Tool 13: Quality Assurance Framework

This document is part of the Home Care Outcomes-based Commissioning Toolkit developed by the National Commissioning Board for Wales to assist home care commissioners and providers to move the home care service towards a more outcomes-based approach. This is an outline document that will be developed further as the project moves forward.

1 Core Material: Overarching principles of this toolkit

The provision of social services in Wales is governed by the Social Services and Well-Being (Wales) Act 2014. The Act is accompanied by a Code of Practice and guidance on the exercise of social services functions and partnership arrangements. The Code of practice stipulates that:

"In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve".

The provision of health services in Wales is the remit of NHS Wales under the direction of the Welsh Government. Local Health Boards have responsibility for all commissioning and provision of health services in their area. The Welsh Government have produced an Outcomes Framework for the NHS in Wales that it describes on its website as follows:

"The NHS outcomes framework includes only outcomes and outcome indicators that have been determined to measure health related well-being. A delivery framework is in place to support the delivery of health and well-being by health boards and health trusts".

Generally, the toolkit identifies that there are three models of outcome-based commissioning:

- **Model 1: Outcome Based Care Planning:** (Using outcomes as the basis for planning and reviewing a care package).
- **Model 2: Reward for Achieving Outcomes and customer satisfaction:** Again, Individual focused but concentrating on the financial aspects of meeting outcomes.
- **Model 3: Population based accountability for Outcomes:** Responsibility for the provider(s) for meeting the outcomes of a group of people across a defined geographic area.

2 Purpose of this tool

For an outcomes-based approach to work effectively it has to be incorporated into all aspects of the commissioning, reablement and home care provider system processes and procedures, as well as the service delivery model.

The purpose of this tool is to support both local commissioners, reablement services and home care providers to measure and monitor the quality of the service provided, with a focus on what needs to be in place to ensure that the experience of people who use home care services meets or exceeds their expectations.

3 What is Quality Assurance? Introduction and overview

The starting assumption is that residents across Wales are experts in understanding their own needs and how best to achieve their desired outcomes, both within their own homes and/or within the wider local community.

Health and social care services are complex, with many different elements and a range of different ways of engaging with people across Wales. Nevertheless, people in contact with services should have high expectations of customer service and the quality of the care and support which they receive.

In order to meet these expectations, it is essential that commissioners work constructively with providers, and see providers as being key to the development and delivery of quality services.

Enhancing partnership working with customers and carers is at the heart of The Social Services and Wellbeing (Wales) Act 2014, which sets a new direction for prevention and wellbeing and is a critical factor in the changing culture for health and social care. As such, a quality assurance model should reflect the aims of the Act in empowering people who use services and their carers, and promoting their independence by affording them a stronger voice and giving them more control over the services they receive.

The quality 'building blocks' for making the whole home care and reablement system work better can be defined as follows:

- **Enablement** – helping individuals to achieve wellbeing and to remain independent for as long as possible;
- **Needs**– focusing on what needs to be in place to enable customers and careers to achieve the wellbeing outcomes they want for themselves and from social care support;
- **Accessible information, advice & assistance** – making information, advice & assistance available in formats that encourage and enable residents in Wales make informed choices for themselves both for now and for the future;
- **Building up an individual's own expertise** – utilising an 'assets based' approach, building on an individual's existing capabilities and support networks – whether formal or informal;

- **Listening to customers and carers** - and what matters to them;
- **Efficiency and effectiveness** - in the way we work; and
- **Safety** – being able to manage risks in a way that promotes customer choices as far as possible so long as others are not adversely put at risk by those decisions or actions.

Taken together, the first letter in each of the above building blocks spells the word **'ENABLES'.** [1]

The Regulation and Inspection of Social Care (Wales) Act 2016 changes the regulation and inspection of social care in Wales. It places service quality and improvement at the heart of regulation, strengthens protection for those who need it, and aims to ensure that services deliver high-quality care and support.

It supports the aims of the Social Services and Well-being (Wales) Act 2014 that enshrines the rights of people using care and support services into law. How providers register and how services are inspected will change, as there will be a focus on securing improvement in the quality of care and support and there will be changes to the regulation of the social care work force from 2017 onwards.
For more information on the Regulation and inspection of Social Care (Wales) Act please refer to the following: Regulation and Inspection of Social Care (Wales) Act

The Care and Social Services Inspectorate for Wales (CCISW), will be registering home care workers who provide care and support at home from 2018 onwards. This should help provide a better qualified and valued workforce.

The new system of service regulation and inspection will come into force in April 2018 and will be fully implemented and operational by April 2019.

To respond to the Act, there will be a greater requirement for home care providers to be competent in delivering a service that enables the individual to become more independent. Home care provider's will be required to take a wide view of the person's health and wellbeing and take action to minimise the risk of; social isolation, unplanned hospital admissions etc.

Commissioners and providers should work in the spirit of co-production to support individuals to make improvements in their health and wellbeing, to achieve their outcomes and the lifestyle they want.

There will be greater empowerment and choice given to the individual in agreeing their outcomes, enabling them to identify what they want to be able to do for themselves and what lifestyle they want to live, focusing on all aspects of their care and support towards achieving these outcomes. This may require them to maintain their current levels of ability, re-learn skills they previously had or learn new skills.

[1] West Sussex Quality Assurance Framework Adults' Services, October 2015

Social Care Wales have produced a helpful document which is intended to describe the implications for providers and what the Act will mean for them. You can access the paper here: Implications for providers

3.1 Definitions

- **Quality:** The term "quality" is here defined as a degree, standard or grade of excellence. It therefore acts as a measure, whereby the quality of something can clearly describe how excellent or poor it is. This tool seeks to identify what this excellence looks like in practice within home care.
- **Quality control** – Testing the systems around the service.
- **Quality assurance** – The methods for improving service standards and ensuring that services are delivered consistently and according to agreed plans.
- **Quality standards** – The process used to assess or measure key aspects of the service / organisation; verified or awarded by external bodies.
- **Quality systems** – Observe the systems that monitor actual delivery of care.
- **Framework**: A framework is defined as "a skeleton or structure for a way of doing something." This could be a set of principles for example that should be used when making decisions and can form the basis of an agreement on how people will work together". In the context of a Quality Assurance Framework, this can be viewed as a structure that defines what quality is, how it will be measured and how it will be improved.

4 Additional Guidance Notes

4.1 Delivering on Outcomes

The Care and Support at Home in Wales Five-year strategic plan 2017 – 2022 includes a range of actions intended to ensure that a consistent approach to care and support at home is built around individuals, families, carers and communities.

Effective care and support at home should be based on evidence of what works. Customer feedback, research, monitoring and good practice examples should all inform service development and research priorities.

The quality assurance framework (QAF) below, requires the provider to evidence their practice against a range of objectives, outcomes and performance indicators. This can be undertaken as a self-assessment audit by providers, perhaps on an annual basis.

Quality Assurance should support the vision of the 'Care and Support at Home five-year strategic plan; **People in Wales work together to promote well-being through care and support at home.**

It should also link with the following outcomes from the *'National Outcomes Framework'*:

- I get the right care and support, as early as possible.

- I do the things that matter to me.
- I feel valued in society.
- I am treated with dignity and respect and treat others the same.
- My voice is heard and listened to.
- My individual circumstances are considered.
- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
- I know and understand what care, support and opportunities are available and use these to help me achieve my well-being.
- I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being.
- I engage and make a contribution to my community.

The approach to Quality Assurance will vary depending upon which model of commissioning has been adopted. For example, when using outcomes only as the basis for planning and reviewing the success of a care package as outlined in **'Model 1',** above, the commissioner has to be confident that the provider does have quality assurance systems in place. There are some expectations there for outcomes, but no effective requirement for them, and certainly no contractual obligation to deliver on them. However, whilst outcomes can be hoped for and expected within such an approach, other elements of a quality system can be required.

'**Model 2',** above, goes further in requiring providers to deliver on outcomes and there is a temptation to think that as it includes measurement and reward for outcomes, other aspects of quality assurance are less important. However, whilst it is helpful to use outcomes as the measure of success for services, knowing what are the desired and actual outcomes does not necessarily help in determining what needs to be done, if there is a gap between the two. Moreover, relying entirely on outcomes alone means that the danger of failure in achieving them only comes about after it has occurred; i.e., too late.

Again, therefore, it is important to have an effective Quality Assurance system in place so as to have a realistic expectation of delivering on the required outcomes. Good providers, of course, will have developed their own internal systems and be operating them. Commissioners need to make sure that their own desire for consistency and uniformity across providers does not make providers have to operate two quality assurance systems.

Under **'Model 3'** where a lead provider delivers services to a sub-set of the population and where the cost is calculated on optimum outcome based performance levels, the expectations around quality assurance are likely to be different. Under this model the commissioner is likely to be taking a much more 'hands off' approach. Moreover, the activities expected of the provider in order to deliver the required outcomes are likely to be identified in much broader terms, and they will have much more latitude in terms of what they deliver, and how it contributes to achieving the overall population level outcomes required of them.

As discussed elsewhere in this toolkit, it may be important at the outset to have a clear logic model that traces a pathway from the provider's activity through to an impact upon the agreed required population level outcomes. However, built into this model is an expectation that the provider does have more freedom, and more responsibility, for designing and delivering effective services.

4.2 Individual and Population Service Reviews by the Provider

Under '**Model 1'** and '**Model 2'** home care and re-ablement providers are expected to deliver on outcomes for individual service users. As has been outlined above, this does not negate the need for a broader quality assurance process. Nevertheless, achieving outcomes for individuals remains at the core of these models and are the means by which success is determined. Systems are therefore needed around individual outcomes, themselves. As with quality assurance systems, it is important that whatever approaches are used in this area, they do not require providers to undertake parallel processes and/or operate duplicate information systems (in some cases local authority commissioning and assessment and care management procedures have required providers to do just that).

The monitoring of outcomes needs to take place within an overall review process. Service reviews should be planned by the provider according to the complexity of the care package and in proportion to the risk. However, it is anticipated that as a minimum there would be an initial service review following the first 4 - 6 weeks of the service starting (especially in re-ablement services) and thereafter at 3 – 6 monthly intervals depending upon the nature of the service and the complexity of the case.

Reviews need to determine the extent to which outcomes have been achieved. However, they will also need to cover other aspects of the arrangements, including whether or not the outcomes need to be changed (they will in a re-ablement context), and how these specific outcomes fit in with the service user's or carer's overall package.

Under **'Model 3'** progress towards achieving population outcomes should also be reviewed by the provider on a regular basis, (and, less so, by the commissioner) with careful attention paid to the linkages between the service being delivered and the outcomes being achieved.

4.3 Unplanned Reviews

Whilst the desired/required outcomes can change over time and this can be addressed in planned reviews, there are occasions when circumstances change more quickly than that, and the outcomes need to be reviewed more quickly than that.
Under **'Model 1'** and '**Model 2',** in these circumstances, the provider should advise the Care Manager when there is a significant change in the person's circumstances which is likely to affect the achievement of the agreed outcomes (e.g. deterioration in health etc.).
Providers and care management teams (Local authority or NHS), together will need to address any changing circumstances and ensure that required outcomes are

adjusted accordingly. Where '**Model 2'** is operating and the care management and commissioning systems are properly integrated then this information will inform the ongoing contract management system. Where they are not integrated, separate arrangements are needed to ensure that the new circumstances and revised outcomes are made known to commissioners.
Under '**Model 3'**, what happens in individual cases is of less concern to commissioners, although both providers and care management teams may continue to be engaged at this level.

5 Co-Production and quality assurance

The National Market Development Forum in collaboration with Think Local Act Personal have produced a principles framework to help assess and understand the various quality assurance and improvement initiatives that currently exist. The framework and the principles will be useful to those developing and using QA systems; and that they assist those commissioning and purchasing their own services to have a better understanding of the characteristics they should be seeking in a quality service.

The framework advocates that the views of people receiving care and support (and where appropriate family/carers) are heard in all quality assessments. All valid assessments of quality should include either opportunities for co-production with those who have experience of the service or independent opportunities for their views to be heard. They should:

- include people using the service and those supporting them – paid personal assistants, relatives and friends
- include users' views of the staff working with them;
- be easy to understand; free from discrimination; and have clear consequences if people are victimised for expressing their views.

Wherever possible and appropriate, commissioners and regulators should share with people receiving services information such as how they plan to comply with contractual obligations and any quality assessment conclusions. All parties should be free to articulate their concerns and aspirations for service improvement, based on their own responsibilities.

The framework also provides advice and guidance on devising an assessment of the impact of commissioning on quality. Good commissioning should focus on outcomes that have been agreed with people who are going to use the service. Relationships between providers and commissioners should be collaborative, rather than adversarial, and should aim to improve quality, e.g. through appropriate financial incentives and understanding people who use services' wishes, rather than simply purchasing what is currently available.

One of the principles relates to ensuring value for money that is proportionate to the services being assured.
Investment in quality assurance is worthwhile, provided any QA system is assessed for its costs and benefits. This is especially important if a QA approach or system

is mandated on others. Such systems should also be tailored to the type and scale of service involved and not imposes disproportionate burdens.
You can access the framework here: Statement of quality assurance principles framework

6 Quality Assurance Frameworks

Under an outcomes-based approach, there remains a need for an effective quality assurance system, but the focus of it does shift somewhat. Instead of being on the provider's ability to deliver on inputs and outputs to the service user/carer, the focus shifts to being on the provider's ability to deliver the required outcomes.

6.1 Strategic Outcomes

The commissioning of home care and re-ablement services under **'Model 1'** or **'Model 2'** draws heavily upon the achievement of individual outcomes. At the same time, providers can be asked to deliver on 'Strategic' outcomes that can be monitored and measured under four headings, and which provide a clear link between the concept of outcomes and a quality assurance framework.
Providers can be asked to evidence how they meet these strategic outcomes, and to provide that evidence.
The table below provides an overview on the 4 strategic outcomes that providers should work towards providing evidence on how they are meeting each outcome during the contract.

[2]

Table 5.2 below provides an example on the potential key performance indicators that could be used as part of the quality assurance framework to both gather evidence and monitor the progress in meeting each one of the 4 strategic outcomes shown in the table above.

[2] Rhondda Cynon Taf, County Borough Council and Merthyr Tydfil County Borough Council, Service Specification for the Provision of an Independent Domiciliary Care Service 2017

6.2 Key Performance Indicators – Best practice example

No	Assessment Area/Measure	Target	Collection method	Alignment to the National Outcomes Framework indicators
1.	**Outcome 1 – That people will be supported to become as independent as possible in their own homes and reliance on formal service delivery will be reduced** ▪ Customer feedback ▪ Packages of care commence at the agreed date & time ▪ Number of unplanned review forms received where there has not been a change in the customer's level of need ▪ The number of home care packages that remain the same at review ▪ The number of home care packages that increase at review ▪ The number of home care packages that decrease at review	Of questionnaire responses indicate that their individual outcomes are being met ▪ Year 1 - 75% ▪ Year 2 – 85% ▪ Year 3 – 95% ▪ 98% of packages of care commence within agreed start time. Less than 10 in a 6-monthly period 60% 20% 20%	▪ Provider Quality Assurance-Contracting team to review at annual review ▪ Monitoring officer to evaluate at 6 monthly periods ▪ Care management review - Contracting officer during first annual monitoring visit	▪ I get the right care and support, as early as possible ▪ I do the things that matter to me ▪ I am treated with dignity and respect and treat others the same ▪ My voice is heard and listened to ▪ My individual circumstances are considered ▪ I know and understand what care, support and opportunities are available and use these to help me achieve my well-being

No	Assessment Area/Measure	Target	Collection method	Alignment to the National Outcomes Framework indicators
2.	**Outcome 2 -That people are supported to meet their identified wellbeing outcomes** ▪ People who use services feedback indicates that their wellbeing outcomes are being achieved ▪ People's views are listened to and influence service delivery and procedures? ▪ % of care packages where outcomes are being met at review ▪ Service delivery plans clearly indicate the outcomes and how they will be achieved ▪ What aspect of your service/support are you most proud of? Please provide examples of this and how it impacts on day to day practice within your service	▪ Year 1 - 75% ▪ Year 2 – 85% ▪ Year 3 – 95% Of people who use services consulted report that their wellbeing outcomes are being met ▪ 100% are being met ▪ 100% of audited service delivery plans clearly identify outcomes and how they will be met	▪ Contracting team to review at annual review ▪ Contract monitoring visit and feedback from care management ▪ Monitoring Officer to Sample Audit on a 6-monthly basis ▪ Submission by provider	▪ I get the right care and support, as early as possible ▪ I do the things that matter to me ▪ I am treated with dignity and respect and treat others the same ▪ My voice is heard and listened to ▪ My individual circumstances are considered ▪ I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me ▪ I engage and make a contribution to my community

No	Assessment Area/Measure	Target	Collection method	Alignment to the National Outcomes Framework indicators
3.	**Outcome 3 - That Vulnerable people are safe from harm** ▪ Number of POVA's directly relating to poor practice of the agency or staff providing support, resulting in a strategy meeting	▪ 0 number of POVA's directly related to agency & staff	▪ Quarterly report from safeguarding unit to contracting team	▪ I get the right care and support, as early as possible ▪ I do the things that matter to me ▪ I feel valued in society ▪ I am treated with dignity and respect and treat others the same ▪ My voice is heard and listened to ▪ My individual circumstances are considered ▪ I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me ▪ I know and understand what care, support and opportunities are available and use these to help me achieve my well-being ▪ I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being ▪ I engage and make a contribution to my community
	Outcome 3 - That Vulnerable people are safe from harm ▪ % of missed or late calls % of missed or late calls (Definition of a late call is over an hour late where as a missed call is a call that has not been received).	▪ Less than 5% at any one period	▪ Contracting team to monitor on a quarterly basis	
	▪ Training records – indicate that staff have received health & safety and moving and handling training to the All Wales passport level	▪ 100%	▪ Contracting team to monitor on annual basis	
	▪ Recruitment records- % audit of staff files that contain appropriate documentation	▪ 100% of sampled files have the relevant recruitment documentation	▪ Contract monitoring team sample of 10% of staff files during annual contract monitoring visit	

No	Assessment Area/Measure	Target	Collection method	Alignment to the National Outcomes Framework indicators
4.	**Outcome 4. That people receive a quality service that is delivered consistently by appropriately trained staff** ▪ CSSIW/SCW reports demonstrate good practice ▪ Contract monitoring identifies good practice ▪ Learning from complaints process in place	▪ 100% ▪ 100% ▪ 100%	▪ CSSIW website ▪ Annual monitoring visit ▪ Corrective action plan and focussed monitoring review	▪ I get the right care and support, as early as possible ▪ I do the things that matter to me ▪ I feel valued in society ▪ I am treated with dignity and respect and treat others the same ▪ My voice is heard and listened to ▪ My individual circumstances are considered
	▪ Staff are trained to undertake role ▪ Rotas show consistency of allocated staff	▪ 50% of care staff hold or are working towards a qualification as listed as the recommended occupational qualification in the Care Council for Wales Qualification Framework ▪ 100% ▪ All staff contracts reflect NMW criteria	▪ Annual audit of training records ▪ Spot check of % sample of rotas	▪ I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me ▪ I know and understand what care, support and opportunities are available and use these to help me achieve my well-being ▪ I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being ▪ I engage and make a contribution to my community

No	Assessment Area/Measure	Target	Collection method	Alignment to the National Outcomes Framework indicators
	▪ Please provide us with evidence that fees and contracts allow you to deliver staff terms and conditions that meet statutory obligations and reflect good practice including payment of at least the National Minimum Wage.	▪ Staff are provided with a written job description and work specification, identifying their responsibilities and accountabilities. Staff are required to adhere to the Care Council for Wales Code of Practice.	▪ Spot checks of % of sample contracts and staff comments	
5.	**Additional performance indicator** Provide evidence on how you work in partnership with other public services (including health services), and community organisations to ensure the best use of resources, including ensuring that services, where appropriate, reflect local needs and preferences?	▪ There is a clear, written policy and procedure which provide guidance on reporting and recording of information and where appropriate, information is shared with other professionals involved with the care of the person ▪ Services that avoid increasing dependency and promote recovery and re-ablement	▪ Random sample of policies and procedures ▪ Minutes from meetings ▪ Action plan ▪ Partnership contracts	▪ I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being ▪ I know and understand what care; support opportunities are available and use these to help me achieve my well-being ▪ I can access the right information, when I need it, in the way I want it ▪ I make a contribution to my community ▪ I feel valued in society

7 Contract Monitoring and the Audit Process

7.1 Contract monitoring

Each commissioner should conduct contract monitoring activities within a framework that focuses initially on the achievement of the outcomes, systems and processes need to be in place that seek to monitor outcomes and the progress towards them.

However, commissioners also need to be assured that home care and re-ablement providers are operating in a competent and effective way that will lead to outcomes being achieved. To support commissioners with this task, information from a variety of sources, listed below could be used:

- Inspection findings from the Regulator CCISW and intelligence including any Warning Notices or Notices of Proposal.
- Complaints.
- Whistleblowing.
- Safeguarding alerts/Serious Case Reviews.
- Monitoring reports from other public bodies Health and Safety Executive, Environmental Health, other local authorities.
- Individual Service Monitoring Reports.
- Care and Support Plan reviews & Service Delivery Plan reviews.
- Care Monitoring Reports.
- Monitoring and Review framework scores.
- Service Performance Indicators.
- Quality Assurance reports.
- Survey of individuals in receipt of the service.

The frequency of announced or unannounced visits to the Provider will be determined by the above intelligence.

At agreed regular intervals commissioners should require providers to submit contract monitoring information.

Good practice would also suggest that there is an annual Contract Review, the purpose of that review would be to identify:

- Providers adherence to the Service Specification.
- An objective and a subjective review of the last 12 months' service delivery and performance specifically dealing with the Provider's contribution to the Service activities such as planning, business continuity, contract management, training, people development, value for money, innovation and continuous improvement.
- The performance measures, which demonstrate the Provider's contribution to meeting the Council's transformation objectives in relation to the Services.

- The cumulative year-to-date view of how the Provider is meeting (or has met) the key performance criteria set out in this Schedule or a suitable alternative.

Together, commissioners and providers should agree on the development of an action plan to address any service deficiencies.

Failure by the provider to remedy any service deficiencies to an agreed level within the times specified may result in the Provider being required to attend a meeting at the Contracting Authorities office, to discuss contractual matters and performance reports, failure to attend such meetings may require further action.

7.2 Audit Processes

Audit processes can be used to explore and verify both the achievement of outcomes and the quality of service delivery.

The auditing of outcomes can be undertaken in a variety of ways for example this can include requesting information from the provider that demonstrates 'good practice examples leading to the achievement of outcomes of which that they are proud. Alternatively, commissioners may audit outcomes through direct contact with people who use services.

Audits of service delivery required by the commissioner can focus on a number of areas which could be reviewed using the 4 strategic objectives and the performance indicators referenced above. One way of doing this by using the following headings:

1. **Business Planning**

- The provider has a clear set of policies and procedures in place that covers all aspects of service delivery. (Reference to the service specification) The policies and procedures are reviewed and amended annually or more frequently if necessary.
- The provider can demonstrate its capacity to meet the needs of individuals accepted by the agency.
- The business operates with a staff structure in place, including clear lines of accountability, which enables the agency to deliver services effectively on a day to day basis.
- A needs assessment regarding new customers is undertaken, prior to the provision of a domiciliary care service (or within 2 working days in exceptional circumstances) evidence that the potential risks to people who use services and staff associated with delivering the people who use service's package of care is documented and communicated before the care worker commences work and is updated 6 monthly or more frequently if necessary.
- The registered office holds a file which contains all the relevant information and is in compliance with Data Protection Act.
- The call monitoring system is reviewed and the process for all operational tasks are reflected in a mapping process. All missed calls and late calls are captured

via alerts and dealt with in an efficient manner. The people who use outcomes is informed of the reasons to the calls not being delivered to time.

- Providers being accountable for quality and safety, and for driving improvement in a proactive way.

2. Staffing

- There is a rigorous recruitment and selection procedure which meets the requirements of legislation and ensures the protection of the people who use outcomes and their relatives or representatives.
- An Induction programme for new starters which demonstrates the fundamentals of care. Evidence of SCIFW.
- Services having workers with the relevant skills and knowledge and are able to respond to the specialist needs of the individual.
- All staff have a contract of employment. (Reference to contract requirements – minimum wage, contract hours).
- All staff have an annual appraisal of their overall standard of performance and are set objectives in line with the requirements of their role.
- All staff meet formally on a one to one basis with their line manager at least once every three months to discuss their work and written records shall be kept on the content and outcome of each meeting.

3. Service Delivery

Good practice examples around:

- Promoting health, prevent ill health and maintain well being.
- How people and their care and support needs are being viewed by staff.
- Evidence that demonstrates that the service is person centred and meet individual needs.
- People and carers can express their views or concerns over the services they use.
- Services that provide outcome focused care and avoid increasing dependency and promote recovery and reablement.
- Services that are delivered in ways which enable the individual's needs to be met in a flexible, integrated and coordinated way.
- Each customer has a home file at their property which contains the relevant Documentation, detail within the daily record book will be examined and followed through[3].

Audits can be carried out in a variety of ways. For example, they can be conducted in 3 parts:

Part 1 - Site Visit

Managers will be required to provide copies of their Organisational Procedures and will also be required to provide a wide range of performance information and data

[3] Carmarthenshire County Council domiciliary care audit framework 2016 - 2017

analysis material to the Contract Monitoring Officer. The Monitoring Officers will observe practice and examine relevant policies and procedures.

Part 2 - Staff Questionnaires
Front line staff will be offered the opportunity to complete a short questionnaire which will focus on ability to deliver care, terms and conditions of employment, support network available and training opportunities. There will be an option to complete anonymously; all questionnaires will be returned directly to the contracting team.

Part 3 – People who use services Visits
A home visit will be carried out to seek the views of the people who use services and or their representatives, A sample of 5 customers per organisation will be chosen. The customers home file will also be examined during the visit.

8 Continuous Improvement Plans

To ensure that more, and improved outcomes are achieved over time providers can be asked to produce a Continual Improvement Plan that could be developed using the Performance Indicators (PI) findings but also when benchmarked against across the market.

The improvement plan should draw upon the opportunities from recent legislation and policy changes:

- The Social Services and Well-being (Wales) Act.
- Principles of Prudent Healthcare.
- Regulation and Inspection of Social Care (Wales) Act.
- Well-being of Future Generations Act.

Providers who are continuously striving for improvement can use this process as a tool to move to service excellence. In these circumstances the provider can submit an action plan which their service/support will be monitored against to assist them in continuous improvement.

9 Further Materials

The mid-Nottinghamshire Better together Programme has an Outcomes Framework, about which they say:

'The final contract will contain a single, integrated, outcome framework covering the population and services within scope. Achievement against the framework will be monitored and linked to the payment of providers. This will enable commissioners to incentivise providers to deliver improved patient outcomes as well as safe and effective services.'

It has a series of domains that are then further expanded to include Outcomes and Outcome indicators. The four domains are:

- Population Health.
- Quality of Life.
- Quality of Care.
- Effectiveness of Care.

Interesting, in the context of 'Model 3' the domain for 'Population Health' is relatively slight compared to those for the other three domains, as shown below (The indicators shown are, of course, English).

	Outcome	Indicator	Indicator Source
1.1	People are prevented from dying prematurely	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	NHSOF 1a, CCGOF 1.1
1.2	People are able to stay well	Reducing premature mortality from the major causes of death - U75 mortality rate from CVD, Respiratory, Liver, Cancer, Heart Failure	PHOF 4.3, NHSOF 1a