

**Bury Council**  
**Communities & Wellbeing Procurement Service**

# **Adult Social Care Quality Assurance Report**

**2014 -2015**

**Lesley Molloy**

**Senior Quality Assurance and Development Officer**



## Contents

1. Background.....	3
2. Quality Assurance and Development Team .....	4
3. Quality Assurance Framework.....	5
Quality Assurance Process.....	6
4. Quality Ratings.....	7
Customer feedback.....	7
5. Quality Assurance Activity .....	7
6. Localities Report .....	10
Residential Care .....	10
Supported Living.....	12
Domiciliary Care .....	13
7. Quality and Compliance Ratings Analysis .....	18
7.1 Comparison of CQC and Bury Council Provider Quality and Compliance.....	18
7.2 Initial Quality Rating .....	20
8. Outcomes Analysis .....	20
8.1 Percentage of all services compliant and non-compliant.....	20
8.2 Main Areas of Non-compliance - All Services .....	22
8.3 Top 5 Areas of Non-compliance – Care in own home .....	23
8.4 Top 3 areas of non-compliance comparison – Supported Living Services.....	24
8.5 Top 3 Areas of Non-compliance - Residential Care .....	25
9. Conclusion .....	25
APPENDIX 1 – Map of designated localities .....	27
APPENDIX 2 - Quality Assurance Framework .....	28
CQC and Special Measures .....	29

## 1. Background

Communities & Wellbeing is a department of Bury Council which is responsible for commissioning social care services for Adults and Older People in the borough.

Communities & Wellbeing recognises that it is of vital importance that the services we commission provide high quality care, which meets the needs and outcomes of our customers, to ensure that the department fulfils its statutory duty of care, serves the residents of the borough as effectively as possible and ensures that council resources are used for value for money services. This report therefore provides:

- An outline of the Quality Assurance Team and the Quality Assurance Framework;
- A summary of the Social Care Market Quality Assurance activity that Communities & Wellbeing Services has undertaken between October 2013 and March 2015;
- The current quality of social care services we commission including any specific quality issues that are being addressed to improve the quality of the services to our customers.

The Quality Assurance Team focuses on the quality of the two main areas of social care delivery: care in people's homes (domiciliary care and supported living) and residential care. A brief description of these services is provided below:

### Care in People's Homes

Care in people's homes (known as home care, supported living or domiciliary care) is the term used for the care and support service provided by trained professionals to vulnerable people within their own home.

Care in people's own homes is provided with the aim of enabling people to remain independent in their home and maintain a good quality of life.

Some of the tasks that care workers perform are detailed below;

- Assistance with personal care
- Assistance with meal preparation
- Assistance with getting in and out of bed
- Assistance with toileting
- Assistance with medication
- Assistance with prescription collection

### Residential and Nursing Care

Residential Care helps people who can no longer manage at home. There are two types of care home:

**Residential Care Homes** - where care is provided all day and all night but there does not need to be a qualified nurse present.

**Residential and Nursing Care Homes** - where there needs to be constant involvement of, or supervision by, a qualified nurse.

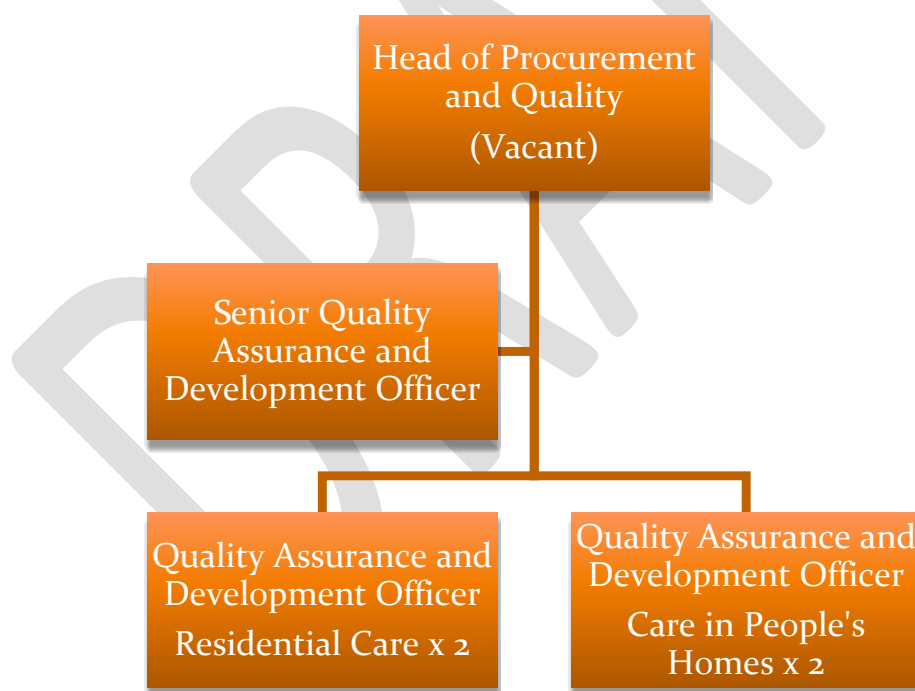
Residential and Nursing Care Homes services can differ but they often include most of the services that a care service in someone's own home can offer plus the following:

- Provision of accommodation
- Provision of all meals
- Social and recreational activities
- 24 hour emergency care
- Medical care (Nursing Homes)

## 2. Quality Assurance and Development Team

In order to assess, support and develop the quality of care services that we commission, both in a person's own home and in residential care, The Department of Communities & Wellbeing (DCW) employs a Quality Assurance and Development Team (QA team) which is part of the Communities & Wellbeing Procurement Service.

### Quality Assurance Team Structure



The team undertake annual reviews of the quality of all our commissioned providers (both internal and external) who are registered with The Care Quality Commission (CQC) using a framework based on the Essential Standards of Quality and Safety developed by CQC (see Appendix 2).

The QA team provides support and advice to providers to enable them to develop their service, provide high quality care and support to our customers and to meet the requirements of CQC. Where required, providers who are failing to comply with the Council's or CQC's standards receive intensive support to rectify any issues in relation to the quality of support they provide. Examples of such support include regular monitoring visits by officers and

onsite guidance and support for staff. This ensures that DCW manages the market to ensure that there are sufficient providers within the borough to meet the needs of adults with social care needs.

The team also investigates concerns, complaints and safeguarding issues raised by customers, families and professionals in relation to the quality of services delivered by the Council's commissioned service providers in line with the department's policies and procedures. Customers can raise any concerns regarding quality of service with the QA team, who will then act upon these concerns as quickly as possible with the aim of resolving any concerns within 10 days of receipt. This reassures the customer that any issues they have are taken seriously and also prevents small incidents of potential poor practice, such as a late visit being undertaken by a provider, escalating into established poor quality.

Some issues of a more serious nature may become formal complaints or safeguarding referrals. The QA team form part of the multi-disciplinary response to such matters through the formal processes the department has in place.

### 3. Quality Assurance Framework

The QA framework has been developed to take account of the outcomes identified by the CQC in their published document 'Guidance about compliance: Essential Standards of quality and safety'. There are separate frameworks in place for each type of provision: Domiciliary Care; Supported Living and Residential Care.

The framework takes account of the core outcomes identified by CQC including :

- Respecting and involving people who use services
- Care and welfare including meeting nutritional needs
- Consent to care and treatment
- Cooperating with other providers
- Safeguarding
- Cleanliness and Infection Control
- Management of medicines
- Safety and suitability of premises and equipment
- Requirements relating to workers including staffing and supporting workers
- Assessing and monitoring the quality of service provision including complaints
- Records

The QA framework currently used by the Council comprises 9 primary outcomes and 4 supporting outcomes as detailed below:

Primary	Supporting
Outcome 1 – Care Planning	Outcome 2 – Shared Care
Outcome 3 – Consent	Outcome 5 - Equipment
Outcome 4 – Nutrition	Outcome 12 - Environment
Outcome 6 – Medication	Outcome 13 - Records
Outcome 7 – Dignity & Respect	
Outcome 8 – Safeguarding	
Outcome 9 – Quality Assurance & Complaints	
Outcome 10 – Staffing	
Outcome 11 – Infection Control	

## Quality Assurance Process

All contracted providers undergo an annual QA review which takes approximately six months from start to completion.

The quality assurance process described below is followed in order to assess the quality of services. The time frame in brackets below shows the maximum amount of time allowed for each step of the process.

- A self assessment document for completion by the provider is made available via the Council's web based Quality Assurance system.
- The Quality Assurance Officer (QA Officer) schedules an annual site visit and review to each of their allocated providers throughout the year.
- The provider is notified of the final date for completing the self assessment, which is at least two weeks before the scheduled visit (Start of process).
- Whilst the provider is completing the self assessment the QA Officer contacts customers and their relatives to gather feedback on the quality of the service.
- The site visit is undertaken to validate the accuracy of the provider's self assessment. The site visit will not in all cases be announced but usually 24 hours notice will be given to providers. The visit will usually take place within two to four weeks of the given date for completing the self assessment. (Start + 8 weeks)
- During the site visit the QA Officer will check relevant records, policies and procedures, observe practice, speak to staff and customers, where appropriate.
- Following the site visit, an action plan may be produced. A follow-up visit is then arranged to discuss the findings of the review and agree a date for completion of any identified actions. (Start + 14 weeks)
- Only evidence observed and logged by the QA Officer at the time of the review visit may be used for any discussion regarding amendments to the action plan and resulting rating.
- Once the action plan is agreed, a maximum of three action plan reviews are carried out. During this time, the QA Officer will offer support and guidance as required to enable the provider to meet the identified actions.
- The provider has a maximum of 12 weeks to complete the actions before the provider is referred to the Contract Officer for contractual action as necessary. (Start + 26 weeks)

- Any actions warranting immediate action, for example, issues affecting the health and safety of customers, are brought to the attention of the provider and the Contract Officer as they arise. Visits to providers for reasons of complaint or safeguarding are usually undertaken unannounced depending on the urgency or risk arising as a result of concerns raised.
- On achieving full compliance, a written report is produced.

## 4. Quality Ratings

The Council have developed a quality rating for providers based upon the following criteria:

- **Level A** - Full compliance with all 13 Primary and Supporting Outcomes.
- **Level B** - Full compliance with all 9 Primary Outcomes and compliance with at least 3 of the 4 Supporting Outcomes.
- **Level C** - Full compliance with all 9 Primary Outcomes and compliance with at least 2 of the 4 Supporting Outcomes.
- **Level D** - Not meeting requirements for Level C.

The quality rating enables a comparison to be made of the performance of providers across the social care sector. At the end of the 2<sup>nd</sup> QA cycle, all providers have received either an 'A' rating (compliant) or a 'D' rating (non-compliant).

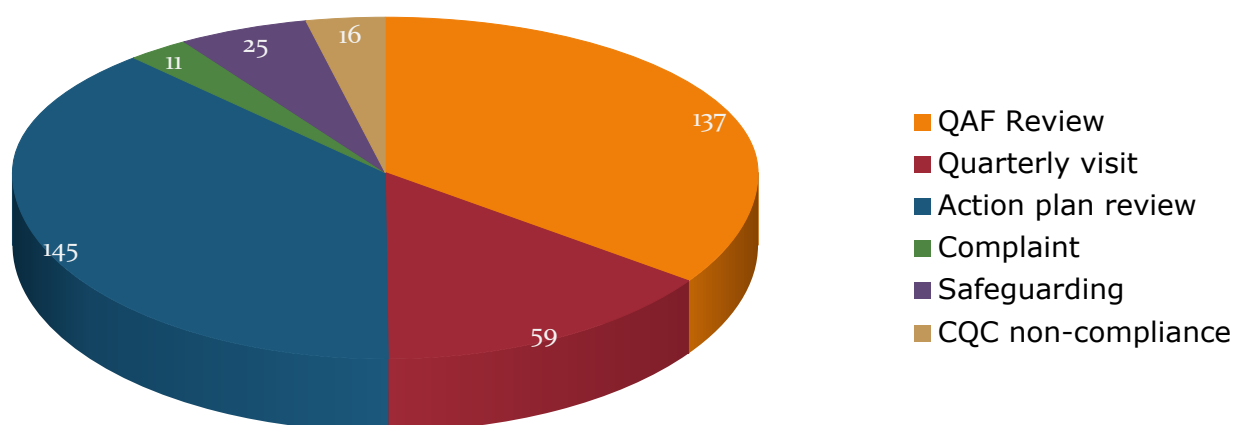
### Customer feedback

Customer and relatives feedback is collected, collated and reported back to the provider. Where issues are identified, these are brought to the provider's attention and relevant action requested. Customers and their families are involved in resolving any issues where appropriate and feedback given on issues raised.

## 5. Quality Assurance Activity

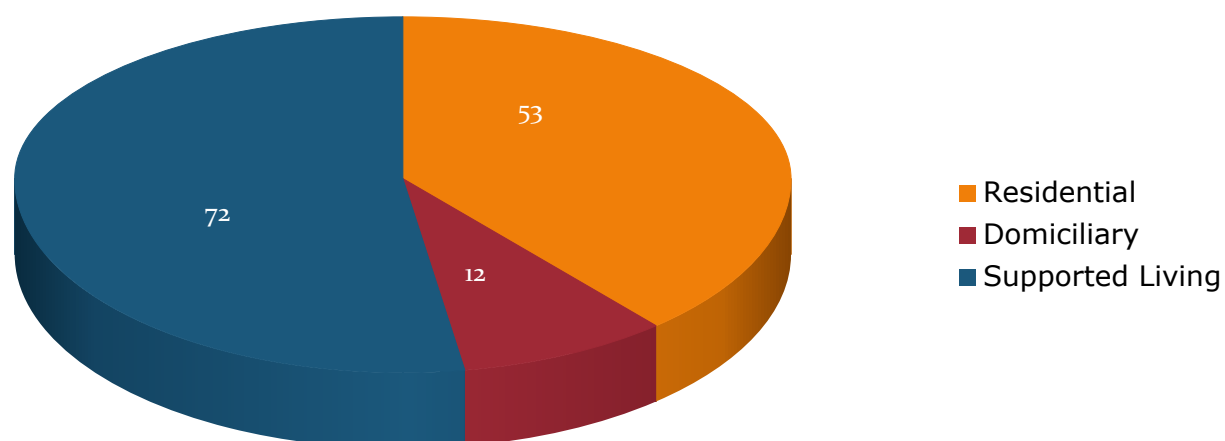
The chart below provides a summary of the key activities that were undertaken by the Quality Assurance and Development Team between October 2013 and March 2015. Approximately two thirds of activity undertaken relates to QAF Reviews and Action Plan Reviews, as would be expected. The remaining one third of activity relates to unexpected occurrences such as safeguarding, complaints and visits relating to providers who have been assessed by CQC as non-compliant.

### Number and type of QA visit



The table below categorises QAF reviews according to type of provision.

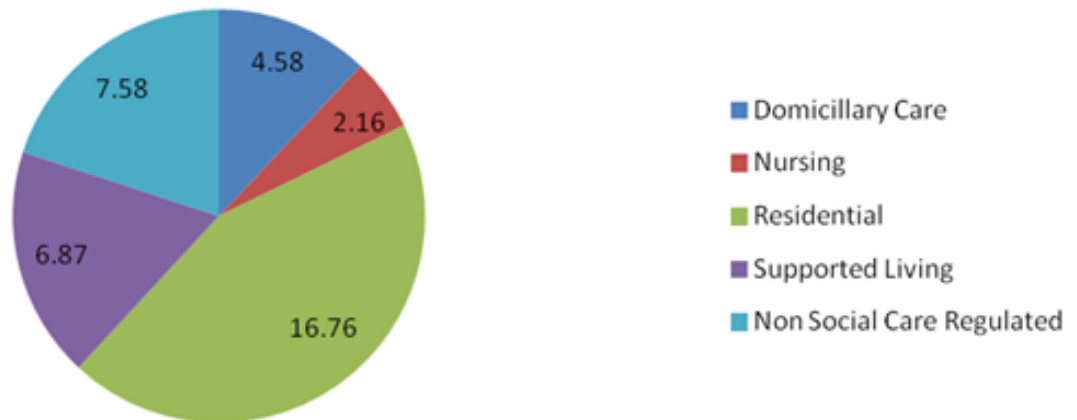
### Number of QAF reviews undertaken Jan 2014 to Dec 2014



DCW holds contracts with 432 providers many of whom are not regulated by the CQC, for example, housing support or public health contracts such as smoking cessation. The chart below shows the actual expenditure across all contracts held by DCW in relation to health and social care contracts.



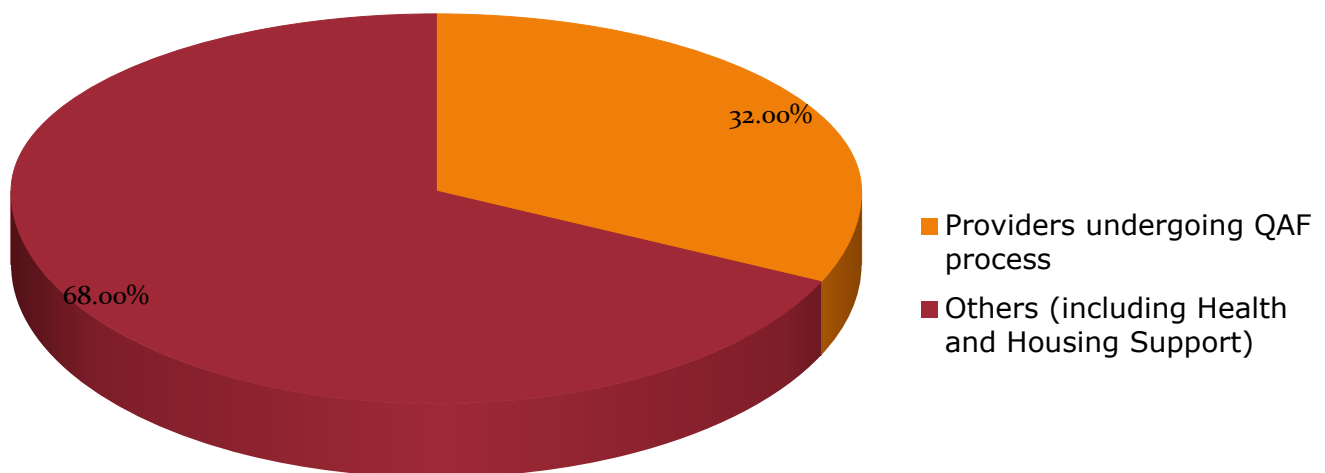
## 2014/15 Actual Expenditure (£m)



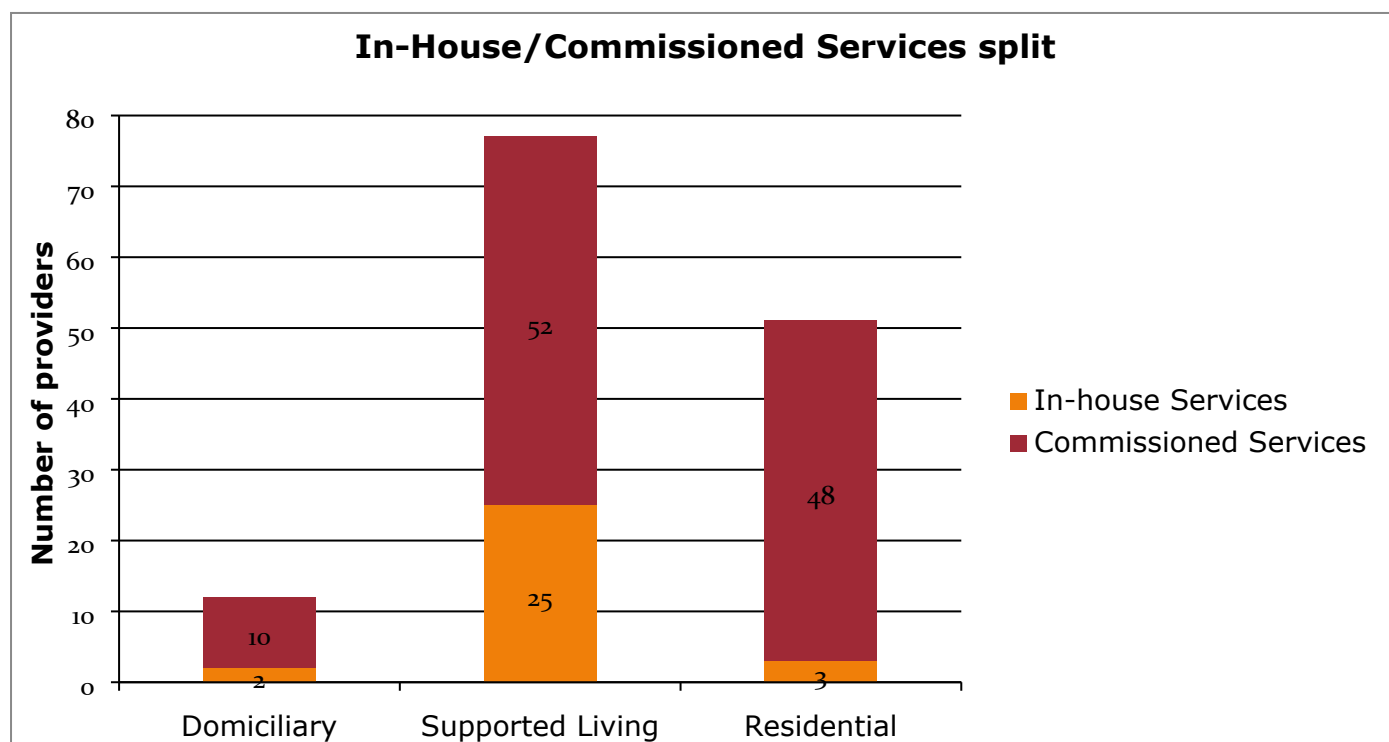
Some of these contracts are regulated by CQC but outside the scope of the QAF, for example, sexual health clinics as the QAF process is linked to Social Care contracts or those involving the personal care of vulnerable people.

The chart below shows the proportion of all contracted providers who have undergone the QAF process.

## Percentage of all contracted providers undergoing QAF process



The majority of care services are provided by external services with in-house services accounting for approximately 20% of all services.



## 6. Localities Report

Care in the community has recently been reorganised into Localities. Social work teams now undertake care management according to the area in which people live.

LT1 covers people living in Prestwich and Whitefield (also Bolton and Manchester which are outside the scope of this report).

LT2 covers people living in Ramsbottom and Bury East (also Blackburn, Oldham and other Out of Borough placements which are outside the scope of this report).

LT3 covers people living in Radcliffe, Tottington and Bury West.

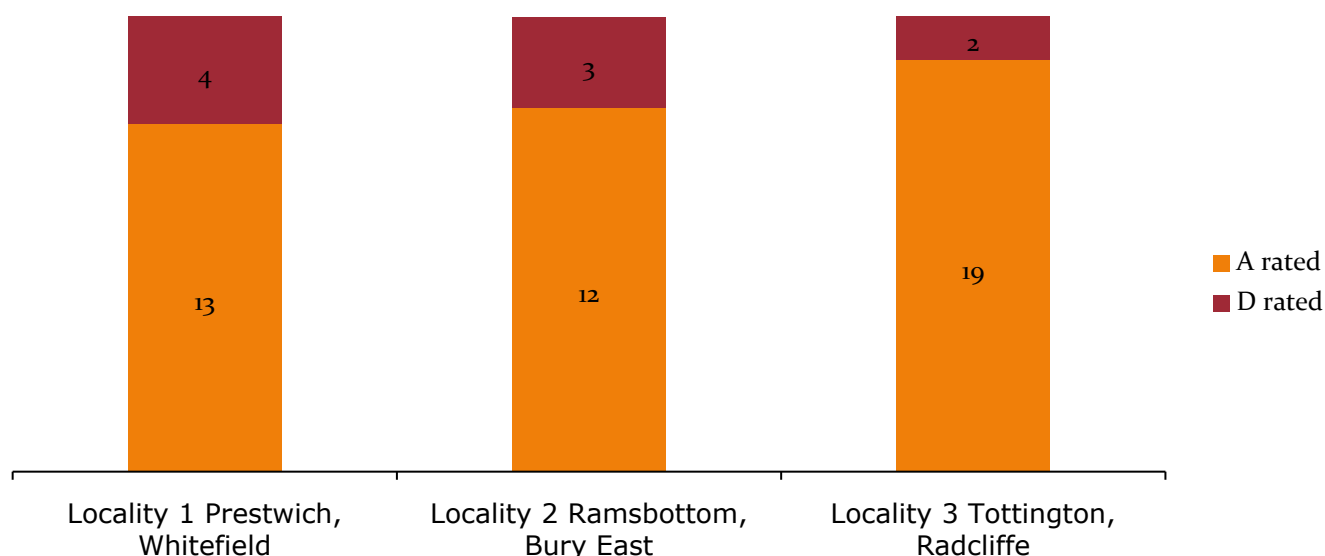
See Appendix 1 for map of designated localities.

The following section analyses the standard of care across localities for all service provision.

### Residential Care

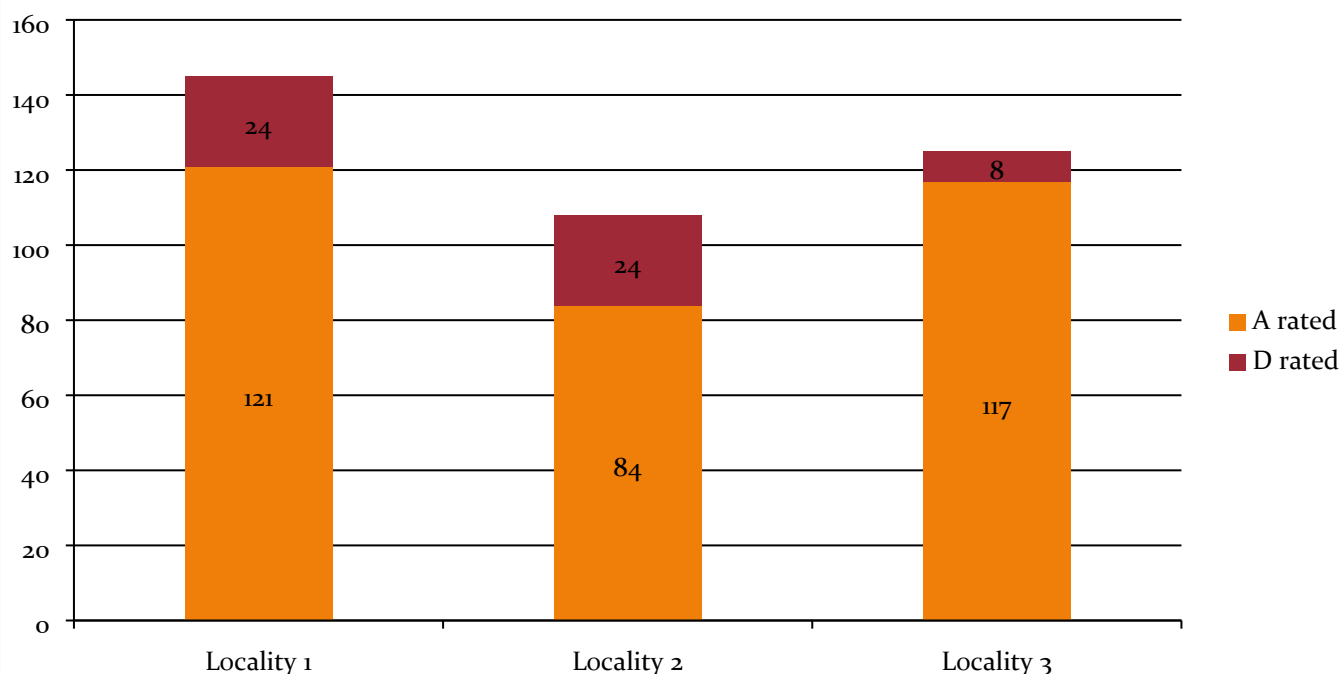
The chart below shows the number of A and D-rated Residential Care providers by locality followed by the number of customers living in those services.

### Number of A and D rated Residential Care Providers by locality



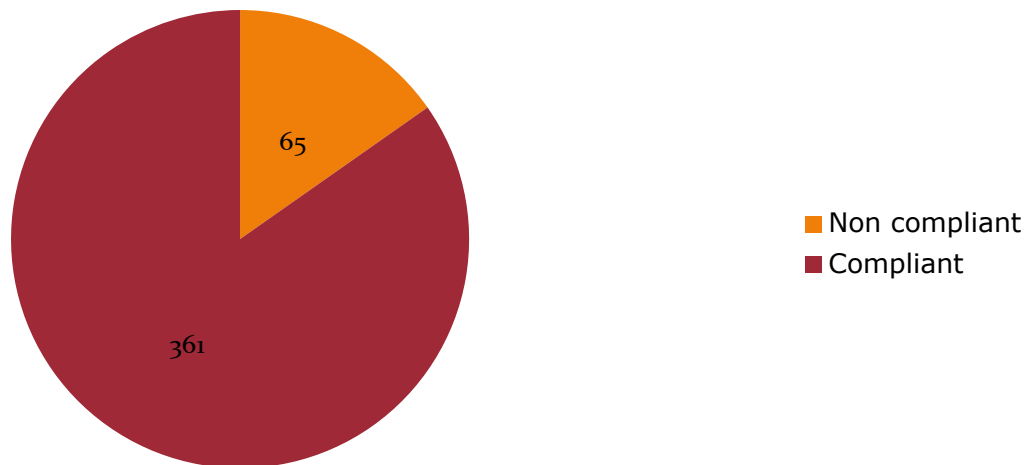
The chart below shows the number of Bury funded customers living in A and D rated services by locality. It can be seen that the majority of customers are living in A-rated homes. Contract Officers are undertaking appropriate action on those services in receipt of a D-rating.

### Number of customers in Residential Care by Locality (as at 31.03.2015)



The chart below gives an indication of the number of customers living in services rated as non-complaint under the Council's QAF process. The reasons for non-compliance are detailed in Section 7 Outcomes Analysis.

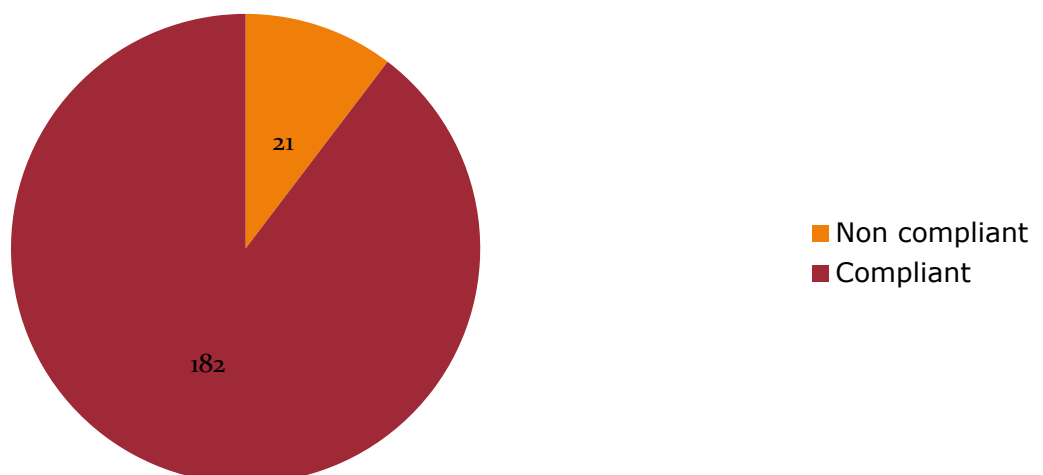
### Number of Residential customer placements by provider QAF compliance



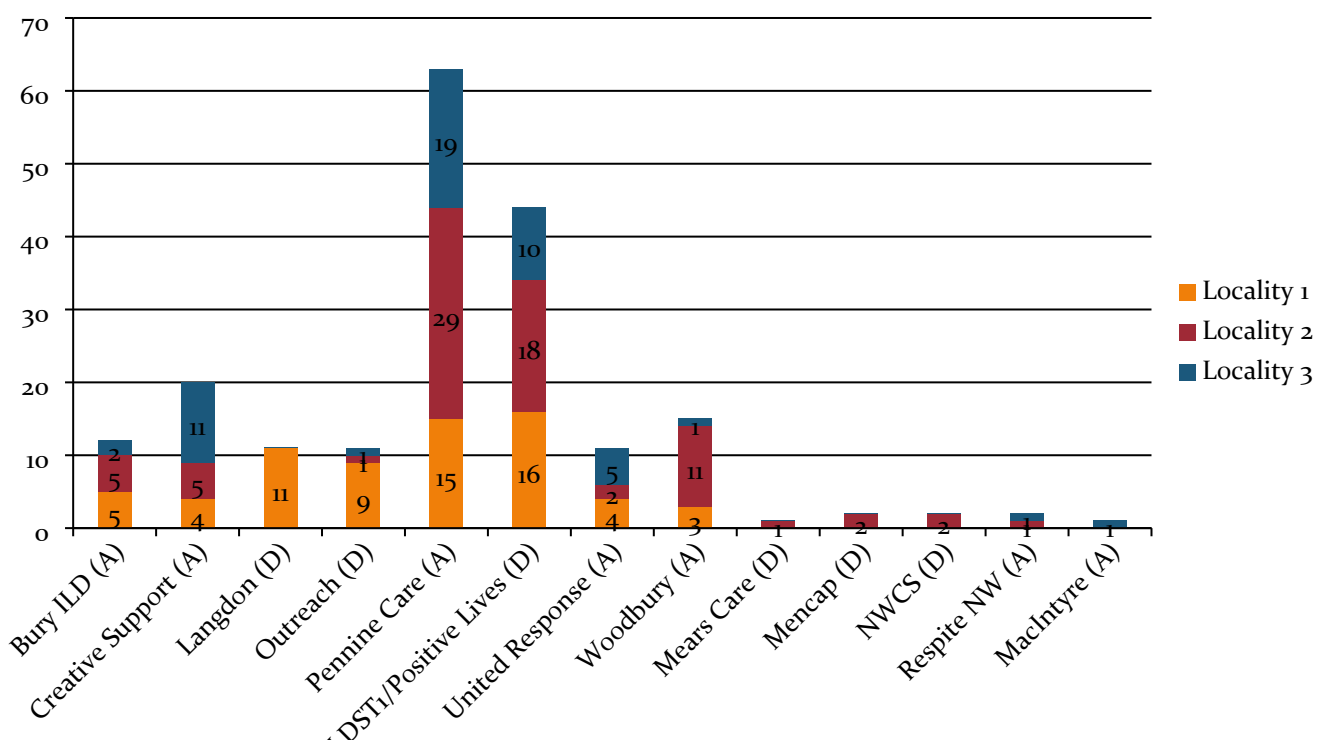
### Supported Living

The chart below shows the number of Bury funded customers in receipt of Supported Living services and the rating of the service given by the Quality Assurance Officer. Again, the reasons for non-compliance can be seen in the Outcomes Analysis at Section 7.

### Number of Supported Living customer placements by provider QAF compliance



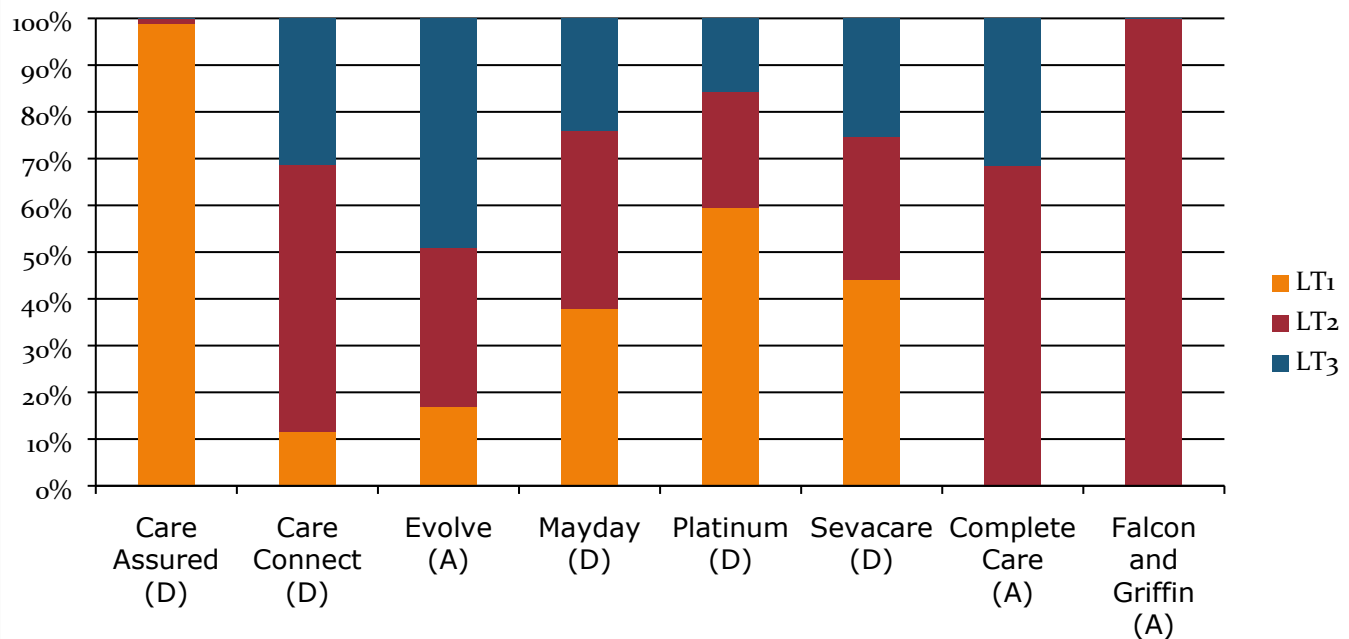
## Number of customers living in Supported Living Services by Provider and Locality (as at 31.03.2015)



### Domiciliary Care

It is not possible to classify Domiciliary Care providers in the same way as providers of these services tend to work across localities. The chart below shows the allocation of commissioned hours across each locality.

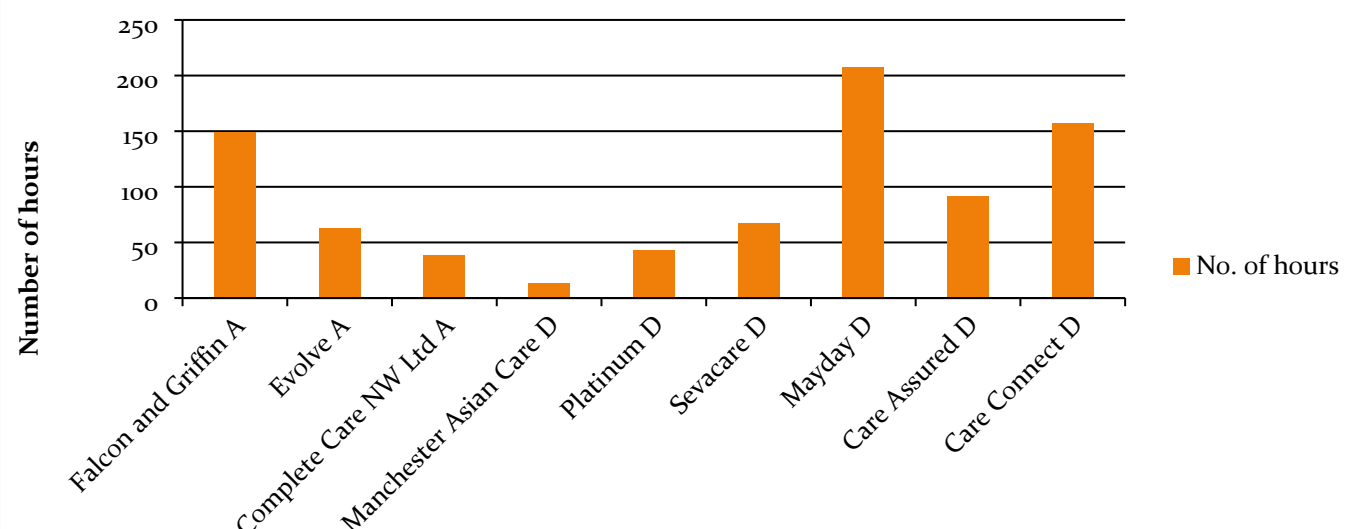
## Domiciliary Care Providers (QAF rated) and areas of work



The chart below shows the number of hours commissioned by provider. The chart shows that Care Assured undertakes the majority of their work in one particular localities. The remaining providers undertake work across all three localities with the exception of Complete Care who concentrate their work in Localities 2 and 3. Falcon and Griffin is an exceptional case as they only provide care services to those who live within the Extra Care Scheme.

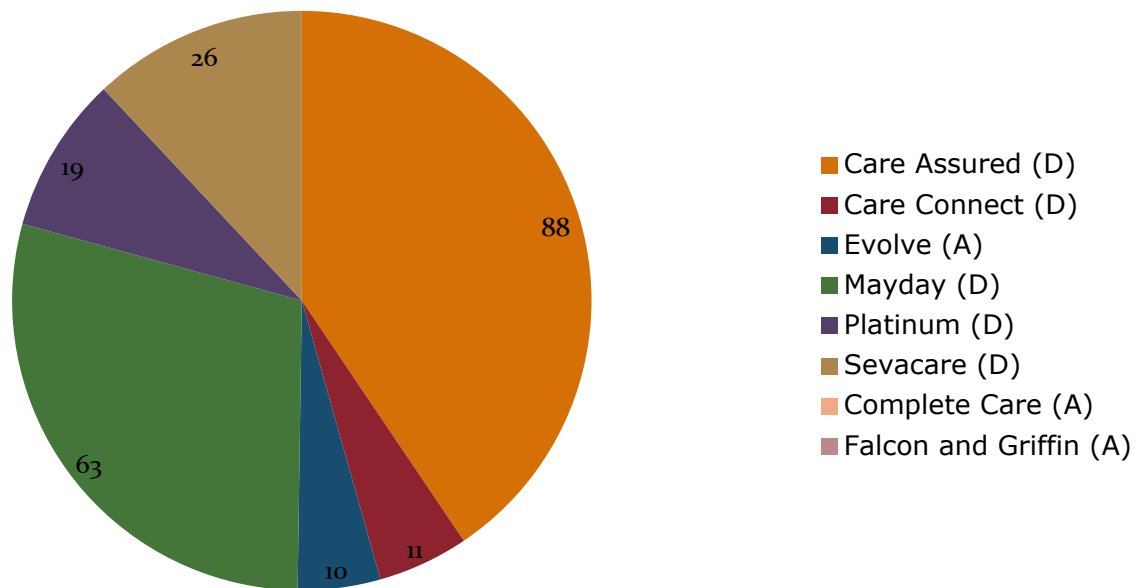
The chart below shows that, amongst external providers, Mayday is the largest provider of services with Manchester Asian Care being the smallest.

## No. of hours per provider



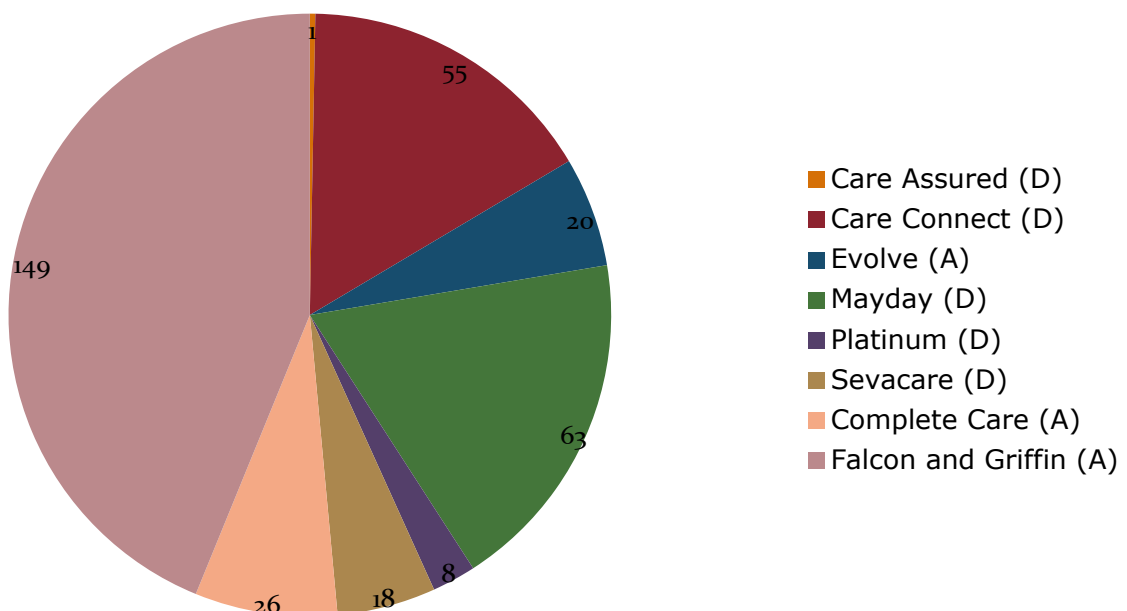
The following three charts show the number of commissioned hours delivered by providers across the borough by Locality.

### Number of hours by provider in Locality 1



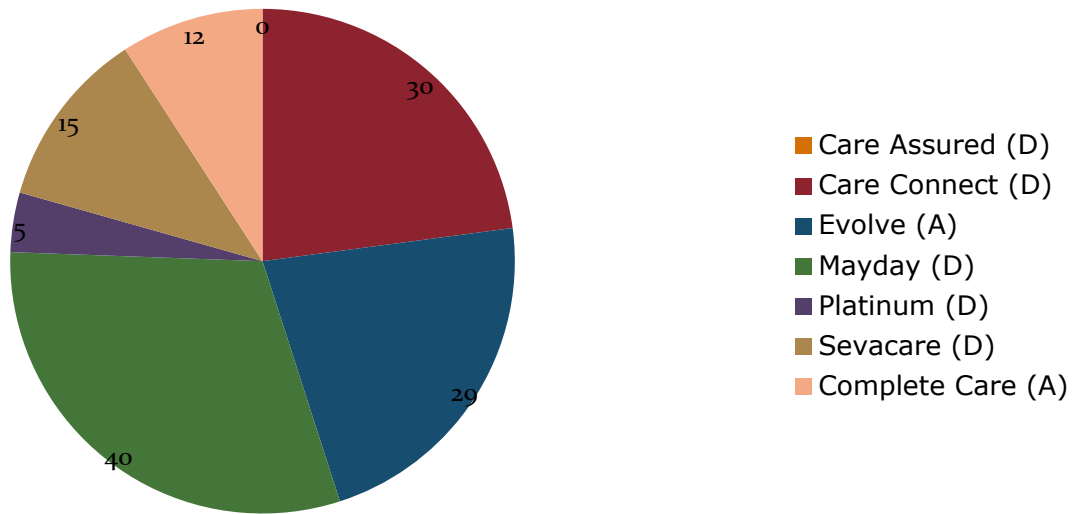
As can be seen in the chart above, Care Assured (with a D rating) conduct most of their service delivery in Locality 1 and are the biggest provider of services in this locality. Evolve is the only provider operating in this locality to have achieved an A rating. Evolve provide only ten hours of care in this area which is the minority share of commissioned hours.

### Number of hours by provider in Locality 2



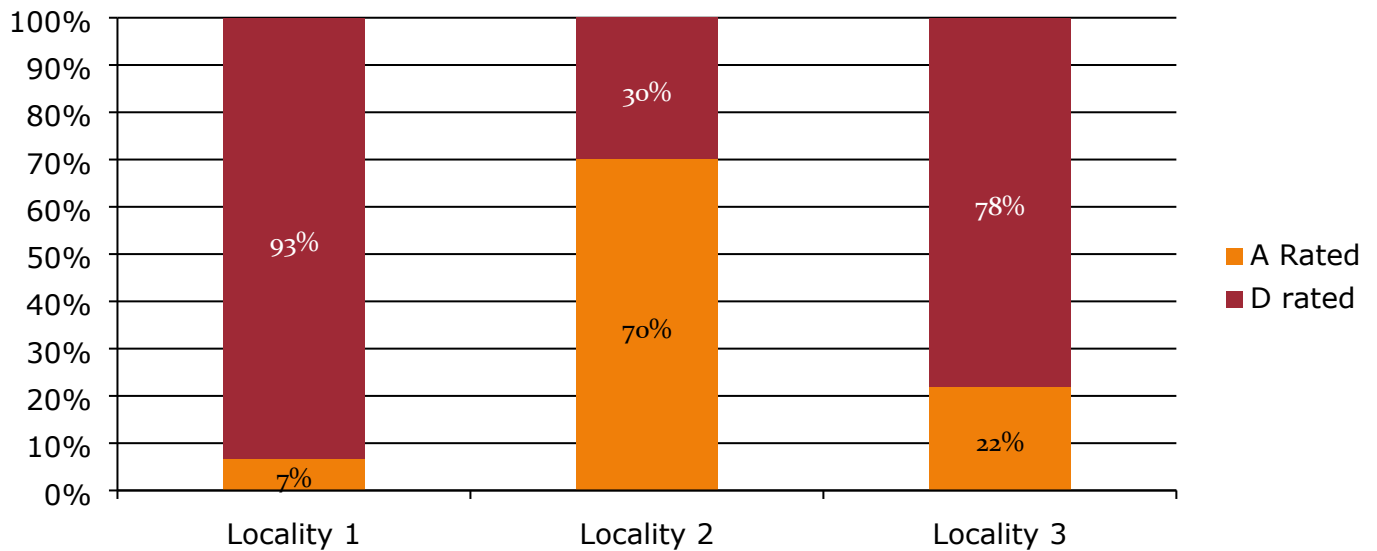
Falcon and Griffin (A rated), an in-house Extra Care Scheme, is based in Locality 2. Falcon and Griffin provides personal care to tenants in the scheme exclusively. Evolve and Complete Care combined (both A rated) deliver approximately one third of the remaining commissioned hours in the community.

### Number of hours by provider in Locality 3



In Locality 3, Evolve and Complete Care jointly have the majority share of the commissioned hours.

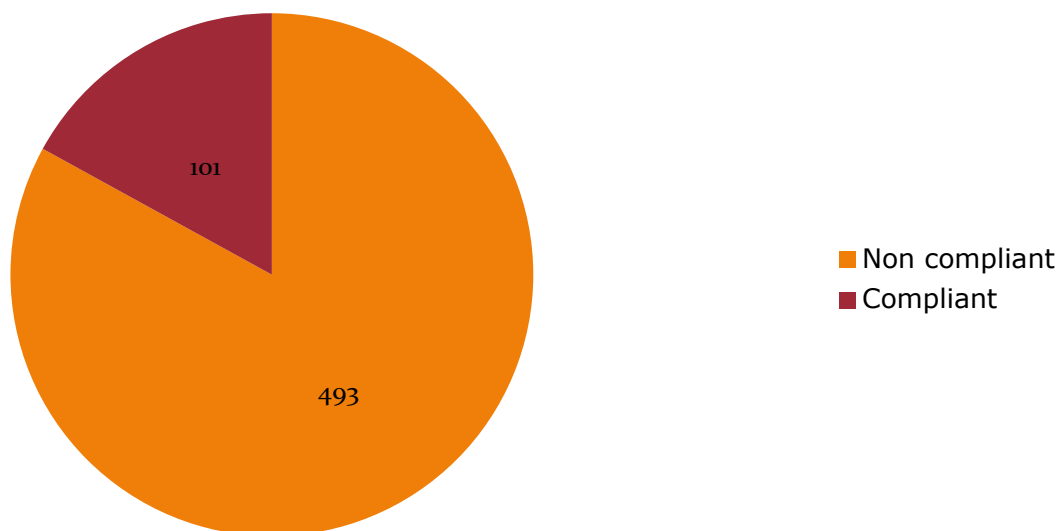
### Percentage of commissioned hours in A or D rated Domiciliary Care services (by customer locality) as at 28.2.15



The chart below gives an overall view of the number of customers in receipt of domiciliary care services from D-rated providers.

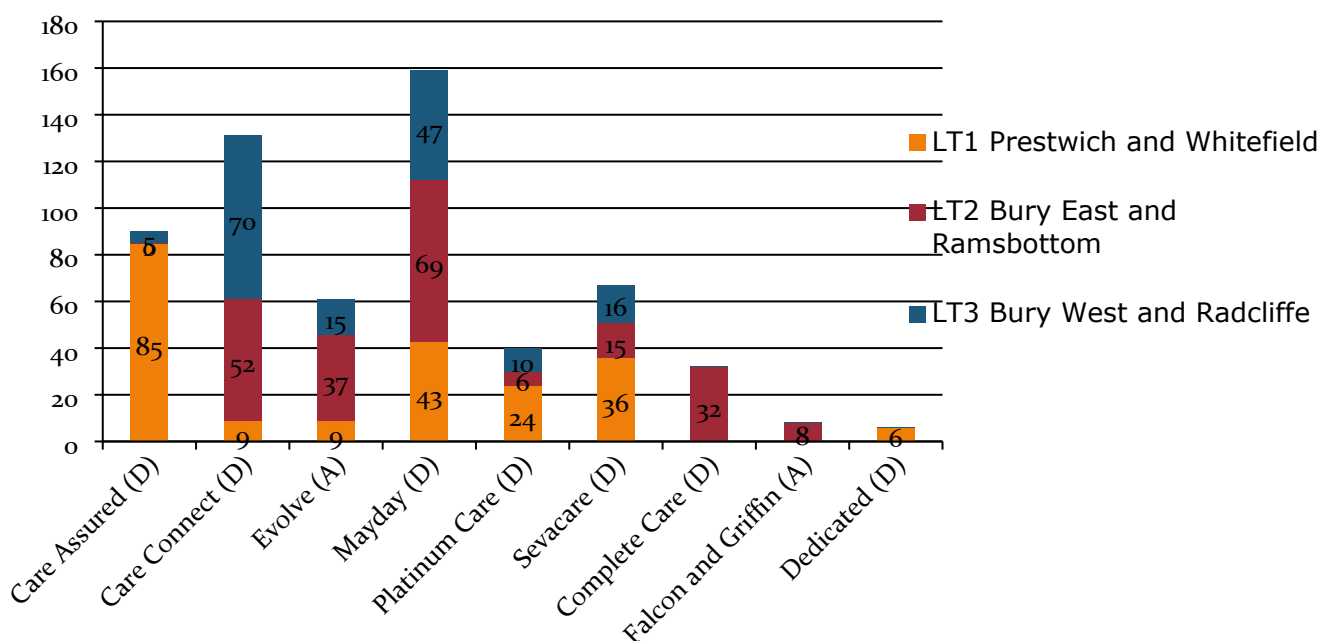


## Number of Domiciliary Care customer placements by provider QAF compliance



The chart below is a snapshot of the number of customers receiving services from each Domiciliary Care provider in each locality as at 31<sup>st</sup> March 2015.

## Number of Customers receiving Domiciliary Care by Provider (QAF rated) and Locality (at 31.03.2015)



On the face of it, customers receiving care services in their own home are receiving a poor quality service in Localities 1 and 3. This is partly due to the distribution of hours as discussed above. The main reason, however, is that 2014-2015 was the first QAF review undertaken for the majority of Domiciliary Care services due to the original QAF documentation proving to be

not fit for purpose. The first review framework contained over 600 individual questions, many of which were found not to be relevant to the services provided by a domiciliary care service and the QAF was redesigned as a result (see Appendix 2) to the benefit of both the QA team and all service providers.

As happened with Residential and Supported Living services in the first cycle of reviews almost all providers were non-compliant at the first review but with support from the QA team all services will be brought to a satisfactory performance level or relevant action taken.

This doesn't mean, however, that the Domiciliary Care providers were left to their own devices. The nature of this type of service provision means that there is much more interaction between the Procurement Service and Domiciliary Care providers on a day to day basis with issues being dealt with as and when they arise. This support in itself enables providers to highlight areas of improvement and raise the standards of service delivery.

## **7. Quality and Compliance Ratings Analysis**

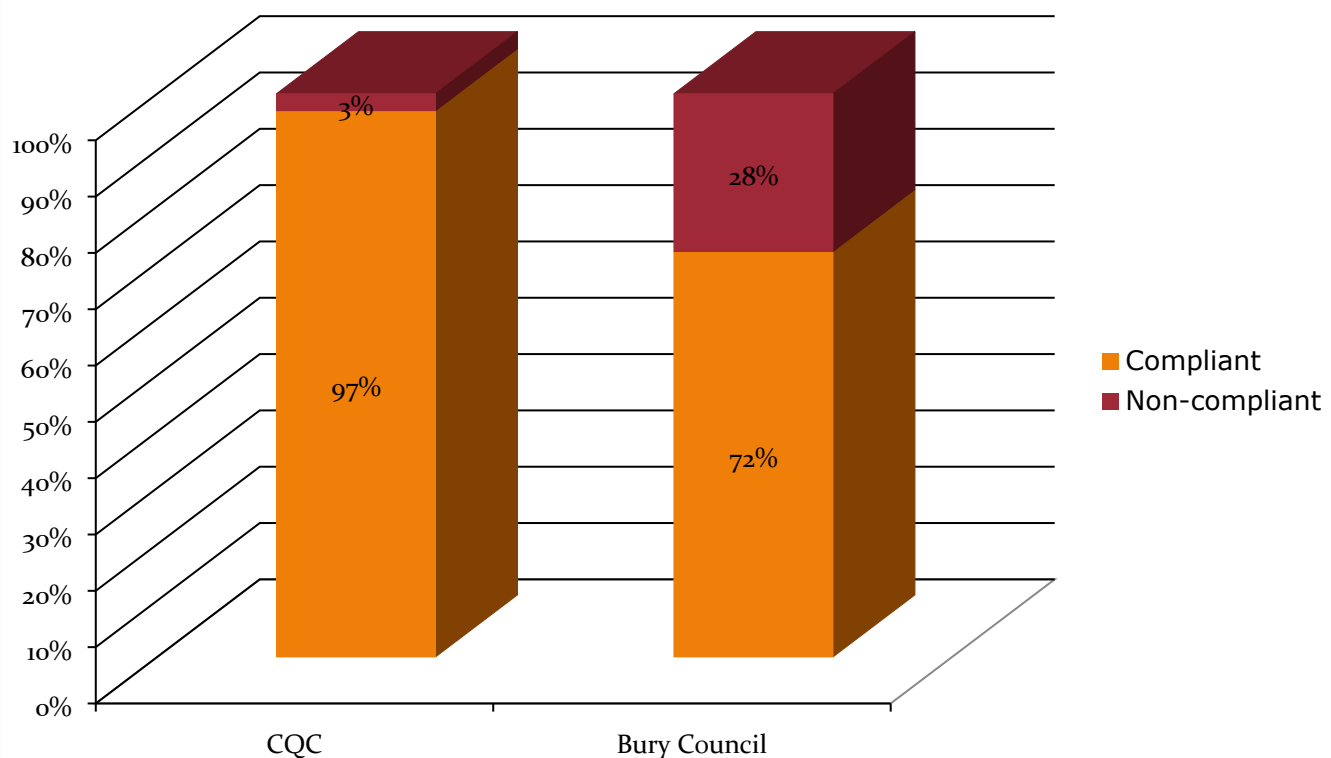
### **7.1 Comparison of CQC and Bury Council Provider Quality and Compliance**

CQC is the regulator for those services providing personal care to adults. CQC aims to ensure that all registered services are safe, effective, caring, responsive and well-led.

The chart below provides a comparison of the current percentage of all domiciliary and residential services that have been assessed as either compliant or non-compliant by both the Council and CQC.

For the period April 2014 to March 2015 approximately 97% of providers were assessed by CQC as being compliant with the Essential Standards of Quality and Safety under their inspection regime. For this same period, 72% of services have been assessed as fully compliant against Bury Council's QAF. The main reason for the difference in the percentage of compliant services is due to the Council assessing a provider's compliance against every outcome area whilst CQC focus on 3-5 outcome areas, which makes it more difficult for providers to achieve full compliance with the Council's framework. Whilst this approach is more stringent, the Council believes that it is important to assess each outcome area for compliance as this will support providers to deliver a higher quality service and give the QA team a more complete view of the quality of service provision.

## Comparison between CQC and Council ratings



CQC changed the way they inspect in April 2015. Ratings currently being allocated (since April 2015) seem to more closely reflect the findings of the QA team.

CQC now initially inspects all services based on intelligence-based risk factors. Five standards (safe, effective, caring, responsive, well-led) are judged to be outstanding, good, requiring improvement or inadequate and those ratings averaged out to provide an overall rating of 'Outstanding', 'Good', 'Requires improvement' or 'Inadequate'.

Those in receipt of an inadequate rating are deemed to be in 'special measures', which means they are given six months to put things right otherwise CQC will take steps to stop the service operating. A rating of 'Requires Improvement' will result in a further visit being made within six months. Those services receiving 'Good' or 'Outstanding' ratings will be inspected on a less frequent basis.

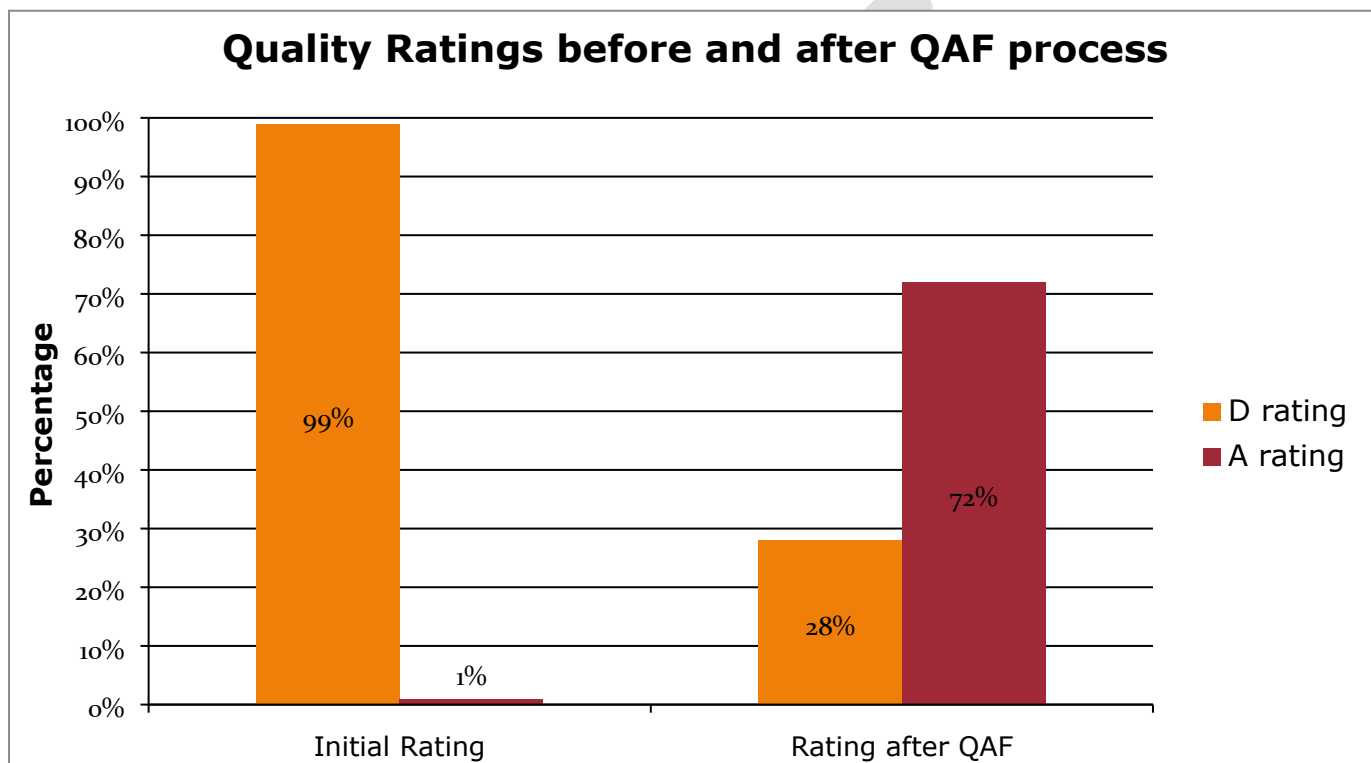
In some instances, CQC may return a rating of 'Requires improvement' where the Council have rated the service as being fully compliant. This could be for a number of reasons including CQC inspectors choosing to examine support plans relating to customers from outside the borough (whose files are not considered as part of the Council QAF process due to issues of confidentiality and Data Protection) and CQC inspectors observing particular incidents or behaviours on the day of their inspection.

Where ratings differ, the QA will draw up an action plan based on issues raised in the CQC report. The QA officer will then work with the provider to ensure all identified issues are addressed at the earliest opportunity.

## 7.2 Initial Quality Rating

The chart below provides a summary of the quality ratings that were awarded after the initial quality assessment was completed and the resulting improvement on completion of the QAF process. 99% of services had been initially assessed as Level D meaning that services were non-compliant with the Council's framework, which may result in a lower quality service being delivered to customers.

At the end of the QAF process, the percentage of services assessed as being Level A (fully compliant) increased from 1% to 72%. This is good news for the department and its customers as it demonstrates that providers are working with us to improve their service.

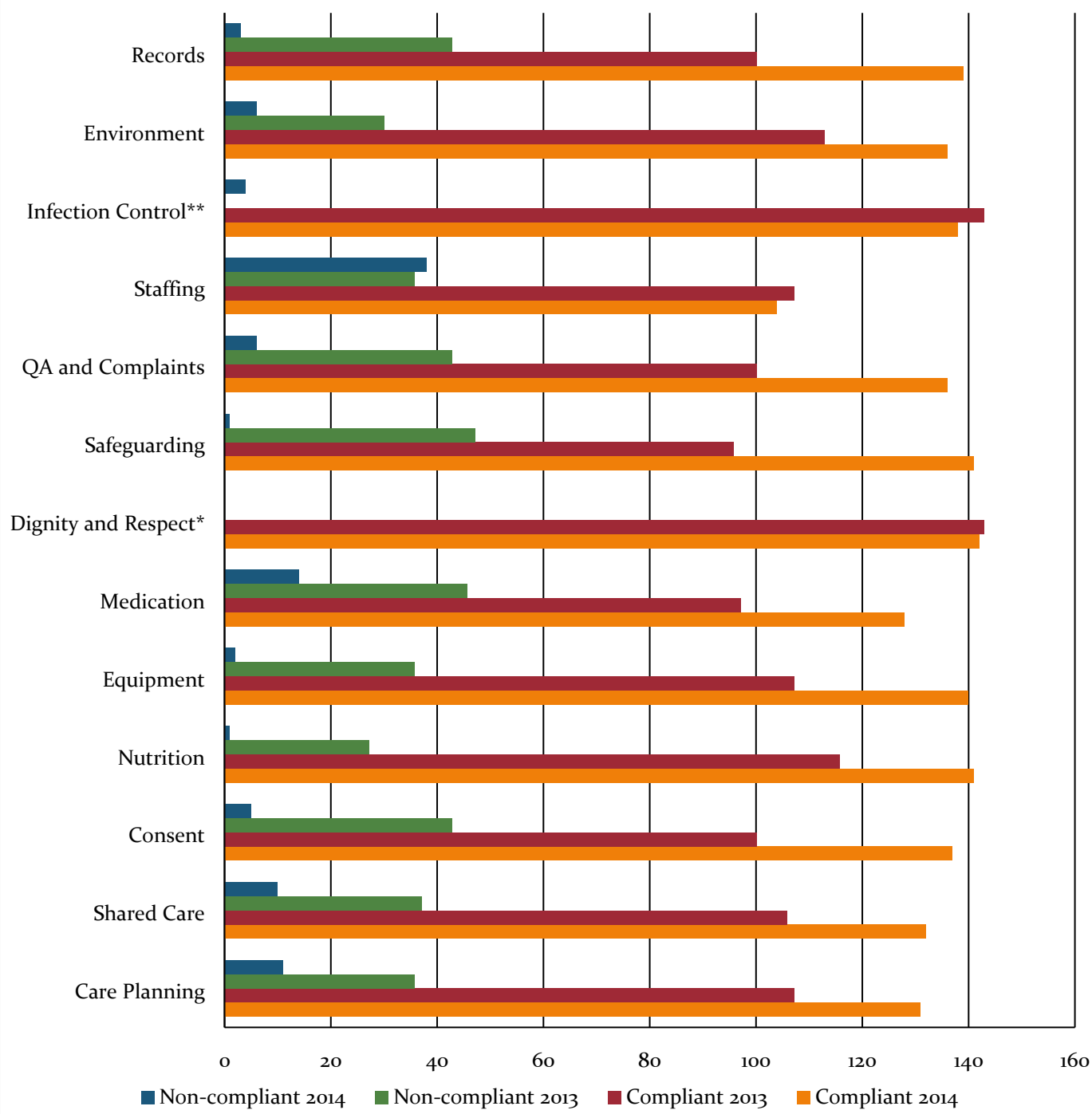


## 8. Outcomes Analysis

### 8.1 Percentage of all services compliant and non-compliant

The chart below provides an analysis of the percentage of all services that have been assessed as compliant and non-compliant by the Council in relation to each specific outcome of the Quality Assurance Framework.

## Overview of compliance and improvement for all services over 1st and 2nd review cycles



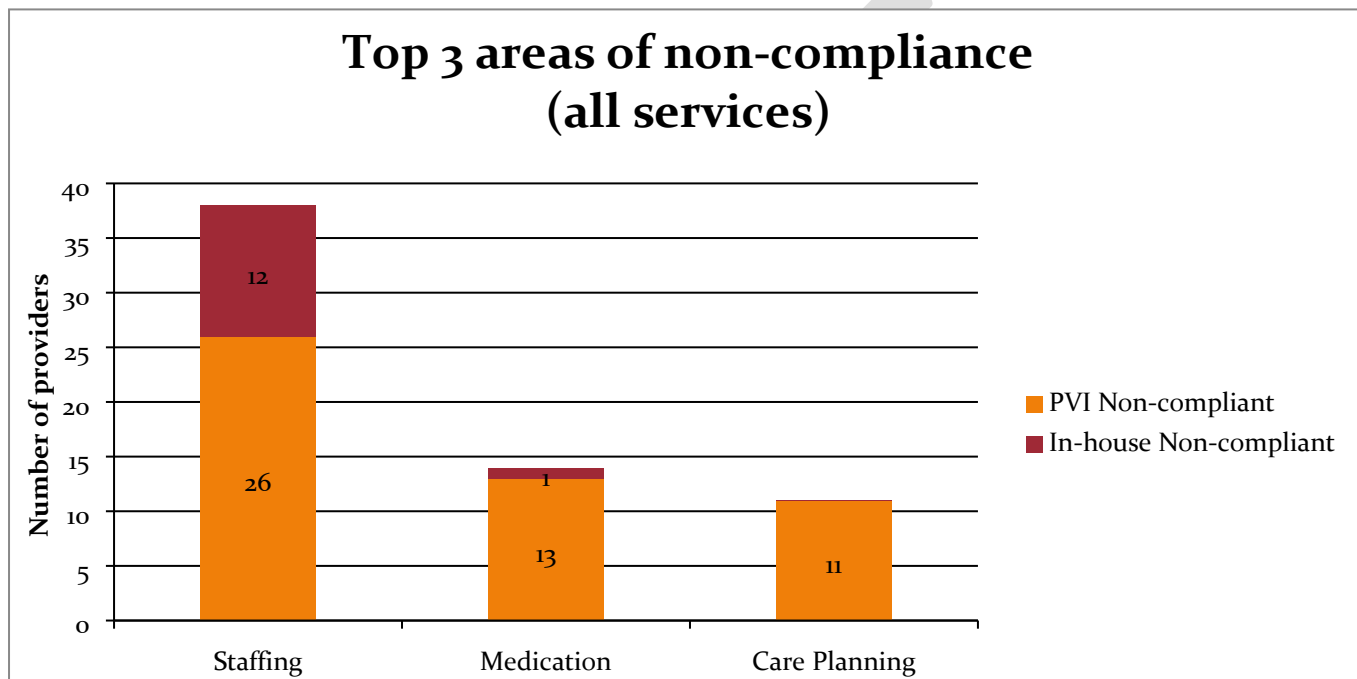
The green bar shows percentage of non-compliance with each outcome in the first cycle of the QAF review (2013-2014). As illustrated by the blue bar, all outcomes with the exception of Staffing showed a significant reduction in non-compliance in the latest QAF review (2014-2015).

## 8.2 Main Areas of Non-compliance - All Services

The following charts outline the top three outcomes currently assessed as being non-compliant across all service areas.

As illustrated below, the top three areas of non-compliance are Staffing (38 non-compliant); Medication (14 non-compliant) and Care Planning (11 non-compliant).

The graph below shows the split on non-compliance between PVI (Private, voluntary and independent) and in-house provision.



The top 3 outcome areas and reasons for non-compliance are:

- ✖ Outcome 10 Staffing
  - Staff had not undertaken the training or refresher training necessary for their role.
  - Staff had not been supported through a regular system of supervisions and annual appraisals.
- ✖ Outcome 6 Medication
  - MAR sheets had not been completed correctly and those errors were not reported and acted on immediately.
  - Protocols for PRN "as required" and variable dose medications were not in place.
- ✖ Outcome 1 Care Planning
  - Support plans including risk assessments not reviewed

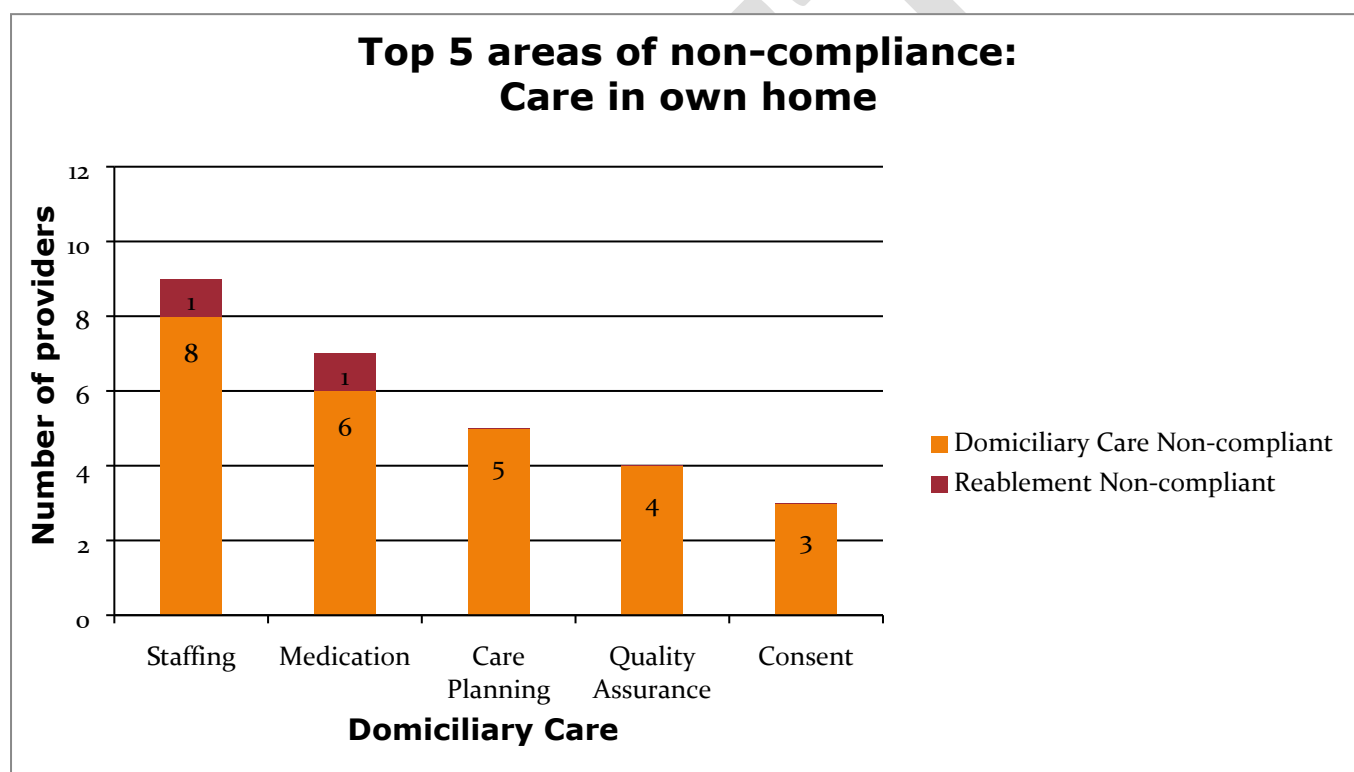
The Quality Assurance and Development Team have delivered best practice workshops on Medication Management, Consent and Quality Assurance in addition to undertaking individual on-site support sessions and regular reviews of actions plans.

The increase in non-compliance with the Staffing outcome is a result of a themed drive to raise standards in this area. Issues relating to staff training have been brought to the attention of the relevant Contract Officer.

It is anticipated that through these interventions providers will be fully supported and better able to achieve compliance at the earliest opportunity.

### 8.3 Top 5 Areas of Non-compliance – Care in own home

The charts below details the top areas of non-compliance for care services delivered in people's own homes:

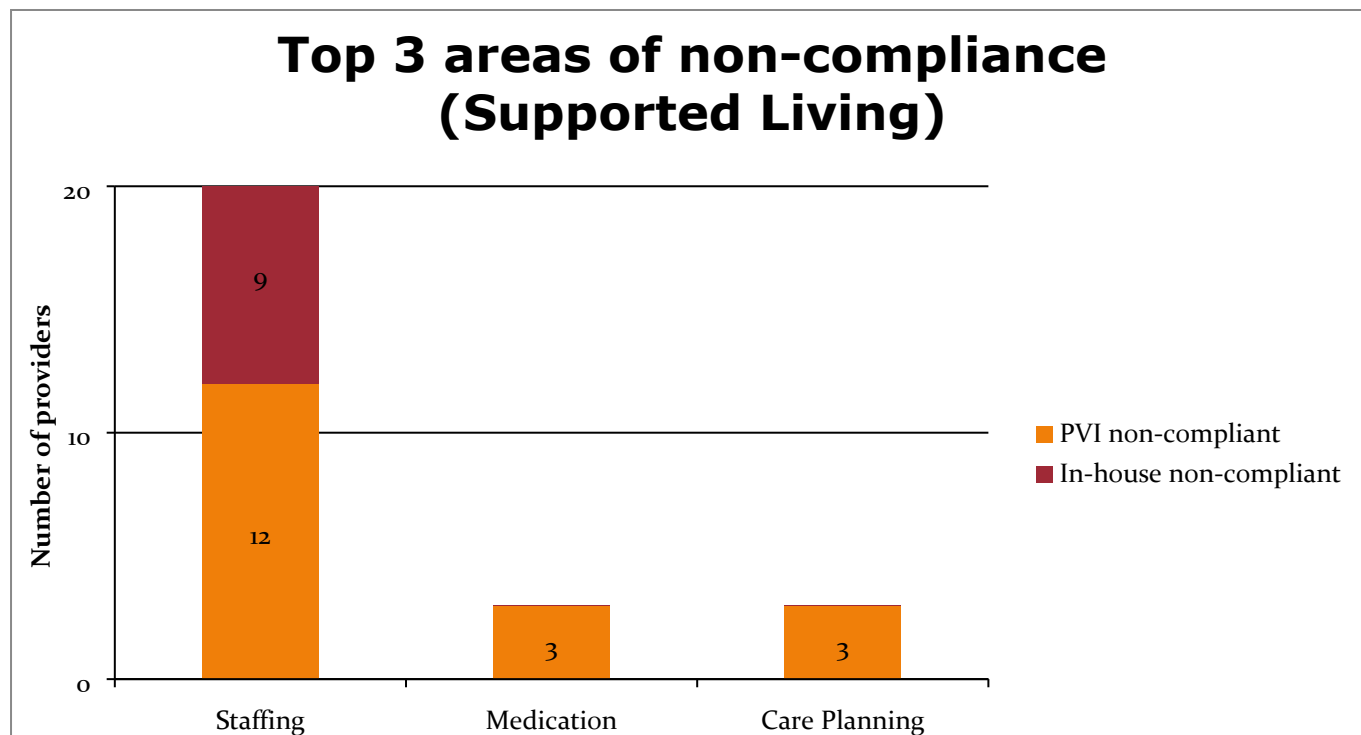


The top 5 areas of non-compliance are shown for Domiciliary Care services as this was the first time Domiciliary Care providers were reviewed under the QAF system. The top 5 outcomes and reasons for non-compliance are as follows:

- Staffing
  - Staff have not undertaken the training necessary for their role.
- Medication
  - PRN protocols not in place
  - Staff not following procedures, for example, not completing paperwork in accordance with policy
- Care planning
  - Support plans, including risk assessments, not reviewed appropriately
- Quality Assurance
  - Not undertaking appropriate audits

- Consent
  - Not obtaining or documenting consent appropriately

#### 8.4 Top 3 areas of non-compliance comparison – Supported Living Services

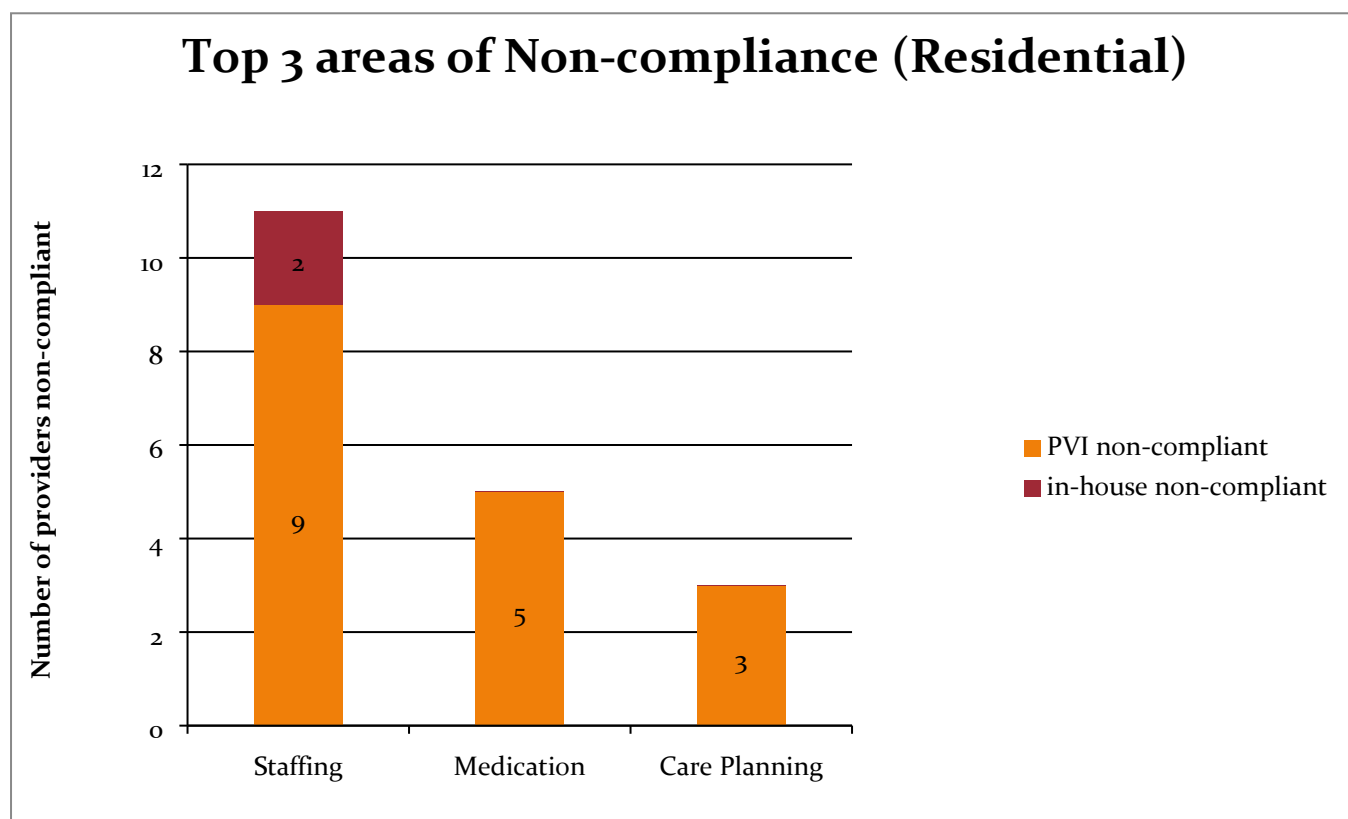


The top 3 outcomes and reasons for non-compliance are as follows:

- Training
  - Staff have not undertaken the training necessary to perform their role.
- Medication
  - Paperwork errors resulting from not following procedures
- Care planning
  - Support plans including risk assessments not reviewed



## 8.5 Top 3 Areas of Non-compliance - Residential Care



The top 3 areas of non-compliance in residential care are:

- Staffing
  - Staff have not undertaken the training necessary for their role
- Medication
  - Staff not following procedures
- Care Planning
  - Care plans including risk assessments not reviewed

## 9. Conclusion

The 2<sup>nd</sup> cycle of the QAF process has now been completed for Supported Living Services and Residential Services. This report shows that although there are again areas of non-compliance these are much fewer than last year and providers can easily be brought back to compliance.

As mentioned in Section 6, the majority of Domiciliary Care agencies have undergone the QAF process for the first time, due to the original framework proving to be not fit for purpose for this type of service provision, which accounts for the greater number of non-compliant outcomes and is line with the results achieved by Residential and Supported Living providers in their first cycle.

Since the implementation of the Council's revised Quality Assurance Framework in September 2013 it has been evidenced that the quality of services has significantly improved with an increase of 72% of services becoming fully compliant and being awarded a Level A Quality Rating.

It should be noted that whilst there has been a positive shift to the quality of services, work continues to be undertaken with providers to improve the overall quality of the social care market and also maintain the high standards that are being achieved. The QA team operate a supportive approach which includes telephone support, quarterly visits and invitations to attend workshops developed in response to the areas of non-compliance found.

Provider surveys are undertaken to gauge the response of providers to the support offered. The survey carried out in August 2014 (correlating to this cycle of reviews) showed that 81% of respondents thought the QAF process was useful in helping to achieve a quality service and CQC compliance. 89% of respondents thought the guidance, advice and direction offered by the QA team was good or better with only one provider stating the service offered was poor.

It should also be noted that CQC changed the way they inspect and report in April 2015 following the introduction of the Fundamental Standards and associated regulations. Their inspection process has become much more robust and has resulted in a higher number of non-compliant providers or, since new ratings introduced, providers whose service is deemed to be inadequate or requiring improvement. In some cases, the Council's QAF process results in a fully compliant rating but CQC have returned a "Requires improvement" rating, which will trigger a return visit in 6 months, or an "Inadequate" rating which would put the provider in "Special Measures" (see Appendix 3). The basis for these ratings could be as a result of a variety of indicators including practice observed on the day; the records looked at and, in some cases, CQC having access to the action plan issued by the Council. In many cases, the CQC inspector contacts the team in advance of an inspection to ask if we have any concerns.

The results presented in this report show that the Quality Assurance and Development Team continue to be highly effective in improving the quality of the services the Council commissions on behalf of our customers.

**APPENDIX 1 – Map of designated localities**

DRAFT

## **APPENDIX 2 - Quality Assurance Framework**

As mentioned in Section 6, the QAF was redesigned in 2013. The original framework comprised more than 600 questions over 28 outcomes taken directly from CQC's Essential Standards of Quality and Safety. The 28 outcomes were found to contain a lot of duplication and some of the outcomes related to regulatory practice which neither ourselves or the providers had any control over.

When this framework was put into operation, it was found to be too onerous for providers to complete meaningfully and for QA officers to assess. As a result, the framework was redesigned by removing questions which didn't apply to the types of services we commission and amalgamating and recategorising others to make them more meaningful in everyday practice. The number of questions was reduced to approximately 140 over 13 outcomes which was more manageable for both providers and QA officers yet still produced the same results. The introduction of the QAF was also acknowledged as being a great improvement by providers.

The redeveloped QAF comprised 13 outcomes. Shortly after the redesigned QAF was put into action, CQC announced the introduction of the Fundamental Standards which closely resembled the Outcomes identified by the new QAF.

## CQC and Special Measures

The extract below is from the CQC website and briefly identifies the process to be followed when a provider is deemed to be "Inadequate".

*We want to ensure that services found to be providing inadequate care do not continue to do so. Therefore we have introduced special measures. The purpose of special measures is to:*

- *Ensure that providers found to be providing inadequate care significantly improve.*
- *Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.*
- *Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example to cancel their registration.*

Further information can be found via the link below:

[http://www.cqc.org.uk/sites/default/files/20150401\\_special\\_measures\\_guidance\\_ASC.pdf](http://www.cqc.org.uk/sites/default/files/20150401_special_measures_guidance_ASC.pdf)