



Brighton & Hove City Council

Health & Adult Social Care Suspension Policy & Process

**Policy & Process for : Suspending a Service, and Lifting a Suspension
in Residential, Nursing Care and Care packages with Supported Living
and Domiciliary Care Agencies due to concerns regarding quality of care**

December 2018

Brighton & Hove City Council's Health & Adult Social Care Directorate and the NHS Clinical Commissioning Group are committed to promoting high quality and safe care within the care and support market. Brighton & Hove City Council's (BHCC) Health & Adult Social Care (HASC) Directorate and NHS Clinical Commissioning Group (CCG) operates a process to share information around concerns regarding commissioned services for the purpose of safeguarding vulnerable adults and supporting quality improvement within the care market.

The purpose of this Policy and Process is to make sure the process for a suspension of services is open and transparent for the provider, those using the service to be suspended and partner agencies.

The Local Authority is responsible for leading any safeguarding enquiries required, in line with the Sussex Safeguarding Adults Policy and Procedures.

<http://sussexsafeguardingadults.procedures.org.uk/>

Definition of a Suspension

Where the Commissioners, in consultation with other stakeholder and agencies where appropriate, have established serious concerns relating to the quality of service delivery, the Commissioners have a duty of care not to commission any new care services from that provider until satisfactory resolution of the concerns is obtained.

Suspending Placements in Social Care Services

1. The decision to suspend new placements in any service will always have the safety and welfare of people who use services at its heart and this will be paramount in all decision making;
2. The decision to suspend is delegated to the Head of Commissioning (Health & Adult Social Care). In their absence the Director of Adult Social Services will take the decision;
3. The decision making on this matter will be undertaken in line with this Policy across all services including BHCC (in house) provision and block contracts;
4. The decision to suspend placements will be made on a case by case basis and will always be a matter of judgement;
5. The following are some of the factors that will influence decision making (always acknowledging point 1 above):
 - a. The outcome of Care Quality Commission (CQC) Compliance Reviews in services that are regulated. Particular weight will be given to circumstances where the CQC have identified a service with a rating of overall 'Inadequate' or 3 consecutive overall ratings of 'Requires Improvement' or more major concerns as part of their compliance monitoring and which have a direct impact on the safety and wellbeing of service users;
 - b. A Safeguarding Professionals meeting identifies suspension as an important element of a protection plan;

- c. The Service Improvement Panel (SIP) rates a provider to be poor in relation to clinical care and overall safety following extensive quality monitoring auditing and support;
 - d. The cumulative weight of evidence that is gathered over time through the Care Governance Process linked to the severity and pattern and trend of concerns;
 - e. The level of confidence in the service provider to deliver timely and sustained improvements;
 - f. Serious concerns about the financial viability of the service provider such that further placements may place potential residents or those receiving a package of care in the community at serious risk of uncertainty and change in the provision of care.
6. Where appropriate the suspension of placements may be limited in its scope to some certain types of placement;
 7. Evidence regarding poor quality in care will be communicated with service providers at all times as early and as fully as possible. This should support providers taking early action in relation to concerns and avert the level of concern escalating to the point where new placements are suspended. Where the intention is to suspend from making new placements the evidence behind this will be shared as fully as possible with providers. However there may be occasions, particularly in relation to complex safeguarding enquiries where the Council cannot share all the information it has to hand at the point of suspension;
 8. The decision to suspend from making new placements will be formally communicated to providers in writing;
 9. Service providers will be requested to produce an improvement plan which will be approved by, and monitored by the lead Commissioner and Quality Monitoring Teams; and through the Care Governance Framework. The suspension will be lifted once sustainable improvements are evidenced such that the quality of care and safety of residents can be assured. The care and safety of existing service users will be a key focus in relation to improvement planning;
 10. Where service providers are having difficulties in sustaining service quality this should be communicated by the service provider to service users and their families alongside plans for improvement;
 11. The Council recognises the impact on providers when new placements are suspended particularly if this becomes prolonged. The Council will complete any outstanding investigations and monitor improvement plans in a timely manner. The Council will seek to support providers in developing improvement plans, linking them into training and quality assurance opportunities and highlight best practice examples where possible;
 12. The decision to suspend new placements and the lifting of this decision will be communicated to:
 - a. HASC Assistant Director/s (Assessment) so they can consider action in relation to those people currently using the service;
 - b. The Head of Delivery (Provider) if this involves an in house service;
 - c. Relevant Commissioners, including Clinical Commissioning Group if relevant, so they are aware of the issues and this intelligence informs their commissioning plans;
 - d. The Care Matching Team;

- e. The Care Quality Commission in the context of the protocol on information sharing between Councils and the CQC;
- f. Other Local Authorities who are using the service;
- g. The Director of Adult Social Services and the Lead Member for Health and Adult Social Care

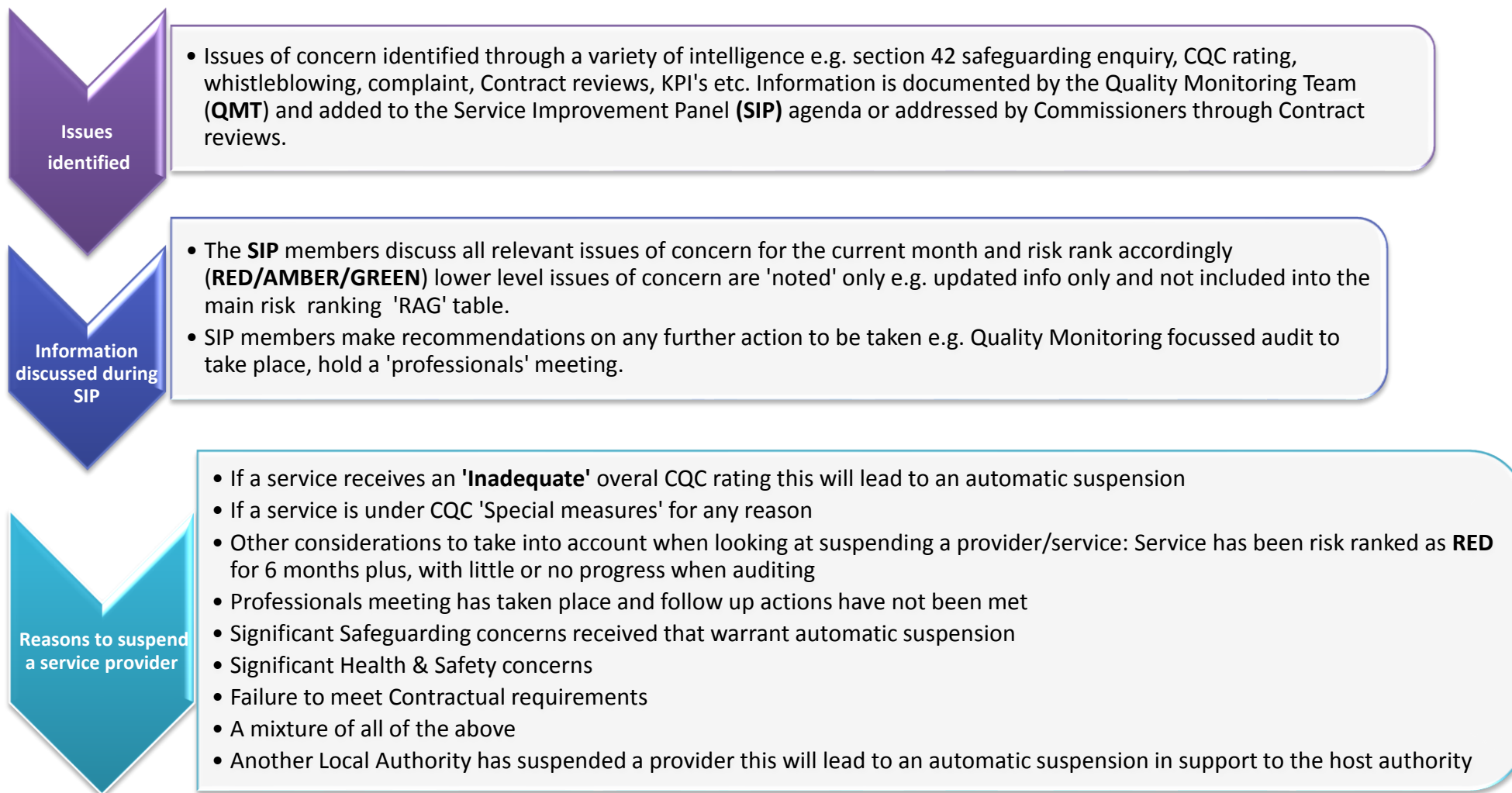
Lifting of Suspensions

While a suspension is in place the situation will be reviewed on a regular basis at the monthly Service Improvement Panel. If at any point during the review process it is considered that the Provider has made significant improvements and this can be evidenced against the Service Improvement Action Plan, then the Head of Commissioning may decide to lift the Suspension with immediate effect.

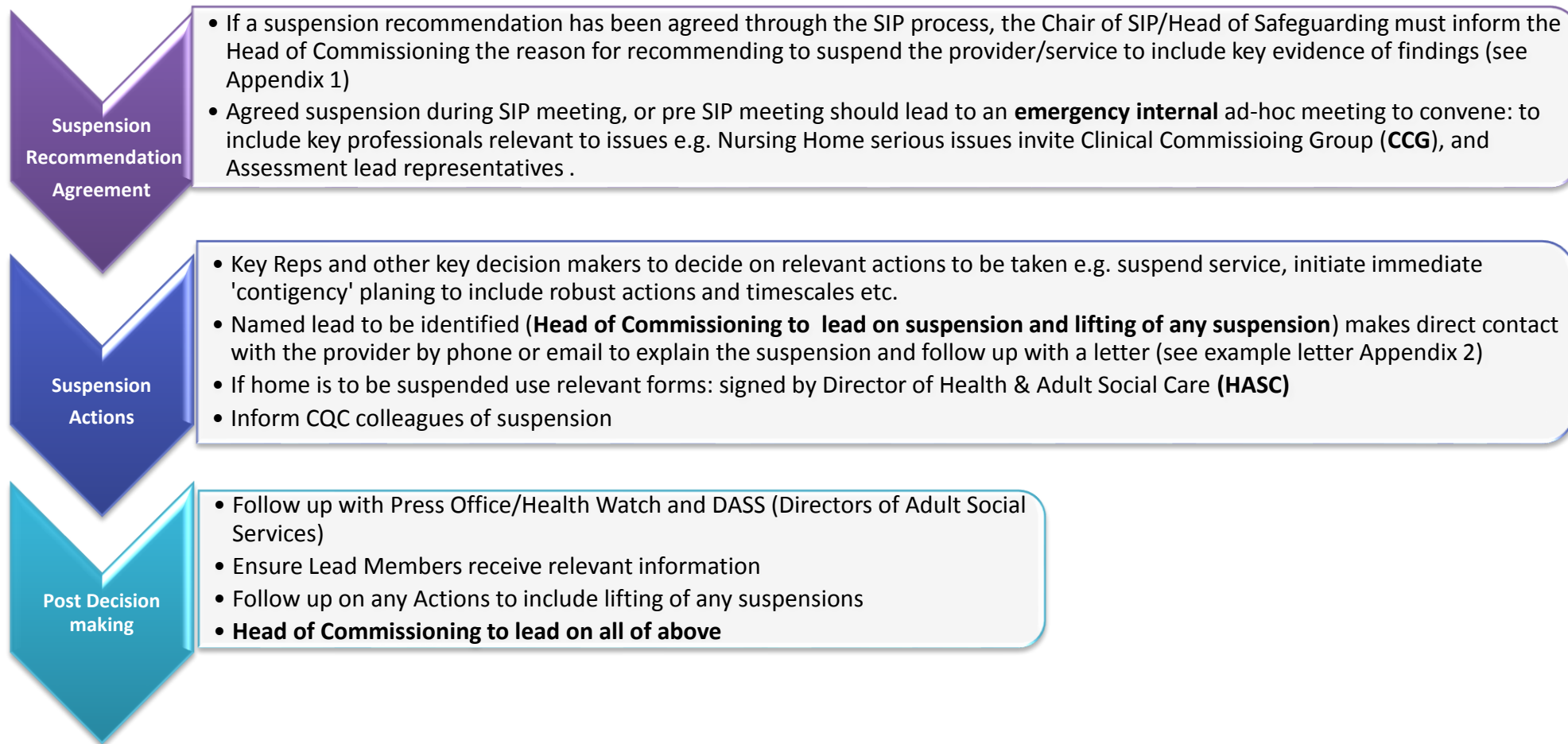
Monitoring of the service following the lifting of a suspension will continue through the Service Improvement Panel until the Panel is in agreement this is no longer required.

Relevant information and any decision taken to lift a suspension will be shared with all relevant parties.

Suspension Process : Supporting evidence when decision making to suspend a service. Soft intelligence can be gathered in a variety of ways as described in the diagram below: *(please note this is not an exhaustive list)*



Suspension Process: *The below diagram explains what happens once a suspension has been agreed*



Support during a Suspension: Whilst a service is suspended the Quality Monitoring Team (QMT) will work with the provider (to include CCG colleagues as required) to provide appropriate support to the provider, this may include regular 'focussed' visits to check against progress on the

actions agreed during professionals meetings. The QMT/CCG may also involve other colleagues to support the home e.g. Dementia In-Reach Team, Speech and Language Team (SALT) etc.

The QMT will feedback regularly to Commissioners and the CQC of progress.

Lifting of a Suspension: *Process to follow resulting in the lifting of a suspension or other short/long term emergency intervention led by Head of Commissioning (Please note: this is not an exhaustive list when considering lifting a suspension)*

Decision making

- CQC overall rating has improved e.g. from 'Inadequate' to 'Requires Improvement'
- Positive feedback and recommendations following SIP meeting taking place
- Significant improvements made e.g. action plans followed and new robust systems in place
- Robust action plans in place re any significant safeguarding, Health & Safety etc. and significantly reduced risks to safety

Lifting a Suspension

- Consider immediate full lifting of a suspension, or a phased approach e.g. if a care home has current voids only allow/agree one new placement per week
- Possible follow up Quality Monitoring assurance audits over a set period of time e.g. three months and six months to focus on progress
- **Head of Commissioning** to inform the provider in writing of any formal process to follow (using the template letter Appendix 2)

Post Lifting of a Suspension

- Ensure Lead Members receive relevant information
- Update relevant documents e.g. SIP and diary sheet etc.
- Update CQC and other relevant stakeholders

Appendix 1 – Decision making to Suspend/Lift a Suspension

Health & Adult Social Care

Risk Analysis To Support Suspension Decision Making

Provider Information:			
Provider Name/Parent Company:		Provision Type and Capacity	
Name of Registered Manager/Deputy:		No. of existing BHCC placements	
Responsible Person/Director:		Current Vacancies	
Provider Address:			
Form completed by:		Date of completion:	

Existing QM Intelligence:	
Last QM Visit	
QM Officer	
CCG Feedback (impact of suspension on sourcing)	
Other Feedback (lead Ops, Safeguarding, SPFT etc.)	
CQC Feedback: an overall 'Inadequate' CQC rating leads to an automatic suspension	

Background to this suspension consideration:

Risk Analysis:

How has the provider acknowledged and responded to concerns?

Is there an action plan, and if so has any progress been made?

Has the provider demonstrated a commitment to working in partnership with BHCC/ CCG etc.?

Describe how a suspension may contribute to or enhance people's safety?

If suspension is not to go ahead describe any alternative measures that can be put into place?

Suspension Outcome:

Recommendation:

Suspend

Do Not Suspend

Review date (if applicable)

Head of Commissioning:

Signed

Dated

Appendix 2 ; Example letters that could be sent to providers to suspend/lift a suspension

Example: Suspension Letter: To include Headed Paper

Name of Responsible Individual

xxxxx

Address of Provider

xxxxxxx

xxxxxxx

xxxxxxx

Post Code

xxxxx

Date (**day/month/year**)

Dear **xxxxx**,

Re: Add Name of provider/ type of service provided/ contract number if applicable/ reason (e.g. Suspension of Home Care provision) and date

I am writing to you following (**meeting held, recent CQC overall rating, telephone conversation etc.**)

Brighton and Hove City Council will be refraining from making new placements with **xxxxxx** through the **xxxxxx** Contract no **xxxx** until further notice.

This is because **add reason briefly here**

Regarding this matter I would be very grateful if you would provide **xxxxx (add contact name and details)** with (**add any details required e.g. number of residents**) and such as those funded by other local authorities or residents paying for their own placement.

Though timescales cannot be given with regard to how long it will be before Brighton and Hove City Council referrals are resumed, we will be in communication with you regarding how things progress.

Yours sincerely,

Head of Commissioning & Performance (Health and Adult Social Care)

Example: Lifting a Suspension Letter: To include Headed Paper

Name of Responsible Individual
xxxxxx

Address of Provider
xxxxxxx
xxxxxxx
xxxxxxx

Post Code
xxxxxx

Date (day/month/year)

Dear xxxxxx,

Re: Add Name of provider/ type of service provided/ contract number if applicable/ reason (e.g. Suspension of Home Care provision) and date

Following suspending xxxxxx, on (add date) I am pleased to hear that (add context e.g. you are no longer rated by CQC as overall 'Inadequate' significant progress has been made against actions required etc.)

I have reviewed the information you have shared and at this stage and I am pleased to inform you that the current suspension will be lifted on (add date).

If needed you could add a caveat e.g. requirements still to be achieved are set out below: This could include a phased approach to lift the suspension

Yours sincerely,

Head of Commissioning & Performance (Health and Adult Social Care)