

Quality Assurance Framework – Commissioned Services

March 2025

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Version	Date	Comments
1.0	October 2024	Process first documented.
1.1	November 2024	Workshops held with providers & VCS.
1.2	December 2024	First Draft circulated.
1.3	January 2025	Roundtable held to discuss feedback and make changes.
1.4	March 2025	Process updated to reflect final QAF version.

1. Purpose and Scope

1.1 Purpose

The quality assurance framework (QAF) sets out how Swindon Borough Council will support and monitor the services commissioned by Adult Social Care. This framework outlines how we will meet our statutory duty under the Care Act 2014 to monitor the quality of all Adult Social Care services in Swindon, including services that are regulated and non-regulated and those that we commission. The services we commission are both regulated and non-regulated, and this framework is tailored to monitor quality across all service areas.

This framework serves as a guiding document for commissioners, service providers, and stakeholders, outlining the components necessary for effective quality assurance in Adult Social Care. It emphasises the importance of delivering good outcomes for the people we support, safeguarding adults, promoting their well-being and ensuring that services are responsive to their individual needs in line with our [Adult Social Care Strategy](#). The quality assurance framework reflects the wider missions and values set out by Swindon Borough Council, ensuring we create a better and fairer Swindon, where inequalities are reduced, and residents feel safe. Through robust monitoring and evaluation processes, we can ensure that commissioned services comply with regulatory requirements and deliver good outcomes for the people they support.

1.2 Scope

The quality assurance framework has been developed to use with all of our Adult social care commissioned services:

- Supported Housing
- Residential and Nursing placements
- Voluntary and Community sector (VCS)
- Homecare services
- Extra care services
- Day services

- Respite
- Supported Living
- Shared lives services
- Reablement services

2. Our approach to developing the QAF

When developing our framework, we gained valuable insights from people with lived experience, service providers and VCS organisations and internal Swindon Borough Council colleagues, to develop a holistic picture of good quality services. We facilitated several focus groups as well as conducting online surveys to co-design this QAF. This process enabled us to identify key indicators of good quality that are important to people with lived experience and, the ways in which good quality can be evidenced.

During focus groups, it became clear that there is no 'one size fits all' approach to evidencing good quality, compliance and performance across the breadth of services and support we commission. In response to this feedback, this framework welcomes any relevant evidence which demonstrates good quality, compliance, and performance. This enables providers to use evidence that is most applicable to their type of service and support to give an overall picture of their quality and provides opportunities for evidence of wider social value to be included.

Although there isn't a 'one size fits all' approach, quality is primarily about delivering good outcomes for people, and there was widespread support for using the insights and experiences of people to evidence whether a provider is enabling people to achieve good outcomes. This framework therefore sets out an expectation that all providers will collect feedback from the people they support to inform their overall rating. For consistency, we are strongly encouraging providers to utilise our Swindonised 'I statements' which were informed by the [Think Local Act Personal](#) Making it Real 'I' & 'We' statements and CQC 'I' & 'We' Statements, and refined by Swindon experts by experiences.

The full range of Swindonised 'I statements' which link to the priorities of our Adult Services Strategy and Commissioning Strategy are listed in the appendix. Providers will be encouraged to provide evidence against any of the statements relevant to their services, we also have a core set of 5 statements, identified as the most important by people we support, which all providers should be able to demonstrate evidence against.

Core set of 'I' Statements:

1. **Respect:** "I am treated with respect and dignity."
2. **Accessibility:** "I know who to contact and how to contact them, and I can get advice and support when I need it."
3. **Personalisation:** "I am asked about how I want to be supported and what I want to be supported with. My views are listened to."
4. **Connected:** "I can meet people who like the same things as me and I can join in groups and activities."
5. **Empowerment:** "I have opportunities to learn, volunteer and work and I can do things that I like doing and am good at."

3. Our Guiding Principles

We have introduced three guiding principles for assessing quality; working together, inclusivity and an evidence-based approach. This will ensure that people are at the forefront of assessing the quality of a service.

Working Together

Our [Working Together plan](#) outlines our commitment to ensuring people with lived experience are able to have their voice heard. The Working Together principles have been used throughout the development of the Quality Assurance Framework and it is a priority to ensure we continue to use these principles in the implementation, and delivery of the quality assurance framework. All assessments of quality must be informed by the views of people.

Inclusivity

Swindon is a vibrant town and boasts a diverse population. We are committed to making Swindon a place of opportunity for everyone. As detailed in our [Equality, Diversity and Inclusion policy](#), we will ensure that those using and working within our services are treated with fairness, dignity and respect, irrespective of any of the following protected characteristics: age, race, gender reassignment, disability, religion or belief, marriage and civil partnership, sex, sexual orientation, pregnancy or maternity. It is therefore a guiding principle, that when assessing the quality of a service we check that the evidence is representative of the views of the diverse people which it supports.

Evidence based

We will assess the quality of services through data (qualitative and quantitative) and evidence. By collecting and evaluating relevant data, we aim to gain a broad understanding of the impacts and outcomes of our commissioned services. This will enable us to determine the overall quality robustly and fairly.

4. How the QAF will be used

This QAF will be used by our Provider Oversight team to inform the collection and review of evidence and the allocation of an overall quality rating for each service. Our provider oversight team include our quality officers, contract managers and contract and commissioning support officers. Whilst providers submit evidence at regular frequencies as part of their contracts, there are two main events which would trigger a review of evidence and the allocation of a rating under this QAF:

- a) **To inform a regular contract management meeting.** Our Adults Commissioning Strategy sets out our intention for all providers to be contract monitored at a frequency proportionate to risk, impact and value of the contract.
- b) **To inform ad hoc quality visits and assessments.** Our Provider Oversight team maintain a risk quality matrix (see appendix for a copy of the matrix), this highlights where there may be areas of concern with a service that require a deeper dive on quality.

This quality framework will be used to assess Quality in three parts:

1. Quality.
2. Performance.

3. Compliance.

These three elements are defined in the next section of this document.

A provider will be given one overall rating of either Green, Amber or Red, following the submission and review of relevant documentation relating to quality, compliance, and performance from the provider and any insights from people we support, partners, CQC and practitioners that have been shared with Adult Services. A meeting will be held to discuss the rating prior to it being finalised. A headline description to show the difference between each rating is outlined below.

Green:

- People describe the service as good, where personal preferences and individual outcomes are prioritised.
- The provider is dedicated to providing the highest quality care and support.
- High levels of service are sustained over time.
- Minimum safeguarding concerns, with no consistent themes.
- **For regulated services:** The provider is rated as good/outstanding by CQC.

Amber:

- People describe the service as satisfactory, with a range of improvements required.
- The provider is working towards meeting the required standards, but improvements are required.
- The provider fails to regularly submit evidence and requires an unscheduled site visit by the quality team or CQC and/or an unscheduled request for information.
- Some safeguarding concerns, with some common themes identified.
- **For regulated services:** The provider is rated requires improvements by CQC.

Red:

- People describe the service as unsatisfactory, where needs are not regularly met.
- The provider fails to regularly submit evidence, and has not supported a requested visit in over 12 months.
- There are increasing safeguarding concerns and themes identified.
- There are significant improvements needed, and there is a need for an improvement plan.
- **For regulated services:** Inadequate rating given by CQC.

A breakdown of the CQC ratings can be found here: [Our ratings and scores - Care Quality Commission](#)

A rating of Amber may lead to additional oversight and controls being put in place in addition to the standard contract management meetings, a rating of Red will definitely lead to additional oversight. Examples of increased oversight include: More frequent quality visits, the requirement to develop an improvement plan and report on progress, management through relevant governance, e.g., Provider Quality and Risk Forum with partners and Provider of Concern process. For regulated services, this may also lead to a change of provider status, we have three statuses set out in the table below.

Regulated Provider Status

<p>Standard is the status that most services will be rated and will describe a service that has a Good or Outstanding rating with the CQC, and no known issues around safeguarding, health, or DoLS/MCA compliance. Typically, the service will have all green ratings in the matrix, but they may have up to two Amber ratings.</p>
<p>Watch is the status where caution is being placed when making new placements and current placements are being assessed closely with additional quality assurance or contract monitoring being undertaken. A service will go onto watch immediately if they are rated as Requires Improvement by CQC, there are safeguarding concerns, DoLS/MCA concerns, several complaints have been received or there is no registered manager. Typically, the service will have a mixture of Green and Amber ratings in the matrix.</p>
<p>Hold is the status where no new placements are being made, and consideration may be given to relocating existing placements. A service will go onto Hold immediately if it is rated as Inadequate by CQC, there are major safeguarding concerns or major concerns around DoLS/MCA. Typically, a service with any red ratings is likely to be placed on hold. It is important to note that, although there are general indicators that will establish the status of a service, the contracts and commissioning teams will consider the specificities of the service provider and adjust in relation to the evidence provided, where necessary.</p>

5. Defining Quality, Compliance and Performance

The overall quality of a service will be assessed through three lenses: Quality, Compliance and Performance.



1. **Quality** refers to the standard of support provided, ensuring that services meet the needs and preferences of individuals while promoting their safety and well-being. Experiences should be positive, safe, and effective. Quality tells us what differences have been made to people's lives and the impact the service has made. Using surveys and focus groups, we have identified what

good quality looks like for people with lived experiences and from our providers themselves, and the findings have been embedded into this framework.

2. **Compliance** refers to adherence to regulatory, legislative requirements and standards, which safeguard those receiving care and support, and promote accountability within the organisation.
3. **Performance** within a service can be checked through data collection as outlined in service contracts and is important in ensuring both compliance and quality standards are consistently met, as well as tracking other quantitative Key Performance Indicators and measures, e.g. to evidence utilization/optimisation and cost effectiveness of the contract, highlighting any areas for development.

It is important that the service demonstrates good quality, compliance and performance and that the service provided is sustainable. The sustainability of the service will be monitored through contract management meetings.

6. Providing evidence of Quality, Compliance and Performance

The intention of the Quality Assurance Framework is to aid in streamlining the workload for our service providers and should be viewed as a useful tool in guiding collection of data and evidence. Evidence shared under this framework is likely to align with the providers own or existing contract monitoring/reporting practices and regulatory (e.g. CQC) oversight requirements. Evidence is expected to show an ongoing commitment to good quality support and highlight any areas for improvement and planned actions.

As part of each contract, there will be defined expectations as to the frequency and scope of evidence submissions. The Provider Oversight team will oversee and advise on the latest process for evidence being uploaded/shared with Adult Services.

Evidencing Quality

Quality will be evidenced and assessed through:

- **General qualitative feedback:** Feedback is a way of showing the quality of services provided and the satisfaction of those receiving the service. Feedback should be collected from both those receiving and those providing care and support services. This can be documented through observation, verbal feedback; for example, through telephone calls or conversations, and written feedback, through letters and emails.
- **Complaints:** The number of complaints, as well as the severity and repetitiveness of themes within complaints will be used as indicators for areas for improvement.
- **Quantitative feedback measured against the 'I' statements:** Capturing feedback against the 'I' statements enables quality to be measured and assessed objectively and in higher volumes. It also provides an opportunity to capture Equality, Diversity and

Inclusion data to understand if the service is achieving equity in experience and outcomes, in line with our guiding principle of inclusivity.

- **Safeguarding concerns:** The volume of as well as the severity and repetitiveness of themes within safeguarding concerns will be used as indicators for areas for improvement.

Compliance

Compliance involves adhering to regulatory requirements and industry standards and policies, for example, Fire regulations, Deprivation of Liberty Safeguards requirements, Information Governance requirements, International Recruitment requirements, and Voluntary Sector Kitemarks. Compliance with requirements safeguard those receiving support and promote accountability within the commissioned provider. Compliance within the quality assurance framework can be evidenced through:

- **Quality kitemarks (or equivalent):** A compliance benchmark that will be set and checked against. There are numerous quality kitemarks or accreditation schemes that could be used by providers/organisations. The choice of these will be different for different organisations and in relation to the service being delivered. Some are specific to the work being undertaken whilst others are more generic and cover areas such as employee engagement and equal opportunities. Examples include Investors in People, Charity Excellence Framework and Trusted Charity.
- **Relevant qualifications and training:** For example, registered nurses in Nursing Care Homes
- **Certifications:** For example, relevant fire certifications from annual inspections
- **Compliance with key local policies:** For example, complaints policies, HR policies.

Performance

Contracts will specify key performance indicators (KPIs). The KPIs are measures of performance, predominantly these will be focused on measures which evidence outcomes or effectiveness and efficiency of the contract. We will measure performance through indicators such as:

- **Finance performance indicators**, to inform an understanding of financial sustainability, unit cost and best value
- **Outcome indicators**, to evidence whether key outcomes from the contract are being met
- **Demand indicators**, these will be specific to the contract e.g. monitoring levels of demand and waiting times

7. Appendices

Quality risk matrix

The top half of the matrix sets out areas that are relevant to all commissioned providers, whether they are regulated or not. The remaining areas are specific to regulated providers only.

Matrix Area		Red	Amber	Green
Relevant to all providers				
1.	Time elapsed since evidence provided by the service was last reviewed by Quality Team	If evidence provided by the service has not been reviewed for over 12 months or evidence provided is not sufficient to provide assurance of quality Status of HOLD or WATCH	If evidence has not been reviewed for over 6 months (but less than 12 months) or there are gaps in evidence submitted or some evidence is not of the expected quality. Status of STANDARD*, WATCH or HOLD *If an imminent evidence review is scheduled and no other concerns (Ambers).	If evidence has been reviewed in the last 6 months and is of the expected quality to provide assurance. Status of STANDARD
2.	Time elapsed since the Service last had a site monitoring visit by either Quality Team or CQC	If service has not had a site monitoring visit for over 12 months Status of HOLD or WATCH	If the site visit has not taken place for over 6 months (but less than 12 months).	If site visit has taken place in last 6 months. Status of STANDARD

			Status of STANDARD*, WATCH or HOLD *If an imminent site visit is scheduled and no other concerns (Ambers).	
3.	Progress of improvement plan (Quality Team or CQC initiated) development and completion	If significant concerns about improvement plan being developed or completed to required timescales. Status of HOLD or WATCH	If some small delays in improvement plan being developed or completed to required timescales. Status of WATCH or HOLD	If no improvement plan required, or improvement plan completed. Status of STANDARD
4.	Financial stability or provider	If notable concerns about financial stability. Status of HOLD Provider Failure Procedure would be initiated.	If there are some minor or temporary concerns about financial stability. Status of WATCH Provider Failure Procedure could be initiated.	If no concerns about financial stability. Status of STANDARD
5.	Safeguarding concerns	If there are several Safeguarding concerns, with a common theme. Status of WATCH or HOLD	If there are Safeguarding concerns, but there is a single concern, or no common themes. Status of WATCH or HOLD	If there are no Safeguarding concerns that identify any common themes. Status of STANDARD
6.	Swindon Borough Council practitioner(s) quality concerns raised via Liquidlogic.	If significant quality concerns. Status of HOLD or WATCH	If some quality concerns. Status of WATCH or HOLD	If no concerns from practitioners. Status of STANDARD
7.	Stakeholder e.g., partner concerns	If significant quality concerns. Status of HOLD	If some quality concerns.	If no concerns from stakeholders. Status of STANDARD

			Status of WATCH or HOLD	
8.	Level of Complaints	If there are an increasing number of complaints and/or evidence of themes across complaints over a short period. Status of HOLD or WATCH	If a gradual increase of complaints over time and/or emergence of themes across complaints Status of WATCH	Number of complaints are not more than would be expected for the service and no emerging themes Status of STANDARD
Relevant to regulated providers only				
9.	Registered manager in post	If no registered manager is in post. Status of HOLD or WATCH	<ul style="list-style-type: none"> If a manager in post but they are not registered; or If a registered manager is in the post but they have been in the post less than 6 months. Status of WATCH or HOLD	If a registered manager has been in post 6 months+. Status of STANDARD
10.	CQC inspection rating	If rated Inadequate. Status of HOLD	If rated Requires Improvement. Status of WATCH	If rated Good or Outstanding. Status of STANDARD
11.	CQC warning notices/letters issued	If warning notices or letters issued. Status of HOLD	Evidence of concern is provided from CQC to SBC Status of WATCH	If no warning notices or letters issued. Status of STANDARD
12.	International recruitment	If suspensions or revocations. Status of HOLD Provider Failure Procedure could be initiated.	Some emerging issues re: stability of international recruitment Status of WATCH or HOLD	If no issues with international recruitment. Status of STANDARD

<p>13.</p>	<p>Compliance with MCA/DoLS</p>	<p>If concerns re completion across the service. Status of HOLD or WATCH</p>	<p>If some one-off concerns which are not consistent with usual practice. Status of WATCH</p>	<p>No concerns regarding compliance with MCA/DoLS. Status of STANDARD</p>
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Full list of 'I' statements

Our Regulated Providers requested in the focus group discussions requested that we list the Swindonised I statements alongside the CQC I statements so they can utilise the evidence they use for CQC when providing evidence to SBC.

CQC 'I' Statements: SAFE	Swindon 'I' Statements: SAFE
I feel safe and am supported to understand and manage any risks.	I feel safe and am supported to understand and manage any risks.
I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.	I can get information and advice about my health and how I can be as well as possible – physically, mentally, and emotionally.
I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.	I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.
When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.	I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.
I have considerate support delivered by competent people.	I can choose who supports me, and how, when and where my care and support is provided.
If my treatment, including medication, has to change, I know why and am involved in the decision.	I can choose who supports me, and how, when and where my care and support is provided.
CQC 'I' Statements: RESPONSIVE	Swindon 'I' Statements: RESPONSIVE
I have care and support that is co-ordinated, and everyone works well together and with me	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and personal goals.
I am in control of planning my care and support. If I need help with this, people know and care about me are involved	I can plan ahead and stay in control in emergencies.
I am supported to plan ahead for important changes in my life that I can anticipate	I am supported to plan ahead for important changes in life that I can anticipate.
I know how to access my health and care records and decide which personal information can be shared with other people,	I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening

including my family, care staff, school or college	
I can get information and advice that is accurate, up to date and provided in a way that I can understand	I can get information and advice that is accurate, up to date and provided in a way that I can understand.
I am encouraged and enabled to feedback about my care in ways that work for me and I know how it was acted on	I am supported to plan ahead for important changes in life that I can anticipate.
CQC 'I' statements: EFFECTIVE	Swindon 'I' statements: EFFECTIVE
I can get information and advice about my health, care and support and how I can be as well as possible -physically, mentally and emotionally	I can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.
I have care and support that is coordinated, and everyone works well together and with me	I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.
I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals	I know what my rights are and can get information and advice on all the options for my health, care and housing.
I am empowered to get the care, support and treatment that I need and want	I can get information and advice that helps me think about and plan my life.
I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals	I know about the activities, social groups, leisure, and learning opportunities in my community, as well as health and care services. I have opportunities to learn, volunteer and work and can do things that match my interests, skills, and abilities.
CQC 'I' Statements: CARING	Swindon 'I' Statements: CARING
I am treated with respect and dignity	I am treated with respect and dignity.
I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and personal goals.
I am supported to manage my health in a way that makes sense to me	I have people in my life who care about me – family, friends, and people in my community.
I am in control of planning my care and support. If I need help with this, people who know and care about me are involved	I can live the life I want and do the things that are important to me as independently as possible.

I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture	I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity, and culture.
I am supported to manage my health in a way that makes sense to me	I am supported by people who see me as a unique person with strengths, abilities, and aspirations.

CQC Framework

The CQC framework sets the benchmark for all registered, regulated services. Although some of our commissioned services do not register with the CQC, these guiding principles remain useful in informing the key components of high-quality support holistically, helping us to offer clear guidance to all our providers. We expect **all regulated services** to meet the CQC's fundamental standards at [The fundamental standards - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) and achieve a rating of 'Good' from CQC.

We will use the five key questions set out by CQC to help guide our assessment of regulated services:

Safe, Effective, Well-led, Caring, Responsive to People's Needs.

1. Safe

Risk Management: Are risks identified and managed appropriately?

Safeguarding: Are there policies and practices in place to protect individuals from abuse and avoidable harm?

Medication Management: Is medication administered safely and effectively?

2. Effective

Evidence-Based approach: Are services delivered based on the best available evidence and guidelines?

Are people actively involved in shaping the support and outcomes they want to achieve?

Staff Competence: Are staff trained and supported to deliver high quality services?

Assessment and Monitoring: Are people's needs regularly assessed, and is the service regularly reviewed to ensure it stays effective?

Health and Wellbeing: Does the service promote the physical health, well-being and mental health of people who are supported?

3. Well-led

Vision and Strategy: Is there a clear vision and strategy for the service, and is it communicated appropriately?

Governance: Are there effective governance structures in place to oversee service quality and safety?

Culture: Is there a positive and supportive culture within the organisation that encourages open communication and accountability?

Staff Engagement: Are staff involved in decision making and encouraged to contribute to service improvement?

Support: Do staff feel supported and respected to complete their role to the highest possible standard?

4. Caring

Respect for Individuals: Are those receiving services treated with dignity and respect?

Empathy and Compassion: Do staff show empathy, compassion, and inclusivity in their interactions with people receiving services?

Involvement in Care: Are those receiving care encouraged to be involved in their own care planning and decision-making?

Feedback: Is feedback actively looked for and acted upon to improve the service?

8. Responsive to People's Needs

Personalisation: Is care tailored to meet the individual needs and preferences?

Feedback and Complaints: Are there effective mechanisms for users to provide feedback and raise complaints, and are these handled appropriately?

Diversity and Inclusion: Does the service consider the diverse needs of the people it serves, ensuring fair access to care?