Appendix 2. Contract Performance and Quality Team Quality Standards & Key Performance Indicators

Adult Social Care: Quality Standards & Key Performance Indicators

These standards are based on 'Adult Social Care Quality Matters'. That document, published in July 2017 by the Department of Health and Social Care and the Care Quality Commission, sets out a shared commitment to high-quality, person-centred adult social care. The document was jointly developed by a range of agencies and organisations, including the Association of Directors of Adult Social Care Providers, the Care Quality Commission, Department of Health, Healthwatch England, the Local Government Association, NHS Clinical Commissioners, NHS England and NICE.

To ensure an integrated approach to quality of services, NICE Quality Standards (and specific Statements) have been applied to each of the 9 Contract Performance and Quality Team (CP&QT) Quality Standards comprising this framework. NICE Quality Standards support the government's vision for a health and care system focused on delivering the best possible health and social care outcomes. Therefore, it is strongly recommended that all providers take these NICE Quality Standards into account when planning and delivering services.

The essential principle underlying the Quality Standards is that standards for assessing whether or not a provider is delivering a quality provision reflects, as far as possible, the perspective of the person who is at the heart of the provision. Equally, in terms of measuring the extent to which person-centred standard is being met, the principle is that the individual is central to that evaluation.

The Quality Standards are supported by the contractual relationship between Hull City Council and the provider. For clarity and ease of use the full list of how the contract specification, as well as the CQC 'Key Lines of Enquiry', NICE ' Quality Standards' are referenced and provided within each section of the narrative.

To aid both parties Key Performance Indicators 'what good looks like' and how they are to be evidenced are included for each quality standard.

Quality Standards

1. **Provider treats people with compassion, dignity and respect, providing the same standard of care, irrespective of people's characteristics**

   KPI Description – what good looks like and is evidenced:

   - People are able to express concerns if they are unhappy and have confidence and trust in the provider and staff and be respected to and maintain their personal confidentiality and privacy at all times.
   - People are involved and their views listened to and taken into account in all aspects of their life.
   - People are shown consideration and understanding, respected by visitors with regards to their home and possessions and are supported to maintain the cleanliness and order of their surroundings.
   - They have privacy and are treated with dignity and respect at all times.
   - Staff and personnel are deployed in such a way as to provide a supportive environment, fitting individual need.
   - People's past, life experiences, heritage and culture are considered and incorporated into care and support and the planning of activities in the home and out in the community.
   - Staff and personnel treat all people in an inclusive and responsive manner.

   How we will measure:

   - Desktop review: CP&QT to speak to people receiving care, their families and their carers on a random (basis (ensuring that at least 10% sample is obtained taking into account the number of people cared for by the provider and ensuring a cross-section of protected characteristics), via site visit or phone call (list of people to be sourced from either Brokerage/ Performance/ Housing/ Liquid Logic and other professionals) on a quarterly basis prior to quarterly provider meetings.
   - These will comprise of; (but not limited to)
     Review of CQC reports as produced
     Concern forms as received
     Information from Hull City Council Housing Department
     Reports from Trading Standards
     Reports from Environmental Health reviews
     Information from Humberside Fire and Rescue
     Dementia mapping reports as produced
     Information from Occupational Therapists/Technicians

2. Where the provider controls the environment in which care is delivered, it is safe and meets the needs, preferences and priorities of people.

KPI Description – what good looks like and is evidenced:

- People are shown consideration and understanding, respected by visitors with regards to their home and possessions and are supported to maintain the cleanliness and order of their surroundings.
- There is a clear and systematic approach to infection control throughout provider delivery
- Meets infection control policy and guidelines – i.e. Personal protective equipment (PPE) is used to protect both health care workers and patients from risks of infection.
- The home environment is structured, furnished, decorated and adapted in such a way as to enhance the quality of life experienced by people.
- Use of technology, assistive technology, aids and adaptations are all considered in every aspect of provider delivery with a focus on improving independence, wellbeing and autonomy for people.
- There is evidence of people's feedback into the appropriateness of the environment, with scope for suggested improvements and enhancements.
- The environment is structured and presented in way that prevents and mitigates risk complying with Health & Safety legislation.
- The provider knows of and has arrangements in place to temporarily secure equipment from other sources as a short term solution before committing to long term solutions.
- The environment is able to meet expectations and standards appropriate to specific support – e.g. [1]dementia friendly environments, [2]lifetime home disability standards etc.

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[1] (https://dementia.stir.ac.uk/design)
[2] (http://www.lifetimehomes.org.uk/pages/lifetime-homes-and-wheelchair-design.html)

How we will measure:

- Desktop review by the CP&QT of information gathered from a variety of internal/external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)
    Review of CQC reports as produced
    Concern forms as received
    Information from Hull City Council Housing Department
    Reports from Trading Standards
    Reports from Environmental Health reviews

Information from Humberside Fire and Rescue
Dementia mapping reports as produced
Information from Occupational Therapists/Technicians

3. **Provider proactively works with other agencies to ensure peoples' needs are met, complying with relevant legislation**

    KPI Description – what good looks like and is evidenced:

    - Person is involved in the care planning process and/ or consultation with family/carer or advocate/IMCA.
    - The provider is proactive in engaging with a range of professionals and agencies and relevant professionals during the care/support planning process.
    - A multidisciplinary team (MDT) approach provides individuals with care and support needs with access to the right care when they need it.
    - The provider adheres to regularly updated organisational and strategic partner policy guidance and all staff are suitably and appropriately trained, supervised and appraised.
    - People are supported to be a part of a wider network of friends, family and acquaintances.
    - People are supported to attend church, mosque etc.
    - Mental wellbeing & independence for people.
    - Mental wellbeing of older people in care homes.
    - There is a diverse range of activities and opportunities that People readily identify with and people are encouraged to have new experiences.
    - Providers work with other providers across the whole system to improve provider delivery and quality
    - Information sharing and data protection facilitates coordinated care.
    - Providers have a good understanding of: available provision and operates within a Multi-Disciplinary approach.
    - Providers deliver their provision in an enabling inclusive way. Collaboration, not isolation.

    How we will measure:

    - Desktop review by the CP&QT of the following information prior to quarterly provider meetings:
      - provider provides a list of agencies/organisations that it is a member of and/ or works with.
      - provider provides evidence that they have worked with others to ensure safe care and treatment by providing detailed records of

contact with others and outcomes. (in the form of a quarterly narrative report)

- Concern forms from provider where agencies/departments they were seeking to work with have not worked with them or not worked with them constructively to address the issue. (Concern form from provider actioned asap if issue high or medium risk or discussed at next quarterly provider meeting if low risk).

- Concern forms from multiple agencies/departments. (Concern form from provider/soft intelligence actioned as soon as possible if issue/s is/ are high or medium risk or discussed at next quarterly provider meeting if low risk).

- These will comprise of; (but not limited to)
  Review of CQC reports as produced
  Concern forms as received
  Information from Hull City Council Housing Department
  Reports from Trading Standards
  Reports from Environmental Health reviews
  Information from Humberside Fire and Rescue
  Dementia mapping reports as produced
  Information from Occupational Therapists/Technicians

4. **Provider understands people's needs, preferences and are responsive to their needs.**

   KPI Description – What good looks like and is evidenced:

   - People are encouraged to define and realise their own goals and aspirations.
   - Personal choice and autonomy define and express the way people live.
   - Provider actively seeks involvement of person, carer/family, and advocacy (where appropriate) and other relevant professionals in the care/support review process.
   - Care plans and risk assessments are reviewed and updated within appropriate timescales and/ or where changes to individual needs are identified.
   - Person is involved in the care planning process and/ or consultation with family/ carer or advocate/IMCA
   - The provider is proactive in engaging with a range of professionals and agencies and relevant professionals during the care/ support planning process.
   - Risks are managed using the principle that restrictive practices are a last resort and least restrictive alternatives are always the primary consideration.

- There is evidence of educating people about identified risk and that risk mitigation is positive and informative rather than restrictive and prohibitive.
- There is opportunity for discussion and shared learning between the resident and their staff from situations where risks arise.
- Providers have a positive risk sharing approach with other providers and statutory bodies e.g. the police, adult safeguarding board, health partners.
- There is a clear and systematic approach to infection control throughout provider delivery.
- Staff and personnel deliver care and/ or support in a person centred manner.
- Staff and personnel are deployed in such a way as to provide a supportive environment, meeting individual need.
- Personal living, mobility and assistive equipment are provided in a timely manner for all people.
- People are supported to be a part of a wider network of friends, family and acquaintances.
- People have opportunities built into their care and support to nurture relationships that are meaningful to them.
- There is a diverse range of activities and opportunities that people readily identify with and people are encouraged to have new experiences.
- People's life history, interests and hobbies are recorded.
- The person's spiritualty, religious beliefs are recorded and supported – i.e. attendance at church, mosque.
- Activities that take place are linked to people interests and hobbies.
- Activities that people engage with/ do not engage with are recorded to help inform future activities.
- People are aware of and have been involved in selecting any pre-planned activities e.g. posters, leaflets, activities plan, discussion in people meetings etc.
- The provider has clinical governance and supervision in place to ensure the highest quality of nursing care delivery
- Nursing staff are qualified with RGN, RMN or QCF level 2 or 3 and are registered with the appropriate regulatory body i.e. The Nursing and Midwifery Council (NMC).
- People receive medication as prescribed.
- People maintain good skin integrity.

How we will measure:

- Desktop review by the CP&QT of the following information prior to quarterly provider meetings:

  > Data from provider on number of active people, number of care plans, number of care plans reviewed by provider and number of care plans reviewed by Authority. (Quarterly spreadsheet from provider or data sourced on a quarterly basis from other HCC departments where possible).
  >
  > Data from Business Intelligence team on increases/ decreases to packages of care per provider.

- Desktop review: CP&QT to speak to people receiving care, their families and their carers on a random basis (ensuring at least 10% sample taking into account the number of people cared for by the provider and ensuring a cross-section of protected characteristics), via site visit or phone call (list of people to be sourced from either Brokerage / Performance / Housing / Liquidlogic) on a quarterly basis prior to quarterly provider meetings. For any negative/no response results, this could then lead to a site visit to compare needs assessment information held by the Council to the care plan held by the provider for that individual or working with the provider to obtain a response.

- Desktop review of information gathered from a variety of internal/external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)

  > Review of CQC reports as produced
  > Concern forms as received
  > Information from Hull City Council Housing Department
  > Reports from Trading Standards
  > Reports from Environmental Health reviews
  > Information from Humberside Fire and Rescue
  > Dementia mapping reports as produced
  > Information from Occupational Therapists/Technicians

5. **Provider encourages people to consider the possibility of developing their life skills and building social support networks in order to live independently, considering how voluntary sector assets may be used**

KPI Description – what good looks like and is evidenced:

- People are supported to be a part of a wider network of friends, family and acquaintances.
- People have opportunities built into their care and support to nurture relationships that are meaningful to them.

- There is evidence of people's past, life experiences, heritage and culture are considered and incorporated into care and support and the planning of activities in the home and out in the community.
- There is a diverse range of activities and opportunities that people readily identify with and people are encouraged to have new experiences.
- People who wish to work, train or volunteer are supported to engage in planning, researching and actively pursuing this.
- People's life history, interests and hobbies are recorded.
- Activities that take place are linked to people's interests and hobbies.
- Activities that people engage with/ do not engage with are recorded to help inform future activities.

How we will measure:

- Desktop review: CP&QT to speak to people receiving care, their families and their carers on a random basis (ensuring at least 10% sample taking into account the number of people cared for by the provider and ensuring a cross-section of protected characteristics), via site visit or phone call (list of people to be sourced from either Brokerage / Performance / Housing / Liquidlogic) on a quarterly basis prior to quarterly provider meetings. For any negative/no response results, this could then lead to a site visit to compare needs assessment information held by the Council to the care plan held by the provider for that individual or working with the provider to obtain a response.
- Case analysis included in quarterly narrative report from provider. This will be an example of a person's journey of care and support either as a whole journey or stage to reflect good/best practise, lessons learned.
- Provider sharing case analysis (anonymised/redacted) at provider forums. (CP&QT attends provider forums to observe)
- Desktop review of information gathered from a variety of internal/external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)
  - Review of CQC reports as produced
  - Concern forms as received
  - Information from Hull City Council Housing Department
  - Reports from Trading Standards
  - Reports from Environmental Health reviews
  - Information from Humberside Fire and Rescue
  - Dementia mapping reports as produced
  - Information from Occupational Therapists/Technicians

6. **Provider ensures they have an effective and robust quality monitoring process that takes into account the views of people / families and carers, implements best practise and lessons learned.**

KPI Description – what good looks like and is evidenced:

- People are encouraged to define and realise their own goals and aspirations.
- Personal choice and autonomy define and express the way people live.
- Provider actively seeks involvement of person, carer/ family, and advocacy (where appropriate) and other relevant professionals in the care/ support review process.
- Care plans and risk assessments are reviewed and updated within appropriate timescales and/ or where changes to individual needs are identified.
- Person is involved in the care planning process and/ or consultation with family/ carer or advocate/ IMCA.
- The provider is proactive in engaging with a range of professionals and agencies and relevant professionals during the care/ support planning process.
- The provider adheres to regularly updated organisational and strategic partner policy guidance and all staff are suitably and appropriately trained, supervised and appraised.
- There are open and transparent processes in place for reporting concerns and complaints, raising issues, whistleblowing and reporting poor practice.
- Staff and people have information about communication channels for formal and informal support

How we will measure:

- Desktop review of relevant policies, procedures and processes, (communication with people/ family/carers and staff recruitment and selection and customer groups/forums) once and then whenever policies and procedures are changed – provider submits these documents once and whenever they are changed via email.
- Case analysis included in quarterly narrative report from provider. This will be an example of a person's journey of care and support either as a whole journey or stage to reflect good/best practise, lessons learned.
- Desktop review any generic newsletters or other pieces of communication issued to boards/agencies/ people/families/carers on a quarterly basis. (Provider emails this to CP&QT as and when produced). On site visit to follow if needed and based on risk rating of provider to observe communication in practice.

- Desktop review of provider, Board/Organisation reports, performance data analysis, and research including current lessons learned and good practise guidance.
- Desktop review of information gathered from a variety of internal/ external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)
  - Review of CQC reports as produced
  - Concern forms as received
  - Information from Hull City Council Housing Department
  - Reports from Trading Standards
  - Reports from Environmental Health reviews
  - Information from Humberside Fire and Rescue
  - Dementia mapping reports as produced
  - Information from Occupational Therapists/Technicians

7. **Provider offers suitable and appropriate training, supervision to staff and actively seeks and can demonstrate that it has listened to the views of its staff.**

KPI Description – what good looks like and is evidenced:

- The provider adheres to regularly updated organisational and strategic partner policy guidance and all staff are suitably and appropriately trained, supervised and appraised.
- Staff and people have information about communication channels for formal and informal support.
- People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.
- Staff are supported to keep their professional practice and knowledge updated in line with best practice.
- Staff and any volunteers have effective and regular mentorship, support, induction, supervision, appraisal and training.

How we will measure:

- Desktop review of relevant policies, procedures and processes (staff supervision, training, CPD, team/group meetings, staff surveys) and results of any staff surveys and any staff training matrices (once and then whenever policies and procedures are changed – provider submits these documents once and whenever they are changed via email or access remotely if staff survey externally undertaken)Concern forms as received. (Whistleblowing etc.)
- Staff and personnel are trained and supported to deliver care and/or support in a person centred manner.

- CP&QT observe team/group meetings on site if needed and based on risk rating of provider.
- Desktop review of information gathered from a variety of internal/external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)

  Review of CQC reports as produced

  Concern forms as received

  Information from Hull City Council Housing Department

  Reports from Trading Standards

  Reports from Environmental Health reviews

  Information from Humberside Fire and Rescue

  Dementia mapping reports as produced

  Information from Occupational Therapists/Technicians

8. **Provider is able to identify potential or actual harm, neglect and/or abuse (physical, emotional or financial) relating to people under its care and has a robust procedure for addressing those things.**

   KPI Description – What good looks like and is evidenced:

   - Safeguarding systems, processes and practices are developed, implemented and communicated
   - Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect. These are monitored, reviewed and lessons learnt recorded and auctioned.
   - People are protected from discrimination - which might amount to abuse or cause psychological harm - this includes harassment and discrimination in relation to protected characteristics under the Equality Act.
   - People are supported to understand what keeping safe means, and they are encouraged and empowered to raise any concerns they may have.
   - If people are subject to safeguarding enquiries or an investigation, they are offered an advocate if appropriate or required.
   - Risks are identified and applicable mitigation is documented.
   - Risks are managed using the principle that restrictive practices are a last resort and least restrictive alternatives are always the primary consideration.
   - There is evidence of educating people about identified risk and that risk mitigation is positive and informative rather than restrictive and prohibitive.
   - Providers have a positive risk sharing approach with other services and statutory bodies e.g. the police, adult safeguarding board, health partners.

How we will measure:

- Desktop review of relevant policies, procedures and process (staff supervision, training, safeguarding) and any staff training matrices (once and then whenever policies and procedures are changed – provider submits these documents once and whenever they are changed via email)
- Desktop review of safeguarding alerts, complaints, whistleblowing and/ or concern forms, leading to on site visit if necessary and based on the risk rating for the issue/ provider.
- Desktop review of information gathered from a variety of internal/ external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)
  Review of CQC reports as produced
  Concern forms as received
  Information from Hull City Council Housing Department
  Reports from Trading Standards
  Reports from Environmental Health reviews
  Information from Humberside Fire and Rescue
  Dementia mapping reports as produced
  Information from Occupational Therapists/Technicians

9. **Provider ensures that people receiving care/families/carers are aware of the process of raising any concerns/complaints regarding the care received.**

KPI Description – what good looks like and is evidenced:

- People are able to express concerns if they are unhappy and have confidence and trust in the service and staff and be respected to and maintain their personal confidentiality and privacy at all times.
- People have information to access advocacy services. (Meeting the requirements of the Care Act 2014 and MCA 2005)
- Right to respect for private life, family life, home and correspondence (letters, telephone calls and emails etc). (HRA 1998, Article 8)
- There are open and transparent processes in place for reporting concerns and complaints, raising issues, whistleblowing and reporting poor practice.
- Staff and people have information about communication channels for formal and informal support.
- Families are aware of and able to follow processes for reporting safeguarding concerns.

- Services have a positive risk sharing approach with other services and statutory bodies e.g. the police, adult safeguarding board, health partners.
- Homes have an open and transparent approach to improvements, and conflict resolution focused on early satisfactory resolution.
- There is a formal complaints procedure, fully explained and accessible to all people in the way that they understand.
- There is appropriate channels for families, carers and advocates to raise issues both confidentially and in collaboration with people.
- There are apparent feedback mechanisms to show the nature of complaints or issues and the steps the service has taken to address these. This information, where appropriate, is available and accessible to all.

How we will measure:

- Desktop review of generic introduction/welcome document about the provider/site. (Oonce and then whenever it is changed – provider submits this document once and whenever it is changed via email)
- Desktop review: CP&QT to speak to people receiving care, their families and their carers on a random basis (ensuring at least 10% sample taking into account the number of people cared for by the provider and ensuring a cross-section of protected characteristics), via site visit or phone call (list of people to be sourced from either Brokerage/ Performance/ Housing/ Liquidlogic) on a quarterly basis prior to quarterly provider meetings.
- Desktop review of information gathered from a variety of internal/external professionals and agencies prior to quarterly provider meetings. These will comprise of; (but not limited to)
  Review of CQC reports as produced
  Concern forms as received
  Information from Hull City Council Housing Department
  Reports from Trading Standards
  Reports from Environmental Health reviews
  Information from Humberside Fire and Rescue
  Dementia mapping reports as produced
  Information from Occupational therapists/technicians

NOTE

For clarity all needs will be assessed as MET or UNMET.