

Care Home Tactical Group
01/03/21

Dumfries & Galloway **Partnership/Provider Improvement Plan – Process & Guidance Note**

This process and guidance note is to support use of the Health and Social Care Partnership (Partnership)/Provider Improvement Plan Template. The plan template has been added as Appendix 1 and an exemplar plan also added as Appendix 2, both can be found at the end of this document. Copy of the blank plan template also circulated alongside this document for ease of use, however, if you require this to be resent at any time please email: dg.carehometacticalteam@nhs.scot

Context and Purpose:

From the 17th of May 2020, the Scottish Government required all NHS Boards and Local Authorities / Health & Social Care Partnerships to establish enhanced professional clinical and care oversight arrangements for Care Homes as result of the COVID pandemic (Coronavirus (Scotland) Act 2020 and Coronavirus (Scotland) (No.2) Act 2020).

<https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/>

[Coronavirus \(Scotland\) \(No.2\) Act 2020 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2020/11/section/1)

In Dumfries & Galloway, the Health & Social Care Partnership this resulted in implementation of a Care Home Oversight Group (CHOG), development of the Care Home Tactical Group and lead to appointment of Care Home Tactical Leads for nursing and social work. The purposed of this Governance Framework is to acquire the new accountabilities, responsibilities and support functions required in respect of local care homes as determined by Scottish Government.

Whilst there are currently no specific legal or contractual requirements developing and implementing this Improvement Planning process, the Health and Social Care Partnership would like to implement a shared template that is intended to provide a consistent process, structure and to support the continued collaboration and partnership working in the care homes improvement planning journeys. The Care Home Tactical Team, and Oversight Group, would have oversight of the plan in terms of the 'assurance' responsibilities detailed above and in order to ensure a collaborative and supportive approach from the Partnership in achieving and sustaining identified improvements.

There are a number of reasons why an Improvement Plan may be required or a helpful consideration:

- For in-house improvement planning as result of self-evaluation processes (which can include findings from Care Inspectorate Inspections). **Care Homes have responsibility for their own continuous development and may wish to use this template to support this work.**
- External professional bodies (Care Inspectorate, Social Work / Health & Social Care Partnership Locality Team, and/or Care Home Tactical Team) identifying improvements are necessary as result of assessment or

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inspection findings. **Within these situations the Partnership would expect completion of Improvement Plan and Improvement Planning Meeting(s) will be arranged by the Health & Social Care Partnership to support this:**

- Care Inspectorate Inspections in circumstances whereby gradings are 2 – weak or 1 – unsatisfactory (until satisfactory improvements are evidenced and gradings increased to at least 3 – adequate or above; important to note gradings of 3 – adequate require ongoing improvement and should be addressed by the Care Home within their own Improvement Plan and process).
- Large Scale Investigations (due to concerns regarding institutional harm under auspices of Adult Support & Protection (Adult Support & Protection (Scotland) Act 2007).
- Care Home Tactical Team Assurance Visits whereby Improvement Plan is an identified recommendation.
- Serious Complaint

Process:

It is acknowledged that care homes will have their own internal processes for improvement planning, recording, governance and reporting. However, this document seeks to clarify a process in circumstances whereby Improvement Plans are deemed to be a necessary collaborative approach with the Partnership, as outlined above.

Partnership Lead Roles & Responsibilities:

A Partnership Lead will be identified as the care homes main point of contact during this process and will be responsible for:

- Coordination and chairing of improvement planning meetings
- Identifying appropriate representatives to be involved in meetings
- Ensuring the plan is shared as appropriate in terms of the agreed governance and reporting structure (detailed below)

Improvement Planning Meetings:

Participants:

Identified persons to be involved in the improvement plan this must include:

- Care Home Manager
- Care Home Director / Owner
- Partnership Lead (identified from Health & Social Care Partnership Locality Teams)
- Care Home Tactical Lead

Consideration of additional participants dependant on reason for the improvement plan:

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- Other senior members of the care home team (i.e. quality improvement officers, regional managers etc.)
- Care Inspectorate
- Scottish Care
- Health Protection Team
- Infection Prevention Control Representative
- Clinical Educator
- Community Nursing
- Allied Health Professionals
- Social Work
- Commissioning
- Police Scotland
- Any other representation as deemed appropriate, by any party, in terms of professional input / expertise (for example, Care Homes can invite their own professional representation)

Completion of the Plan

Responsible lead for creating, maintaining and updating of the plan will be agreed at the Improvement Planning Meeting – in the main this will be the care home however in some situations it may be deemed more appropriate for another member of the Improvement Planning Group to take responsibility for this (for example during Large Scale Investigations; still working in collaboration with the care home).

Frequency of Reviews

At the initial meeting, a review date will be agreed by the group to collectively review and update the plan. At subsequent meetings, dependent on the immediacy of the identified issues and level of improvement still required, review dates will be set at appropriate frequency to monitor progress of the plan within the agreed timeframes. Reviews will need to take into consideration any other timescales such as follow up Care Inspectorate Inspections, Assurance Visit plans and/or Contract Monitoring. If there are differing views regarding frequency of meetings, this decision will sit with identified the Partnership Lead.

Conclusion of the Health & Social Care Partnership Lead Role:

Improvement planning is a continuous process. The Professional Lead will be mindful of the appropriate stage at which to end the formal Partnership & Provider Improvement Planning Meetings, handing back to the Care Home to continue to lead on, sustain and review improvements. This should be considered as a group and take into consideration wider impacting factors such as satisfactory improvements being made in terms of Care Inspectorate requirements or identified actions via Large Scale Investigations. Agreement should also be sought from the Care Home Oversight Group (CHOG), who will have been kept informed and updated throughout the process.

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Governance, Reporting & Quality Assurance:

The Improvement Plan template is completed by the agreed representative. This should be shared with the Improvement Planning Group to confirm this accurately reflects the identified areas for improvement and agreed actions from the Improvement Planning Meeting. Any necessary amendments / comments should be fed back to the person who completed the plan, as well as the Partnership Lead for oversight.

The Partnership Lead and Care Home Tactical Lead/s must ensure quality assurance of the plan prior to wider distribution to relevant groups.

Finalised version of the plan following each Improvement Planning Meeting must be shared by the Partnership Lead to:

- The Improvement Planning Group
- Care Home Oversight Group (CHOG)
- Commissioning
- Care Inspectorate
- Where appropriate any other relevant professional lead / body (e.g. Social Work or Police if appropriate in terms of Large Scale Investigations)

If there is a difference of opinion, in that the Care Home or Partnership Lead / Care Home Tactical lead are in agreement with the plan or satisfied with the outcomes, this should initially be escalated to CHOG, and subsequently to the Care Inspectorate where necessary as confirmed via CHOG. Prior to any escalation, efforts should always be made as an Improvement Planning Team to understand reason/s for disagreement and engage in good conversations in attempt find a reasonable resolution.

Guidance:

The below information is step-by-step guidance on how to complete the Improvement Plan Template.

Header – Date of Plan & Completed by:

In the heading of the document, there is 'Date of Plan' and 'Completed By'. It is important both are completed. As the Improvement Plan will be a working document, dating the plan ensures the current version is being referred to and supports tracking of progress. It is also helpful to be aware the agreed responsible lead for updating the plan documentation by noting who has completed this.

Name of Partnership Lead

This is the name of the agreed Partnership Lead and chair of the Improvement Planning Meetings.

Name of Registered Manager (and Day-to-Day Manager if different)

This is the name of the care home manager.

Name of Service

This is the name of the care home.

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Type of Service

The type of the service, i.e. Residential Care Home for Older Adults, Residential Care Home for Adults or Respite Facility.

Date of Commencement

Date the plan was initiated.

Date for Review

Agreed date for next review.

Themes

The improvement actions should fit into one of the 6 themed areas:

1. Supporting People's Well-Being
2. Leadership & Management
3. Staff Team (Education, Training etc.)
4. Environment
5. Care Planning
6. Infection Prevention, Control & Safety

It is not necessary to have actions in all themes of the plan, only complete those which are relevant.

In situations where improvement actions pertain to more than one of the themed areas, detail this within the most relevant section and reference this within other sections of the plan where relevant.

Context

This is space to record the reason for the improvements required / the method in which these were identified. For example, this may be via self-evaluation or could be as result of external professional bodies such as Care Inspectorate Inspections, Contract Monitoring Visits / Findings, Assurance Visits, Complaints Process, Large Scale Investigations.

Actions

A separate row should be used for each action, to support clear recording of responsible person/s, timescale, progress and RAG status. Rows can be added or removed dependant on the number of actions identified. The actions each have an action number for ease of reference in discussions and minutes. The actions should include detail of the desired outcome/s. The outcome is 'what we strive to achieve' and the actions are 'how we are going to do it' and so, it can be helpful to breakdown the actions in this way to remain focussed on the intended purpose and aim.

It is important that actions include measurements to track progress, so 'how much?' and 'by when?'. An example of this might be an identified training need of the staff team. If there is a specific training exercise to be completed, then you may within the plan note the % of those who have completed or those who have still to complete in comparison to the target % (i.e. 45% of staff have completed Infection Prevention & Control E-Learning module and the remaining 55% are to complete this within the next 2 weeks to achieve 100% compliance).

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Responsible Person/s

Who are the person/s responsible for undertaking the identified action or ensuring this is completed.

Timescale for Completion

The anticipated / aim for when the action should be completed. This should be realistic, and actions prioritised accordingly in terms of timescales. The timescale is used as a measure at future meetings around progress and therefore use of 'ongoing' should be avoided as this is not measurable nor does it allow for completion of the necessary improvement to be confirmed. Some timescales will already be set timescales as stipulated by other professional bodies, such as the Care Inspectorate.

Progress Comments

This provides an opportunity to add brief and relevant comments regarding the progress of the action and context around this. For example, noting any identified barriers or issues which may be causing delay.

RAG Status

RAG stands for Red – Amber – Green. This is used to demonstrate whether actions are outstanding, in progress, on target or completed.

- Red – Outstanding and not on target for completion date.
- Amber – In progress and on target for completion date.
- Green – Completed.

Other points to note:

Abbreviations can cause confusion and be misinterpreted if not clearly outlined prior to their use. Abbreviations should be avoided, however where they are in use the first time the word that is used should be written in full with the abbreviation to be used going forward noted in brackets immediately after this. For example, Infection Prevention & Control (IPC).

Useful links / references:

Care Inspectorate Guide to Self-Evaluation:

https://www.careinspectorate.com/images/documents/5866/Self_evaluation_for_improvement_-_your_guide.pdf

Care Inspectorate Quality Framework for Care Homes for Adults

<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

Care Inspectorate Quality Framework for Care Homes for Older People

<https://www.careinspectorate.com/images/documents/5855/Quality%20framework%20for%20care%20homes%20for%20older%20people%202020.pdf>

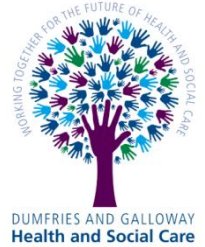
Care Inspectorate Self-Evaluation Tool & Guidance for Key Question 7 (COVID-19)
Older People & Adult Services

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https://www.careinspectorate.com/images/documents/5916/Self-eval%20tool%20&%20guide%20Q7%20COVID-19.pdf?utm_medium=email&utm_source=govdelivery

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Appendix 1 – Partnership/Provider Improvement Plan



Date of plan: 10/10/20
Completed by: Home Manager's Name

Partnership/Provider Improvement Plan

Name of Partnership Lead:

Name of Registered Manager (& Day-To-Day Manager if different):

Name of Service:

Type of Service:

Date of Commencement:

Date for Review:

Theme 1: Supporting People's Well-being					
Context (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status
1.1					
1.2					
1.3					
	Please add additional rows as required for each section				
Theme 2: Leadership and Management					
Context (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status

Date of plan: 10/10/20

Completed by: Home Manager's Name

				requirements)	
2.1					
2.2					
2.3					
Theme 3: Staff Team (Education, Training, etc)					
Context (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status
3.1					
3.2					
3.3					
Theme 4: Environment					
Context (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status
4.1					
4.2					
4.3					
Theme 5: Care Planning & Support					
Context (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status

Date of plan: 10/10/20
 Completed by: Home Manager's Name

				<i>requirements)</i>	
5.1					
5.2					
5.3					
Theme 6: Infection Control and Safety					
Context (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions <i>(including detail of the desired outcome/s)</i>	Responsible Person/s	Timescale for Completion	Progress Comments <i>(including ability to meet any identified requirements)</i>	RAG Status
6.1					
6.2					
6.3					

EXEMPT