

# Contract, risk management and quality policy

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## Introduction

This policy describes how Somerset Clinical Commissioning Group (CCG) and Somerset County Council (SCC) will monitor and risk manage CQC regulated care providers in Somerset.

This policy sets out our contract reviewing processes, and how we determine the frequency for contract reviews.

It describes what we will do should we identify a quality concern with a provider or, due to size or market position, the provider is regarded as high risk.

The over-arching principle is that both authorities aim to work with all CQC regulated providers and non-regulated CQC providers to share best practice, identify potential quality issues at an early stage and work with them to improve the quality of care, therefore reducing risks to business failure and ultimately ensuring good experiences and outcomes for people using services.

## The Scope of the Policy

There is a national requirement that all registered care providers meet the Care Quality Commission's Standards of Quality and Safety. We expect that all registered care services will meet and strive to exceed these standards.

The Council's Contract Standing Orders (Contracting Procedure Rules) Order number 43 Contract Monitoring and Management requires that:

'Contracts awarded by or on behalf of the Council must be monitored and managed throughout the contract term to ensure delivery of the contracted good, services or works in accordance with the contract requirement and standard'.

The contract with NHS England expect similar.

This policy is inclusive of all CQC regulated care providers, including nursing and residential care homes and domiciliary care providers that either organisation has a contract with. Section 2 of this policy applies to both CQC regulated and non-regulated commissioned services.

CQC regulated providers operating in Somerset with no contract with either authority will still be accountable to SCC for any quality concerns that may potentially escalate to safeguarding or are identified as a Safeguarding risk under the duties required of the Local Authority as described in the Care Act 2014.

Non-registered services and those delivering services through Personal (Health) Budgets and/or Direct Payments are expected to meet the requirements of this policy but will not receive the same support to do so.

## Section 1 – Contract and risk management

### 1 **Monitoring quality**

1.1 The level of contract monitoring and review will be proportionate to the level of risk associated with the care provider.

1.2 The risk assessment criteria are:

- annual spend with the provider;
- evidence from routine monitoring, for example, information on quality;
- financial viability;
- market risk;
- complexity and volume of service users.

1.3 The ways we monitor quality and determine risk are described below:

#### 1.4 **1 Web-based self-assessment return**

Nursing homes are asked to complete a quarterly web based return operated by the CCG called Quest4Care. Returns are collated by the CCG. Homes that include the provision of both nursing and residential accommodation are also expected to use this.

Other care homes and domiciliary care providers are required to complete a six monthly web based return that is operated and collated by SCC (SAF on-line). Providers will have 28 days to complete their SAF on-line return from the date it is issued.

Both web-based systems share core questions and a risk based scoring system to ensure equality of approach. Both systems generate an overall Red / Amber / Green (RAG) score.

The CCG and SCC will work collaboratively when reviewing the web based returns and RAG scores. This includes any qualitative information that is not scored, for example, how you quality assure your service. Any amber or red scores will be discussed with the provider (unless there is already an action plan in place, or the trigger is due to the market place position of the provider (see 6 below)).

#### 1.5 **2 CQC inspection reports and ratings**

Your self-assessment asks that you include your most recent CQC inspection rating and report (or any draft CQC report if not yet published). Your CQC overall rating will be reflected in your self-assessment RAG score. Please note, if you have a CQC overall rating that is “good” but there are some areas ‘requiring improvement’, we will contact you to discuss these areas.

Both SCC and CCG are in regular contact with CQC, and some provider intelligence may be shared this way.

We also monitor published inspection reports for all regulated care services in Somerset.

### 1.6 **3 Service Quality Feedback (SQF) information**

We use feedback from various sources, for example, staff, service users, family, visitors, public, and independent organisations, for example Healthwatch, to monitor quality. If we are receiving a significant number of SQF's reflecting concerns, this will may put your RAG score at Red. One-off feedback will not normally change your RAG score, but this will depend on the nature of the report.

### 1.7 **4 Other intelligence gathered**

Information is gathered from professional teams that access the commissioned services, for example, Social Care workers, Care co-ordinators, Safeguarding and Quality team feedback, Safeguarding whistleblowing, Somerset Partnership staff; District nurses, CPN's, Primary Link, other authorities who commission services in Somerset

The safeguarding and Quality Service also monitors for trends, so for example, if several alerts are received that on their own would not normally warrant further action but, when looked at as a whole, may instigate a quality or safeguarding process.

### 1.8 **5 Financial risks**

If we consider you to fall into a market risk category (see below), you will be required annually to provide SCC with your most recent audited accounts. If we identify financial concerns of a provider, we may require you to submit your most recent audited accounts. This could be individual provider or your provider organisation. Your financial returns will be assessed by the Council's finance officers and risk scored. A medium or high risk score could trigger an initial discussion with SCC's Commercial and Procurement team.

### 1.9 **6 Market risk**

If we consider your service to be of strategic importance in the market place, for example, you may be the only provider of that particular service type in the geographical area, or, the size of the service and number of customers is significant, then, we will agree with you a contract review frequency to reflect this.

Key market risk criteria:

- Strategic importance in the market place, such as block providers, specialist services
- Care Providers offering service to 70 plus people

## 2 **Qualitative information**

2.1 Part of the provider self-assessment allows for the completion of free text fields for additional information to be included, or for specific documents to be uploaded. This information will normally be reviewed in advance of any contract review. If there are known or identified quality concerns it will be reviewed on receipt of the information.

This information is not scored by the system, but could be used by the evaluator(s) to influence a score. This will be collaboratively for services commissioned by both authorities.

## 3 **Scoring**

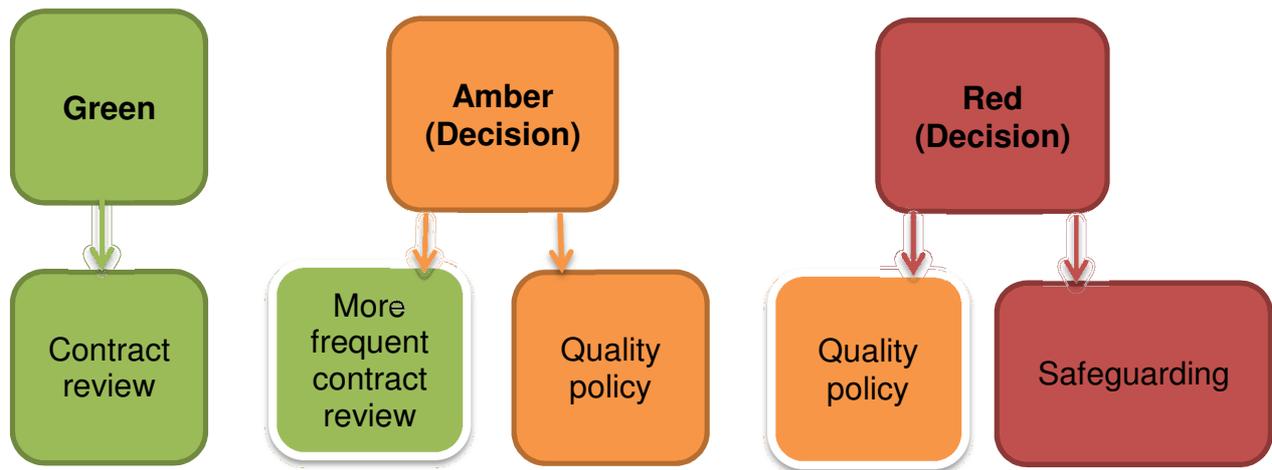
3.1 If the outcome of your score is:

**Green:** This will imply there are no current concerns. (Includes; quality and market risk).

**Amber:** There are some quality concerns. A decision will be made to either undertake a more frequent contract review timescale, or invoke the Quality Improvement policy. If the Quality processes are used the contract reviews will be stopped until the quality improvement process is concluded. At any time the provider concern safeguarding process may be invoked.

**Red:** There are significant concerns or risks identified. Depending on the nature of the concerns/risks will either invoke the Quality policy or the safeguarding processes.

3.2



#### 4 **Best practice**

4.1 Some qualitative information that you provide may include examples of best practices. We will seek to encourage any identified best practice across all organisations, for example, through the RCPA or Care Focus, to help further improve overall quality and in so doing, service user experience of the services we commission.

#### 5 **Frequency of contract reviews**

5.1 Any service commissioned by the CCG will, as a minimum, have an annual contract review.

5.2 Providers deemed to be a market risk will continue to be reviewed annually as defined in section 1.9.

5.3 However, due to the number of the contracts held by SCC, an annual face to face review for all contracts is not possible. Our intelligence monitoring will help us to decide on the frequency of contract reviews. As a minimum SCC contract reviews will be undertaken every 24 months either face-to-face or by phone.

5.4 Contract reviews will use your latest six month SAF on-line self-assessment information as a basis for discussion.

5.5 The frequency of reviews may change for any provider, to reflect the outcome of a subsequent RAG score.

5.6 Any provider can request to touch base with their commissioner at any time or request a contract review.

## 6 **Contract reviews**

6.1 Contracts reviews will be led by the responsible commissioner. However there may be input from other commissioners, for example, a nursing home review may be led by SCC, with input from the CCG for the funded nursing element. We will follow the contract review agenda as set out in Appendix 1

6.2 The contract manager will:

- make sure that outcomes are delivered as per the specification
- ensure compliance with contract terms and conditions; following up any issues
- arrange and hold a formal contract review with providers at the agreed intervals
- record outcome of reviews, decisions made and actions agreed
- maintain communication with stakeholders about any issues
- monitor corrective action plans if required when following contract review/quality improvement processes (QIM) (this may be a different person if following a safeguarding process)

## 7 **Reporting outcomes (performance data)**

We will use the self-assessment information to provide a report and trend analysis data to CCG and SSC commissioners and senior management teams. This data will not identify specific providers and is still under development.

## 8 **Identified quality concerns**

Any action we take will be proportionate to the identified issues and may include the following factors: Significance of the issue; The risk involved; Has the contract been breached; The strategic fit of the service

## 9 **Out of County contracts**

We do not undertake contract reviews with Out of County placements. Quality assurance checks will be undertaken both in setting up contracts and through care management review processes. Outcomes of care management reviews will inform quality assurance. It is assumed that more significant quality issues, for example, significant non-compliance or safeguarding will be shared back with Somerset through other local authorities' quality and safeguarding responsibilities.

## Section 2 - Quality

### 1 Introduction

- 1.1 This section details the quality standards expected of all providers commissioned by Somerset County Council and Somerset Clinical Commissioning Group (CCG) (Funded Nursing Care, Continuing Health Care, and Personal Health Budgets), and how we will support providers to maintain and improve standards.
- 1.2 It explains the procedures we will follow should a provider fail to maintain the expected standards.
- 1.3 The Quality policy dovetails with the Somerset Safeguarding Adults policy, but the Safeguarding policy remains absolute. Any quality issue identified as part of the implementation of this policy that implies a safeguarding concern will be referred to, and follow, safeguarding processes.  
<http://www.somerset.gov.uk/adult-social-care/safeguarding/safeguarding-information-for-providers/>

### 2 Our quality principle

- 2.1 We commission care that promotes a good quality of life, is person centred and contributes to the individual outcomes desired by service users.

### 3 What we do

We have a duty to monitor the quality of service provided by all care and support organisations in Somerset whether or not the care and support is commissioned by Somerset County Council or Health Commissioners. Please see extract from the Care Act statutory guidance:

14.221 Commissioners from the local authority, NHS and CCGs are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

The full guidance can be found here:

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

- 3.1 The responsibility for providing consistently good quality care lies with care providers. However, we will offer advice and support that helps care providers to:
- Offer their service users a quality of care that is consistently above the CQC standards.
  - Improve care quality and consistency when it is falling below our policy and/or CQC's standards.
- 3.2 If a provider is identified as not meeting quality standards we will invoke this policy, and work with the provider to reach, and aim to exceed, acceptable minimum expectations.
- 3.3 With the permission of the provider we will also, when appropriate, engage with other

support organisations, for example the Registered Care Providers Association (RCPA), Care Focus, the CCG Care Home Support Team to provide proportionate support to the quality issues identified.

- 3.4 If the standard continues to remain below our policy and/or CQC's standards, or the provider fails to engage with us, we have the right to suspend commissioning services from the Provider until such time that minimum quality standards are met. We also have the right to terminate our contracting arrangements with the provider in the event that quality standards are consistently not met (see 6.4).

#### 4 **Levels of Quality expected from all Care Providers**

- 4.1 We expect all care providers to meet CQC's fundamental standards. They can be found at this link.

<https://www.cqc.org.uk/content/regulations-service-providers-and-managers>

- 4.2 To support quality standards, providers will have clear operational guidelines in accordance with regulations and best practice guidance.
- 4.3 Observance of Human Rights will underpin meeting quality standards.

They are often described by a simple framework of commonly recognised values – the so-called 'FREDA' principles: Fairness, Respect, Equality, Dignity, Autonomy

Further details include:

#### **Dignity and security**

- **Physical wellbeing** – including freedom from intentional or unintended physical abuse or neglect, protection from pharmaceutical, medical abuse or sexual abuse.
- **Psychological and emotional wellbeing** – including freedom from bullying and threats and disrespectful treatment (including being talked over or ignored); respect for cultural heritage/religion.
- **Financial security/security of possessions** – including protection from financial abuse and, for those without mental capacity, decisions taken in one's best interests; freedom to control one's personal possessions.

#### **Autonomy and choice**

- **Self-determination** – including the right to live as independently as possible, to make routine decisions (for example, what to eat/wear), to be consulted about on-going professional decisions and to have a say about the timetable of one's day.
- **Support for decision-making** – including a right to information and advice about care options, to be given meaningful choices and time to decide, and to be offered support for personalisation of care.

#### **Privacy**

- **Respect for personal privacy** – including modesty when dressing/bathing and privacy when one's personal circumstances are discussed by others.
- **Respect for personal space** – including respect for a wish to be alone and

for a wish to be intimate with others.

- **Respect for private correspondence** – including private letters, phone calls and private documents.

## Social and civic participation

- **Friends and family** – the right to maintain relationships with family and friends.
- **Community participation** – the right access the community to participate in community events, to join community groups/associations and to participate in religious or non-religious activities.
- **Civic participation** – including the right to participate in elections

## 5 What we will do

5.1 If we identify a quality issue we will:

- Talk to you about it
- Decide on the significance of the quality issue, and its likely impact on service users.
- Decide if the significance of the issue should invoke this policy and at which level.

5.2 If we invoke this policy, contract reviews will be suspended until such time as the quality issue has been resolved. (See section 1 – Scoring)

5.3 We may work in partnership with a range of other organisations that could support you (see section 3.3).

5.4 When first raised, if areas of concern are considered to have, or potentially have a significant impact to quality or safety of service delivery on service users, we will suspend any new placements with you, or with that area of service (see section 7)

5.5 Following implementation of an action plan, if areas of concern are not improved to a satisfactory level within agreed timescales, we will suspend any new placements with you, or with that area of service (see section 7)

5.6 We will also consider moving existing placements should the safety concern be critical to the individual's welfare, following the Somerset Safeguarding Policy. <http://www.somerset.gov.uk/adult-social-care/safeguarding/safeguarding-information-for-providers/>

5.7 We have the right to suspend any block contracting arrangements (including payments for void rooms).

5.8 The needs of service users will always be paramount. We will make every effort to make sure that individuals remain in control and have choice about the care and support they receive. Best interest meetings, including the relevant family members and/or friends (and in their absence an Advocate or Independent Mental Capacity Advocate) and professionals, will be held for those unable to make decisions about changing services (moving to a different provider) as a consequence of a service no longer being commissioned.

## 6 **What we will do if this policy is invoked**

6.1 We will always contact you to discuss identified quality issues before invoking this policy. We will:

- Meet with you to discuss the areas of concern
- Ask you to produce an improvement plan identifying the tasks to be undertaken (unless the areas of concern are already being addressed in an improvement plan agreed with CQC)
- Allocate responsibilities for action and timescales for completion
- Review progress on the action plan. (the timescale will be set to reflect the nature of the concern)
- Decide on any further action following review

6.2 Depending on the nature of the concern, and with the need to be transparent we may also write to all service users and their families, or arrange a joint provider / health and social care meeting with service users and their families to explain what is happening. This will make sure everyone receives consistent and accurate information and that any anxieties are appropriately managed. We will do this in partnership with you.

6.3 If 6.2 is invoked we will write to everyone again when the matters are resolved

6.4 If the quality issues remain unresolved or improvements are not sustained and evidenced by CQC and/or Safeguarding outcomes we may terminate our contract with you. We will:

- Arrange to meet with you to discuss this
- Write to all service users / family to explain the situation and what we will do and how we will support them
- Support service users to find alternative services or care home residents to find other suitable accommodation, or
- Agree an exception for any service user who chooses to remain with the provider or resident(s) who decide to remain living in the care home, as long as the provider remains CQC registered, and that the service user fully understands what this means.

6.5 If a provider consistently does not meet CQC compliance standards, or standards fluctuate, we may decide to continue to suspend making new placements for a minimum period of at least six months, even after CQC compliance is achieved, to make sure that the provider is able to demonstrate sustained improvement.

6.6 If a provider is consistently non-compliant in meeting CQC standards and shows no improvement over time or ability to sustain improvement, we will formally inform the provider that they are in breach of contract and follow the formal process to cease our commissioning arrangements with that provider.

6.7 The full operational implementation processes can be found in the separate document “Somerset Quality policy – Processes and guidance”

## 7.0 **Managed Placement Memorandum**

7.1 Where we have significant concerns about quality or safeguarding and our commissioning position has been changed to reflect this, we will add the name of provider to our internal managed placements memo so that staff are aware when considering placements. This will only be implemented following discussion with you

at a Quality Improvement meeting or Provider Safeguarding meeting.

- 7.2 Only Adult Social Care senior managers can authorise a change of commissioning status.
- 7.3 The Managed Placements Memo is a confidential memo shared only between local authority and health staff involved in supporting people to find care and support in the community and in care homes. Staff will first contact the named manager before making contact with that provider, so that they can be fully aware of the issues and to enable them to discuss them with their service users and families if appropriate.
- 7.4 When the quality and/or safeguarding issue(s) have been resolved the senior manager will ask for the provider details to be removed from the list immediately and it will be re-issued.

## 8 **Reviewing this policy**

- 8.1 This is a working document and will be revised as required and as a minimum once a year. We will update this policy in line with any changes CQC make to their regulatory framework.

**Appendix 1  
Contract Review meeting agenda**



<p><b>Provider:</b> xxxxxxxxxxxx  <b>Date;:</b> xxxx  <b>Time:</b> xxxxx  <b>Venue:</b> xxxx</p> <p><b>Attendees</b>  <b>Contract Manager:</b> xxxxxxxxxxxx  <b>Somerset County Council :</b> xxxxxxxxxxxx  <b>Somerset Clinical Commissioning Group:</b> xxxxxx  <b>Provider:</b> xxxxxxxxxxxx</p>		
<b>Agenda</b>		
	Tour of establishment (if appropriate)	
	Welcome and introductions	Contract manager
	Call for any items of AOB	Contract manager
	Notes/ Actions from any previous meeting	Contract manager
	SAF on-line discussion – including any agreed action plan	Contract manager and Provider
	Provider developments	Provider
	Somerset County Council update and future commissioning plans	Contract manager
	Confirmation of contract arrangements	All
	AOB	All
	Confirmation of decisions and actions	Contract manager
	Date of next meeting (if applicable)	All

<b>Version control</b>		
Draft 1	Aug 15	Andrew Palk & Christine Hale
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## **Introduction**

This document provides the detailed guidance and processes to follow should a care provider be found to be requiring improvement, as per Somerset's Quality policy for care and support.

It provides a consistent and fair approach to how Somerset will support providers who fail to meet fundamental standards.

It covers the things to do for all types of scenarios, but the lead officer should take and use the relevant information and steps that best suit the particular situation.

## **Risk management and escalation**

We will first use our risk management framework to decide whether to follow the quality policy or our Adult at Risk Safeguarding processes.

If the quality policy processes are used, it may escalate to use of the safeguarding processes at any time depending on the nature of the concern and/or the rate of improvement.

## **The Quality policy processes:**

### **The stages**

There are two stages to the way we approach quality issues:

**Informal stage:** We may follow up with the provider, either by phone or an informal face-to-face discussion to explore the concerns and what actions have been taken to address them. We will confirm the outcome of these discussions by email with the provider. The outcome from this stage could either address the concerns with no further action or lead to the formal stage.

### **Formal stage one:**

We will apply the formal quality policy framework, see appendices. This will suspend the formal contract review schedule. This stage will also consider our future commissioning position. This may also include the NHS commissioning position.

This stage may include invitations to meetings, which will include all relevant agencies.

The Formal stage may initiate use of the Provider Service Safeguarding framework policy, if risks are deemed across a service.

Initiating decommissioning of services as a result of sustained lack of improvement in meeting CQC standards will only take place using the Provider Safeguarding framework policy and/or the Business Failure policy and processes.

## **Expectation of care providers in Somerset**

Somerset County Council has in place a Quality policy within our contract framework that we expect all providers to follow.

In addition, we expect, as part of our partnership working commitment, that providers alert the Council when they appear to have a problem, which maybe too early to call a “quality” issue, but it could develop into such an issue.

We recognise that at this early stage, the provider may have internal plans to deal with the issue, but by working together to understand the problem, may help an early resolution.

We expect providers to tell us when they start receiving a growing level of complaints / concerns, or when their business arrangements / changes may result in an impact on care delivery.

We can then work with the provider to minimise the impact and help our staff to understand the issues, who in turn, may also be getting feedback from service users.

We can develop action plans with the provider, which could be shared with all staff, to help manage a situation.

We understand that demand on services is high which may create capacity problems, particularly at particular times of the year. By embedding a practice of early identification and good communication and putting in place action plans we hope will help to reduce some of the impact.

We also require providers to tell us if they have a CQC inspection and provide us with the outcome of the draft inspection report.

**Table 1 – Formal stage: Template to confirm arranging QIM**

**This template is for guidance only and should be adapted to reflect individual discussions / circumstances.**

Type name and address	Please ask for:	Your reference:
	Direct dial:	Our reference:
	Fax:	
	Date:	E-mail:

Dear

**Quality Improvement Meeting: insert name of home**

Further to our recent phone conversation I am writing to confirm that we will meet on insert details of meeting to discuss the quality issues reported at the above Home and the impact these may have on service delivery.

At the Quality Improvement Meeting (QIM) we hope to understand more about the reasons for the quality issue/s and agree how we can support you to improve these to an acceptable level. We will discuss your improvement plan or support you in its development as necessary.

We expect the Company owner (or Senior Regional / Area Manager of a corporate provider) and Home Manager to attend the meeting, which will also include insert attendees.

We will confirm our commissioning position with you and discuss any further action to take concerning:

1. Suspension of new placements or placing with restrictions
2. Sharing concerns with service users and their families

What we decide will depend on the nature and severity of the quality issues and the results of our discussions. For your further information our Contract, Risk management and Quality policy is attached.

Should you require any clarification or have any questions, please contact me either by phone or email, using my details at the top of this letter.

Yours sincerely

Insert name  
Insert role

**Somerset County Council  
Safeguarding and Quality Service  
Quality Improvement Meeting for  
insert provider name**



**insert: venue, date and time**

**Agenda**

1. Welcome and introductions
2. Agree any other business
3. Reasons for the meeting
4. Recent CQC inspection report / quality feedback information
5. Recent safeguarding investigations and impact on quality concerns
6. CQC action improvement plan or / actions points for improvement plan with ASC
7. Provider support/ training needs, for example, RCPA, Care Focus, CCG Care Home Support Team
8. Commissioning position / Managed Placement memo / Somerset Choices
9. Communication plan to service users / relatives / press (if appropriate)
10. Any other Business
11. Summary of actions
12. Date of next meeting or revised contract review date

**Table 3 – Formal stage: Template for QIM notes and actions**



**Date:**

**Provider:**

**Venue:**

<b>Attendees</b>	
<b>Somerset County Council</b>	
<b>Provider</b>	
<b>Other stakeholders</b>	
<b>Apologies</b>	

<b>Agenda Item</b>	<b>Key Discussion Points</b>	<b>Action by</b>	<b>Date</b>

**Somerset County Council  
Safeguarding and Quality Service  
Follow up Quality Improvement Meeting for  
insert provider name**



**insert: venue, date and time**

**Agenda**

4. Welcome and introductions
5. Agree any other business
6. Reasons for the meeting
7. Minutes of the last meeting / progress on actions
8. New issues
5. Recent safeguarding investigations and impact on quality concerns
7. Provider support/ training needs, for example, RCPA, Care Focus, CCG Care Home Support Team
8. Commissioning position / Managed Placement memo / Somerset Choices
9. Communication plan to service users / relatives / press (if appropriate)
10. Any other Business
11. Summary of actions
12. Date of next meeting or revised contract review date

**Instruction**

To ensure consistency and evidence based decision making in relation to restrictions, suspensions and recommencing placements, please follow the following process.

Collate all of your evidence in relation to a particular provider and share this with the provider. Where there may be a need to restrict placements, if at all possible this should be instigated by the provider. Where this is not possible, mutually agree, as a last resort, a decision to restrict, suspend or recommence.

Make recommendation and seek agreement from the Safeguarding and Quality Strategic Manager and the relevant Strategic Commissioning Manager.

**Managed Placements**  
(Updated [insert date])



This document is a confidential memo shared only between local authority and health staff involved in supporting people to find care and support in the community and in care homes.

The Managed Placements Memo is in three parts. We will add to this list the name of any provider where we have concerns about quality or safeguarding that impact on future placements.

<b>RED</b>	<b>The first section refers to providers where SCC is not currently agreeing new placements</b>
<b>AMBER</b>	<b>The second part is where SCC has put certain restrictions on placements</b>
<b>GREEN</b>	<b>The third is where restrictions have been removed since the last published list and SCC are now placing</b>

**Red and Amber:** Staff must first contact the named Manager before making contact with the provider so that they can be fully aware of issues to enable them to discuss these with their service user if appropriate.

Only the Manager (Strategic Manager / Service and Operations Manager / Commissioning Manager) involved with the discussions with the provider can recommend and add the provider to the memo following confirmation by DASS or Director Operations.

This MP Memo will also include an update on the CCG's commissioning position for CHC.

When the quality and/or safeguarding issue has been resolved the Manager will recommend change or removal of the provider following confirmation by the DASS or Director of Operations. The list will then be re-issued,

**CH = Care Home**  
**HCA = Home Care Agency**

SL = Supported Living

**RED - NOT CURRENTLY PLACING**

Type of Service	Name and address of service provider	SCC contact name and telephone number	Date added
<b>Taunton</b>			
<b>Mendip</b>			
<b>Sedgemoor and West Somerset</b>			
<b>South Somerset</b>			

**AMBER - PLACING WITH RESTRICTIONS**


**GREEN – RESTRICTIONS REMOVED, SCC NOW PLACING**
