



south ayrshire
health & social care
partnership

SAHSCP Quality Assurance Framework – Progress in first year.

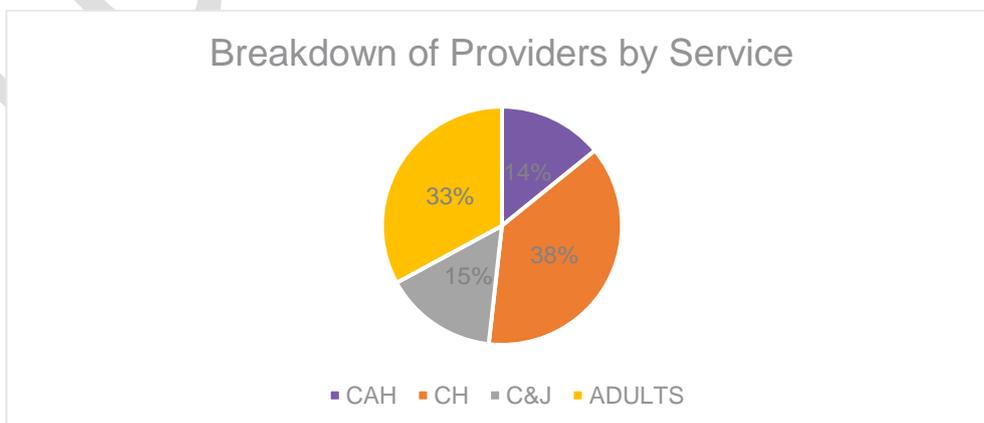


1. INTRODUCTION

- 1.1 SAHSCP introduced their '[Quality Assurance Framework for Commissioned Services](#)' in year 2022. The Framework sets out both the framework and the evidence and intelligence based approach that SAHSCP implements to provide assurance that our commissioned services are providing high quality care and support on a consistent basis. SAHSCP Commissioning Team are responsible for scheduling and completing x 84 quality assurance visits (excluding follow-up visits). This report provides both a qualitative and quantitative overview from implementation to end of September 2022
- 1.2 The holistic approach of this Framework underpins the effectiveness of the process. It takes into account a range of intelligence, evidence and knowledge which has been developed and enhanced in recent years, along with the shared responsibility to ensure services are able to deliver high quality support for vulnerable individuals:
- AHP/Nursing Feedback
 - CI Reports/Liaison
 - Quality Assurance Visits
 - Quality Assurance Log
 - Service User Feedback
 - Care Managers Feedback
 - Care Home Review Team
 - Care Home Professional Support Team

2. TOTAL NUMBER OF PROVIDERS REQUIRING A QUALITY ASSURANCE VISIT PER ANNUM

Portfolio	No. of Providers
Adults	28
Care at Home	11
Care Homes	32
Children & Justice Services	13
TOTAL	84



3. COMPLETED/SCHEDULED/TO BE SCHEDULED/FOLLOW UP QUALITY ASSURANCE VISITS

Table 1					
	CAH	CH	ADULTS	C&J	TOTAL
Complete July 2021 - Sept 22	13	15	4	4	36
Follow Up Visit Required	2	1	0	0	3
Scheduled Oct 22- Mar 23	2	21	3	0	26
In Process of being scheduled Oct 22 - Mar 23	3	0	25	9	37

3.1 Additional information

- 3.1.1 Two Care at Home providers on Flexible Framework Agreement are not currently delivering services – Provider A & B, therefore Quality Assurance visits did not take place. Quality Assurance visits will be scheduled on commencement of service delivery. It should be noted that Provider B is currently commissioned on another contract and therefore subject to the Quality Assurance checks for that service.
- 3.1.2 Scheduling of x 37 visits is currently underway. The Quality Assurance calendar is updated on an ongoing basis to ensure that any service identified as a priority is scheduled. Should a service has been identified with only 1 service user, a desktop exercise will be carried out initially and depending on the outcome, may then require a visit.
- 3.1.3 All service users visits will be discussed with the service user's care manager in advance of any meeting and to identify any other person who needs to be included and present.
- 3.1.4 At present, Quality Assurance visits are concentrated on Providers who are commissioned under Option 3 contracts, however, there may be some of those providers who are commissioned under other purchasing routes.

4. DEVELOPMENT WORK

- 4.1 Commissioning and Procurement have been working closely to bring the Contract Supply Management (CSM) and Quality Assurance process in line with each other. Collaborative working has identified an additional x 22 services that require a Quality Assurance visit (these services have been included in the total figures noted in Table 1). These services will be scheduled a visit and will receive at least one QUALITY ASSURANCE visit per annum, with follow up visits scheduled where required. The CSM Balanced Scorecard has been imbedded into the QUALITY ASSURANCE reporting template and shall be completed by individual Commissioning Officers following each QUALITY ASSURANCE visit. This will enable Commissioning to fulfil the CSM Balanced Scorecards based on the findings of QUALITY ASSURANCE visits.
- 4.2 Recording of planned Quality Assurance visits and outcomes of the visits are now recorded in Carefirst. This practice informs colleagues and evidence partnership working with residents, family and other agencies.

5. SERVICE RAG STATUS FOLLOWING THE INITIAL QUALITY ASSURANCE VISIT

- 5.1 The National Health and Social Care Standards (NHSCS) have been adopted by the QUALITY ASSURANCE Framework as an outcome framework around which we will gather evidence to achieve and implement our quality assurance function with commissioned services. The standards set out five headline outcome statements:
- 1: I experience high quality care and support that is right for me
 - 2: I am fully involved in all decisions about my care and support
 - 3: I have confidence in the people who support and care for me
 - 4: I have confidence in the organisation providing my care and support
 - 5: I experience a high-quality environment if the organisation provides the premises

6.4 Early Intervention and Prevention

- 6.4.1 Through the gathering of evidence and intelligence, the Commissioning Team have been able to identify risks and/or issues that were directly impacting on the quality of service delivery and affecting service users outcomes. The Commissioning Team invoked the Quality Assurance Framework Escalation Process on four occasions (Provider C, D, E and F) and led on supportive measures with the providers and internal colleagues.

6. QUALITY ASSURANCE FRAMEWORK SURVEY FOR PROVIDERS

- 7.1 A survey was developed and issued to Providers that had received a Quality Assurance visit to offer the opportunity to feedback their opinions on the Quality Assurance process. A total of x 9 responses were received. This will be undertaken annually and engagement to improve the uptake will be implemented during the year.

7.2 Feedback overall has been positive. Providers are confident in the approach taken as being supportive and overall, committed to implementing any areas for improvement. Positives achieved so far are improved working relationships, improved/greater transparency and opportunity to approach the HSCP for support. The survey is detailed at the end of this report.

7. COMMISSIONING TEAM SELF EVALUATION

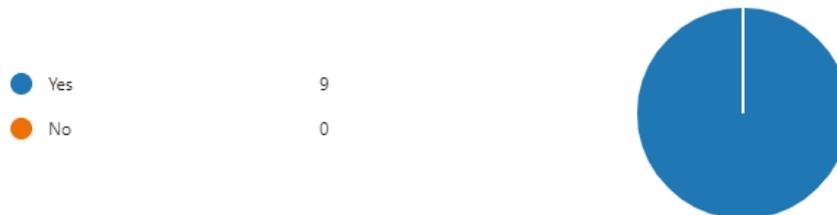
8.1 The Commissioning Team completed their own self-evaluation on the Quality Assurance process:

8.1.1 *“C & F services where many of those referred have self referred so we don’t then have read back to CareFirst etc. I think more emphasis needs to be on the feedback from those with Lived Experience and use this to help develop services and future planning - however doing this properly and at a meaningful level is time consuming. Also we should be asking for Providers to undertake a level of self-evaluation (but equally we are not the CI) prior to our visit, or at some point over the year.”*

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PROVIDER SURVEY

Q1. Do you understand the purpose of the Quality Assurance Framework?



Q2. How satisfied are you with the Quality Assurance framework on a scale from 1-5 (5 being very satisfied)?



Q3. What do you like most about our Quality Assurance Framework?

1	anonymous	Friendly inspection and very respectful to visitors on respite
2	anonymous	Able to discuss things openly and felt listened to.
3	anonymous	Detailed but yet still easy to understand
4	anonymous	nice to have another pair of eyes looking into our service.
5	anonymous	Friendly informal approach
6	anonymous	straightforward
7	anonymous	i like that it is multi agency and feedback is gained from various departments such as social workers, care home support team as well as taking into account the views of the people who live within the care home and their loved ones.
8	anonymous	it puts the people we support first
9	anonymous	the framework covers a lot of basis which is good for working together

4. What do you like least about our Quality Assurance Framework?

- *Team members reported back that they were not that keen to show their personal supervision notes*
- *just more admin*

5. What improvements would you like to see in our quality assurance process?

Most responses stated they did not have any recommendations for improvements however the following was noted:

- *Hard to say as we have not yet had the feedback from our visit; once we do this might throw up areas potential improvement in the process.*

6. How would you rate your experience with the SAHSCP Commissioning representative carrying out the quality assurance visits?



7. Any other comments?

1	anonymous	* was lovely and very accommodating when our residents wished to spend time with him even though he was on a schedule.
2	anonymous	The Quality Assurance visit was much appreciated by myself and the team. * did it in such a way that was supportive and also shared to me some good practices being done by other services.
3	anonymous	We do not yet have the feedback from the visit.
4	anonymous	This was our first visit and it was an announced visit, the commissioning officer took the time to explain the process and came back for additional supporting documents following this as well as keeping me up to date on the progress of the report being finalised.