CQ1 Procedure

Document Control

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Change History

Version	Date	Description	Change ID
2	14/07/16	Updated and appendixes added – flowcharts and posters	AC
3	July 2017	Updated re changes in team structures and case management system processes	AC
4	March 2019	Update due to database changes	RB
5	June 2025	Update due to organizational changes	JB

Related Documents

Reference	Title	Tier

West Berkshire COUNCIL

Contents

Version:4   CQ1 Procedure   Dated: 19/3/19

1.   Purpose

1.1.   The purpose of the CQ1 Procedure is to ensure effective reporting in adult social care of any concern[1], issue, omission, or error in the care or support provided, or performance in the service received. The Procedure should be used for public and private funded packages.

1.2.   **Any matter, even seemingly trivial should be reported**. This is important as there are so many diverse services provided, settings and client bases that we cannot review each one in depth. It will enable the Care Quality Team to have an accurate oversight of the issues facing providers of adult social care services (Providers) and the Providers of concern. This will ensure resources can be appropriately disseminated to drive up quality and capacity within the adult social care market, and protect vulnerable adults receiving a service, reducing the risk of market failure.

1.3.   The reporting of CQ1's enables Providers to identify areas for improvement and continuously improve service delivery, maximizing capacity in the market.

1.4.   The reporting will enable data analysis so that themes and trends of concerns, issues, omissions, or errors reported in adult social care can be identified. This will be used to inform the Care Quality Team, Providers, and Care Quality Board, internal departments of the Council, external agencies and the Care Quality Commission of the market in West Berkshire.

1.5.   The CQ1 process is not to be used as a threat or a negative action. It should always be promoted as a positive process of information sharing for improved service delivery.

2.   Applicability

2.1.   This policy applies to all employees working for the Council

2.2.   External agencies and the public are also encouraged to use the CQ1 procedure, however they are not bound by this document. Section 5 sets out the procedure external agencies and the public may follow.

2.3.   **It is important to recognise when submitting a CQ1 that only individuals whose care is funded in whole or part by West Berkshire Council (a Service User[2]) can be followed up for individual outcomes by their allocated workers. Those who are privately funding their care <u>will not</u> have the individual matters raised in the CQ1 Form addressed by West Berkshire Council.**

3.   Roles and Responsibilities

3.1.   The Service Lead of Commissioning has overall responsibility for ensuring that CQ1s are managed appropriately in accordance with these agreed standards.

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[1] Throughout this document this word is given its usual meaning and is not to be confused with the safeguarding definition of concern.
[2] Service User is an individual whose care is commissioned in whole or part by West Berkshire Council

3.2.　The Care Quality Team is responsible for:

- Directing and reviewing this procedure.
- Ensuring that there is effective communication on related matters.
- Publishing and promoting the adoption of this procedure.

3.3.　The Care Quality Team and all adult social care managers are responsible for the day-to-day management of the procedure including ensuring implementation of this standard.

3.4.　All adult social care staff are responsible for familiarising themselves with and ensuring that they comply with this standard.

3.5.　All parties submitting information must have regard to the law on data protection and be aware that information shared may be passed onto the Service Users/ clients referred to under circumstances such as a freedom of information request.

4.　**Procedure for those with access to Care Director reporting a CQ1 relating to a Service User**

4.1.　On every occasion that there is a concern, issue, omission, error in the care or support provided, or performance in the service received by a Service User the employee aware of the matter will consider whether it is a safeguarding matter in accordance with the Safeguarding Adults - Berkshire Policy and Procedure and Safeguarding Adults Partnership Board.

4.2.　If the matter is not safeguarding, then no matter how trivial a CQ1 must be completed and finalised with the outcome within 14 days.

4.3.　The employee must go into the Service User's file on Care Director and open a CQ1, an example is set out at Appendix A. The CQ1 is on Care Director under documents as a CQ1. *(Client matter/ active referral/ documents/ CQ1/start/ insert)*

4.4.　All of the details must be completed. More than one box can be marked when indicating what the matter relates to. The comment box should contain a brief description of what happened. Appendix B gives examples of what each tick box statement on the CQ1 could refer to.

4.5.　The employee must decide whether further work is to be carried out by the allocated worker to address the issue and record this decision where indicated on the form. Further work must be carried out if the Service User is at risk of harm or there are other issues that need to be resolved regarding service delivery for that individual specifically e.g. 3 missed calls for a Service User – the allocated worker needs to ensure the Service User receives their calls.

4.6.　If the employee completing the CQ1 is not the allocated worker, it is the employee's responsibility to send the CQ1 to the allocated worker.

4.7.　If the Service User does not have an allocated worker and further work is required, the CQ1 needs to be sent to the relevant locality team who will be considered the allocated worker for the purposes of this process.

4.8.   **The allocated worker must send a copy of the CQ1 to the Provider in a timely manner so the CQ1 can be investigated.** The allocated worker must input the date on the CQ1 form of when it was sent to the Provider for a response.

4.9.   The allocated worker is to liaise with the Provider until the matter is resolved. If the outcome cannot be met within 14 days Carequality must be informed.

4.10.   **It is the allocated workers' responsibility to deal with any issues relating to a Service User as they normally would**.

4.11.   **All CQ1's relating to a Service User must have an outcome which must be filled in on the CQ1 form. This is a summary written by the allocated worker and includes a selection box which records whether the provider was at fault**. The outcome must be sent to the Provider in a timely manner, and the allocated worker needs to input the date which it was sent to the Provider in order to close the CQ1 form (see Appendix C for example outcomes.)

4.12.   **Mandatory fields on the CQ1 form must be completed for it to close**.

4.13.   The Care Quality Team will record the CQ1 on their Risk Matrix. Each CQ1 adds points to a Provider's risk rating. The Care Quality Team will visit a Provider when the score of risk meets the relevant threshold. The Care Quality Team will not address individual matters, but instead themes and trends. For example, if there are several missed calls the Care Quality Team will look at the Provider's staff levels, rotas, call logs etc to address the market issue.

5.   Procedure for employees without access to Care Director, external agencies, the public and for clients who are not Service Users,

5.1.   On every occasion that there is a concern[3], issue, omission, or error in the care or support provided, or performance in the service received by a Service User/client the person aware of the matter will consider whether it is a safeguarding matter in accordance with the Safeguarding Adults - Berkshire Policy and Procedure.

5.2.   If the matter is not a safeguarding matter, then no matter how trivial, a CQ1 must be completed.

5.3.   The CQ1 is found on the internet, on the Council's website and is found at www.westberks.gov.uk/careconcern alternatively on the West Berkshire Council website search for 'care concern' or 'concern about care' to be directed to the form.

5.4.   As many details known to the person completing the CQ1 should be filled in. (A professional may be duty bound to obtain consent before sharing personal information, if so the professional will need to obtain this. If consent cannot be obtained the personal details should be left blank. Please note if there is not enough information to identify a Service User, the individual matters raised in the CQ1 Form will not be addressed by West Berkshire Council)

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[3] Throughout this document this word is given its usual meaning and is not to be confused with the safeguarding definition of concern

5.5.   More than one box can be marked when indicating what the matter relates to. The comment box should contain a brief description of what happened. Appendix B gives examples of what each tick box statement on the CQ1 could refer to.

5.6.   The CQ1 will automatically be sent to the Care Quality Team when the form is submitted.

5.7.   The Care Quality Team will record the CQ1 on their Risk Matrix. Each CQ1 adds points to a Provider's risk rating. The Care Quality Team will visit a Provider when the score of risk meets the relevant threshold. The Care Quality Team will not address individual matters, but instead themes and trends. For example, if there are several missed calls the Care Quality Team will look at the Provider's staff levels, rotas, call logs etc to address the market issue.

5.8.   If the individual is a Service User and named on Care Director the CQ1 will be sent to the allocated worker by the Care Quality Team, or if there is no allocated worker the CQ1 will be sent to the relevant locality team who will be considered the allocated worker for the purposes of this process. If the CQ1 has not been completed on a CQ1 form it is the allocated workers responsibility to complete one on Care Director transferring the information over from the web form so that it is included in reports taken from Care Director. The allocated worker must follow the process set out in sections 4.3 -4.13 above. (If a SCAS sent to the Safeguarding Team does not meet the safeguarding criteria it will be sent by the Safeguarding Team to the allocated worker (if the individual is a Service User) and section 4 above must be followed.)

5.9.   If the matter appears to be a safeguarding matter rather than a CQ1 then the CQ1 will be sent by the Care Quality Team to the Safeguarding Team for their consideration and to follow up.

5.10. If the CQ1 relates to a private funder the Care Quality Team will send the CQ1 form to the Provider for their information so they are aware of the concern, issue, omission, or error raised and can address it internally

5.11. If the person completing the CQ1 is a professional, they may undertake the further work that is required as part of their role. If so, a note must be made of this in the comments section by the professional completing the CQ1. This is to ensure that the Care Quality Team and allocated workers know that it is being undertaken and do not duplicate work.

6.   <u>Outcome of reporting CQ1s</u>

6.1.   The Care Quality Team will not respond to individual CQ1s as the information is used to generate a risk rating for Providers. There is no requirement for allocated workers to advise the Care Quality Team on how a matter is being dealt with as it is the allocated workers' responsibility to ensure their service users are safe and their decision how best to do this. The outcome is automatically sent by Care Director to the Care Quality Team when the CQ1 form is closed. The CQ1 will be removed from the Risk Matrix if it appears there is no liability by the Provider.

6.2. When a Provider has accumulated a risk rating which meets the relevant threshold then the Care Quality Team will visit the Provider to review their practices. It is therefore important that all concerns, issues, omissions, or errors are reported through the CQ1 procedure.

6.3. The CQ1s will generate data that identifies areas of weakness within the market so that the Care Quality Board can consider strategies to strengthen the services being provided.

6.4. Information regarding the themes and trends identified will be shared with adult social care employees as will any restrictions put on Providers due to intelligence gathered.

6.5. CQ1's are shared with the applicable Provider so they can address the issues and improve service delivery.

6.6. Information regarding the themes and trends identified may also be shared with Provides and external agencies.

Guidance for completing a CQ1 form

CQ1 - DO NOT USE THIS FORM IF THE MATTER RELATES TO A SAFEGUARDING INCIDENT

This form is to be used on every occasion that there is any concern, issue, omission or error in the care or support provided, or performance in the service received. This is used to notify the Care Quality Team of your concern so they can collate the data and identify where there are service concerns. The Care Quality Team will use this data to inform them of who they need to visit. Any references to the word 'concern' within this document should be given its usual meaning, and should not be confused with the safeguarding definition.

Risk Level

Risk Level

Please consider the Safeguarding Adults Partnership Board (SAPB) thresholds document

CQ1 Risk Level Choice

☐ Low - No harm. Not a criminal act. No wider impact. Occurred once and unlikely to re-occur. One person was exposed to risk

☐ Medium - Some harm. Occurred once or more. Could be wider impact. May recur. May be more than one person exposed to risk.

☐ High - Serious harm and/or criminal act. Has occurred regularly or many times. Wider impact. Probable to recur.

Person Completing Form

Person Completing Assessment

Team

Incident Details

Incident Date and Time

Date of incident   Time of incident

Provider

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┌────────────────────────────────────────────────────────┐
│                                                        │
└────────────────────────────────────────────────────────┘
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Type of Service

☐ Adaptations
☐ Adult Nursing Care
☐ Adult Nursing Respite
☐ Adult Residential Care
☐ Adult Residential Respite
☐ Advocacy
☐ Assistive Technology
☐ Befriending
☐ Carers Grant
☐ Community Support
☐ Day Care Opportunities
☐ Equipment
☐ Grant Funded Services
☐ Help Alarms & Telephones
☐ Home Care
☐ Meals
☐ PB Community Support
☐ PB Day Care
☐ PB Homecare
☐ PB Respite
☐ PB Shared Lives
☐ Professional Support
☐ Shared Lives
☐ Transport
☐ Other - Please state

Other Service Description

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┌────────────────────────────────────────────────────────┐
│                                                        │
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Is this care paid for privately?

☐ Yes
☐ No

Category of care quality concern

Please tick all that apply

- ☐ Missed Calls
- ☐ Late / Early calls (over 30 minutes outside scheduled time)
- ☐ Short calls
- ☐ Inability to communicate in clear English
- ☐ Poor recording
- ☐ Information / Documentation missing or incomplete
- ☐ Poor communications between provider and other agencies / commissioners / Local Authority
- ☐ Poor communications between provider and client / family / advocate
- ☐ Failure to respond adequately to complaints / concerns raised
- ☐ Poor overall quality of care
- ☐ Poor handovers
- ☐ Poor moving and handling techniques
- ☐ Poor infection control
- ☐ Inadequate equipment
- ☐ Information & guidelines not followed
- ☐ Uniform / ID
- ☐ Medication errors
- ☐ Poor health & safety
- ☐ Poor person centered support
- ☐ Lack of awareness of individual's condition / diagnosis / needs
- ☐ Lack of stimulation
- ☐ Lack of dignity & respect
- ☐ Deprivation of liberty
- ☐ Other (please state)

Other care quality concern

Comments on care quality concerns

Please state primary issue if more than one box has been ticked above, and any other detail that will help us to understand the *concern / issue / omission / error.

Date copy sent to Provider for investigation

| DD | MM | YYYY |

Document completion

Provider responsible or partly responsible for error, omission or concern

| ☐ Yes |
| ☐ No |

Agreed actions/outcomes by the provider to confirm the concerns has been addressed.

| |

Date Outcome sent to provider

| DD | MM | YYYY |

Is further care quality work to be carried out by the allocated worker?

| ☐ Yes |
| ☐ No |

Close Document

| DD | MM | YYYY |

The following is a list of examples of concerns, issues, omissions, or errors that could fit under the tick box statements on the CQ1. This is not an exhaustive list.

Missed calls
Did not attend scheduled call

Late / Early calls (over 30 minutes outside scheduled time)
Arriving Late
Arriving Early
Not arriving on time

Short calls
Insufficient time allowed for duties (carer in a rush)
Insufficient travel time allowed
Not staying for the allocated time

Inability to communicate in clear English
Language / inability to verbalise in clear English

Poor recording
Lack of details in log book
Illegible handwriting
Not using appropriate paperwork
Inability to verbalise in clear English
Inadequate
Out of date
MAR sheets not being signed for

Information / Documentation missing or incomplete
No care plan information
No risk assessments
No daily log sheets recorded
MAR chart incomplete

Poor communications between provider and other agencies / Commissioners / Local authority
Poor Communication
Lack of meet up instruction given to staff by the administration team/managers
Not reporting issues
Failing to respond to CQ1's
Failing to return calls/correspondence

Poor communications between provider and client / family / advocate
Not informing client and/or family when running late
No prior notice that their "normal" carer is not coming
Change in client's times without prior notice

Failure to respond adequately to complaints / concerns raised

Complaints not recorded in complaints log
No feedback from complaint
No complaints policy

Poor overall quality of care
Signs of neglect i.e. dirty feet, hair, long and dirty fingernails, unkempt, malnourished, inadequate personal care given
Lack of training
Nutrition and dietary concerns
General cleanliness of home- no soap and paper towels in the WC, the kitchen table not wiped, beds don't have mattress protectors/sheets and duvet and pillowcases.
Wearing ill -fitting/someone else's clothes
Pressure sores not being dealt with properly

Poor handovers
Don't arrange handovers
Not providing appropriate paperwork

Poor moving and handling techniques
Inadequate training on transfers
Using the wrong techniques
Using the wrong equipment

Poor infection control
Inadequate PPE (i.e. not wearing gloves, aprons, not changing gloves)
Leaving open commode by bed
Dirty uniform
Not disposing of gloves and other contaminated waste inappropriately

Inadequate equipment
Equipment not fit for purpose
Equipment/ Service out of date

Information & Guidelines not followed
Not following the care plan – meaning the client's needs are not met
Client requires thickened drinks and is not being given them
Carers do not know the service users
Failure to support a Physiotherapy program

Uniform / ID
Inappropriate Dress (jeans, leggings, flip flops, no uniform tunic)
No ID

Medication errors
Medication – lack of training
Missed medication (unless consequences could mean safeguarding matter)
Medication missing
Dangerous storage of medication where DDA applies
No doubling up of medication administration
Not locking medication away following calls

MAR sheet mismanagement

Poor health & safety

Poor person centered support
Male carers being sent when clients requesting only females.
Irregular carers

Lack of awareness of individual's condition / diagnosis / needs
Too many different carers attending- especially important for dementia clients
Lack of dementia training
Lack of training specific to service user's needs
Not looking for evidence to support clients claims i.e. "I have eaten" "I have had a hot drink" " I have had a wash"

Lack of stimulation
No Activities
No interaction with service users
Carers watching TV
No regular holidays/ day trips

Lack of dignity & respect
Unprofessional conduct
Gossiping about other clients and carers
Personal care/Grooming being overlooked i.e. non changing of continence pads, hair not brushed, teeth missed etc.

Restraint
Inappropriate restraint
Poor techniques

Other (state)
Confidentiality issues

Appendix C

This process is to support improvement in the adult social care services market. Where further work is required (those where it is identified that the Service User is at risk of harm or there are other issues that need to be resolved regarding service delivery for that individual specifically) officers must work with Providers to achieve the outcomes. Providers must be sent a copy of every CQ1 so that they can respond to its contents.

Examples of Actions/Outcomes (not exhaustive).

- Telephone conversation/correspondence with Provider for explanation / investigation and evidence of findings

- Family/ Service User informed

- Agreed actions with Provider to resolve matter/ ensure it doesn't happen again

- Meeting to resolve matter between Provider, family, Service User and West Berkshire Council

- Adjusted Care Plan to accommodate new needs

- Liaison with other agencies for a joined up approach for the Service User

All outcomes/ correspondence relating to an outcome must be recorded on the CQ1 form and a copy sent to the Provider.

If a Provider fails to engage

All Providers are expected to comply with the CQ1 Process.

They are required to provide a response to the CQ1 within 7 working days unless the matter is deemed more urgent by the Care Manager. If the matter is more urgent the Providers will be required to provide a response to the CQ1 within a timescale agreed with the Care Manager. Furthermore, the Provider will work with the allocated worker to resolve the issues identified in the CQ1 Form. Providers have contracted to be bound by these terms.

If a Provider does not engage then a further CQ1 should be raised by the allocated worker. Tick box 'Poor communications between the provider and other agencies/Commissioners/ Local Authority' should be marked and in the comments section the allocated worker should say that the Provider is failing to respond to a CQ1. The allocated worker should send a copy to the Provider.

As a consequence, the CQT will contact the Provider and discuss the concerns with them regarding the lack of response. The CQT will request a response be sent to the allocated worker so the allocated worker can continue to resolve the matter.

CQ1 Process

Reporter and allocated workers responsibility

Care Quality Team's responsibility

Concern, error, omission, issue in care or support provided or performance in service received in Adult Social Care.

Does it reach the safeguarding threshold?

Yes → Complete a safeguarding alert

No

Using CareDirector

Not Using CareDirector

(CareDirector is WBC's internal case management system)

You have access to CareDirector and the individual is a Service User

You do not have access to CareDirector and/or the individuals package is privately funded

Police report, ambulance alert etc received by safeguarding that doesn't meet their threshold

CQ1 completed by employee on CareDirector

Web CQ1 form completed found at www.westberks.gov.uk/careconcern

The employee sends it to the allocated worker. An automatic notification is sent to the CQT

The CQT send the CQ1 to safeguarding and it follows safeguarding proceedures

Automatically submitted to carequality@westberks.gov.uk

Safeguarding send to allocated worker and carequality@westberks.gov.uk

High Risk

The Care Quality Team triage CQ1

The Care Quality Team saves the CQ1 and records it on the Risk Matrix and Provider Intelligence Database*

The Care Quality Team sends CQ1 to allocated worker who opens CQ1 on CareDirector transferring information onto the form

Medium/ Low Risk

Allocated Worker

The Care Quality Team saves the CQ1 and records it on the Risk Matrix and Provider Intelligence Database* CQ1

Allocated worker sends CQ1 to Provider. Input date sent to Provider on CQ1

Privately Funded Package

Allocated worker and Provider liaise to address and resolve any outstanding risks or issues relating to the individual

The Care Quality Team sends the CQ1 to the Provider to share with the individual and investigate.

The Allocated Worker records the outcome of the CQ1 and whether there is liability by the Provider on the CQ1 Form. The outcome is sent to the Provider and the date it was sent recorded on the CQ1 Form in order to close it.

The CQ1s completed enable the Care Quality Team to have an accurate oversight of the issues facing providers of adult social care services and the providers of concern.

*it will not be recorded on the risk matrix if it appears there is no liability by the Provider.

West Berkshire
C O U N C I L

REPORT IT!

In the event of a crime call the Police on 101 or in an emergency call 999

In the event of a safeguarding matter

The weblink to report a safeguarding concern to West Berkshire Safeguarding Team is: *www.westberks.gov.uk/safeguardingconcern*
You can call the Safeguarding Team for advice on ☎ 01635 519056 or out of usual office hours and weekends the Emergency Duty Team is on ☎ 01344 351999
AND <u>you</u> need to report it to the Care Quality Commission

For any other concern, issue, omission or error

If a CQ1 arises (which is any concern[1], issue, omission, or error in the care or support provided, or performance in the service received no matter how trivial) the weblink to report a CQ1 to West Berkshire Council Care Quality Team is: ***www.westberks.gov.uk/careconcern***

You can also call Care Quality directly:
Sophie Sumner ☎ 01635 503356; Jo Bateman ☎ 01635 519503

Complaints

In the first instance report it to the Provider - if the complainant is not happy with the outcome of the investigation service users and their families have a right to ask the Local Authority to investigate under their statutory complaints process. The complaints Manager for ASC can be contacted on ☎ **01635 503391** alternatively you can e-mail your concerns to **complaintsadultssocialcare@westberks.gov.uk**

If you are privately funded the Local Authority cannot investigate but the Local Government Ombudsman can. Their contact details are: ☎ **0300 061 0614** or go to **www.lgo.org.uk/**

Compliments

It is important to recognise and acknowledge good service as well as complaints. Compliments should be sent to Alison Lewthwaite ☎ **(01635) 503391** or email **Alison.lewthwaite@westberks.gov.uk**