

## Oldham Council - Adult Social Care – Commissioning and Market Management

### Contract and Quality Assurance & Improvement Approach – May 2025

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## **Introduction**

Under our Care Act 2014 duties as an authority, we have a responsibility for strategic oversight of the adult care and support market in Oldham. Quality assurance and improvement plays an important role within this.

The approach we take to quality is very much a partnership one. The emphasis is on working with providers to ensure continuous improvement across our services. The approach we take varies across service areas to reflect different service models.

This Position Statement provides the ambition for a consistent approach to Contract and Quality Frameworks each service type. It is then followed by an Action Plan which picks up the identified gaps and how these will be addressed.

## **Current assurance approach**

### **Care Homes**

We take the same approach for residential and nursing homes from an Adult Social Care perspective, although for nursing homes this does include close working with colleagues from the Greater Manchester Integrate Care Partnership (GMICP) Oldham Locality Team. However, as the lead commissioner for care homes, the council will take responsibility for coordinating this approach with the GMICP. The Quality Team visit all care homes at least once per year as part of routine monitoring; the frequency of visits will be based on risk profiling. These visits may be announced or unannounced and will monitor against the service specifications from the 2023 tendering exercise where refreshed contracts were put in place.

Information from visits is recorded in Monitoring Tool, which captures routine visit information and any other intelligence in one place to improve risk profiling.

### **Regular contact and monitoring of intelligence**

On a weekly basis Oldham care homes are required to return their 'Low Level Harm Logs' to the Quality Team. This is a part of the Oldham Multi-Agency Adult Safeguarding Procedures and allows us to have oversight of low-level harms safeguarding concerns, enabling us to provide targeted support to providers but also to consider strategic interventions, for example training programmes or IT solutions. More information on Oldham's safeguarding policy and procedures can be found at <https://www.osab.org.uk/> The log template which providers are required to complete can be found at Appendix 1.

### **Ad hoc monitoring**

The CQMO's are in regular contact with providers. CQMO's check in with providers to discuss intelligence received and such dialogue is prioritised according to risk.

The team has an open relationship with the market, and we believe we have created a co-operative culture where providers frequently initiate dialogue to seek

advice and guidance. Where appropriate conversations are recorded on the appropriate Monitoring Tool trackers.

Where concerns are received either directly by the service, via the CQC or a safeguarding referral, additional ad hoc visits may be required to the home, these can be announced or unannounced depending on the nature of the concern. These visits focus on the specific concern that has been escalated to us. A Quality Monitoring Officer concerns report is completed following the visit and any required actions recorded.

## **Care at Home – Framework Provider**

### Regular contact and monitoring of intelligence

Quality Monitoring Officers currently make regular phone calls to all framework and backup list providers on a RAG rated basis, as a useful regular touch point with providers, both for information gathering but also to provide an opportunity for issues or concerns from providers to be escalated through the system. Feedback from providers around these calls is that they are supportive and help to build and maintain relationships.

### Regular contact and monitoring of intelligence

On a weekly basis Care at Home providers are required to return their 'Low Level Harm Logs' to the Quality Assurance and Improvement Team. This is a part of the Oldham Multi-Agency Adult Safeguarding Procedure and allows us to have oversight of low-level harm safeguarding concerns, enabling us to provide targeted support to providers but also to consider strategic interventions, for example training programmes or IT solutions. More information on the safeguarding policy can be found at <https://www.osab.org.uk/>

Care at Home Providers submit a quarterly Key Performance Indicator (KPI) monitoring return. Through these returns providers demonstrate compliance with a set of KPI's and the 'I-statements' contained in the Oldham Care at Home Outcomes Framework.

### Ad hoc monitoring

Where concerns are received either directly by the service or via the CQC or a safeguarding referral, additional ad hoc visits / meetings via Teams, may be required with the provider. The nature of Care at Home service delivery means that these will not witness actual care delivery so any office visits will normally be arranged rather than unannounced (this is consistent with the CQC approach). A Quality Monitoring Officer concerns report is completed following the visit and any required actions recorded.

## **Extra Care Housing**

### Routine contract and quality monitoring

Regular contract monitoring is in place. Each scheme will receive at least one visit per year, though more s may take place, this is reviewed on a risk-based approach,

linked to the Escalation Process and Strategic and Operational Provider Risk Groups.

#### Regular contact and monitoring of intelligence

On a weekly basis each extra care housing site is required to return their 'Low Level Harm Logs' to the Quality Assurance and Improvement Team. This is a part of the Oldham Multi-Agency Adult Safeguarding Procedure and allows us to have oversight of low-level harm safeguarding concerns, enabling us to provide targeted support to providers but also to consider strategic interventions, for example training programmes or IT solutions. More information on the safeguarding policy can be found at <https://www.osab.org.uk/>

Extra Care Housing scheme managers submit a quarterly KPI monitoring return. Through these returns providers demonstrate compliance with a set of KPI's and the 'I-statements' contained in the Oldham Care at Home Outcomes Framework.

#### Ad hoc quality monitoring

Where concerns are received either directly by the service or via the CQC or a safeguarding referral, additional ad hoc visits / meetings, may be required. A Quality Monitoring Officer concerns report is completed following the visit and any required actions recorded.

### **Supported Living – Framework Providers**

#### Regular contact and monitoring of intelligence

Supported Living providers complete regular returns. The reports are logged onto the Monitoring Tool and subsequently reviewed, and risk rated.

As part of the monitoring process, providers must produce evidence against monitoring themes which are presented at the quarterly supported living provider forum meetings.

Providers have a good working relationship with the team and an understanding that they can reach out for support as required. Low level harm logs are completed by providers on a weekly basis and the returns update on Mosaic.

#### Ad hoc quality monitoring

Where concerns are received either directly by the service or via the CQC or a safeguarding concern, additional ad hoc visits / meetings, may be required.

### **CQC registered providers registered in Oldham with whom the Council does not commission directly**

Currently our approach to this is ad hoc and usually where concerns arise Quality may then be involved with visits, meetings, or discussions but no routine monitoring of non-commissioned provision currently takes place. We are in the process of adapting our current monitoring process for supported living services to be able to

use this for non-commissioned services and whereby placements have been made on a spot purchase arrangement.

### **Non CQC Registered commissioned providers**

There is routine monitoring in place for some services as part of wider contract monitoring, this is service specific.

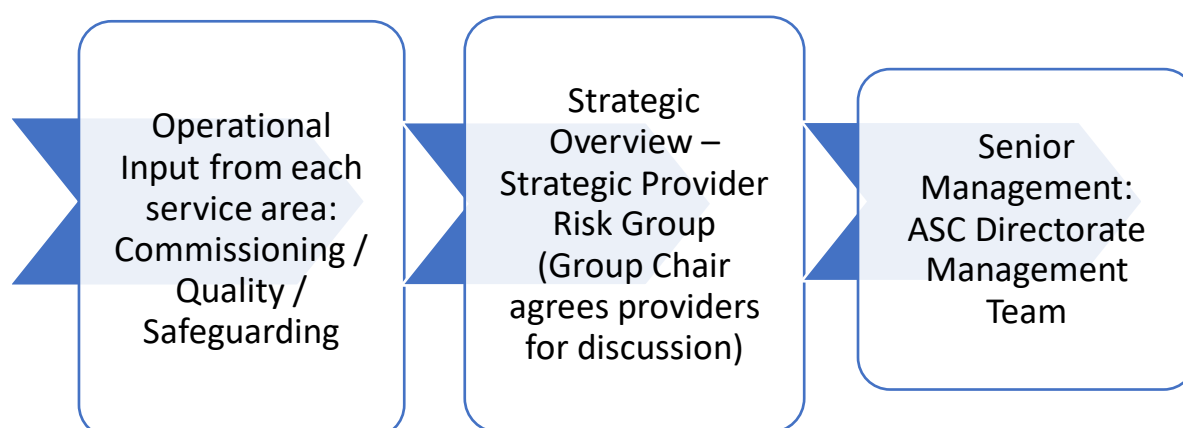
### **Out of Borough Checks**

For any new Out of Borough Placement a 'check' – which includes contacting the host authority and checking the most recent CQC inspection report - is completed. Additionally, routinely monitor all placements by completing quarterly checks of CQC ratings and annual checks with host authorities. Where the CQC shows a provider has a rating of Requires Improvement or Inadequate this will trigger contact with the host authority to understand what actions are in place and assess concerns. Any concerns will be notified to colleagues in Adult Social Care Operational Teams in relation to potential reviews being required of individual placements and assurance on the suitability of the placement continuing.

### **Escalation Processes**

In line with our duties within the Care Act for Market Management and Oversight, we have established clear processes for managing concerns raised and risks in Oldham's adult social care provision.

On a monthly basis both Operational and Strategic multi-disciplinary team (MDT) meetings take place to share and review intelligence from across Health and Social Care services in Oldham. Data considered at these meetings includes any soft intelligence from the various teams involved, Low Level Harm and other Safeguarding Data, CQC ratings and Infection and Prevention Control Audits, this allows us to risk stratify our providers as High, Medium and Low Risk and target support and input accordingly. The flow chart below demonstrates how this escalation works.



The Operational Provider Risk Group has membership from across the Commissioning, Quality and Brokerage Service, the DoLS (Deprivation of Liberty

Safeguards) Team, Client Finance, Care Home Liaison and the ICBO Quality and Safety Team, and Healthwatch. This group focuses on medium risk providers and agrees to escalate providers to the Strategic Provider Risk Group.

The Strategic Provider Risk Group, which focuses on the high-risk Providers has membership from those services and additionally from the CQC, Community Nursing, Infection and Prevention Control and the ICB Quality and Safeguarding Team.

Where a provider has been identified as high-risk this can lead the Strategic Provider Risk Group to instigate multi-disciplinary team meetings (MDTs) and provider meetings and the issuing of Improvement Plans. During such times, site visits by the service (and where relevant this will take place jointly with the GMICP Quality Team) are likely to be stepped up, both in terms of announced and unannounced visits, with the Contract and Quality Monitoring Officer (CQMO) in particular working very closely with the provider during the period of time the Improvement Plan is in place.

If a high-risk provider is not felt to be making sufficient progress with the Improvement Plan or there are serious safety concerns this can lead the Strategic Provider Risk Group to instigate either the Suspension Policy or the Provider Failure Policy. For more details on these please see: [Provider Failure and Suspension Policy](#)

### **Improvement Approach**

Where concerns arise with a provider via escalation (or automatically where a provider receives a CQC inspection of Requires Improvement or Inadequate) the service will work closely with the provider around the development and monitoring of an Improvement Plan and consideration of any additional support that the provider may require, for example from specialists such as Medications, Infection Prevention and Control, Community Nursing etc.

The service will also endeavour to capture any good practice they witness on routine monitoring visits and share across other similar providers and via Provider Forums and regular communications. The service will also seek out good practice from outside of the borough as part of ongoing continuous improvement.

### **Resident Engagement**

Across Adult Social Care we are currently in the process of developing a Service User Engagement Strategy, which will include a specific element around Quality Assurance. This will involve a range of mechanisms for both service users and their families to engage with us around the services they receive and what their expectations are of those services. Whilst the mechanisms for engagement will vary for different audiences the core questions at the heart of the engagement will be the same with the intention to providing a consistent level of input across the service types.

We link closely to the ASC complaints and compliments processes and will ensure any learning from complaints is embedded both for the specific provider where the complaint has been raised, but also across all providers where this is relevant.

CQMOs speak to the people who use the services we commission and families as part of their onsite visits and feed this information in to monitoring tools. They may also speak to them in relation to specific complaints and queries. We are in the process of developing a wider service user engagement approach.

### **Information Sharing**

As noted above, we share intelligence regularly through the formal escalation processes in place. Additional to this, where the CQC requests information in relation to a specific provider, we have an information sharing template which pulls input from across the Oldham system to provide a cohesive response. Information may also be shared via the Greater Manchester Quality and Best Practice Collaborative or at the request of the Greater Manchester Health and Social Care Partnership. The council is part of Basecamp, where the North West Information Sharing Protocol is hosted which enables commissioning authorities can share information on providers across the region.

Information sharing will also take place (and potentially with links to relevant MDTs) where concerns arise which link to other enforcement agencies, for example the Greater Manchester Fire and Rescue Service or the council's Environmental Health or Building Control services.

### **Next steps**

We recognise that there are gaps in the consistency of the approach to Quality Assurance and Improvement across Adult Social Care provision in Oldham. In order to address this, an Action Plan has been developed to outline how we will progress to a full and consistent Quality Framework.

<b>Quality Framework Action Plan</b>			
<b>Activity</b>	<b>Lead</b>	<b>Timeframe</b>	<b>Interdependencies</b>
<p>Suite of templates for use in monitoring and improvement work across the following service types, providing a quality framework within this:</p> <ul style="list-style-type: none"> <li>- Care Homes</li> <li>- Care at Home - Framework</li> <li>- Supported Living - Framework</li> <li>- Non-CQC Registered Provision</li> <li>- Spot purchased/non strategically commissioned OOB</li> <li>- CQC registered in Oldham but not strategically commissioned</li> <li>- Out of Borough processes</li> <li>- Service user engagement</li> </ul> <p>These documents should cover a range of scenarios from routine monitoring, ad hoc visits to quality improvement focused visits and where applicable include joint ICB involvement and questions.</p>	Contracts and Quality Managers	Fully rolled out to all services by November 2025	Joint Care Home Contracting, ASC Service User Engagement Strategy, Contract Monitoring approaches
<p>Internal Oversight</p> <ul style="list-style-type: none"> <li>- Timetable and log for routine visiting in place</li> <li>- Update to the monthly Quality Dashboard to include our own internal oversight and OOB details</li> </ul>	Contract Performance and Improvement Officers/Contract and Quality Managers	Continue on an ongoing basis	
<p>Engagement Strategy</p> <ul style="list-style-type: none"> <li>- Clear mechanisms to options for engaging with both the people using services and their families which feeds into the monitoring tools for each service type</li> </ul>	Contract Performance and Improvement Officers/Contract and Quality Managers	November 2025	Wider council and ASC Engagement Strategies.



## Appendices

### Appendix 1 – Low Level Harm Template



#### WEEKLY LOW LEVEL HARM LOG



Name of Provider:

Provider Address:

Manager Name & Email Address:

Week commencing:

PLEASE ENSURE THAT THIS DOCUMENT IS EMAILED BY EGRESS TO [quality@oldham.gov.uk](mailto:quality@oldham.gov.uk) by Monday at 17:00hrs

<b>Date &amp; time of incident</b> If your home is large, please include the unit name as well. If supported living, please include property address	<b>Mosaic ID /name and DOB</b>	<b>What funding does the service user receive please list all</b> (eg CHC, JFNC, Section 117, self-funding – values of funding are not required)	<b>Brief details of the incident</b>	<b>Brief details of action taken</b>	<b>Supporting information/Evidence</b>	<b>Name &amp; Position</b>

