



Nottingham City Council Quality Monitoring Process

Introduction

Nottingham City Council's Commissioning and Partnerships Division is responsible for assessing the needs of Children and Adults and identifying and commissioning appropriate provision with adult and children social care colleagues. Within the Commissioning and Partnerships Division is the Contract Management Function.

The Contracting Team have a responsibility to ensure that any services commissioned are safely delivered and in line with the service specifications as prescribed in the relevant contract as agreed – Quality Assessment Visits.

Contract Officers use the Quality Monitoring Framework (QMF) tool originally developed during 2014 and further refined in 2019. This can be located here [Blank QMF](#)

The QMF assesses quality under five key areas as follows:

- Assessment and care/support provision
- Staffing
- Safeguarding
- Equality & Diversity
- Involvement and Empowerment

The QMF guidance is adjusted to better reflect the area being assessed however the principles and heading remain consistent

Key aims & objectives

The aims of the Quality Monitoring Framework (QMF) are:

- To ensure a consistent approach and objective process
- To offer service providers guidance in relation to Nottingham City Council's expectations regarding quality and compliance and how they can evidence this.
- To streamline processes consequently reducing repetition and where possible, reducing the length of visits.
- To produce an overall quality score to assist with benchmarking and to identify any services which will need additional support to improve quality.
- To identify if there are any common themes/trends where support is needed by all Providers in a specific area, or areas of success and recognition.
- To gain a view of the provision by discussing with staff, carers and service users where appropriate

Quality Monitoring Visit

Last reviewed May 2023

On-site visits will take place on the following locations:

- Residential Care, Day Services – at the individual location.
- Extra Care Services – at the individual location.
- Home Care – at the Providers registered office.

Care Support and Enablement Services – at the Providers registered office

Visit Prioritisation

Visits are currently being prioritised on a risk-based system. The following areas are being taken into account:

- The length of time since the last visit
- The previous visit's score
- Whether any concerns have been received by the Contracting team.

Announced visits

Save in exceptional circumstances, (outlined below), it is standard practice for Contract Officers to conduct Quality Monitoring Visits announced. To this effect, Contract Officers will give two weeks notice to the provider of the date when they intend to visit a service. At the same time, Contract Officers will send the relevant guidance notes.

Providers will also be asked to submit evidence in advance of the visit as follows:



DRAFT - Staff DBS
checks spreadsheet D:

- Completed Staff DBS spreadsheet -
- Staff training matrix
- 3 weeks working rotas
- Policy and Procedure checklist as included in the QMF guidance notes
- 4 weeks menu (Residential Care Homes only)
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Unannounced Visits

There are certain situations where no notice, or a shorter notice period of a visit will be given.

These are as follows:

- There have been general quality concerns made which, if evidenced, would put the safety of citizens at immediate risk of harm
- There have been allegations made about the Provider's duty of candour and it is felt that by giving notice the Provider may attempt to show an inaccurate picture of how the services are being delivered.
- Concerns have been received by the Contracting team and we are unable to contact the service.

Nottingham City Council has a contractual right to undertake unannounced Quality visits and would expect Providers to fully engage in this process. Failure to do so, can result in contractual action for breach of contract.

Following the Visit

Feedback on the findings will be given to the provider at the time of the visit.

Contract Officers will share a draft QMF assessment with the Provider within two weeks of the visit. The draft report will contain written information on how the Provider meets/does not meet each individual criterion.

The report sent will be final unless the Provider submits a request for a review based on a factual inaccuracy.

Providers are able to challenge if they identify any factual inaccuracies contained within the draft report within 7 days from receipt. Providers must collate their feedback/comment into a single document and submit alongside the relevant evidence to support their comments. Providers must note that where changes have been implemented post visit, these will not be accepted as evidence of a factual inaccuracy.

If a challenge is successful, the report will be amended, and the score may change as a result. Where this is the case, a final report will be issued within two weeks.

Scoring

Individual weighted score

Each criterion within the QMF will be marked RED AMBER GREEN or EXCEL (RAG) rated.

Each RAG rating has its own score as shown below:

Table 1: RAG rating Scoring

RAG Rating	Score
Red	0
Amber	3
Green	5
Excels	9
N/A	

In addition, each criterion has individual weighting based on its significance. Therefore, the individual weighted score will be calculated by multiplying the RAG rating score x weighting.

Table 2: Weighting

	QMF Item	Weighting	Excel Item?	Maximum Attainable Score
SECTION 1 - ASSESSMENT AND CARE/ SUPPORT PLANNING	A1 - Pre-admission	2	No	10
	B1 - Care Plans	5	No	25
	B2 - Person Centred Plans	3	Yes	27
	B3 - MCA DoLs Considered	3	No	15

QMF Item		Weighting	Excel Item?	Maximum Attainable Score
	B4 – Communication Needs Recorded	2	No	10
	B5 – Communication Aids	2	No	10
	B6 – Dietary Needs	3	No	15
	B7 – Engaging with Professionals	1	No	5
	B8 – Seeks Family, Advocacy Involvement	1	No	5
	B9 – Meet Agreed Outcomes	2	No	10
	C1 - Risk Assessments Completed Inline with Plans	3	No	15
	C2 - Risk Assessments are Person Centred	3	No	15
	D1 - Care Plans Including Risk Assessments Are Reviewed	3	No	15
SECTION 2 - STAFFING	A1 – Robust Recruitment Process	3	No	15
	A2 – DBS Processes	1	No	5
	A3 – Suitable Staffing to Meet Needs	3	No	15
	A4 – Appropriate Induction	3	No	15
	A5 – Staff are Appropriately Trained	3	No	15
	A6 – Staff are Supported	2	No	10
	A7 – Effectiveness of Training is Monitored	1	No	5
	A8 – Appropriate Understanding of Citizen Needs and Care Support	1	No	5
SECTION 3 - SAFEGUARDING	A1 – Safeguarding Policy in Place	1	No	5
	A2 – Policies are Reviewed on a Regular Basis	2	No	10
	B1 - Safeguarding Information is Made Available	2	No	10
	B2 - Understanding Safeguarding	2	No	10
	B3 – Designated Safeguarding Lead	1	No	5
	B4 - Records of Safety are Kept	3	No	15

QMF Item		Weighting	Excel Item?	Maximum Attainable Score
	B5 – Systems in Place to Ensure Service Improvement	2	No	10
	C1 - Process Around Communication	2	No	10
SECTION 4 - E&D	A1 E&D Needs Discussed and Addressed	3	No	15
	A2 - Diversity are Catered For	3	No	15
	A3 - End of Life Wishes Recorded	1	No	5
	A4 - Voting Wishes Recorded	1	No	5
SECTION 5 CITIZEN INVOLVEMENT & EMPOWERMENT	A1 - Information about Service is Available	1	No	5
	B1 - Citizens are Able to Engage in Activities	3	Yes	27
	B2 – Citizens are Involved in Wider Community	3	No	15
	B3 – Independence is Promoted	3	No	15
	B4 – Information is Available on How to Complain	2	No	10
	C1 – Citizen Involvement with Changes to Service Provision	2	No	10
Maximum attainable score				459*

**Value shown is has been calculated based on all criteria being assessed. When criteria have not been assessed the maximum attainable score will be different.*

Overall Scoring

The overall score will be worked out by the sum of all the individual weighted scores as a proportion of the maximum attainable score. This will again be given an overall RAG rating for the service.

OVERALL, RED – below 65%

OVERALL, AMBER – between 65% - 84.9%

OVERALL, GREEN – 85% and above

Action Plans

If a Provider Scores Overall Red, then they will automatically be asked to complete our standard Action Plan Template within 3 weeks of receiving the report. The Action Plan Template can be obtained here



Action Plan
Template_.doc

The Provider will list the actions they will undertake to rectify **all** areas where they have not fully met expected standards.

A Contract Officer will undertake further follow up visits until such a time as the Provider has evidenced that the areas for concern have been fully addressed. At this point, the Action Plan will be formally signed off. The Provider will not be given a new overall score until the following year's visit.

If a Provider Scores Overall Amber, they may be requested to complete and submit our standard Action Plan Template. Instances where an Action Plan will be requested are as follows:

- Care plans are out of date/reviews are ineffective
- Risk assessment/management strategies are not in place, are not effective or they have not been reviewed in line with expectations
- There is a lack of assurance around safe staffing levels
- Staff training is out of date
- Pre-employment processes (including DBS checks) are not satisfactory.

If the Provider fails to complete the Action Plan in line with deadlines, then further contractual action may be taken.

Key Recommendations

Where an Action Plan is not required the Contracts Officer may still issue key recommendations. If this is the case, the Contracts Officer will contact the Provider within 3 months of the final report, to obtain assurances that they have been completed.

Information Sharing

Our Quality Monitoring Reports are not routinely shared with the general public; they will be shared as follows:

- With the Care Quality Commission following every visit
- With the Adult Safeguarding Quality Assurance Team where there are concerns of a safeguarding nature. If the concerns are significant the Provider will be called in for a meeting and further contractual action may follow.
- With any Commissioning Authority where they request this if they fund any service users within that service.
- As a result of a request under the Freedom of Information (FOI)