i>	At least 14 of the 18 criteria are rated <i>Fully met</i> , including all 3 of the <i>Mandatory</i> criteria. None of the criteria are <i>Not met</i>	All 3 of the <i>Mandatory</i> criteria are <i>Partly met</i> . No more than 4 criteria are <i>Not met</i>	5 or more criteria are <i>Not met</i> , or 1 or more of the <i>Mandatory</i> criteria are <i>Not met</i>

When carrying out its visits to services the Council shall consider the views of providers and service users when making its judgements. Providers have the opportunity to present their view of the quality of service through a Provider Quality Assurance Statement and service users have the opportunity to present their views in the form of Customer Feedback.

### 3.2.3 NHS Joint Quality Assurance Framework (JQAF)

The CCG's in Birmingham, supported by the Council, use a Joint Quality Assurance Framework (JQAF) tool to assess each Care Home with Nursing services compliance against 6 core standard areas:

1. Patient Safety
2. Care Planning
3. Patient Experience
4. Workforce
5. Environment
6. Management

Following the assessment the provider will be awarded a rating as follows:

<b>Bright Green</b>	Best Achievement Award (Greater than or equal to 95% in all sections)
<b>Green</b>	Compliance (Greater than or equal 95%)
<b>Amber</b>	Partial Compliance (Greater than or equal to 80% and less than 95%)
<b>Red</b>	Minimal Compliance (Greater than or equal to 60% and less than 80%)

Further details of the JQAF audit, including how provision will be managed when it is judged to be non-compliant, can be found in **Appendix 3 - Joint Quality Assurance Framework**.

### **3.3. Provider Quality Assurance Statement (PQAS)**

The PQAS is the means for providers to present to the Council their formal evaluation of the quality of their service. In advance of the annual monitoring visit the Council shall request the provider to complete and submit their PQAS. The information submitted in the PQAS will be evaluated by the Council officer in advance of them undertaking the monitoring visit of the respective service. As such, a key part of the monitoring process will be the verification of the PQAS evidence submitted by the provider.

The PQAS will mirror the tool that the Council's officers use when undertaking a monitoring visit. The care home PQAS lists the 92 criteria by which the provider will be required to assess their service

The provider will determine if they have *Fully* achieved (Silver), *Partly* achieved (Bronze), or *Not* achieved (*Inadequate*) against each of the 92 criteria. The provider shall also be able to determine an additional level of achievement against Advanced criteria – *Exceptional* (Gold rating).

The scores applied to each of the criteria shall be combined in the same way as the Council's monitoring visit process to produce an overall rating. The provider will submit its PQAS to the Council within the timescale requested.

#### **3.3.1. Late submissions and failures to submit the PQAS**

Failure to submit the PQAS within the timescales requested will result in an Inadequate rating. As a result, the provider will become subject to the process for managing provision judged to be 'Inadequate'.

Consistent failure to submit the PQAS within the timescales requested will result in an 'Inadequate' rating being awarded and may result in action being taken to terminate the contracting arrangement.

#### **3.3.2. Misreporting, over-reporting and falsification of data submitted in the PQAS**

It is assumed that data submitted in the PQAS is an evidence-based, honest and true statement of service delivery by the provider.

If the Council is unable to validate a significant body of evidence or the provider is judged to have significantly falsified its PQAS submission then this will result in an 'Inadequate' rating being awarded and the provider will become subject to the process for managing provision judged to be Inadequate.

If the Council is unable to validate a significant body of evidence or the provider is judged to have significantly falsified its PQAS submission on more than one occasion, the Council may take action to terminate the contracting arrangement.

### **3.4. Customer Feedback**

Customer feedback shall be assessed in 3 ways and incorporated into the overall rating of the provider.

#### **3.4.1. Customer feedback data gathered through the social work review**

During social work reviews social workers shall ask service users and/or their representative(s) to decide whether they feel the service is delivering the outcomes identified within their support plan, and also whether they would recommend the service to a friend or family member if they needed similar care and support. The Council will combine the data gathered from all of the reviews during a rolling 12 month period in order to calculate the percentage of outcomes and positive recommendations which are achieved by the provider. The Council shall use this Customer feedback data during the care package allocation to differentiate between providers with equivalent quality ratings.

#### **3.4.2. Customer feedback recorded on the Healthwatch website**

The Council will use data supplied by citizens who have left customer feedback reviews on Healthwatch Birmingham's website. There will be particular focus upon the citizens response to the associated Friends and Family test question: *How likely would you be to recommend the service to a friend or family member?* If the Council is satisfied that there is a sufficient volume of feedback about a provider it may use this information to differentiate between providers with equivalent quality ratings as part of the care package allocation process.

#### **3.4.3. Citizen involvement in the care planning and delivery process**

During the quality assurance visit process the Council will assess the provider's performance against key criteria within the *Involvement and Information* and *Personalised Care and Support* domains (taking into account social work review outcome data and Healthwatch feedback data) and rate the provider's performance accordingly.

### **3.5 Focussed Quality Monitoring Visit**

Negative intelligence received about a service may trigger a focussed audit by the Council. The officer carrying out the inspection will assess the provider's performance against relevant criteria using the annual audit tool. The outcome of the audit may identify elements of the service that have fallen below the level identified at the last full annual audit. If these elements are sufficient to reduce the provider's overall quality rating then the new rating shall become effective immediately.

## **4. Process for managing provision judged to be 'Bronze' quality**

### **4.1 Summary of the process**

Where a quality assurance monitoring visit has identified that the Provider has an overall quality rating of Bronze the provider will be required to submit an Improvement Action Plan (IAP). The IAP format is defined in Appendix 2 – Improvement Action Plan. Following the visit the Council shall identify the elements requiring improvement and formally request the Provider to complete the IAP. The Provider shall submit its IAP within 7 days of the request.

The Council will approve the IAP when it is satisfied that the actions and timescales identified by the provider will be sufficient to deliver the requisite improvement.

The Provider will then implement the actions within the approved timescales. When the Provider is satisfied it has completed the actions and sustained the necessary improvements it will submit a request to the Council for a re-audit of its services.

The Council will then carry out a further monitoring visit to validate that the IAP actions have been implemented and associated improvements have been sustained.

Where the Council is able to validate that the necessary improvements have been made then the provider's quality rating shall be amended to Silver. No further action is required.

If the Provider fails to submit an acceptable IAP, fails to implement the actions within the timescales identified in an approved IAP, or the Council is unable to validate that improvements have been made during a further audit, then the provider will be awarded an 'Inadequate' rating and will be subject to the 'process for managing provision judge to be Inadequate'. As a result the Provider will be suspended from making offers for new care packages.

### Step by step summary

	Activity	Who is responsible?	Timescale
Step 1	Formal request for IAP	Council	Post-audit
Step 2	IAP submitted to Council	Provider	Within 7 days of request
Step 3	IAP approved or returned for amendments	Council	Within 7 days of submission
Step 4	Improvement actions carried out	Provider	As agreed in IAP
Step 5	Request for re-audit submitted	Provider	Upon completion of actions
Step 6	Further audit carried out	Council	As soon as possible after receipt of request
Step 7a	Silver rating awarded – no further action	Council	Post re-audit
Step 7b	Inadequate rating awarded – follow process for managing Inadequate provision	Council	Post re-audit

## 5. Process for managing provision judged to be Inadequate

### 5.1 Summary of the process

Where a quality assurance monitoring visit has identified an overall quality rating of Inadequate the provider will be suspended from making offers for new care packages until the Inadequate rating is removed.

The provider shall be required to submit an Improvement Action Plan (IAP). The IAP format is defined in Appendix 2 – Improvement Action Plan. Following the monitoring visit the Council shall identify the elements requiring improvement and formally request the Provider to complete the IAP. The Provider shall submit its IAP within 7 days of the request.

The Council will approve the IAP when it is satisfied that the actions and timescales identified by the provider will be sufficient to deliver the requisite improvement.

The Provider will then implement the actions within the approved timescales. When the Provider is satisfied it has completed the actions and sustained the necessary improvements it will submit a request to the Council for a further monitoring visit of its services.

The Council will then carry out a further visit to validate that the IAP actions have been implemented and associated improvements have been sustained.

Where the Council is able to validate that the necessary improvements have been made then the provider's quality rating shall be amended to Bronze. The provider shall then be subject to the process for managing provision judged to be Bronze.

If the Provider fails to submit an acceptable IAP, fails to implement the actions within the timescales identified in an approved IAP, or the Council is unable to validate that improvements have been made during a further audit, then the provider will be awarded an Inadequate rating and the associated contract management interventions may result in the termination of the provider's contract.

### Step by step summary

	Activity	Who is responsible?	Timescale
Step 1	Formal request for IAP	Council	Post-audit
Step 2	IAP submitted to Council	Provider	Within 7 days of request
Step 3	IAP approved or returned for amendments	Council	Within 7 days of submission
Step 4	Improvement actions carried out	Provider	As agreed in IAP
Step 5	Request for re-audit submitted	Provider	Upon completion of actions
Step 6	Re-audit carried out	Council	As soon as possible after receipt of request
Step 7a	Bronze rating awarded – follow process for managing Bronze provision	Council	Post re-audit
Step 7b	Inadequate rating awarded – consider termination of contract	Council	Post re-audit

## 6. Publication and integration of the quality rating into the supplier selection process

### 6.1. Summary of the process

On a monthly basis the Council will refresh its quality ratings database to take into account the latest inspections carried out by the Council and the CQC. The Council shall use this database to up-date the provider quality ratings & scores in CareMatch Portal on the second Wednesday of each month, and publish the quality rating for each provider on the Care Services Directory pages of its website by the following Friday.

The Care Services Directory can be accessed here:

[https://www.birmingham.gov.uk/info/50048/care\\_services\\_directory](https://www.birmingham.gov.uk/info/50048/care_services_directory)

The Council shall also use the provider's quality rating in the supplier selection process. During this process where there are multiple offers the care package shall be awarded to the provider with the highest quality rating. Where more than one provider has the same rating, the citizen will be invited to choose their preferred offer. Where the citizen does not or cannot exercise choice then the Council will use customer feedback to determine the successful offer.