

# Adult Social Care Policy and Procedure for Managing Service Provider Quality and Performance in Commissioned Services

Version 0.5 – November 2016

<b>POLICY NAME</b>	<b>Managing Service Provider Quality and Performance in Commissioned Services</b>		
<b>Document Description</b>	<b>This document sets out the Council's response to Service Provider poor performance and quality within commissioned services and how this should be escalated through levels</b>		
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## Amendment Notes

Documents at draft status are to use number designations to denote issue status: 0.1, 0.2 0.3 etc.

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## 1 Definitions/Glossary

Continuing Health Care (CHC)	Service Users whose care is fully funded by Health
Clinical Commissioning Group (CCG)	This refers to All CCG's within the geographical county of Lancashire who have the lead for the health for citizens
Contract Officer	Refers to either/or a Contract Monitoring Officer or a Contract Assurance Officer
Good Quality	A measure of excellence or a state of being free from deficiencies and significant variations. It is safe, effective and has a positive service user/resident experience. It follows a strict and consistent commitment to certain standards that achieve uniformity in order to satisfy service user and resident requirements, whilst building strong relationships, handling and resolving complaints quickly and satisfactorily.
Lancashire Care Association	Not for profit company which represents quality independent sector providers in Lancashire
Lancashire County Council (LCC)	Lancashire County Council are statutorily responsible for the Social Care of Lancashire citizens
Level 1 Provider Performance and Quality Improvement Plan(ning)	When contracts have undertaken an audit or contract monitoring and compliance exercise with a Service Provider and found areas for improvement. This relates primarily to contractual breaches, but can also be in relation to quality. These are lead primarily by a Contract Assurance Officer.
Level 2 Provider Performance and Quality Improvement Plan(ning)	Where there is a wide scale need for improvement across the whole of the Service Provider organization in relation to the quality that is being provided. This can also be contractual but is not limited to specific contractual breaches. These are primarily led by a Senior Quality Improvement Practitioner
Inability to Staff	Failure to provide registered nurses, care workers, registered manager or none direct care staff such as kitchen and domestic
Midland and Lancashire Commissioning Support Unit (CSU)	Undertake commissioning, contracting and quality for the CCGs
Pro-active Concerns	These are where there has been a trend identified through KPI returns, or from an audit or contract monitoring review, which has identified some areas for improvement.
Provider Failure	This is where a Service Provider has failed to meet Improvement/Action Plans as requested and may lead to contract termination by LCC and/or CCG/CSU. This can also relate to financial failure of the Service Provider.
RADAR	Multi agency meeting looking at trends of intelligence regarding Service Providers in a multi-agency setting. The RADAR allows for confidential information sharing to occur. This can be regarding a single Service Provider or multiple Service Providers within an area of the county or across the county
Re-active Concerns	These are where intelligence is being received regarding a Service Provider, through safeguarding notifications and intelligence from health or social care professionals, CQC, the Police or whistleblowers. There will be threshold triggers set dependent on the Service Provider

	client group, area of delivery and size; consideration will also be taken on the potential size or seriousness and number of the concerns raised. Pro-active intelligence will also be considered alongside re-active.
Safeguarding Enquiry Service (SES)	Team of qualified Social Workers within the Local Authority who care out investigations into reported Safeguarding alerts.
Self-Referral	This is where a Service Provider has identified that they are struggling and approach LCC and/or CCG/CSU for advice and guidance. This may result in sign posting or a visit from LCC and/or CCG/CSU
Service Provider	A service provider is the commissioned organization who holds the contract with Lancashire county council to deliver social care services both registered and none registered.
Suspension	Where the Service Provider is restricted from taking on new LCC or CCG funded Service Users or Residents. Current Service Users or Residents may remain with the Service Provider, but will be re-assessed where needed to ensure that their care and support can be delivered to a required standard. No financial penalty on current packages of care or residential placements.
Termination	Where LCC and or CCG/CSU end the contractual arrangement with the Service Provider. Terms of the notice of termination will be set out in the respective contracts.

## 2 Scope of Policy

This document sets out Lancashire County Council's (LCC's) policy on managing poor performance in commissioned Social Care Services

Actions taken will be proportionate to the perceived risks to service users; the seriousness of the issues; whether contractual obligations have been breached; the level of engagement with the provider, and their view and response to the poor performance.

The policy relates to:

All services with which LCC have contracts or service level agreements.

The policy:

- Defines what we mean by poor performance
- Defines poor performance indicators and the trigger points for action
- Defines the range of possible responses to poor performance
- Defines roles and responsibilities

This policy should be used in conjunction with and as required the following Policies

- Suspension Policy
- LCC Managing Provider Failure Policy
- NHSE Standard Operating Procedure (SOP)
- NHSE [ManagingCareHomeClosures](#) and associated [managementchecklist](#)

From April 2015 The Care Act 2014 defines adult safeguarding as a statutory duty, the key responsibility is with local authorities in partnership with the police and the NHS. Under the act the local authority has statutory responsibilities to respond to provider failure.

The Act makes it clear that local authorities have a duty to step in and ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care or support they are receiving. Local authorities have a responsibility towards all people receiving care regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way.

In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in their support or care they need as a result of the provider failing. This policy is intended to take all reasonable measures to maintain the quality of services and to prevent provider closure.

### 3 Principles of the Policy

Ensuring the quality of services is central to our strategic approach to commissioning. The aim is to have a diverse range of high quality services in Lancashire that contribute to improving and maintaining the health and well-being and quality of life for the people using them. The focus is on the outcomes for all people using the services, not only for those people who LCC have arranged services, but also for 'self-funders'

There are six overarching principles that underpin this policy and procedure and these are:

Transparency	Clear and pre-determined performance measures and interventions
Consistency	A uniform approach across different types of providers and locations
Proactivity	Thresholds for intervention that identify underperformance at an early stage so that it can be swiftly addressed
Proportionality	Intervention is related to risk and appropriate to the local circumstances
Focused On Recovery	Initial interventions focus on recovery and include action to address the root causes of issues
Developmental Approach	Recognition that mistakes happen and that everyone should have the chance to learn from them and to change in order to prevent reoccurrence.



## 4 Definition of Poor Performance

For the purposes of this policy, a provider is deemed to be performing poorly if:

The provider is not providing a good quality of service to the people using it and/or  
It is placing the health, well-being and safety of service users at risk.

Poor performance can be categorised under the following headings:

- Low risk
- Moderate risk
- High risk
- Extreme risk

There are no positive designations of performance beyond Performing as the focus of this policy is on unacceptable levels of performance.

A high level diagram of the Escalation Plan is at [appendix1](#)

### Indications of Poor Performance

Concerns about the performance of a service could arise through a number of activities; as a result of a single incident, or through concerns raised over a period of time. In all cases the aim of any intervention is to minimise risks to the safety, health and well-being of service users, and to work with contracted services to support immediate and rapid improvements.

The following sources of information could be indications of poor performance:

#### Information from CQC:

- Statutory requirements made on a service
- National Standards judged not be met
- Formal enforcement actions being taken

#### Information arising from investigations of complaints, concerns, and safeguarding referrals:

- Increase in volume
- Emerging patterns or trends in the nature of issues being raised
- Issues where outcomes have not been fully resolved or are inconclusive – for example: where people have retracted allegations; where there is a lack of evidence to substantiate or refute allegations
- Cases where service providers do not co-operate with investigations
- Outcomes where it is evident that there has been a risk to the safety, health and well-being of service user(s)

Information through Contract Management Teams monitoring incoming intelligence regarding a provider and building a provider profile and risk profile:

Incoming intelligence may be in a structured or unstructured format and may include the following

the return of monthly/quarterly/ six monthly/annual key performance indicators  
other monitoring returns required from the provider  
complaints received by LCC  
Professional Observation Checklist (for establishments) [appendix2](#)

General:

High staff turnover and/or frequent changes in management in line with market specific thresholds

Enforcement actions taken by any regulatory body

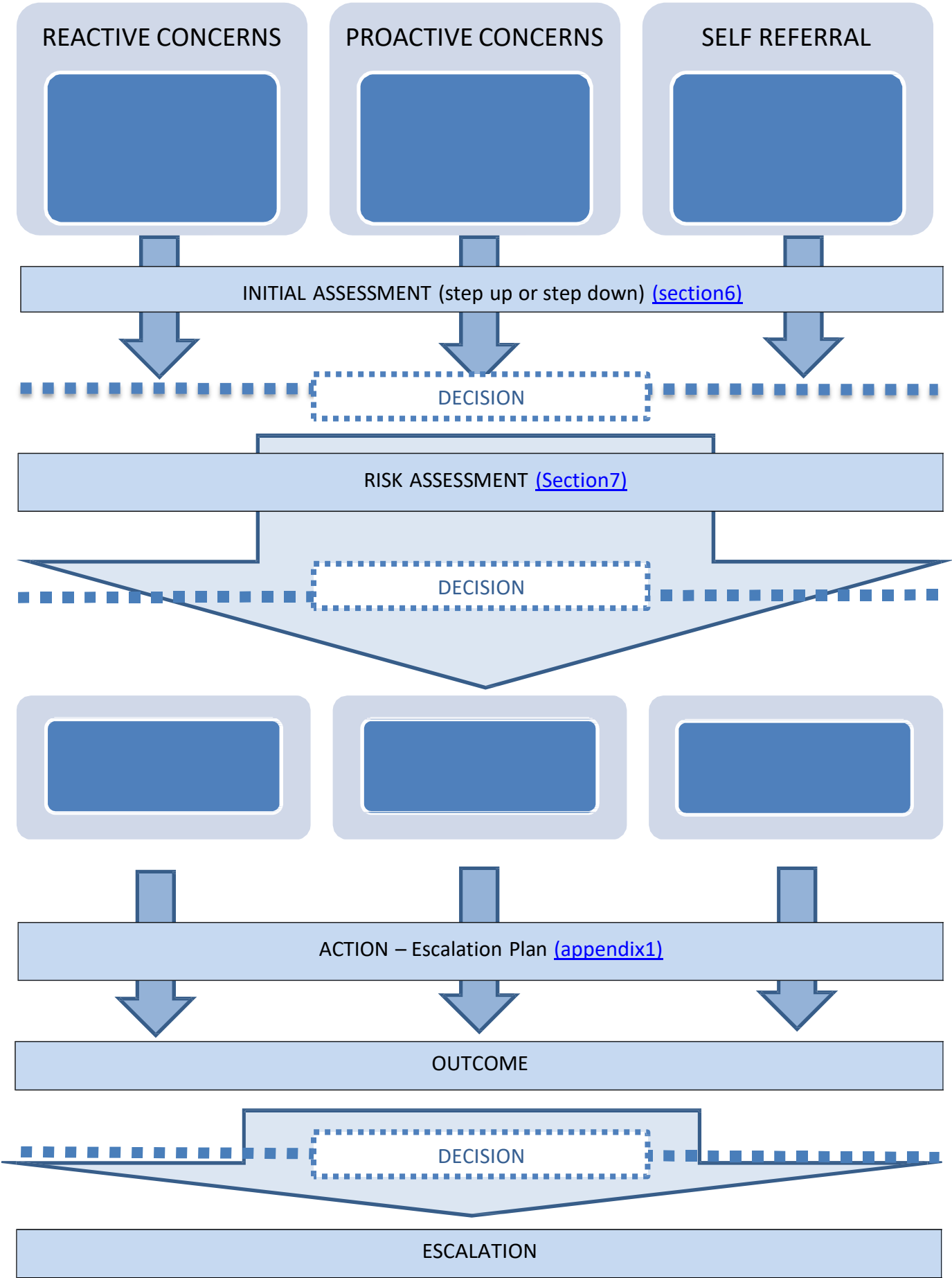
Loss of formal accreditation from a recognised body i.e.: Investors in People, RDB, ISO

Radical changes in service design, delivery or usage.

Contractual obligations not being met - service volume, contract standards or service specifications

Service outcomes differ from other similar local services

# 5 The Managing Service Provider Performance Process



## 6 Initial Assessment

The purpose of an initial assessment is to determine whether the concerns that have been reported warrant further action.

Initial assessment should be undertaken by a Contract Monitoring Officer or Contract Assurance Officer from the Contracts or Health and Residential Team and should be carried out to determine if there is evidence of poor performance exists and whether it requires action to be taken at a particular point, for example:

- a) As part of a scheduled contract review, or
- b) As part of Contract Performance Meetings, or
- c) In response to concerns being expressed, or
- d) At any other time the Contract Officer receives information that may indicate performance concerns.

All cases should be treated individually and objectively, and be based on all of the available evidence. There are four possible outcomes from an initial assessment exercise:

1. The extent of the poor performance is not sufficient to warrant implementing poor performance procedures.
2. The extent of the poor performance is not sufficient to warrant implementing poor performance procedures but the situation should be monitored through continued monitoring of monthly and quarterly provider returns and or Contracts Performance Management Meetings and or included in the next Contract Review meeting with the provider, depending on the Service Provider type and contractual requirements.
3. Should the Initial Assessment have been inconclusive further discussions with other Professionals will be undertaken as required, this could be through RADAR meetings.
4. Where the extent of the poor performance or quality is sufficient to warrant implementing poor performance and quality procedures. A template for Initial Assessment of Concerns can be found at [appendix3](#)

## 7 Risk Assessment

The purpose of the risk assessment is to determine the level of risk that service users are exposed to.

The policy sets out a holistic risk assessment tool ([appendix5](#)) to assess the risk of harm through poor care. Using the tool can assist in making decisions about any action required to address poor performance and in developing action plans to develop specific areas of poor performance.

Risk assessments focus on the impact on service users and the likelihood of the incident occurring again. The table at [appendix4](#) shows the ranges of impact and likelihood judgments that can be made using the risk assessment tool.

The tool may assist in making decisions about any action required to address poor standards of care. It should be used to assess the level of risk for a sample group of individual service users and whether any risk identified may affect other vulnerable service users within the same care setting.

## 8 Determining Action To Be Taken

The Contracts Team is responsible for communicating concerns about contracted services to partner agencies so that an appropriate course of action can be determined in each case. Decisions about actions to be taken will be made on a case-by-case risk assessment basis and will take account of any related actions already being taken through the LCC Complaints Procedures and/or Safeguarding Adults Procedures.

### ManagingServiceProviderperformance

Following the flow chart for [managingServiceProviderperformance](#) in section 5 the following may be required to reach a decision about what action needs to be taken and should be coordinated by the Contracts Team:

- a) Seek further information about the service from internal staff, eg: Social Care Managers
- b) Request service provider to investigate/respond to the issues and provide further information
- c) Request further information and views from other commissioning agencies about the service and the situation (CCG, NHS Commissioning Support Unit or other Local Authorities etc.)
- d) Seek advice and information from regulators e.g. Fire, Environmental Health, CQC, Police
- e) Undertake a monitoring or investigative visit to the service – this should be conducted by a Contract Officer
- f) Carry out unscheduled reviews of service users (Quality Improvement Team, Learning Disability & Autism worker or Mental Health Worker), seeking their views and those of their representatives

### Decisionmaking

The decision to take action will be made based on the [riskassessment](#) by the Contracts/Health and Residential Team. The options open to them at this stage include:

Monitor the situation via routine monitoring arrangements and review within specific timescale.  
Increase the frequency of monitoring activity and Contract Review Meetings. (Specific procedures will be maintained for enhanced monitoring.)  
Review the risk rating of the Contract  
Provide advice and information to the service to facilitate improvements.  
Arrange a Level 1 Quality and Performance Improvement Planning (Level 1 QPIP) meeting,  
a Level 2 Quality and Performance Improvement Planning (Level 2 QPIP) meeting or  
a Professionals meeting with involved agencies

LCC will develop and maintain specific procedures for the relevant Quality and Performance Improvement Meetings.

### Level1andLevel2QualityandPerformanceImprovementPlanning

Arranging a Level 1 or Level 2 QPIP is appropriate when more robust action is required to address more serious concerns with performance and maybe linked to the risk assessment score. The options open to a Level 1 and 2 QPIP include:

Request an Action Plan from the Service stating how they intend to address the issues and their timescales for implementation.  
Re-assessment of need of specific service user(s) - where issues relate to the suitability of the service for an individual(s)  
Request the removal of specific staff members from direct contact with service users – as per

Contract. Could be used in cases of suspected abuse, or misconduct. And report to professional body where appropriate.

Temporary suspension of commissioning new placements – pending investigation and/or improvements (Please refer to suspension policy)

Arrange alternative services for existing service users. See [Section 10](#) below for further information.

Cease commissioning new placements to facilitate a planned termination of the contract with the service provider.

Validation visit

Issuing a warning letter or Default Notice to the provider

Renegotiation of contract within the contract terms available

Termination of Contract

Decommissioning

Lancashire County Council will develop and maintain specific procedures for Service Provider Quality and Performance Improvement Meetings.

Actions taken will:

Be timely and proportionate to the perceived level of risk to the health, safety and well-being of service users. Generally, the higher the risks, the more immediate and substantial the response will need to be.

Reflect the seriousness of the issues, for example, concerns relating to the quality of care will be more serious than administrative problems such as late submission of routine monitoring information;

Consider the extent of the perceived risks – is the service as a whole at risk or do the issues relate to an individual?

Consider any recent changes that have taken place within the Provider business and how these have contributed;

Take into account the full range of monitoring information held about the service;

Provide opportunity for a full investigation into the issues raised before final conclusions are drawn and actions taken.

Consider if the terms of a Contract or Service Level Agreement have been breached;

Consider the relationship with the service provider and adopt a proportionate response – the response to a high quality provider with few examples of poor performance could be different to the response to a poor provider with an evidence-based history of poor performance;

Provide opportunity for the contracted service to respond to the issues raised and take their response into account;

Take into account the ongoing support needs and wishes of all of the people using the service.

The following table shows actions that may be appropriate at differing levels of risk.

Screening	Joint Risk Assessment Judgment	Possible corrective / remedial actions
Performing  (Level 1 QPIP's)	Low	Monitor the situation via routine monitoring arrangements and review within specific timescale.
		Increase the frequency of monitoring activity and Contract Review Meetings
		Review the risk rating of the Contract
		Provide advice and information to the Service to facilitate improvements.
Under-performing  (Level 2 QPIPs)	Moderate	Request an Improvement/Action Plan from the Service stating how they intend to address the issues and their timescales for implementation. See <a href="#">Section 9</a> below for further information on Improvement/Action Plans.
		Re-assessment of need of specific service user(s) - where issues relate to the suitability of the service for an individual(s)
	High	Request the removal of specific staff members from direct contact with service users – as per Contract. Could be used in cases of suspected abuse, or misconduct.
		If the Service is a Care Home, consider changing the fee band or quality incentive to reflect changes in circumstances, for example, loss of IIP Accreditation
Serious Concerns	Extreme	Suspension of commissioning new placements – pending investigation and/or improvements (Policy/Procedure for Suspension)
		Arrange alternative services for existing service users. See <a href="#">Section 10</a>
		Cease commissioning new placements to facilitate a planned termination of the contract with the service provider. See <a href="#">Section 10</a> below for further information.
		Validation visit
		Issuing a warning letter to the Service Provider
		Issue Default Notice to the Service Provider
		Renegotiation of Contract
		Termination of Contract
		Decommissioning

Process charts showing decisions and actions can be found at [Appendix 6](#).



## 9 Improvement/Action Plans

Improvement/Action Plans are used to support a developmental approach to managing poor performance, as opposed to a punitive one. A developmental approach recognises that mistakes happen and that everyone should have the chance to learn from them and to change in order to prevent reoccurrence.

When an Improvement/Action Plan is required, it should be developed and agreed in partnership with the Service. Where there is support being provided by CCG staff, any improvement/action plans in place to support improvement will be included in the Council's improvement/action plan and vice versa.

At this time, there may be a voluntary agreement to limit new placements (suspension) with the service until agreed changes have been implemented or shown to have effectively resolved the original problem(s). Improvement/Action Plans will be monitored and reviewed. Once the risk has been removed or returned to an appropriate limit or low level, return to standard contract monitoring.

An Improvement/Action Plan template be found at [Appendix7](#)

## 10 Termination of Contract

LCC's Legal Services should be involved where potential contract termination is being sought.

A developmental approach may not always achieve the required improvements and concerns about performance may continue. If satisfactory performance is not re-established, if problems escalate or if further concerns arise it may become necessary to consider termination of a contract.

Improvement/Action Plans will provide an audit trail demonstrating that reasonable time and support has been given to enable providers to improve performance and that this has not been achieved.

Where evidence demonstrates that the provider cannot provide services at expected standards and as a result may prejudice the health, safety or wellbeing of a service user; or where evidence demonstrates that the provider cannot comply with, and is in breach of the terms and conditions of their contract with LCC then and it will be necessary to consider termination of a contract. The terms of the Contracts set out the mechanisms for this.

The decision to terminate the contract must be taken by the Head of Service in consultation with Legal Services.

Should the CCG/CSU terminate their contract with the service provider, this does not lead to automatic termination by LCC, the specific Contract must be referred to and process for termination must have been followed.

Termination may create the need to arrange alternative services for existing service users, possibly at short notice. The disruption this creates must be balanced against the local authority duty of care to the people it supports.

LCC will develop and maintain specific procedures for the termination of a contract and the moving of service users, including those detailed within those agreements entered into between LCC and its Service Providers. There may be occasions where there is a joint approach across the Authority and Health. Refer to the LCC Managing Provider Failure Policy and/or NHSE [ManagingCareHomeClosures](#) and associated [management checklist](#)

## Appendix 1 Escalation Plan

Level 0 outside the scope of this procedure:  
individual safeguarding cases – managed through safeguarding procedures  
minor concerns - managed through action plan from provider, improvements confirmed via monitoring

Level 1 Quality and Performance Improvement Planning Meetings  
Important concerns uncovered, provider asked to attend meeting  
Chair summarises concerns  
Provider agrees to produce Level 1 Quality and Performance Improvement Plan covering urgent actions, within agreed timeframe.

### Outcome of Level 1 and Quality and Performance Improvement Plan

- Further meetings and feedback show good progress on all urgent actions and start on developmental actions
  - NofurtherActionrequiredunder procedure
- or
- Chairrequiresfurthermonitoringatlevel0

- Meetings show little progress on urgent actions
- or
- Provider called in again because of further concerns identified within 12 Months

### Level 2 Quality and Performance Improvement Planning Meetings

- Usually held as a result of failure to improve at Stage 1
- Might also be called because CQC has issued warning or compliance letter
- Might also be called because investigation of safeguarding issues uncovers very serious concerns
- Might also be called because of serious concerns made by whistle blower or partner agency  
(Service Provider Senior Manager to respond to request to call meeting within 48 hours)
- Provider asked to attend meeting, Chair summarises serious concerns
- Provider agrees to produce Level 2 Quality and Performance Improvement Plan which addresses urgent actions (submitted within 1 week, requires improvements within 2-4).

### Outcome of Level 2 Quality and Performance Improvement Plan

- Action Plan produced, fast progress made on all urgent actions
  - De-escalate concerns
- Either
- Endprocess or
  - Continuemonitoringoveragreed

- Action Plan and further meetings show little progress on urgent actions or
  - Provider back again because sustainable improvement not maintained and limited chance of improvement
- Either
- Provider decides to close, or
  - Escalate to Level 3

## Appendix 2 Care Home Provider - Professional Observation Checklist

Name of Care Home provider:	
Name and title of Observer	
Date of visit:	
Purpose of visit:	

Please complete this form after every visit and return to: [ContractMgmt.Care@lancashire.gov.uk](mailto:ContractMgmt.Care@lancashire.gov.uk)

Prompts	Yes	No	Not obs	Comments
<b>Environment</b>				
Did the home smell pleasant?				
Was the home tidy and in good order?				
Did the home/equipment appear to be clean?				
Did you see a good standard of food & drinks?				
<b>Resident(s) if seen</b>				
Did you see the resident you were reviewing?				
Was the resident(s) dressed appropriately and in clean clothing?				
Did the resident(s) appear well cared for e.g. hair combed, clean finger nails, positioned comfortably?				
<b>Resident's own room if seen</b>				
Was the identified equipment (from care plans) in place i.e. profile bed, mattress, sensors, call bell, hoist?				
Was the room 'clean' and tidy?				
<b>Staff</b>				
Did there appear to be enough staff on duty?				
Were the staff polite and courteous?				
Did the staff treat the residents with dignity and respect?				
Were the staff professional in their attitude and approach towards each other, residents and visitors?				
Did you see evidence of good infection control, health and safety, use of equipment?				
<b>Care plans/ Support plans</b>				
Were the care files up to date and Information to access?				
Do you have any medication concerns? <b>if appropriate</b>				
If 'No' to any questions did you inform the manager of the service?				
Did you agree any actions and if so 'what' and by 'when'?				
Any other comments;				

## Appendix 3 Initial Assessment Of Concerns

Criteria	Assessment	Score	
1	What is the nature of the concern?		
2	How many people does the concern affect?	All staff and service users	5
		A number of service users	4
		A single service user	3
		A number of staff	2
		A single staff member	1
3	How long has it been since the service was last inspected by CQC or regulator?	Never/ Don't know	5
		More than 2 years	4
		Within the last 2 years	3
		Within the last year	2
		Within the last few months	1
4	How long has it been since the service was last subject to a monitoring visit?	Never/ Don't know	5
		More than 2 years	4
		Within the last 2 years	3
		Within the last year	2
		Within the last few months	1
5	Have there been previous isolated incidents?	4 or more in the last 12 months	5
		No more than 3 in the last 6 months	4
		No more than 3 in the last 12 months	3
		None in the last 6 months	2
		None in the last 12 months	1
6	Is there a history of underperformance?	Judged to be underperforming in the last 6	5
		Judged to be underperforming at least twice in the last 12 months	4
		Not judged to be underperforming in the last year	3
		Not judged to be underperforming in the last 2 years	2
		No underperformance	1
7	Is there a history of serious concerns about the service provider?	Judged to be serious concerns in the last 6	5
		Judged to be serious concerns at least twice in the last 12 months	4
		Not judged to be serious concerns in the last year	3
		Not judged to be underperforming in the last 2 years	2
		No underperformance	1

8	Is there any known concern about the service provider?	Significant public or internal <sup>1</sup> concern	5
		Some public or internal concern	4
		A little public concern	3
		A little internal concern	2
		None	1

9	What would be the impact of doing nothing at this stage?	Possible death of or injury to a service user	5
		Threat to wellbeing of a group of service users or staff.	4
		Threat to wellbeing of single service user or	3
		Organisation reputational risk.	2
		Little or no impact.	1

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<sup>1</sup> An internal concern could be a whistle-blower from the Service Provider or self-referral by the Service Provider

## Appendix 4 Risk Assessment Tool

### Step 1

Using the risk grading tool below identify the impact of the care issues for the individual(s) and the likelihood of this

Impact on Service User	
Low	One-off issue, unlikely to have any long term affect on service user. No harm/injury or no intervention required/near miss
Minor	Any incident that required extra observation or minor treatment and caused harm to or caused by one or more Service Users or adjustments to the care has minimised the impact on the service user.
Moderate	Any Service User incident that resulted in a limited increase in support or treatment and which cause significant but not permanent harm to or by one or more service users.
High	Impact on the individual service user that requires urgent review of care and treatment or that appears to have resulted in permanent harm to or caused by one or more service users
Very High	Impact on the service user who requires immediate review of care and treatment or death

Likelihood of Reoccurrence	
Rare	One-off issue, unlikely to re-occur. Risk management and control measures in place
Unlikely	Low risk of re-occurrence, control measures in place.
Possible	Moderate risk of re-occurrence, limited risk management and control measures in place.
Likely	High risk of re-occurrence, risk management and controls measures do not mitigate risk to individual
Almost Certain	Very high risk of re-occurrence. No risk management or controls in place. Evidence of poor practice.



Using the risk grading tool below identify the impact of care issues on other services users and the likelihood of the potential impact

Impact on Other Service Users	
Low	Not expected to affect other service users
Minor	May have a small impact on other service users but where adjustments to their care could minimise the impact
Moderate	Small risk that care issues will have an impact on other service users and result in a limited increase in support or treatment or which could cause significant but not permanent harm
High	High risk that care issues will have an impact on other service users and could result in permanent harm
Very High	Very high risk that care issues will have an impact on other service users and could cause death

Likelihood of Potential Impact on other Service Users	
Rare	One-off issue, unlikely to re-occur. Risk management and control measures in place
Unlikely	Low risk of re-occurrence, control measures in place.
Possible	Moderate risk of re-occurrence, limited risk management and control measures in place.
Likely	High risk of re-occurrence, Risk management and controls measures do not mitigate risk to individual
Almost Certain	Very high risk of re-occurrence. No risk management or controls in place. Evidence of poor practice.

Once the impact for both Service User and other Service Users, and the likelihood of the reoccurrence and potential impact on other Service Users has been noted, use the following matrix to identify the level of risk.

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Low 1	Low 1	Low 2	Low 3	Moderate 4	Moderate 5
	Minor 2	Low 2	Moderate 4	Moderate 6	High Risk 8	High Risk 10
	Moderate 3	Low 3	Moderate 6	High Risk 9	High Risk 12	Extreme risk 15
	Major 4	Moderate 4	High Risk 8	High Risk 12	Extreme risk 16	Extreme risk 20
	Very High 5	Moderate 5	High Risk 10	Extreme Risk 15	Extreme risk 20	Extreme risk 25

	1-3	Low risk
	4-6	Moderate risk
	8-12	High risk
	15-25	Extreme risk

Use the Holistic Risk Assessment tool [appendix6](#) to plot the results.

## Step 2

Ensure any immediate action is taken to address any immediate high or extreme risks for the individual(s) service user(s).

## Step 3

Review and collate the sample group assessments from step 1. Identify below any mitigating factors that may reduce the levels of risk

Mitigating Factors that may reduce the risk (consider management, staffing, providers history of working with outside agencies, sustainability)	Comment

Continue on separate sheet if required

Please record any service user/care worker views on their care and treatment.

Step 4

Consider collated assessments and any mitigating factors. Assess overall level of risk and any remedial action required.

**ACTION PLAN**

Risk Level	Insert Tick	Action
Low		Continue with standard monitoring and review by Local Authority
Moderate		Service provider develops and implements action plan. Increased monitoring and support by Local Authority
High		Service provider develops and implements Improvement/ Action plan, which is to be agreed by LCC. Increased monitoring and support by LCC. Consider specific measures to manage service users safety in line with the Escalation plan (appendix 1) e.g. managing as institutional safeguarding adults referral; involving regulators; meeting with residents and families; alerting primary care; suspension of placements.
Extreme Risk		Service provider develops and implements action plan. Increased monitoring and support by LCC. Apply specific measures to manage Service User safety in line with the Escalation Plan procedure for unplanned or potential care home or agency closure e.g. in addition to action for "high risk"; planning for alternative care.

Form Completed by:	
Date, time and method of feedback to providers:	
Designation:	
Organisation:	
Telephone:	
E-mail Address:	
Date:	
Signature:	

## Appendix 5 Holistic Risk Assessment Tool<sup>2</sup>

	Domain	Suggested <sup>3</sup> Responsibilities for populating the Tool	A Care Issues Identified (if no issues identified leave blank)	B Impact on Service user	C Potential Likelihood of re-occurrence	D Overall Risk Grading for service user	E Impact on other Service Users	F Potential of Likelihood of re-occurrence for other Service Users	G Overall Risk Grading for Other Service Users
1.	Behaviour	QI or SES SW/SCSW							
2.	Cognition								
3.	Psychological and Emotional								
4.	Communication								
5.	Mobility	QI or SES SW/SCSO							
6.	Nutrition Food – Drink	Health							
7.	Continence	Health							
8.	Skin including Tissue Viability	Health							
9.	Breathing	Health							
10.	Drug therapies and medication including symptom control	Health							
11.	Altered states of consciousness	Health							
12.	Pre admission assessment process	Contracts							

<sup>2</sup> To be completed as appropriate depending on the type of residential home or community care service.

<sup>3</sup> Suggested responsibility may need to be adjusted depending on Service Provider type, whether residential home or community care service

	Domain	Suggested Responsibilities for populating the Tool	A Care Issues Identified (if no issues identified leave blank)	B Impact on Service user	C Potential Likelihood of re-occurrence	D Overall Risk Grading for service user	E Impact on other Service Users	F Potential of Likelihood of re-occurrence for other Service Users	G Overall Risk Grading for Other Service Users
13.	End of Life Care	Heath							
14.	Infection Prevention Control	IPC							
15.	Safeguarding	SES							
16.	Mental Capacity Act	Contracts, Safeguarding							
17.	Deprivation of Liberty Safeguards	Contracts, Safeguarding							
18.	Record Keeping	Contracts							
19.	Complaints Management	Contracts							
20.	Access and referral to primary care	Contract							
21.	Governance and Management	Contracts							
22.	Therapeutic Activities including Social Activity	Contracts							
23.	Staffing	Contracts							
24.	Staff Training	Contracts							
25.	Environment and Health and Safety	Contracts							
26.	Other								

## Appendix 6 Flow Charts

Chart 1 – Initial Assessment

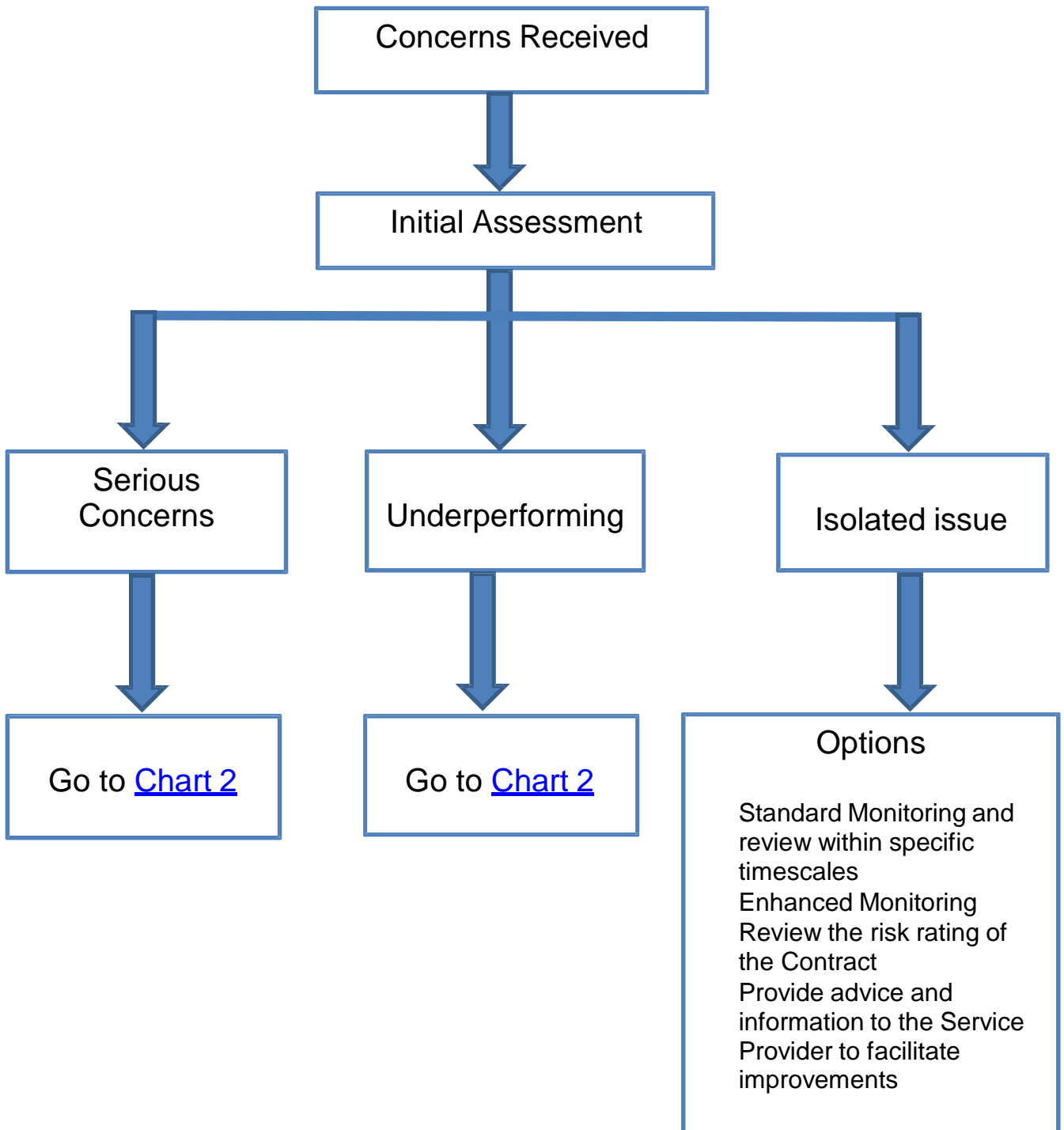


Chart 2 – Serious Concerns or Underperforming

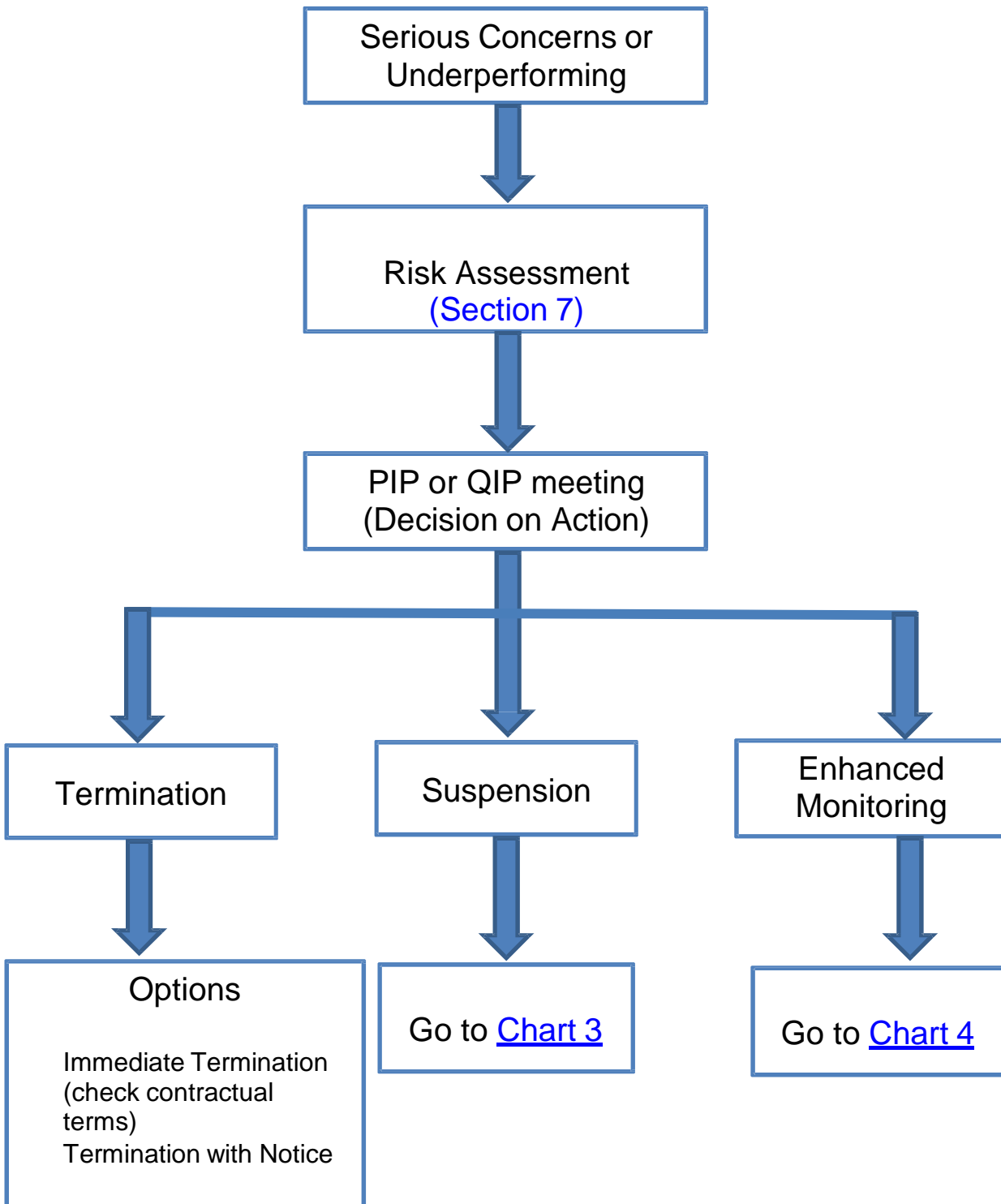




Chart 3 - Suspension

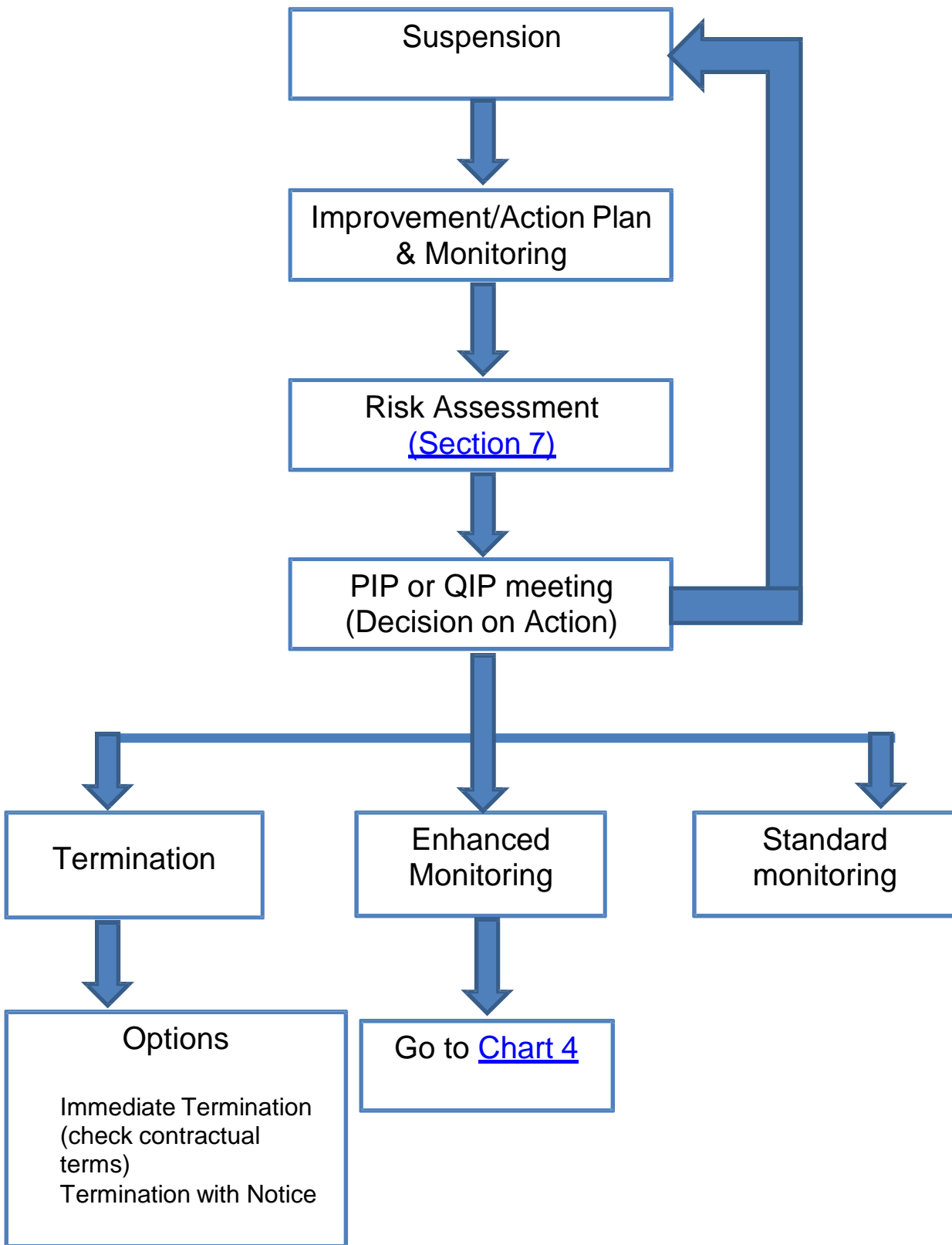


Chart 4 – Enhanced Monitoring

