

Oldham Council

Adult Social Care

Commissioning and Market Management
Suspension Procedure
(Where the council is lead commissioner)

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healthy, safe and well*

Document Control

Summary

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This document requires the following approvals.

Name	Role	Date approved
Claire Hooley	Assistant Director for Commissioning and Market Management	June 2025

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June 2025	V2	Update to ensure roles reflect current positions and structures.	Alison Berens - Head of Quality and Care Provisioning	Claire Hooley, AD of Commissioning and Market Management

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1. Introduction

- 1.1 Oldham Council (Commissioners) are committed to promoting quality within the care and support market. Under the Care Act 2014 responsibilities the Director of Adult Social Services (DASS) retains a responsibility for the strategic oversight of the care market in the local authority area. Due to this, the local authority are for the purposes of this procedure the 'Lead Commissioner' for these services, however where health funded packages are in place with an independent sector social care provider, the local Integrated Care Board (ICB) will also be consulted in terms of any decision taken in relation to suspension of placements.
- 1.2 Wherever possible the Commissioner would first seek to work with providers to support quality improvement. The principle to be followed is to enable a culture of continuous improvement within local services provision, rather than a culture of responding to concerns.
- 1.3 However, the Commissioner will always place the safety of vulnerable adults foremost and as such will always suspend a contracted service where the following criteria are met:
 - Significant safeguarding concerns are raised.
 - Care Quality Commission (CQC) issue a Notice of Decision in relation to registration or remove registration.
 - The CQC gives a provider a rating of Inadequate following inspection.
 - Quality concerns are identified and fail to be addressed in line with agreed action plans.
 - The provider is in substantial breach of contract.
- 1.4 The Commissioner operates a process to share information around concerns with the Oldham ICB, CQC, North West Local Authorities and Healthwatch for the purpose of safeguarding vulnerable adults and supporting quality improvement within the care market.
- 1.5 The purpose of this Procedure is to make the process for a suspension of services open and transparent to Commissioner staff, Providers and partner agencies.
- 1.6 The suspension of services is seen by the Commissioner as a last resort and, apart from the most serious of circumstances it is the intentions of the Commissioner to work with Providers, via an agreed Improvement Plan to improve the service to a level where suspension can be avoided. If it is not possible to avoid suspension of placements, the Commissioner and partners will work together with the provider to ensure that standards are improved so that the suspension of placements is in place for the minimum possible time period.
- 1.7 The Commissioner will consider suspension if there are major grounds of concern which prejudice the effective operation of the Provider or are so serious as to prejudice the Provider's future viability as a contractor. This will include:

1.7.1 Safeguarding

This policy links closely to the Oldham Multi-Agency Safeguarding Adults Policy, which can be found at <https://www.osab.org.uk/>

A service user has suffered significant harm or is at risk of suffering significant harm and there is a strong indication that the management of the service was either compliant/complacent or negligent in supervision, or procedure relating to the incident.

Examples:

- Failure to provide appropriate pressure area care or report in line with local procedures (at 'grade 2' or above).
- Failure to provide prescribed medication or adequate nutrition.
- Evidence of institutional abuse.
- Failure by the management of the service to report or appropriately act on safeguarding adults concerns. For example, failure to suspend an alleged perpetrator where a safeguarding adults investigation is required.
- Disregard to dignity or respect of service users.
- Negligence in record keeping that contributed to significant harm risk of harm to service users.

If the service responds appropriately to a single allegation of abuse and has followed all required procedures, a suspension of placements will not routinely be considered. However, an accumulation of concerns will lead to a suspension of placements if it is thought that preventative measures are not being taken.

1.7.2 Contract Management

Where for example:

- A default notice has been served.
- A serious contracting concerns has been received.
- The Provider has failed to adhere to the agreed Service Improvement Plan.
- There are concerns regarding the Provider's viability and ability to continue to provide a service.

Given that the concerns surrounding suspension of placements potentially affect wider practices and management of the service, any investigation must be carried out by person(s) who are not employed by and are independent of the interests of the agency to whom placements have suspended.

1.7.3 Quality

Where for example:

- There are serious concerns about adequate policies and procedures in place, or the adherence to these.

- There are concerns about staffing, for example safe staffing levels in relation to assessed needs, appropriate recruitment checks or issues related to staff training.
- There are serious concerns raised from other professionals for example concerns relating to Infection and Prevention Control, Environmental Health or Fire Safety.

1.8 Process

Please see flow chart on separate attachment.

2. Triage of Suspension process

- 2.1 Prior to a decision being made in relation to suspension / potential suspension of a Provider a triage process will take place. If possible, this will take place through the 'Strategic Provider Risk Group'. However, as this group meets on a monthly basis the decision on this may need to be taken outside of these meeting, but by the members of this group. The Terms of Reference for this group can be viewed in Appendix 1.

3. Provider 'At Risk of Suspension'

- 3.1 As Commissioners, the intention is to support Providers of services to make improvements and avoid formal suspensions where possible. As such a formal 'At Risk of Suspension' has been introduced, the intention of this status is to give clarity to the Provider in terms of the areas of concern for them to focus on in a tight timescale. If the provider is able to demonstrate significant improvement in this time period, they will then avoid formal suspension action.
- 3.2 Following a consensus by the 'Strategic Provider Risk Group' and decision taken to place the provider 'At Risk of Suspension' the provider will receive communication from the Commissioner within 1 working day. This will include, but not be limited to a letter, containing the details of the areas of concern and timescales for completion. Within 5 working days of this letter being issued the Provider will be issued with a Provider at Risk of Suspension – Improvement Plan (PRSIP).
- 3.3 Progress against the 'Provider at Risk of Suspension – Improvement Plan' will be monitored by the 'Strategic Provider Risk Group' and a decision on how to progress will be made, with the following options available to the Group:
- If all actions have been completed and verified the Improvement Plan can be signed off and the provider can be removed from 'At Risk of Suspension' status.
 - If the provider is demonstrating significant compliance with the Improvement Plan but needs further time to complete actions / evidence of sustained compliance is required, the provider can have their timeframe extended by the group and remain 'At Risk of Suspension'.
 - If the Provider has not demonstrated significant compliance with the Improvement Plan or other concerns have arisen the group can decide to recommend a report to request a formal suspension is taken to the next Adult Social Care Directorate Management Team (DMT).

4. Suspension

- 4.1 The decision to suspend placements will be taken by the DMT, in consultation with an appropriate colleague from GM ICB if there are health funded package/s in place.
- 4.2 It may be appropriate to withhold placements until all information is gathered in order to make an informed decision on whether to suspend placements. This temporary withholding of placement is an internal process and should not be communicated to the Provider and should not last more than 48 hours. This timescale can be extended in extenuating circumstances, by the agreement of the DASS in consultation with an appropriate colleague from GM ICB where health funded packages are in place. If the DASS is not available, then the decision should be made by the Assistant Director of Commissioning and Market Management and Deputy DASS. Pertinent information and any decision taken to suspend placements will be shared with all relevant parties, including via the ISP Basecamp.
- 4.3 The provider will be notified of the suspension immediately by the appropriate officer and provided with written confirmation of the decisions on the same day.
- 4.4 The named contact for all service users will be informed of the suspension in writing by the provider. This includes people who fund their own services. The letters will be sent out within 5 working days of the decisions to suspend placements/service. Where residents have been placed by another local authority it will be necessary to consult with them regarding notifying relatives.
- 4.5 It should be noted that the suspension only applies to those placements funded by Oldham Council or ICB (either through funded nursing or continuing health care) and those who fund their own services will have the choice to access services from the Provider. If Oldham Council are aware of such a placement then it is the Commissioner's duty to fully inform the service user and their named contact of the suspension and record this conversation. The Provider must inform all staff, residents and prospective residents about the suspension in writing.
- 4.6 The Strategic Provider Risk Group (Appendix 1) will offer a tailored range of support to the linking the concerns raised by the suspension. This will link to an Initial Suspended Provider Improvement Plan (SPIP) detailing action required to address areas of concern with timescales, which must be produced by the Commissioning and Market Management team and agreed with the provider within 5 working days of suspension. However, the initial letter will outline the key areas of concern.
- 4.7 The SPIP will be monitored by the Contract and Quality Team on a weekly basis, which may include site visits and reviewed monthly by the 'Strategic Provider Risk Group'.
- 4.8 Failure to comply fully with the SPIP could result in a permanent withdrawal of any further commissioning of this service.
- 4.9 All communication regarding the suspension must be recorded on a record sheet and all meetings must be formally minuted. All records must be saved electronically to the Provider's file.
- 4.10 Updates on progress against the SPIP will be reported to the Strategic Provider Risk Group on a monthly basis. If a service still fails to comply with the required improvements and

timescales of the SPIP then, a termination of contract and movement of service users to alternative provision will be considered.

5 Definition of a Suspension

- 5.1 Where the Commissioner, in consultation with other agencies where appropriate, has established serious concerns relating to the quality of service delivery, the Commissioner has a duty of care not to commission any new care services from that Provider until satisfactory resolution to the extant concerns obtained.

6 Types of Suspension

- 6.1 **Unconditional Suspension:** This refers to the cessation of new placements in a residential/nursing home, commissioning of new care provider etc. for an unspecified period of time.
- 6.2 **Conditional Suspension:**
1. Number of placements e.g. Suspension imposed on the basis of a limited number of placements/care packages per week etc.
 2. Contract Type e.g. Suspension imposed on dementia beds, but placements allowed on older people residential beds etc.
 3. By room, Suspension placed as a result of a serious breach of regulations, identified through the monitoring procedures e.g.: rooms without radiators covers, incorrect water temperatures etc.
 4. Health and safety Breaches e.g. Suspension placed as a result of enforcement action by Environmental Health, Health Protection Agency etc.
- 6.3 **Contract Non-Compliance Suspension:** The Commissioner has in place a contract compliance process which will determine the quality standards for care services. Where there are serious non-compliance issues a suspension will be placed against a care provider which may not relate to a safeguarding of vulnerable adult investigation.
- 6.4 **Types of non-compliance suspension:**
1. Repeated requests for information to evidence contract compliance.
 2. Improvement Plan not submitted even though revised timescales agreed.
 3. Improvement Plan not met even though revised timescales agreed.
 4. Improvement Plan improvements not sustained within a reasonable time period.
- 6.5 **NB:** If the care service is sold to an alternative provider, the full suspension will remain in place until the Commissioner is satisfied that the new provider meets the contract criteria before care services are commissioned.
- 6.6 **Termination:** Will refer to situations where the Commissioner has issued termination of contract, alternative care provision has been sourced, and service users have been relocated to a different provider. Even though terminations of contracts have been issued, the full suspension will remain to prevent further placements/contracting arrangements.
- 6.7 **Appeals**

If the suspension is related to a contractual or quality issues, the Provider will be given 28 days to appeal against the decision. Any appeal must be made in writing to the Assistant Director of Commissioning and Market Management in the first instance who will respond within 7 days. If there is further dispute from the Provider then the DASS or if the DASS is not available, then the decision should be made by the Assistant Director of Commissioning and Market Management / Deputy DASS will consider the appeal and respond within 7 days. This decision will be final.

The suspension and any attached penalties will remain in place until the point of a decision being made.

N.B. There is no appeals process for suspensions relating to safeguarding.

7 Lifting of Suspensions

- 7.1 While a suspension is in place the situation will be reviewed in line with the timescales set out in the initial suspension letter and in the more detailed SPIP. On a monthly basis the SPIP progress will be reviewed by the Strategic Provider Risk Group, if the improvement is considered to evidence compliance then a report will be presented to the next ASC DMT to lift the suspension (in consultation with the relevant colleague in GM ICB where health funded packages are in place).
- 7.2 Where Providers have made improvements, consideration will be given to a complete removal of the suspension or where appropriate a phased lifting of the suspension, where the numbers of new placements would be restricted. Close monitoring will be required to make sure that the improvement is sustained.
- 7.3 Relevant information and any decision taken to lift suspension will be shared with all relevant parties.

8 Suspension of Placements by another Local Authority/other NHS body

- 8.1 If the Commissioners are notified of a suspension of placements by another local authority the process is as follows:
- 8.2 The Commissioners appropriate officers gather information that details the circumstances of the suspension and informs the Contract and Quality Team. A database of current suspensions is held by this team.
- 8.3 The process for local suspensions should be followed as detailed in this procedure.
- 8.4 If a Commissioner's funded resident is an alleged victim of abuse, then it must be investigated in accordance with the Commissioner's Safeguarding Adults policies and procedures.
- 8.5 It is the responsibility of the Commissioner's relevant team manager to make an appropriate decision regarding the review of service users.
- 8.6 A decision on lifting any suspension will follow our own local process.

9 Communication

- 9.1 Throughout this process the Contract and Quality Manager will ensure that the relevant officers/agencies will be kept informed of the actions being taken in relation to a particular setting. These will include:
- 9.2 Safeguarding, Health Commissioners, Operational Practitioners, CQC, other local authorities in the North West and those which holds contracts with the Service.

Appendices

Appendix 1: **Adult Social Care (ASC), Oldham Council Led Commissions – Strategic Provider Risk Group (SPRG)**

Terms of Reference

1. Purpose

Under the Care Act 2014 responsibilities the Director of Adult Social Services (DASS) retains a responsibility for the strategic oversight of the care market in the local authority area. The local authority also has a duty to in relation to individual and public protection, which is managed through the safeguarding process. The purpose of this group is to provide strategic Safeguarding, Commissioning and Quality oversight of commissioned providers of Adult Social Care (where Oldham Council are the 'Lead Commissioner', or providers who operate in Oldham where Oldham are responsible for their market oversight, who are:

- a. In Contract Breach / Default
- b. Suspended
- c. Formally at risk of (under the escalation policy)
- d. Deemed to be high risk, with consideration needed in terms of the escalation policy). This risk may relate to quality, safety or financial sustainability

Additionally, the group will review low-level harm and safeguarding data for commissioned providers and make request actions from Safeguarding, Commissioning and Quality around these, which may be broader than just in relation to individual high-risk providers.

The group is responsible for:

- a. Deciding if a provider needs to be placed 'At Risk'
- b. Deciding if provider 'At Risk' can be de-escalated from this status
- c. Recommending that a report be sent to the next ASC Directorate Management Team (DMT) in relation to contract breaches/defaults or suspending placements to a provider (this could either relate to a provider who has previously been placed 'At Risk' or it could be a provider where concerns are so serious as to warrant the immediate consideration of a contract breach/default or suspension). Whilst performance reporting for this group is via the ASC Risk and Assurance group, this meeting is six weekly so the weekly DMT meetings would need to be the vehicle to expedite quick decision making around risk.
- d. Recommending that a report be sent to the next ASC DMT in relation to lifting contract breaches/defaults or suspension of placements to a provider.
- e. Recommending a report to ASC DMT where a provider is in a contract breach suspended provider has failed to make the required improvements within a reasonable timescale and further escalation is required.
- f. Establishing sub-groups to manage specific risks and work through any subsequent provider failures following the Provider Failure Procedure.
- g. Devising plans to mitigate risks – these may be at a provider or a market level.

The meeting is responsible for making recommendations to DMT in relation to the above and requesting further actions from the Safeguarding, Commissioning and Quality Teams in relation to the providers discussed. Where joint funding is in place these recommendations will also be shared with the appropriate group / decision maker in the Greater Manchester Integrated Care Board Oldham Locality Team. This relates to the council's responsibilities to manage the market under the Care Act 2014 and for individual and public protection.

Additionally, the risk ratings allocated by this group will form part of the regular reporting to the ASC Risk and Assurance Group, and upon review, this group may request further information via this group.

2. Membership

The core group of the meeting will be:

Job Role	Organisation	Membership type
Assistant Director of Commissioning and Market Management	Oldham Council	Chair
Head of Adult Strategic Safeguarding	Oldham Council	Permanent Member
Strategic Safeguarding Service Manager	Oldham Council	Permanent Member
Head of Quality and Care Provisioning	Oldham Council	Deputy Chair
Head of Commissioning	Oldham Council	Deputy Chair
Commissioning Managers	Oldham Council	Permanent Member
Contract and Quality Managers	Oldham Council	Permanent Member
Relevant colleague/s from GM ICB	Greater Manchester Integrated Care Locality Team	Permanent Member - Member for discussion in relation to providers with NHS funding only
Regulatory Coordinator and Inspectors	CQC	Permanent Member
Lead Nurse for East Cluster, South Cluster, Out Of Hours District Nurses	NCA	Permanent Member
Lead Health Protection/Infection Control Nurse	Greater Manchester Integrated Care Locality Team	Permanent Member
Manager Client Finance	Greater Manchester Integrated Care Locality Team	By invitation when relevant
Head of Adult Social Care	Oldham Council	Permanent Member
Service Managers – Adult Social Care Clusters	Oldham Council	Permanent Member
Head of Learning Disability and Head of Mental Health	Oldham Council	By invitation when relevant
Service Managers for Learning Disability and Mental Health	Oldham Council	By invitation when relevant
Contract Performance and Improvement Officers	Oldham Council	Secretary

Finance Manager – Adult Social Care	Oldham Council	By invitation when relevant
DoLs Manager	Oldham Council	Member

*At least one manager should be present from the any ASC Commissioning and Market Management Team with open or to be escalated High Risk providers.

In order for the meeting to be Quorate there must be a representative from:

Safeguarding (Oldham Council and Greater Manchester Integrated Care if decisions relate to NHS funded providers)

Contract and Quality team (Oldham Council and Greater Manchester Integrated Care if decisions relate to NHS funded providers)

(Please note that the Heads of Commissioning and Market Management have remit covering both Commissioning and Quality and the relevant GM ICB representative also has a joint remit, these roles can therefore be viewed as a representative for both aspects when considering quoracy.)

The group will have open and honest discussions about the current position of providers which will be evidence based, consequently discussion which take place in the meeting must be treated as confidential due to the potential risk to a provider's service delivery. The Chair and Deputy of the group will agree and share relevant information to inform decision making to DMT.

3. Responsibilities

The meeting will use a standard agenda, which will then be circulated by the Head of Quality and Care Provisioning (or other local authority manager in their absence) prior to the meeting. However, should urgent issues arise they can be tabled. A Contract and Quality Manager will provide a report of Low Level Harm reports quarterly and the Strategic Safeguarding Manager will provide information on the current safeguarding overview for providers on a quarterly basis, this will be circulated with the agenda. During the meeting, a Contract and Quality Manager will provide an update from the most recent Operation Provider Risk Group discussions on all providers at High Risk, or which the Operational Group wishes to escalate for discussion.

Members of the meeting should consider the issues and make recommendations in line with the escalation process. Including recommendations that reports should be produced for the ASC DMT.

Managers at the meeting should provide any updates on actions from the previous meeting.

An Action Log will be taken which clearly shows who is required to take actions forward.

4. Frequency

Meetings will take place monthly. However, should urgent issues arise regarding a provider this does not prevent a meeting being convened at short notice or discussions taking place via email (this would only be necessary where there were imminent safety concerns.)

5. Chair

Meetings will be chaired by the Assistant Director of Commissioning and Market Management, in their absence from the meeting it will be chaired by one of the Heads of Commissioning and Market Management or a Contract and Quality Manager. If neither is available, then either a more senior representative from the Council will chair or the meeting will be postponed.

6. Secretary

An Action Log will be maintained by a Contract Performance and Improvement Officer. These will be circulated in advance of the meeting and re-circulated with the agenda.

6. Review

Terms of reference will be reviewed annually or when required by changes in the system where the Chair deems this necessary.

A1. Definitions

The table below provides an overview and glossary of terms that are either contained or linked to this document.

Adult Social Care Directorate Management Team (DMT).	The Adult Social Care Directorate Management Team is the senior leadership team for Adult Social Care, and it is where any directorate level decisions are made (or the route to agree any decisions which need approval for Cabinet)
Care Act 2014	The Care Act is law and set out the legal obligations and duties local authorities must adhere too to promote an individual's 'wellbeing'.
Care Quality Commission (CQC)	The Care Quality Commission is the independent regulator of health and adult social care in England.
Commissioner	A funding authority who purchase packages of care on behalf of eligible residents.
GM Integrated Care Board (ICB)	Greater Manchester Integrated Care Boards (also known as ICBs) are statutory NHS organisations responsible for planning health services to meet the needs of their local population.
NHS Continuing Healthcare	NHS Continuing Healthcare funds those individuals with long-term complex health needs that qualify for their health and social care to be arranged and funded solely by the NHS.