

# Bristol City Council Children and Families and Education

## Core Procedure Regarding Children Placed in Unregistered Provision

To ensure planning and oversight of children placed in unregistered provision.

### Version Control

Version	Date	Authors	Signed off by
1.0	22 <sup>nd</sup> August 2024	Hannah Gillett, Amanda Braund, Richard Pears, Hayley Hicks	EDM (21/08/24)

Next Review Date: 30<sup>th</sup> April 2025

### Children in unregistered provision

This procedure is to provide a set of practice principles where, in exceptional circumstances, a child under the age of 18yrs is placed in an unregistered (illegal) children's home.

Bristol City Council want our children in care to be cared for in the best quality home or provision that is assessed to meet their needs. We expect carers to provide our children with the care, love and commitment that they need throughout their childhood. However, we recognise there have been exceptional circumstances when we have been unable to identify a regulated setting within the timescales required and have placed children in unregistered accommodation.

### Definitions

#### Unregistered settings and arrangements

Where a child or young person is provided with 24-hour care in a static home that is not registered with Ofsted, this is an illegal setting and should not be used without the expressed permission of the Executive Director of Children's Services for exceptional short-term crisis situations.

Where we have not been able to find a regulated home in the timescale for that child or young person's needs, an unregistered setting may need to be considered in absence of any other bridging home. Before any agreement for an unregistered placement to be considered, evidence needs to be provided of the exploration of the child's family, significant friends and adults and their network -please see the section on friends and family care for further details.

#### Supported Accommodation

Where a child or young person is provided with support hours in a static home this is termed as supported accommodation. Once a young person reaches 16yrs they can live in semi-independent living or supported lodging arrangements. For children in care and care leavers, these arrangements must be registered with Ofsted under the Supported Accommodation Regulations and are subject to national standards (please note that 16/17 year olds placed under Part 7 of the Housing Act may be placed in non Ofsted registered provision)

Examples of supported accommodation for those over the age of 16yrs includes Branch Out, KBC Housing and the Youth Housing Pathway (in a provision such as St. Georges House, the Foyer or Projects) or using External Support Accommodation (ESA). It is best practice that we do not place children in these settings until they are over 16yrs and have completed their GCSEs. Where children over the age 16yrs have been placed in these settings prior to completing their GCSEs, because this has been assessed in their best interests, this will require the permission of the Director of Children's Services. Should this be deemed necessary then please see appendix 1 supported accommodation checklist to ensure the setting is meeting criteria for an unregulated/supported home.

If a child over the age of 16yrs is placed in a supported accommodation setting and meets the definition of care as per the checklist in Appendix 1 - Annex A appended, or is subject to a Deprivation Of Liberty Order this will constitute an unregistered placement and Ofsted will need to be notified. This will be completed by the Service Director.

If a child under the age of 16 is placed in supported accommodation this will constitute an unregistered illegal placement and Ofsted should be notified. This will be completed by the Service Director.

If a child in care / care leaver aged 16 or 17 is placed in a non Ofsted registered Supported Accommodation Service, this will constitute an unregistered placement and Ofsted should be notified. This will be completed by the Service Director.

Central to the planning is the view of the young person and it should be clearly recorded that the young person is aware of the legal framework in which they are being supported, and their view of this, and if any additional support is required to gather their view due to the young person's communication needs. Additional support should be put into place, and oversight of the Court of Protection needs to be considered.

The following practice principles will apply in the event of the agreement of an unregistered provision being agreed and arranged by the local authority.

### **Due Diligence**

Any unregistered crisis placement offer received will be subject to due diligence checks by the children's Home Finding Team in collaboration with the Senior Contracts and Quality Officer to ensure the relevant safeguarding, quality and financial resilience checks are in place.

As a minimum, a fast track due diligence process will be undertaken covering the below:

- Ofsted check – URN and registration (where relevant)
- References from placing authorities
- Statement of purpose

- Reg 44 report
- Safeguarding policy
- Training matrix / Qualifications
- Mandatory exclusion

The full due diligence report template can be found at Appendix 2.

### **Initial Quality Assurance Activity**

The child will be placed by a qualified Social Worker and the property should be viewed virtually by a Senior Contracts and Quality Officer / Home Finding Team prior to the child's placement unless we have placed a child in the home previously, or if in an emergency as soon as reasonably possible. Within two weeks of the child moving into the home, or as soon as reasonably practicable, an in person QA visit should be undertaken by a Senior Contracts and Quality Officer. During the QA visit, application of processes and procedures will be scrutinised with the provider, including training, safer recruitment / DBS checks and supervision arrangements. If the placing Social Worker is the first BCC professional seeing the new home, the full property should be viewed as part of their initial visit and their findings triangulated against subsequent visits.

The Social Worker will complete a joint risk assessment based on the provider checks, the suitability of the property and information relevant to the child's circumstances, needs and key risks. The social worker will outline how the needs and risks of the young person will be managed through the monitoring and support arrangements, as well as the regular reviews of the placement and visiting frequency. The risk assessment will be approved by the Service Manager, Head of Service and Service Director. This will be monitored at the weekly oversight meetings with the Service Director. Risk assessment is a social work role and needs to be undertaken up by operational teams. The Home Finding team will be responsible for sourcing a location risk assessment.

All Quality Assurance and Due Diligence activity is reported on and stored on the CYP Home Finding and Partnerships Service joint SharePoint site. Reports should also be saved on individual young people's LCS record.

This practice direction should be read in conjunction with the Provider Performance Protocol (Appendix 5).

### **Ongoing Oversight:**

The initial visiting schedule for the child or young person will be no less than weekly by a qualified social worker until the first Children in Care Review which will be held within 20 days of the child's placement. Social Work visiting frequency will then be reviewed with the Service Manager and IRO and may be decreased to no less than monthly by the qualified social worker if the placement is meeting the child's needs. In this event the child must still be seen in placement on a weekly basis by another professional e.g. CAMHS, YOT, FSW, Education etc. Social workers should provide feedback on the homes to the Home Finding team following their visits so that all monitoring information can be triangulated.

The Senior Contracts and Quality Officer and Home Finding Team will seek feedback from social workers and IROs on a regular basis (e.g. following their weekly visits) to capture and log any concerns. Concerns will be followed up and addressed with provider; if serious concerns are raised this will then trigger an in person QA visit. If a child is residing in an unregistered provision long term (longer than four weeks), an additional in person quality assurance visit will be undertaken to ensure the ongoing oversight of the placement.

Weekly network/risk management meetings will be held until the child's first Child in Care review where the frequency will be reviewed but should continue to be no less than 4 weekly. These meetings will be organised by the Home Finding Team and should include the social worker and other key professionals in the child's network incl. Education, the HOPE and children in care nurse and an appropriate representative from police colleagues such as the missing co-ordinator. Meetings will be chaired by the relevant Practice Lead and minutes saved on the child's file on LCS. Consideration should also be given to the inclusion of the child's parent/significant family members where this is safe and appropriate. The meeting will agree the support, input, and intervention of the child's network both to the child but also to the provider caring for that child or young person. This meeting should consider if the young person is being deprived of their liberty and if any relevant court application in the court of protection needs to take place and legal advice sought.

It will need to be determined by the child's social work team and network the best way for the child's voice to be represented in these meetings. It should be considered, where not already in place, if the child has an advocate or key relationship who can represent their views and input into the care planning process. This is in addition to the professional that knows them best as there may be a conflict in views.

The provider and other key network professionals will require a copy of the child's care plan, any risk assessments completed, trigger plan where applicable, any CAMHS formulation or any other relevant assessments or written advice provided to inform the child's care and risk management.

Where there is a presenting mental or emotional health need for the child Thinking Allowed and the appropriate CAMHS Service should be invited and in attendance at these meetings.

Where there are issues of extra familiar harm, child sexual exploitation or criminal exploitation or risk of youth offending the Safer Options team or specialist provider brokered by the team should be consulted and invited to attend.

Daily written logs and a weekly updating report should be provided to the social work team by the provider at the end of each week and uploaded onto LCS.

The Child's IRO should be immediately informed, and their views sought, of the plan for an unregulated crisis placement and kept updated on the key and significant events for the child.

Any unregistered setting will be reviewed by the Service Director at the weekly placement meeting and by the Head of Service at the weekly placement panel. Plans for a regulated setting for the child to move to will also be discussed and scrutinised. Searches for a regulated home for the child will continue.

### **Temporary Unregistered (illegal) homes with family and friends**

Children and young people should always be placed within their family and networks, when they cannot be cared for by their parent, provided this is assessed as safe to do so. In circumstances where it is

considered a family or network home is in the child's best interest a referral should be made to the Kinship and SGO Team. Best practice is for a joint reg 24 viability assessment will be completed by the social work and kinship team and signed off by the ADM if positive. A full kinship assessment will then be progressed by the kinship and SGO team.

There may be exceptional circumstances where, in the absence of a regulated home, a short-term family or network arrangement where the conditions for a reg 24 home are not met may be agreed by the ADM. This would mean for an interim period the child could be in an unregulated friends or network home. This will only be agreed in the event this is in the child's best interests and there are no other regulated homes available for the child or young person. The following practice principles will apply: -

- Where a family or network home is considered for a child a joint reg 24 assessment will be completed by the social work and kinship and SGO team. This will analyse whether the criteria of a home under reg 24 can be met for the child. If agreed by the ADM a full kinship assessment will be completed and the child will be placed under reg 24 as a child in care. A fostering allowance will be provided to the kinship carer.
- Where the criteria of reg 24 is not met, a risk assessment and safety plan (see appendix 3 ) will be completed. The social worker will outline how the needs and risks of the young person will be managed through the monitoring and support arrangements, as well as the regular reviews of the placement and visiting frequency. The risk assessment will be approved by the Service Manager, Head of Service and Director of Children Services. This will be monitored at the weekly placement meetings with the Service Director. This should include a clear plan shared with the child's carer in writing about what to do in the event the child goes missing, or any other significant risk factors.
- The child's IRO should be informed and kept regularly updated of significant events for the child. Any change in the child's care plan should trigger consideration by the IRO of holding an early review.
- A Supervising Social Worker or Family Support Worker will be allocated from the kinship team informally to provide support to the carer within this interim arrangement.
- The initial visiting schedule for the child or young person will be no less than weekly until the first Children in Care Review which will be held within 20 days of the child's placement. Social work visiting frequency will then be reviewed with the Service Manager and the IRO and determined according to the child's needs but must be at least monthly. The child must still be seen in placement on a weekly basis by another professional e.g. CAMHS, YOT, FSW, Education etc in addition to social work visits.
- Regular network/risk management meetings should be held for the child or young person in these circumstances. These should be no less than every 4 weeks but of a higher frequency if there are issues for the child of significant risk. These meetings should include the social work and Kinship and SGO team and other key professionals in the child's network incl. Education, the HOPE and children in care nurse and an appropriate representative from police colleagues such as the missing co-ordinator. Consideration should also be given to the inclusion of the child's parent/significant family members where this is safe and appropriate. The meeting will agree the support, input, and intervention of the child's network both to the child but also to the provider caring for that child or young person.
- It will need to be determined by the child's social work team and network the best way for the child's voice to be represented in these meetings. It should be considered, where not already in

place, if the child has an advocate or key relationship who can represent their views and input into the care planning process.

- A child in need allowance will be paid to the child's carer and any other reasonable expenses for the child agreed by the Practice Lead such as clothes, school trips/expenses activities etc. These expenses should be agreed in advance and receipts provided.
- The child or young person will be provided with the amount of pocket money that would be given if they were cared for by a foster care.
- Searches for a regulated home for the child will continue.

### **Oversight by Senior Managers**

Arrangements for all children in care placed in unregistered placements or family arrangements will be reviewed by the Service Director, Head of Service for Permanency and Specialist Services, Head of Service Safeguarding and Targeted Service and Head of Service Children's Commissioning on a weekly basis through Directors Oversight meeting with the Home Finding Team. This meeting will be informed by the following information:

- The date of the most recent social work visit to the child
- The date of the most recent Child in Care Review and any issues raised by the IRO about the arrangements
- Details of the ongoing placement searches made by the Home Finding team to find alternative care arrangements.

Social Workers are responsible for sending through weekly updates on children in unregistered provisions. The agenda for weekly meetings will be available on sharepoint and social workers will be able to update visits onto the document on a regular basis Oversight by the Service Director will be recorded on the Child's record and the minutes of the meeting will be sent to attendees, the Executive Director and Social Care Service Managers.

When approving an unregistered placement the Director of Children Services will inform the Chief Executive and Lead Member in addition to Ofsted.

Minutes of meetings held between Home Finding Team and Providers of unregulated placements to be saved and recorded on the child's LCS file and updates from each meeting will form part of the weekly Service Director Oversight Meeting.

[This procedure is supported by:](#)

- Working Together to safeguard children 2023
- Social Work England Standards
- South West Child Protection Procedures
- Bristol Children and Families, Quality Assurance Framework
- Care Planning and Placement Regulations 2010

[Quality Assurance of procedures:](#)

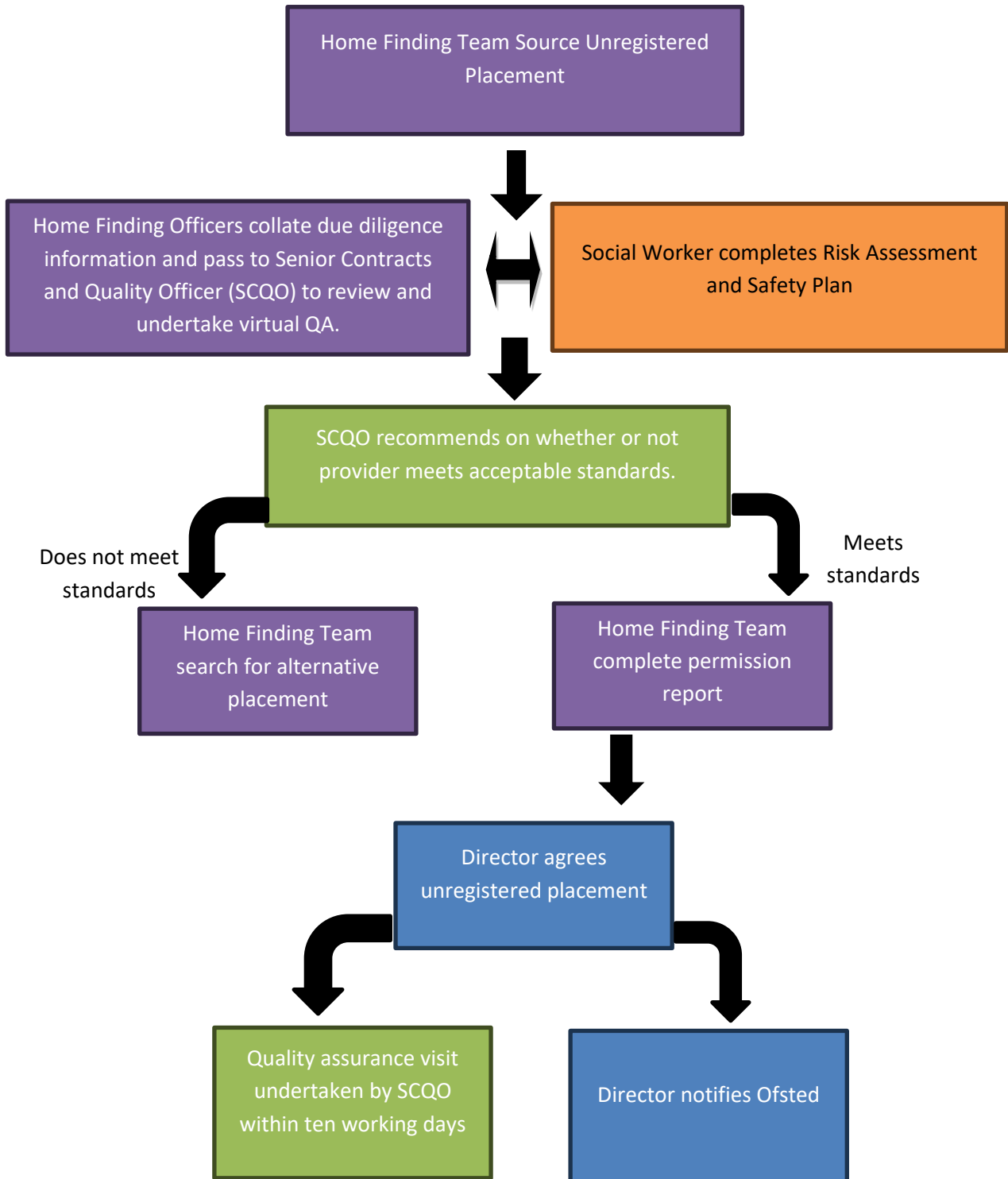
Compliance with this procedure will be monitored by deep dive audit and performance indicators where possible.

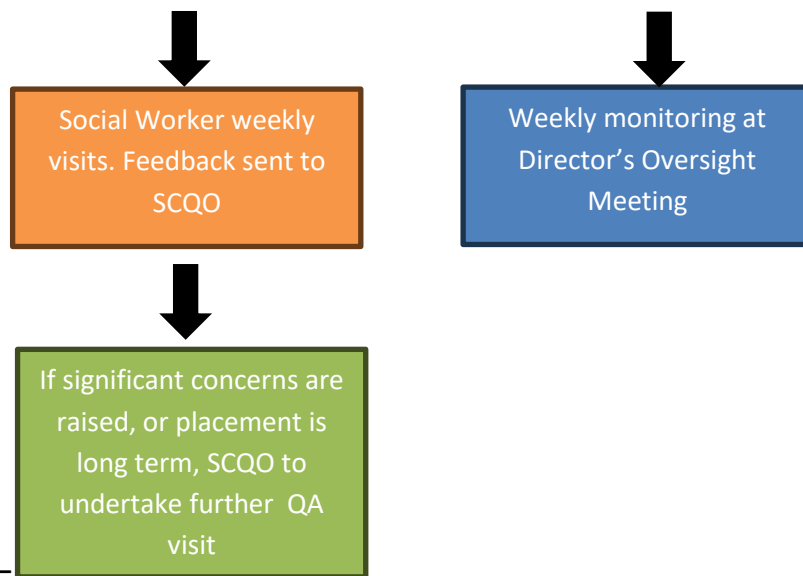
Timeliness of visits and reviews, use of mappings and chronologies and genograms will be monitored in performance clinics.

Service Areas / roles applicable:

All service areas

**Unregistered provision procedure flow chart**





**Appendix 1**

**OFSTED Annex A –**

This annex sets out criteria, which may be useful to a provider of accommodation to young people over the age of 16, to help identify whether the service being proposed or provided is ‘supported accommodation’ and would therefore not require the provider and manager to register under the Care Standards Act 2000, rather than a children’s home, which would require the provider and manager to register.

The table below sets out each criteria in the form of a question, and suggests whether a ‘yes’ or ‘no’ answer means care is provided, or supported accommodation. Where care is provided, this service meets the definition of a children’s home and will usually need to register.

Criteria	Yes?	No?
Can young people go out of the establishment without staff permission?	Supported accommodation	Care
Do young people have full control of their own finances?	Supported accommodation	Care
Do young people have control over what they wear and of the resources to buy clothes?	Supported accommodation	Care
Are young people in charge of meeting all of their health needs, including such things as arranging GP or specialist health care appointments? Are young people in full control of their medication?	Supported accommodation (note that young people may ask for advice and help on their health, but if decisions rest with the young person, the establishment is not providing care.)	Care
Do staff have any access to any medical records?	Care	Supported accommodation

Can young people choose to stay away overnight?	Supported accommodation (note that being expected to tell someone if they are going to be away overnight does not indicate providing care, but needing to ask someone's permission does.)	Care
Is there a sanctions policy that goes beyond house rules and legal sanctions that would be imposed on any adult?	Care	Supported accommodation

## Appendix 2 – Template for Due Diligence Report

### Due Diligence Check - Summary Report for **Name of Provider**

Written by **name of QA officer**

Date:

**Provider** address

DD documents sourced by: **Name of** placement officer

Details of Bristol child / young person to be placed: **Name and LCS number**.

References – received from: **Name of LA and officer**

Summary of references:

**Ofsted:** **Registered / unregistered / in the process of being registered**.

**Registration Number:**

**Documents to be scrutinised:**

**Mandatory Exclusion Form**

**Statement of Purpose:**

**Responsible Individual:**

**Registered Manager:**

**Statement of Purpose (SoP):**

**Location risk assessment:**

**Liability Insurance:**

**Young Peoples' Guide**

**Reg 44 reports**

**Safeguarding Policy**

**Training matrix**

**Staff DBS**

**Medication Policy**

**Recruitment Policy**

**Business Continuity**

**Reg 45 reports**

**Summary report:**

**Appendix 3 – risk assessment (NS Council)**

<b>Name of Young Person:</b>	
<b>Age and DOB OF Young Person:</b>	
<b>Child's plan and legal status</b>	

<b>Risk</b>	<b>Yes</b>	<b>No</b>	<b>H</b>	<b>M</b>	<b>L</b>	<b>Past /Ongoing (Please Specify)</b>
<p><b>Emotional control in the community:</b></p> <p>Does the young person have challenges in managing their anger in ways that have physically hurt the public (include last known date and context)</p>						
<p><b>Emotional Control in support settings:</b></p> <p>Is there evidence that the young person's responses have physically hurt those supporting them?</p>						
<p><b>Protecting others:</b></p> <p>Is there evidence that the young person recently carries items, which if used on others, could cause significant harm?</p>						
<p><b>Personal responses to trauma and mental ill health:</b></p> <p>Has trauma, adversity or mental ill health been a serious challenge to the young person in terms of harming himself or herself? (Specify the dates of anything requiring clinical treatment)</p>						
<p><b>Mental wellbeing:</b></p> <p>Are we worried that some of the ways the young person manages challenges in life could hurt them?</p>						
<b>Substance Misuse</b>						

Is there evidence that the young person's use of drugs is problematic for them or those supporting them? (If no drug use concerns, tick 'no')						
<b>Alcohol</b> Does the young person consume alcohol in ways that are harmful for them or problematic for others?						
<b>Exploitation by others:</b> Are we worried that the young person has been, or may be, exploited by others for their purposes, whether criminal or otherwise harmful for the young person?						
<b>Behaviour that is sexually harmful to others:</b> Are there any current behaviours by the young person, or evidence of past behaviour, that indicate the young person's sexual behaviour has caused harm to others?						
<b>Social Networks:</b> Are there substantiated concerns that some people in the young person's network may influence the young person in ways that could lead, or have led, to harm?						
<b>Management of mental health conditions:</b> Does the young person have a formal diagnosis of a recognised mental health condition, where treatment regimens or day-to-day management is not delivering optimal health for the young person?						
<b>Management of physical health:</b> Does the management of any disabilities, diagnosed illnesses or ability to maintain good physical health worry those who support the young person?						

<p><b>Respecting rules and boundaries set by others:</b></p> <p>Is there evidence of a sustained pattern in multiple settings, indicating that the young person finds following rules and respecting boundaries set by others significantly problematic?</p>						
--	--	--	--	--	--	--

**SUMMARY:**

**SAFETY PLAN:**

Plan/ Actions: (include how this plan is reviewed, include time scales and assurance framework.)

<b>Completed by:</b>		<b>Date Completed / updated :</b>	
<b>Relationship to young person:</b>			
<b>Contact number / email:</b>			



**Bristol City Council**  
**Virtual Quality Assurance Visit Report**  
**Provider**

<b>Purpose of QA Visit</b>			
Name of Child		LCS Number and Date of Birth	
Representatives from the home			
Representatives from Bristol City Council			
Date of Visit			
Format of visit			

Welfare of yp	
---------------	--

**Home Information**

Provider	
Name of the Home	
Home Address / Location	
Ofsted Rating of the Home / Registration	

Offer	
Education	
Therapeutic Services	
Vehicles	
<b>Virtual House Tour</b>	
Rooms seen	
General Condition	
Concerns	
Positives	

**Staffing**

Responsible Individual	
Registered Manager	
Home Staff / Qualifications	
Staff Ratio / Shift Pattern	
Safer Recruitment Check / DBS checks	
Staff Induction Training	
Staff training Matrix	

**Policies and Health and Safety**

Statement of Purpose	
Location Risk Assessment	
Admission Process when arriving at the home	
Reg 40 Notifications	
Administering of Medication	
Compliance with Health and Safety Legislation	
Liability Insurance Certificate	
Safeguarding Policy	
Code of Conduct Policy	

**Ofsted Inspection Discussion**

Overview	
Requirements	
Recommendations	
Action Plan	

**Summary**

Summary of Visit	
------------------	--

**Actions**

Agreed Actions	Person Responsible	Timescales


QA template for a physical QA visit – note not all sections are mandatory for completion. The visit may be focused on certain areas tailored to feedback / concerns received.

## Unregistered Provision Physical Quality Assurance Visit



Provider name:	
Parent Organisation (if applicable):	
Head Office Address:	
Service name:	
Service Address:	
Provider representative(s)	
Contact details	
Date of Completing Form	Click or tap to enter a date.
How many Bristol funded young people are currently placed with the service?	

## Monitoring Visit

Provider name	
<b>Parent Organisation (if applicable)</b>	
Service name	
Address of Service:	
Provider representative(s)	
Contact details	
Visiting Officer(s)	
Reason for undertaking visit	
Date of Completing Form	

## Due Diligence Follow Up

<b>Was anything missing or any concerns raised during Due Diligence that need to be followed up with provider?</b>	Statement of Purpose (SOP)	
	Location Risk Assessment	
	Planning Permission / Consent or Letter of Application	
	Regulation 44 report (most recent)	
	Business Plan	
	Copies of employer's liability and public liability certificates	
	Copy of staff induction plan	
	Copy of audited accounts over the last 2 years or balance from current bank account	
	2 references from two Local Authorities, ideally with one where YP is still in the service.	
	Training Matrix	

Details of existing contracts held with other Local Authorities including framework and DPS – type and length - if applicable	
Organisational Structure and Escalation Process	
Code Of Conduct	
Health & Safety	
Safeguarding Children	
Recruitment Procedure (to include safer recruitment process)	
Equal Opportunities, Equalities and Diversity Policy	
Bullying Policy	
Missing Person Policy	
Out of Hours Emergency Policy	
Whistle Blowing	
Fraud and Finance Form	

Abbreviation Key					
Young Person YP	Provider Representative PR	Visiting Officer VO	Risk Assessment RA	Support Plan SP	Not Audited 0
<b>Young Person Information</b>					
Information packs are available for new Young Persons (to include information on service provision, rights and responsibilities of each party, how to complain and how to make a safeguarding alert)	0				
Arrangements are in place for Young Persons to access help in a crisis or emergency (to include emergency call outs/out of hours Support as applicable)	0				
Young Person files are stored securely and are accessible to relevant staff	0				
Young Persons have easy access to their Support plans and/or have own copy	0				
A clear system is in place for regular reviews of Support plans	0				
<b>Risk Assessments (RA)</b>					
RAs are up to date, with risk management plans in place that evidence positive risk taking.	0				
RAs are reviewed regularly and reflect change of needs	0				
Health needs & medication, GP and other relevant professionals, next of kin and emergency contact information is readily available	0				
Recording of incidents & accidents is appropriate, and follow up actions evidenced	0				
Any incidents in files which indicate a safeguarding alert have been reported	0				
There is evidence of contact with other agencies & professionals as appropriate	0				
<b>Engagement &amp; Feedback</b>					

There is a proactive approach to engage Young Persons in service provision	0	
Young Person feedback is used to shape service delivery	0	
<b>Support Plans</b>		
Young Persons are Supported to manage their physical and mental health needs	0	
Young Persons are Supported to participate in activities to improve physical and mental well being	0	
<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Registration with a GP &amp; Dentist</li> <li>• Sexual Health</li> <li>• Smoking Policy</li> </ul>		

<b>Young Person Interviews (where appropriate)</b>
<b>Further comments</b>
<b>Actions</b>
1.

## 2.2 Staffing

<b>Whole service staffing checks</b>		
Staffing levels during the visit are appropriate for Young Person needs	0	
Staffing rota indicates appropriate levels of staffing		
Sleep in arrangements / waking nights are adequately resourced and reflective of need	0	
Staff files are well organised and stored securely	0	

<b>Managing Staff Performance</b>		
Provider has workable, fair and published disciplinary, grievance, sickness/absence policies and procedures that are used effectively to enhance staff performance and retention	0	
There are robust mechanisms in place to address incidents of poor staff performance	0	
Provider Supports and encourages staff career progression and celebrates staff achievements	0	
Staff performance is appraised at least annually	0	
Support workers receive regular Supervision no less than every 6 weeks	0	
Supervision includes review of practice / competencies and reference to Safeguarding	0	
There is evidence of that staff meetings are held regularly with appropriate content	0	
<b>Staff Culture</b>		
There is evidence that staff are consulted on service delivery and service design	0	
There is evidence that staff feel listened to	0	
<b>Management Specific</b>		
Service Manager is able to evidence they have experience, training, qualifications and a working knowledge & understanding of people with social care needs	0	
Service Manager has completed a Safeguarding Adults for Managers course	0	
Service manager is on site / or accessible	0	
Service manager receives effective supervision and Support from the provider organisation	0	
Reducing Excessive Work Pressure and Stress		

<b>Staff Culture</b>
Staff interactions observed with Young Persons/ family members/ other staff
<b>Staff Interviews</b>
<b>Further Comments</b>
<b>Actions</b>
1.

### 2.3 Policy and Audit

Is the complaints record on site?	0	
Does the information align with the pre-visit questionnaire?	0	0
If yes is there a clear policy and procedure in place for staff?	0	
If yes is each Young Person's cash held securely and separately identifiable? Are records held of cash in/out with receipts for expenditure? Does the cash held tally with the individual records?	0	
<b>Management of Medications</b>		
Does the service manage medications for Young Persons?	0	
If yes is there a medication policy in place which	0	

includes reference to covert medication, and reference to MCA?		
Is medication administration recorded appropriately?	0	
Are MARs Charts audited regularly to ensure that record keeping is accurate?	0	
Has the provider implemented a process to record all medication errors made by care workers so that reasons for errors are monitored and changes to procedures can be made?	0	

### Further Comments On Policy & Audit

### Actions

- 1.

Where Safeguarding information is visible in public areas / staff rooms (e.g. posters, leaflets etc)	0	
--	---	--

## 2.4 Environment

### Physical environment

There is a signing-in process for visitors	0	
Communal areas are clean, homely and welcoming	0	
Statutory provisions relating to the property are met (including electrical PAT testing, gas safe and fire safety)	0	
Exists and corridors are accessible and free from obstruction	0	

Property is accessible	0	
Overall condition of property, fixtures and fittings are satisfactory	0	
Décor and furnishings are in a reasonable condition	0	
Outside communal areas are well-maintained and accessible		
Relevant notices are clearly displayed	0	
<b>Private living areas</b>		
Young Persons accommodation reflect their personality and preferences	0	
The accommodation is suitably furnished to include a bed, clothes storage, food storage and cooking facilities, toilet and washing facilities, access to laundry and space to study.	0	
Adequate facilities are provided for staff sleep in / waking night arrangements	0	
<b>Young Person Involvement</b>		
The service is committed to ensuring that Young Persons have as much respect, dignity, independence, choice and control over their own lives as possible	0	
The environment promotes independent living	0	
Feedback from Young Persons is regularly collected and reviewed	0	
House rules are made in consultation with Young Persons	0	
The decoration of the communal environment is determined or influenced by Young Persons	0	

**Further Comments**

## Actions

1. .

### Part 3: Action Plan

No.	Section	Recommendations/Actions	By Whom	Completion Date
1				Click here to enter a date.

### Quality Assurance Report

Report written by	
Date feedback from Provider by	
Feedback to	
Date Provider's action plan by	
Action plan to	
Date action plan received	
Date report written	



# Bristol City Council Children’s Commissioning Provider Performance and Quality Assurance Protocol

## Contents

Quality Assurance Framework for social care providers .....	29
How we ensure quality: .....	29
Tender application .....	29
Implementation .....	30
Ongoing Standard Contract Management.....	30
Unregistered Placements.....	31
Where a provider is rated Inadequate by Ofsted or significant safeguarding concerns have been reported: .....	32
New Providers / Due Diligence .....	33
Performance Failure Process .....	34
Stage 1 - Underperformance and Service Improvement Plans .....	34
Stage 2 - Performance Failure and Remedial Action Plans (RAP) .....	34
Stage 3 - Default Notice .....	34
Stage 4a - Serious Default Notice.....	35
Stage 4b - Persistent Default Notice .....	35
Appendix I: Underperformance and Performance Failure – summary .....	37
Appendix II: Performance Failure Action Plan Template .....	38
Appendix III: Full Quality Assurance Visit Form .....	38

## Quality Assurance Framework for social care providers

The Bristol City Council Strategic Commissioning Team works with providers to help maintain quality standards for our children and young people, so that children and young people are supported to live positive and enriching lives. We work closely with the Children's Home Finding Team and operational colleagues to ensure that social care and education placements are safe, high quality and fit for purpose.

The St Christopher Rapid Review (July 2019) initiated a review of the quality monitoring processes in place for externally commissioned social care provision, and action to be taken when a provider is judged as 'Inadequate', and we have adapted and developed the 'Provider Performance Failure Process' which was already in place for externally commissioned non-social care children's services. This Provider Performance Protocol works alongside the adult services protocol and links with multi-agency safeguarding partners practice, formalising the learning from this case.

### How we ensure quality:

Quality Assurance (QA) activities take place at several stages throughout the commissioning cycle and duration of a contract with providers. BCC officers apply due diligence relevant to that required at each stage of the commissioning cycle. The process involves an examination of relevant information and intelligence, that is available and otherwise sourced, including provider adherence to the applicable policies, procedures and regulations. This helps to ensure BCC receive a value for money service and reduces the likelihood of malpractice and underperformance.

### Tender application

At the point of tender, providers are required to submit relevant policies and procedures that describe and ensure safe practice and quality of delivery. This includes evidence of Ofsted registration and ratings (where the service is regulated, we only make new placements with providers who are Good or Outstanding), safeguarding policy including trauma informed practice, safer recruitment policy, code of conduct, staffing models / rotas, staff development plans and training matrix. Providers must demonstrate how these are embedded in practice, how often they are reviewed and how they ensure awareness amongst staff.

In addition, as part of the application process providers must complete case studies to demonstrate their delivery.

Where a spot purchase is required and a full tender process is not completed, due diligence is undertaken in the form of:

- Reference from host Local Authority Commissioning Team
- Two Social Work references from placing authorities
- Review of Ofsted / CIW / CQC Ratings
- Policy review
- Review of Companies House for financial checks

- Copies of employer’s liability and public liability certificates
- A BCC officer from the commissioning service will conduct an introduction meeting confirming what service we are agreeing to buy and will follow up with a QA visit for registered providers, this would include a review of staff rotas/training.
- Financial / Mandatory Exclusion Checks

## Implementation

BCC officers will offer support to providers through contract implementation meetings, confirming outcomes expected for children and young people and any KPIs to be achieved if applicable. Officers will highlight and negotiate any potential developments if so identified during the tender evaluation process.

## Ongoing Standard Contract Management

### *Framework and Block Contract Management*

We are part of several large local authority consortium framework contracts. Both our Residential Children’s Home and Independent Fostering Agency contracts are held and managed by Southampton Council who undertake contract management and quality assurance activities, including QA visits on behalf of BCC and other participating authorities. This includes joint visits where we have young people placed and information sharing of concerns.

From August 2024, Bristol is part of the South Gloucestershire led Southwest 16+ Supported accommodation framework. Quality assurance of providers on the framework will be shared amongst the participating authorities and intel shared regularly.

Bristol is part of the Wiltshire Independent Non-Maintained Special School (INMSS) framework, the monitoring of individual placements remains the responsibility of placing authorities, but Bristol acts as the coordinator for general contract management activities. Joint visits are conducted where required.

Currently we offer bespoke monitoring arrangements for our contracts to fit requirements however as standard all monitoring will include a review of:

- General Staffing & Organisational Updates – including ensuring staffing levels are appropriate to levels of need and staff are appropriately trained.
- Ofsted (or other regulatory body) Inspection Rating
- Performance monitoring against KPIs
- Standards & Outcomes
- Service User Feedback
- Safeguarding

The current QA activities include sharing intelligence with other authorities through regional meetings and alerts via email.

Concerns and notable engagement with providers should be captured on provider logs “running record”, held on provider files on SharePoint. Where there are significant concerns, this needs to be

captured and shared via a 15 minute catch up meeting to be held between SCQO, relevant Commissioning Manager and Planning and Contracts Manager.

### *Spot / Individual Placement Monitoring*

For **Individual Placements** due diligence will be undertaken prior to placement.

Once placed, the assigned social workers receive weekly/biweekly reports for individual children and young person from the providers. Contract review meetings are conducted twice yearly and are attended by the Children's Home Finding Team, social workers and the provider. These meetings will ensure that the level of support provided continues to meet the needs of the child.

Quality Assurance visits will be prioritised according to the following:

1. Unregistered Placements
2. Providers that have gone inadequate with Ofsted
3. Providers where we have substantial concerns
4. New Providers / Due Diligence

## Unregistered Placements

These are often our highest need, highest spend young people. Unregistered placements include:

1. Where a property is rented and agency staff are put in to support with no Registered Manager oversight.
2. The setting/ provider is not registered with Ofsted
3. The setting/ provider is not registered with Ofsted but care and support is being delivered by a provider who has a Registered Manager / other registered setting.
4. Children under 16 placed in 16+ supported accommodation.
5. Children with DoLs or *care* (not support) needs placed in 16+ supported accommodation.

For individual placements made in unregistered settings, an initial in person visit will be made. This should be within one week of the child being placed. This visit may be undertaken in conjunction with a Children's Home Team Manager or other qualified social care representative. In person and virtual visits will include property checks (visual check of condition) and a review of practice and procedures. Social care hold responsibility for safety of the child through the social workers' visits. Social workers will visit services weekly until the first child in care reviews, at which point this may be decreased to no less than monthly.

The Senior Contracts and Quality Officer will seek feedback from social workers on a regular basis (e.g. following their weekly visits) to capture and log any concerns. Concerns will be followed up and addressed with provider; if serious concerns are raised this will then trigger an in person QA visit.

Actions to be carried out:

- Due diligence (see section below) by Home Finding Officers and Senior Contracts and Quality Officer.
- Senior Contracts and Quality Officer - Initial QA visit to unregistered services when new placements are made – in person if within a reasonable distance. If at a significant distance, we will undertake a “virtual visit”. This will include in person or virtual property checks (visual check of condition).
- Seek feedback social workers on a regular basis (e.g. after their weekly visits) to capture and log any concerns. Concerns will be followed up and addressed with provider. If serious concerns are raised this will then trigger a QA in person visit.

### Where a provider is rated Inadequate by Ofsted or significant safeguarding concerns have been reported:

Where Ofsted rate a provider inadequate, we have serious safeguarding concerns or there has been whistleblowing, the current process consists of:

- BCC receives notification from Ofsted / Whistleblower / Safeguarding
- Home Finding Team checks if we have a child or young person placed with this provider, and seek initial feedback from social workers on the placement.
- Strategic Commissioning Team collate relevant information and make contact to get feedback from provider regarding concerns and action plan. Ask provider for details of other placing authorities and make contact to get their feedback.
- Senior Contracts and Quality Officer to review Ofsted report and recent reg 44 report and contact the host LA for more information, and South Central if a residential framework or IFA provider. If we have not yet received the Ofsted notification / report request Ofsted inspector information from provider and make contact directly.
- Strategic Commissioning organises a professionals meeting within 3 days of notification and consult with relevant Head of Service (Permanency and Specialist Services or Safeguarding and Area Services) and Service Managers to assess the seriousness of the situation and agree next steps.
- If appropriate, once agreed with relevant Head of Service, Home Finding Team to notify and brief the relevant social workers who will undertake a welfare check to ensure children are safe to remain at the placement, or to determine if they need moving.
- LADO to be notified by Strategic Commissioning if appropriate and if provider is within BCC Boundary; if out of area BCC Strategic Commissioning to check if this has been undertaken by host LA and ask for updates.
- If a safeguarding or whistleblowing issue: Strategic Commissioning to confirm if host authority has notified Ofsted, if not Ofsted to be notified.
- Social workers inform relevant HOS/Service Manager, Strategic Commissioning and Home Finding Team of their views/concerns.
- Social Worker to offer child an advocate, ensure young person has access to the Children’s Commissioner Advocacy Help at Hand information and refer in to commissioned advocacy

service where applicable. Social Worker to inform Strategic Commissioning, who can support with child being prioritised by advocacy service.

- Initial update report to be sent to Executive Director, Director and relevant HOS.
- Commissioning Manager arranges a joint meeting with provider, Home Finding team, host LA and other placing LAs if appropriate.
- BCC Strategic Commissioning write report, including social worker view and develop an appropriate action plan with provider.
- BCC Strategic Commissioning implement stage 2 of the performance failure process (see below).
- BCC Head of Service Children's Commissioning to consider and / or authorise possible suspensions from frameworks or termination of contracts.
- BCC Strategic Commissioning to update tracker of inadequate ratings and update throughout the process, HOS and Service Managers to be kept updated on progress and to save this information.

Significant concerns include:

- LADO referrals which meet threshold for investigation
- Numerous recurrent concerns indicative of systemic issues.
- Whistleblowing
- Large number of placement breakdowns

Where specific concerns have been raised a focused QA visit will take place to look at that element. This may then trigger a full QA if significant / numerous other issues are discovered.

## New Providers / Due Diligence

Where it is a (registered) provider, we have no concerns, but they have not been used before and therefore placements are requesting a check, we will undertake a desktop exercise. This Due Diligence on new providers will be undertaken by a Senior Contracts and Quality Officer in collaboration with Home Finding officer. This to be done at the point that placements are assured that a placement will be taken forward for approvals. Home Finding team will first undertake checks on registration / inspection ratings / URN / intention to register. The following due diligence checks will then be undertaken by the Senior Contracts and Quality Officer:

- Request Host Authority Reference
- Request confirmation of relevant staff DBS checks and skill sets (training matrix)
- Check policies & procedures are in place: Safeguarding, Behaviour Management, Safer Recruitment, Statement of Purpose, Location risk assessment, Child Exploitation, Missing from Home, Information Governance.

Any concerns will be logged and flagged, with remedial actions set where relevant.

## Performance Failure Process

See Appendix 1 for Performance Process Summary

### Stage 1 - Underperformance and Service Improvement Plans

1. Underperformance is performance below the standard required but is considered by the BCC officer to be low risk and which can be remedied relatively easily and within a short timeframe. Issues should be identified through contract management or the provider sharing concerns proactively with BCC officer as contractually required.
2. If under performance is highlighted the BCC officer will ask the provider to produce, deliver and monitor a Service Improvement Plan (SIP) to remedy the underperformance. If the underperformance is not remedied as advised and within the agreed timescale, then the BCC officer may trigger the Performance Failure process (using existing template in appendix II).

### Stage 2 - Performance Failure and Remedial Action Plans (RAP)

3. Performance Failure is performance significantly below the standard required and is considered by the BCC officer to be medium or high risk (i.e. potentially have an adverse impact on the wellbeing and safety of children and young people and/or on the delivery of the Council's statutory duties and/or value for money achieved and/or the reputation of the Council).
4. If performance failure is highlighted, the BCC officer will send a Performance Failure Letter to the provider, stating the issue, what action would need to be taken by the provider to rectify the situation and the timescale within which that action must be taken. The BCC officer will also send a template for a Remedial Action Plan (RAP). The Performance Failure may be related to one or more KPIs, or failure to meet the standards or quality set out in the specification.
5. The provider is then responsible for producing, delivering and monitoring a RAP, where this has been identified as a requirement by BCC. The provider should ensure that they incorporate all BCC recommendations for service improvement, within the RAP and that these are actioned as per the timescales agreed with BCC.
6. If the provider fails to deliver the RAP within the agreed period of time and the Performance Failure(s) are not rectified this will trigger a Default Notice.

### Stage 3 - Default Notice

7. A Default Notice is issued to a service provider when the BCC officer in agreement with the Head of Service for Children's Commissioning consider that they are in breach of their contract. It details actions that must be completed and sets a deadline for when compliance must be restored. Measures open to BCC include applying a Restriction to new contracts / placements.
8. A Default Notice may be issued if:
  - the provider has breached the terms and conditions of their contract: and/or
  - the provider has three or more Performance Failures in a rolling 12-month period; and/or
  - the provider has failed to rectify a Performance Failure (e.g. has not produced a RAP required or has failed to deliver the RAP); and/or
  - the provider is rated as requires improvement by Ofsted and BCC takes the decision to restrict placements because we have concerns about people's safety and wellbeing; and/or

- the provider is at risk of financial failure; and/or

#### Stage 4a - Serious Default Notice

9. This is similar to the default notice above, but is used for more serious breaches of contract, for example those which pose a high risk to the safety or wellbeing of service users. The Head of Service for Children's Commissioning will issue a Serious Default Notice detailing actions that must be completed and setting a deadline for when compliance must be restored. Where a provider is rated by Ofsted as inadequate, this will immediately result in a Serious Default Notice.

10. A Serious Default Notice may also include any of the following measures:

- a) Restriction of new placements - When there are concerns for people's safety or wellbeing, we can apply a Restriction of New Placements. This means we have instructed our staff to restrict the use of this service when arranging young people's care packages. To end the Restriction of New Placements, the service provider must demonstrate that it has resolved the concerns.
- b) Suspension of new placements - When there are concerns for people's safety or wellbeing, we can apply a Suspension of New Placements. This means we have instructed our staff not to use this service when arranging young people's care packages. To end the Suspension of New Placements, the service provider must demonstrate that it has resolved the concerns.
- c) Potentially provider not to be considered for future contracts
- d) Withholding payment – When a Serious Default Notice has been issued, we can choose to withhold a reasonable amount of the payment usually made to the service provider. Full payments are resumed once the Serious Default Notice has been resolved.

11. If a service provider fails to resolve a Serious Default Notice, either of the following sanctions can be implemented:

- a) Arrangements for a third party to deliver the affected part of the service - BCC can make arrangements for a third party to perform the part of the service to which the Serious Default Notice relates. This would continue until the service provider demonstrates they are able to deliver this part of the service again. BCC can charge the service provider for any reasonable costs incurred in taking this course of action.
- b) Terminating the contract - BCC can choose to terminate the contract with immediate effect. This course of action is our last resort; all other reasonable options would be explored ahead of this decision. Terminating the contract would affect the people whose care we commission; we would endeavor to involve service users and their families in the process of commissioning new services to meet their needs.

#### Stage 4b - Persistent Default Notice

12. The Head of Service for Children's Commissioning may issue a Persistent Default Notice if:

- The provider has failed to comply with a prior Default Notice to remedy a breach of contract within the given timescale, or
- The provider receives a second Default Notice for the breach of contract within a rolling 12-month period or
- The provider is issued with 3 or more Default Notices for separate breaches of contract within a rolling 12-month period.

13. As with a Serious Default Notice above, it details actions that must be completed, and sets a deadline for when compliance must be restored.

14. A Persistent Default Notice may result in sanctions placed on the provider. These could include but are not limited to:

- a) Restriction of placements
- b) Suspension of placements
- c) Withholding payments or seeking compensation from the provider

15. If a service provider fails to resolve a Serious Default Notice, either of the following powers can be implemented:

- i) Arrangements for a third party to deliver the affected part of the service.
- ii) Terminating the contract

## Appendix I: Underperformance and Performance Failure – summary

Please read the text above for further information about each stage.

### Stage 1

- **Underperformance** is performance below the standard required but is considered by the relevant officer to be low risk and which can be remedied relatively easily and within a short timeframe.
- The officer will ask the provider to produce, deliver and monitor a Service Improvement Plan (SIP) to remedy the underperformance as advised by BCC. If the issue is not remedied as agreed then the officer may move to Stage 2.

### Stage 2

- **Performance Failure** is performance significantly below the standard required and is considered by the officer to be medium or high risk
- The officer will send a Performance Failure Letter to the provider, stating the issue, what action needs to be taken to rectify the situation and the time-scale within which that action must be taken. The provider is then responsible for producing, delivering and monitoring a Remedial Action Plan (RAP) and reporting progress to BCC.

### Stage 3

- A **Default Notice** is issued by the Commissioning Manager when we recognise that the provider is in breach of their contract. It details actions that must be completed, and sets a deadline for when compliance must be restored.
- It may be issued if the provider fails to deliver a Stage 2 RAP, or has had 3 Performance Failures in the last 12 months, or has been rated inadequate by Ofsted, or is at risk of financial failure or if the Senior Commissioning Manager considers there is a contract breach requiring an intervention at Stage 3.

### Stage 4

- A **Serious Default Notice** is issued by the Senior Commissioning Manager to a service provider when BCC recognises that there has been a serious breach of contract, e.g. posing a high risk to the safety or wellbeing of service users .
- A **Persistent Default Notice** may be issued by the Senior Commissioning Manager when a provider has not restored compliance detailed in a Default Notice by the deadline , or the same Default Notice breach is repeated within 12 months or if there are multiple Default Notices for different breaches within 12 months.
- Serious and Persistent Default Notices detail actions that must be completed, and set deadlines for when compliance must be restored. Possible measures include restriction of placements, suspension of placements, restriction to new contracts and withholding payments.
- If compliance is not restored BCC has powers to arrange third party delivery or to terminate the contract.

## Appendix II: Performance Failure Action Plan Template

Inspection Requirement(s)	Date action added	Action	Owner	Resource(s)	Completion date	Evidence	Progress to date	RAG	
<b>RQ1</b> The registered person should ensure that all children have the opportunity to enjoy meaningful activities in the community away from the school site (Children's Home Regulation 6)		Environmental works completed and Transition plan in place for two young people who will be moving from Ocean House to Publick in September	Registered Manager and Principal	Transition plan Support from Estates team to complete works to Publick.	01/09/2022	Environmental works to Publick completed. Young people complete successful transition from Ocean House.	A new kitchen is being fitted in Publick (works commenced as of 04.08.22), and the dining room has now been set up to enable additional space for young people within the home. There are plans to re-decorate Ocean House once AT has moved to his new home and 2 x young people will move across from Publick.	In progress	
		Undertake survey of young people and parents to ascertain their views on the wellbeing and progress of the young people, and the support they receive.	Principal	Survey	1st August 2022	Completed survey returns and analysis of findings.	Survey has been completed and the results are being analysed. The feedback will be then cascaded to the care managers and home managers to identify opportunities to respond to the findings and improve the quality of care provided.	In progress	
<b>RQ2</b> The registered person should ensure that all children have the opportunity to enjoy meaningful activities in the community away from the school site (Children's Home Regulation 9)	05.07.22	Review all children's plans to identify clear targets for each child. Targets to be broken down into manageable steps for staff to support children effectively through activities and day to day support.	NWPK	Children's Plans	30/09/2022	EHCP have been reviewed for every child and each has clear SMART targets embedded within.	PK allocated to NH (Assistant head of Education) Clear objectives have been completed for the academic year 22/23, teachers to review progress assessment during Sept 22 to ensure targets are still relevant	Class	In progress
		Learning diaries to capture each of the children's targets and to set out weekly goals. Staff to check learning diaries at the beginning of each shift to track/diary progress daily.	EB/MBE for review HM's for implementation	Learning Diaries	01/09/2022	Every child's learning diary includes their reviewed targets and evidence of progress having been recorded.	Home learning diary format has been reviewed and updated to make this more reflective of targets young people are working towards in homes.		In progress
		Home meetings to take place to focus upon activity planning aligned to children's targets.	IC	Home Meetings		Minutes of Home meetings evidence that activity planners have been reviewed.	This commenced on the 25th July. Summer plans in progress to include: camping experiences, hiring of a beach hut, water park, splashdown		In progress
		RM to identify staff member to carry out training sessions on how to arrange meaningful activities / experiences to support EHCP targets	Home Managers / Director	Training sessions	End September 2022	Training lead identified for each home. Scheduled training has been completed.	RM has engaged two members of staff to review training package and initiate training sessions within induction - completed 25/07/22 Additional training sessions to be scheduled for the wider team commencing September and trainers allocated for this.		In progress
		Termly check in meetings to be scheduled in advance to avoid delays. Feedback to be provided to evaluate any change or adaptation to targets needed	NWPK	Termly check in meetings	End September 2022	Termly Check in Meeting scheduled for year Updated Termly check in	NH to produce annual schedule of termly check ins.	NH	In progress

## Appendix III: Full Quality Assurance Visit Form

As included on page 17 above.