



**Quality Improvement
Planning
(QIP)
Standard Operational
Procedures
For Nursing, Residential
& Domiciliary Providers**

Introduction

In line with the Care Act 2014, the Lancashire Safeguarding Adults Board (LSAB) member organisations have committed themselves to the prevention of abuse and neglect and the improvement in the quality of care delivered to adults with care and support needs.

This document should be read in conjunction with the quality improvement planning Terms of Reference.

1.0 Provider Representation

Provider attendance at QIP meetings is voluntary. An initial contact will be made with the provider to share information about the QIP process and invite their representation and participation. All providers are required to engage with the QIP process whether they choose to attend QIP meetings or otherwise. Where a provider declines to attend QIP meetings there is a requirement for the provider to submit a copy of their quality improvement plan with updates on progress when requested.

2.0 QIP process overview

- ❖ The development of the QIP Improvement Plan for the setting/organisation is the responsibility of the provider and will be submitted 7 days before the initial QIP meeting.
- ❖ A QIP template will be offered to support the provider to develop their Improvement Plan
- ❖ QIP Timescales and priorities for improvement will be proposed by the provider, together with details of the nominated individuals responsible for the actions. This will be detailed within the improvement plan and agreed at the first QIP meeting
- ❖ Priorities and timescales within the improvement plan will be reviewed at each subsequent QIP meeting

3.0 How the QIP process operates

- ❖ The provider will be asked to provide details of residents / service users in receipt of a service and the relevant funding authority.
- ❖ At the first meeting and / or subsequent meetings agency input and support will be identified.

- ❖ Reviews of individual residents/service users' needs may be undertaken within the QIP process to ensure that the health, social care, safety and dignity needs of residents/service users continue to be met.
- ❖ The QIP meeting process will remain in place for up to 6 months (where the provider is able to demonstrate that they are within sight of achieving the desired achievements an extension may be agreed with the approval of the County Panel).
- ❖ Providers who have not achieved or maintained the desired improvements as per the timescale within the action plan, or are unlikely to do this even with a short extension, will be closed to the QIP process and escalated to the County Panel to consider next steps. This may include contract termination by LCC Contracts Management Service, and/or (Midlands & Lancashire Commissioning Support Unit).
- ❖ To evidence that improvements are being sustained, following the completion of the QIP process, the usual contract monitoring arrangements will apply.
- ❖ QIP members will undertake assurance throughout the process with a final assurance visit before the QIP improvement plan is signed off.
- ❖ Debrief and evaluation process to include: lessons learnt, themes and trends, and experiences of providers will be sought via the evaluation form.

4.0 Contractual Matters

Decision to recommend to the County Panel, the suspension of the contract for new admissions

1. Where there are significant concerns with safety and quality or services in breach of their contract, a contract query/warning letter will be issued to allow the provider to correct the shortfall of standard as per the normal contract process.

2. The QIP meeting may consider whether a suspension of the provider is required.

- ❖ **Formal suspension (Residential and Nursing):** The requirement not to accept any new residents is imposed upon the provider and their contract is suspended.
- ❖ **Formal suspension (Domiciliary):** No new care packages will be commissioned.

3. The decision to apply a formal suspension will be considered carefully, utilising LCC and CCG Suspension Policies. When a formal suspension is the outcome of the QIP process, a request together with rationale will be made to the County Panel for approval of this recommendation.

4. Where a residential or domiciliary provider is inadequate in all five domains of CQC Inspection Framework, and placed in special measures by CQC an

authorisation for formal suspension will always be considered by LCC, the CCG and in consultation with Contracts Management.

4. The suspension status will be reviewed at each QIP meeting and any request to lift the suspension submitted to the County Panel.

5. As per the contractual agreement a provider may choose to temporarily decline to take further admissions whilst they make the required improvements.

5.0 Governance Arrangements

The Quality Assurance and Performance LSAB Sub Group will receive summary reports relating to QIP and Radar activity. Information regarding themes, trends and lessons learned from Radar and QIP activity, will be reported to the Safeguarding Adult Leadership Group, Safeguarding with Providers Sub Group and wider partners to inform practice learning.

The Quality Assurance and Performance Sub Group/Safeguarding with Providers Sub Group will report to the Lancashire Safeguarding Adults Board of QIP activity through routine quarterly reporting.

6.0 Confidentiality

Members are expected to adhere to confidentiality/information sharing procedures as per LSAB safeguarding procedures. Only secure email will be utilised should it be necessary to share staff or service user information.

8.0 Terms of Reference

These terms of reference will be reviewed and updated in light of experience, learning and changes in legislation.