Quality Assurance Framework for Adult Social Care

July 2023

Review date: July 2024

Title of document:	Quality Assurance Framework Policy for Adult Social Care
Purpose of document:	The purpose of this document is to describe our Quality Assurance Framework and associated components. This Quality Assurance Framework aims to provide a range of mechanisms to help set direction, support delivery, manage risk, monitor, and review practice and outcomes for adults and carers with care and support needs. This is to ensure our stated priorities are being met, ensuring the voice of the person using services is heard.
Type of guidance:	Operational Policy
Target audience:	All those involved in the commissioning and delivery of adult social care services, people of Croydon and partners.
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This guidance should be read alongside:	Pan London Adult Safeguarding policy and procedures London Principal Social Workers Network, Adult social care case file audit questions template and guidance October 2022, London ADASS endorsed. MCA Amendment act 2019 Care Act 2014 MHA 1983
Lead Director/Owner	Simon Robson, Director, Operations and Social Care (ASC)
Authors	Ernest Johnson and Professional Standards Team (ASC)
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Introduction

Quality is central to every aspect of our work, and continuous improvement of the services and support we provide is integral to our culture going forward. Adult Social Care considers and acts on what 'quality' means and adapts their practice and approach arising from any reflection, feedback, learning and development, supervision and appraisal received or undertaken.

Croydon Council's Health Wellbeing and Adults Division is committed to working collaboratively with the people who access their services so that they receive the best support whenever possible. Council officers are committed to raising standards in social care and supporting the independence of people with social care needs. This collaborative, strengths-based approach focuses on working with people to help them achieve the things they want from their lives.

This Quality Assurance Framework sets out how we are developing a culture of performance and continuous improvement, identifying the things we do well, celebrating success and, where required, take action to improve. This will ensure confidence that we are setting and maintaining high standards throughout Croydon's Health Wellbeing and Adults Division.

Equality and diversity

We are committed to making Croydon a place of opportunity where everyone can belong, addressing the needs and aspirations of all those who live and work in the borough. As detailed in our **Commitment to Equality Statement** and employee **Code of Conduct**, we are strongly committed to providing equal opportunities in employment and to avoiding unlawful discrimination in employment and against our customers.

An **Equality, Diversity and Inclusion board** was set up in 2021 and this is focused on our people and the cultural transformation needed to make our council a fully inclusive working environment. We will ensure that all those using our services are treated with fairness, dignity and respect, irrespective of any of the following protected characteristics: age, race, gender reassignment, disability, religion or belief, marriage and civil partnership, sex, sexual orientation, pregnancy or maternity.

Aims and objectives of the framework

The aims of the Framework are:

- To apply quality standards across Adult Services
- To take a consistent approach to how we monitor and evaluate quality
- Quality assurance
- To celebrate good practice and success
- To take action to support quality improvements when necessary
- To contribute to organisational learning

What are we planning to deliver through this framework

- Identify and act upon strengths and areas of development.
- Gain insight into whether the service is

supporting the right people, the right way at the right time and making a difference.

- Carry out work to the highest standard and set clear expectations to ensure best practice.

- Work in the best interests of adults.

- Fulfil organisational priorities and service commitments.

- Continually learn and improve across the Directorate. Prioritising areas for improvement and development.

- Deliver quality and value for money incorporating the co-operative values, underpinning the council priorities.

- Identify which interventions work and replicate best practice.

- Identify gaps within practice and services offered, which can be addressed through service planning training and commissioning.

- Ensure staff are supported in carrying out their roles safely and effectively.

What are our quality assurance principles?

Leadership	To be visible and proactive, connected to service outcomes and able to inspire people to have high aspirations for themselves and others.
Voice	The voice of adults using the service, their family carers and supporters must be positively welcomed through genuine involvement in sharing and providing feedback.
Culture	The culture within which care and support is provided will be positive, open and respectful with an ethos that is proactive, and person and relationship centered. Dignity, empathy, and compassion should be evident.
Workforce	The workforce will comprise of professional, competent, compassionate, and highly motivated people, including managers, whose values, attitudes and behaviors reflect the primary focus of supporting and empowering people to have the best possible quality of life.
Education and Training	Is integral in an environment where supervision and appraisal are used. This encourages continuous professional development as well as ensuring that objectives are met.
Accountability	For quality, this will be clear and transparent to all, whatever forms the service takes and whichever organisation or individual provides the service.
Professional Standards	Will be maintained with accessible, objective expert advice. We should all recognise that people who use services are experts by experience and can provide such advice. All staff qualified and unqualified will follow relevant codes of conduct.
Participative	We want everyone to participate and engage in quality assurance; staff and service users have an important role, and we value residents' insight. We want to encourage awareness of quality issues and ownership of findings.
Supportive	We want staff to feel secure in learning from feedback and be able to deliver quality practice. We want feedback to be seen as an opportunity to learn and make a difference. We will celebrate as well as challenge.
Feedback Cycle	We want quality assurance to work as a continuous cycle not as a series of isolated events. Carrying out an activity is just the start; we want to use findings proactively to learn as a service and deliver better outcomes. We will use clear feedback mechanisms so that learning is applied, monitored, and reviewed.
Outcome Based	We focus on outcomes as well as outputs and we want to improve performance and measure impact. We want to find out whether individuals are better off because of our interventions and whether their identified needs have been met.
Joined Up	We want our activities to link to quality assurance across the council and partner organisations. We are interested in what they can tell us, what we can learn and what we can share.

Quality assurance – The Croydon approach

The Council is committed to delivering the highest standards of quality in social care for adults. We are developing a consistent understanding of quality assurance and its central importance to meeting - and exceeding - the expectations of the people we support.

Quality Assurance is an umbrella term, which embraces all activity that contributes to service improvement. Quality Assurance activities monitor compliance with policies and procedures; evidence strengths and good practice; identify gaps and areas for development; drive learning and service improvement. A Quality Assurance Framework allows those with leadership, senior management, case management or scrutiny responsibility for adults, to understand how effectively Health Wellbeing and Adults services are working to deliver its statutory duties. This means keeping adults safe, promoting positive outcomes, and ensuring agreed standards are being met. This supports evidenced based and value for money strategic change and identifies the focus of learning and improvements.

To support the work that we do, there are Procedures for Health Wellbeing and Adult Social Care on the Intranet. These procedures should be used as required by practitioners across all adult social care teams and services in Croydon. They will promote best and consistent practice and support us to deliver our commitment to Adult Social Care.

https://intranet.croydon.gov.uk/working-croydon/adult-social-care-and-health-directorate/adult-social-care-procedures-trix

Our quality assurance methods

Through a range of measures and methods, we will ask:

- What are we getting right as a service?

- What could we do better?

- Are we doing things the best way with the resources we have?

- How well are we working with individuals, families and carers?

- Are we delivering our commitment to promote independence, ensure safety and support recovery?

- Are we safeguarding adults at risk of abuse?

- Do we recognise the diversity within our communities and work to high anti-discriminatory standards?

- Are we fulfilling our legal duties and working within regulations?

- Are we meeting and upholding standards of best practice?

- Are we supporting our staff to carry out their jobs safely and effectively?

Quality assurance activities

A good quality assurance framework uses a range of methods to triangulate evidence that includes quantitative activities that reviews data using outcome measures set locally and nationally, qualitative activities such as case file audits, written records, practice observations and activities for gathering external feedback that measures the impact and outcomes of social care provision on individuals, such as personal stories, complaints and compliments.

The framework builds on a wide range of Quality Assurance activities scheduled throughout a continuous programme that are used to inform service development and improvement. These include:

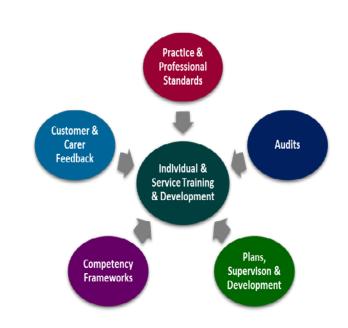## Supervision and appraisal

Processes in place to monitor quality and frequency of supervision and opportunities for different types of supervision and peer support. Appraisals monitored, linked to service and team plans with clear targets for individuals.

Workforce development

Career Pathway in place to ensure staff are supported in their development, in line with work to improve workforce equality and to become an anti-racist organisation. To be reviewed bi-annually and amended according to organisational needs and business requirements.

Observation of practice

All frontline staff to be observed in practice at least once a year and more frequently during their probationary year, ASYE or whilst on accredited qualifying or post qualifying programmes.

Case file audits

Audit work makes up a substantial part of our QA programme, offering unparalleled insight into the strengths and areas for development of our practice and the impact on adults. In acknowledgment of this, we will aim to audit 10% of our total case load per year.

Case file Audits: Case file auditing is an essential part of the quality assurance arrangements in Croydon, to support improving outcomes for vulnerable adults, with care and support needs and their carers. Case file Auditing is one of the QA activities that is undertaken by supervisors at all levels as part of a shared commitment to understanding the quality of practice. Auditing provides an opportunity to pause and reflect on the quality of case work, and on the impact our assessments and interventions make towards positive outcomes for adults and their

family. The case file audit is designed to provide a broad focus on standards and compliance, as well as the quality of social care practice. In Croydon, we use these audits to take stock of our performance across all areas of social work intervention at regular intervals. They focus on the journey and experience of the adult through services, as well as the rationale for decisions being made on their behalf. They allow us to identify if the support that has been offered is planned, purposeful and undertaken in a timely manner. Crucially, these audits go beyond the marking of compliance, and seek to generate qualitative data about our practice, its impact on the adult, and how the system and organisation supports good practice, as well as identifying areas of development.

Case file audit process

All Team Managers, Practice Supervisors, Service Managers, Principal Social Worker, Heads of Service, will be required to undertake one audit per month. Team Managers, Practice Supervisors and Service Managers will audit cases from teams that they are not directly responsible for. All audits are coordinated by the Quality Assurance Operational Group. At the beginning of each month, using the data supplied by the Performance Team, details of the case to be audited will be sent to the allocated auditor and their manager if applicable. All audits need to be completed by the end of the month. A reminder will be sent to auditors, with managers being copied in, a week before the end of the month for those who have not completed their case file audit.

On the receipt of the audit, the auditor (if appropriate) will advise the practitioner that they are auditing one of their closed cases. The audit will be completed using the Case File Audit Tool and the grading descriptors that are on TriX. The auditor will record the start date of the audit on the case file notes, and

the new Audit dropdown on LAS.

Once the audit has been completed, to ensure an inclusive, transparent and process, the auditor, if appropriate provides direct feedback to the practitioner. They will be able to discuss the findings of the audit, including strengths and areas of development. The practitioner will have the opportunity to reflect on the learning from the discussion. If the practitioner does not agree with the grading, they are able to challenge this directly during feedback or if not satisfied can ask for the case to go to the Quality Assurance Operational group for consideration.

The case file audit will be uploaded to LAS, by the auditor and discussed and recorded in supervision.

If a case has been selected for moderation, the outcome will be shared with the auditor and the Team Manager responsible for the case. On receipt of the moderation form, Team Managers should discuss any additional actions with the Social Worker, recording this as supervision on the adult's case file. All actions should be identified with clear timescales.

The Quality Assurance Operational Group will monitor and report on rates of compliance with auditing and completion of actions monthly and this will be shared with QAF Board via quarterly report.

Completing the case file audit

The Case file audit needs to reflect on evidence of compliance with policy, practice standards and procedures because these are an essential framework for delivering good practice that ensures positive outcomes.

A clear assessment regarding the quality of the work needs to support the grading. A strengths-based approach should be used to assess elements of good practice, evidence impact and adding value through Adult Social Care involvement. Learning should be focused and succinct, to be useful to take forward and apply to future practice.

After moderation, if there is a disagreement regarding the grade, the case file needs to be reviewed by the Head of Service for Quality Assurance. If there is disagreement regarding the actions identified, this needs to be reviewed by the Head of Service for the relevant area (case holding) as this relates to the conduct of the case.

Case file audit learning and reporting

Auditing will generate themes and learning about how the effectiveness social care intervention and multi-agency working has contributed to positive outcomes for adults. Themes will be collated and reported in a quarterly report to the QAF Board.

Croydon case file audit tool

The Croydon Case file audit tool has been developed with reference to the document completed by the London Principal Social Workers network (endorsed at October 2022 London ADASS branch meeting). By providing questions that could be used for case file auditing it is intended to provide support for overseeing "quality assurance and improvement of social work practice…"

Internal audits are completed in accordance with statutory legislation including: The Care Act 2014; The Mental Capacity Act 2015 The London Multi-Agency Adult Safeguarding Policy and Procedures,

April 2019 and Croydon Adult Social Care local procedures including safeguarding protocols and procedures.

The Case file audits are carried out as part of a wider quality assurance framework, they are a crucial part in ensuring the quality of outcomes for people seeking support, supporting learning and improvement - helping practitioners improve and develop their skills. Evidence of case file audits also helps demonstrate the quality of work to external bodies.

The case file audit tools reflect the focus on strength-based and outcome-focused practice, prevention, and empowerment. It also considers mental capacity and safeguarding as generic areas of practice that all practitioners should be competent in.

How the audits are evaluated

The audits are then checked for quality and consistency by a Moderation Panel.

The Moderation Panel

Following each audit period, all case file audits are moderated by a Moderation Panel. This panel will be led by the Service Manager of the Quality Assurance and Professional standards Team, and will be made up of Principal Social Worker, Quality Assurance Officer, QA Audit Officer, Consultant Social Worker, and Team Manager.

The Moderation Panel will meet quarterly to consider all case file audits submitted within the given audit cycle/period. The meeting will usually be scheduled to follow the close of the Audit Period, to minimise the time between when audits are completed and when they are moderated.

Role of the panel:

The panel will review the completed audit forms and form a judgement on the following aspects: The Audit grading, considering:

- Whether there is evidence to support the grading provided in each section.
- Whether the recommended actions, follow on from the auditor's comments in the form.
- Whether there is a clear analysis arising from the audit, explaining how the auditor came to their overall grading.

The quality of the audit process, considering:

- Whether any serious concerns or safeguarding issues have been escalated.
- Whether there are gaps in the tool or sections not completed.
- Whether the audit has been undertaken collaboratively with the social worker.
- Whether the views of adult/carers were obtained, and if not, whether sufficient reasoning is provided as to why this was not possible.

The Panel will need to decide if the overall grading provided by the original auditor is accurate, fair, and sufficiently evidenced. In instances where the Panel feels that this is not the case, it may choose to adjust the grading. The panel will record the reasons for such a judgement clearly. Any disagreement that arises between individual moderators will also be recorded. The Chair will make the finals decision in the above circumstances.

Should the Moderation Panel disagree with the findings of the auditor, this will be recorded on the final version of the audit document. Once moderated, the audit outcome is uploaded to the person's electronic case record through the data management system (LAS), with the final judgement, the auditor's comments and the actions clearly recorded. Reports are then run periodically to examine whether actions have been acknowledged and followed up in a timely manner.

Recording the Panel's decisions:

- For each audit that is moderated, the Panel will complete a summary sheet outlining their decisions in relation to the above judgements.
- The Moderation Section of the audit tool will also be completed, so that any adjustments to gradings or actions are recorded on the final audit form.
- The auditor will be given feedback on their audit. If any significant changes are made to gradings or actions, feedback will also be offered to the allocated worker and/or Team Manager for the case in question.
- Once moderated, the final grading and actions will be uploaded to LAS
- Professional Standards will store the data in line with the GDPR 2018.

Thematic case audits (internal)

Themed Audits are scheduled throughout the year to compliment and expand upon our Core Audit work program. They do this by providing opportunities to explore a particular area of our practice or Service in more detail. The focus of a themed audit may be decided upon in response to a trend that has been identified via performance data or can often be chosen to explore concerns that have been highlighted via other audit work. They also provide us with a useful opportunity to investigate areas of practice that have been highlighted to us as potential areas

of development by external sources - such as CQC inspections or Peer Challenge exercises. To ensure that the process is transparent, whenever a themed audit is commissioned, we always ensure that the rationale for the focus is clearly communicated to those taking part, as well as explained in full the final audit report.

The Quality Assurance Board will clarify the nature of the issue to be explored, as well as the methodology and approach that will be employed - including the time frame and who will undertake the work. Very often this process will involve a bespoke audit tool being created, to ensure that the auditor explores the questions and issues that we are most interested in. Thematic Management and Practice Reviews are a set of case audits scheduled quarterly across Adults Care and Support Services. These Case Audits will check the quality of practice relating to a specific area that may require improvement or development.

An annual cycle of themes will be produced. Themes will be informed by practice issues identified through a range of quality assurance activity and early warning systems such as recommendations arising from incidents, safeguarding adult's reviews; emerging issues identified from audit; complaints processes; Local Government Ombudsman or performance indicators.

The themes are based on national priorities, local performance data and any areas that senior managers and others consider should be explored in depth (e.g., because of a complaint or review).

Learning forums and learning reviews

Practice improvement and development through engagement with staff to have a deeper understanding of the experience of practitioners.

This may include workshops to support person centered and strengths-based approaches.

Croydon Safeguarding Adults Board (CSAB)

Learning from Safeguarding Adult Reviews national, regional, and local to inform practice and learning and development activity.

Independent audits

Incorporate learning from regional audits in particular DoLS/MCA, Safeguarding Audits and PSW regional network.

Supervision audits

The aim of the supervision audit process is to ensure front-line practitioners receive consistent, supportive supervision, providing constructive feedback, reflection on practice, forward planning, and consideration of their wellbeing.

The supervision policy document in the Tri-x should be used to assist Senior Managers, Team managers, Advanced Practitioners to complete supervision audits. The audits will require the involvement of both supervisory managers and practitioners who provide a range of interventions with customers, such as assessment, care and support, care planning, reviewing, and safeguarding.

Non-practitioner roles working within Adult Social Care do not fall within the remit of the supervision audit process which has a primary focus on Social Care practice.

Supervision

Effective supervision is a key component of the Quality Assurance Framework, as this is where accountability for individual practice lies. The ambition is to build on the supervision process, so that audits become part of the supervision arrangement. This will ensure that line managers and supervisors examine and challenge practitioners to ensure that practice is in line with expectations and standards of the organization. The Croydon Adult Social Care (ASC) Generic Supervision Policy is available on Tri-x at:

https://proceduresonline.com/trixcms/media/7622/asc-supervision-policy-generic-croydon.docx

This policy wants to ensure that good quality, strengths-based supervision is in place to assure best practice, support staff wellbeing and improve outcomes for residents, families, and carers in our Croydon community. The purpose of supervision is to establish accountability and promote professional development, health, and wellbeing. The process of supervision ensures a link between the values, policies and statutory responsibilities of the organisation and the delivery of practice excellence.

Strength based supervision embodies the principles of an asset-based approach. There is a strong focus on building positive relationships and establishing partnerships. Recognition of individual strengths and abilities, empowerment, critical self-reflection and acquiring skills and knowledge are all important elements of strength-based supervision as well as assuring best practice and accountability for statutory responsibilities.

Through good supervision we ensure that practice is routinely monitored and that any development or training needs are identified. It also ensures that performance issues are picked up and managed, as part of staff performance and personal development plans.

Supervision audit process

The supervision audit process involves analysis of a selected practitioner's experience of supervision which has been completed by their current supervising manager. The audits which will cover the components outlined in the Croydon Adult supervision tool, will be completed by the auditor for their own management team. This approach will help ensure continuity, as the manager will already have oversight of the practitioners in the supervisor's team.

The random selection of a minimum of two sets of supervision records will be made by the auditor manager having been provided by the supervisor with a list of dates of supervision during the preceding year. It is suggested that consecutive months are chosen, so that consideration can be given to any concurrent themes or actions which emerge and whether these are being addressed or monitored.

The supervisor will ensure that records are retained securely and are made accessible to the auditor who is completing the audit. It is acceptable for supervising manager to have a discussion with the supervisee and redact sensitive information that it is felt reflects the practitioner's personal circumstances, before passing the two selected records to the auditor.

The supervision audit process provides the opportunity for the practitioner to give the auditor an opinion about their experience of current supervision. The practitioner is at liberty to decline the opportunity, however, in these circumstances this should not be taken as a negative statement about the practitioner's experience of supervision and their supervisor's practice.

The auditor, over the duration of a 12-month period, will have one randomly selected practitioner from each of their own management team's supervisory group for whom to complete an audit. For example, if the auditor picks up supervision of 5 Team Leaders, 5 supervision audits will be completed over a 12-month period and would have involved 5 practitioners. The selections of the audits will be via LAS. Once the random selections are made, auditors will be informed via an email from the QA Operational Team and the link to the spreadsheet will be shared with them.

The auditor will notify the practitioner who has been randomly selected for supervision audit and Team Leader, at the point they are ready to start the supervision audit. If a supervisor disagrees with any of the findings of the supervision audit, these can be documented on the supervision audit tool. The auditor will seek to address any concerns in the first instance. However, there may be circumstances where the auditor will need to consult with a Service Manager or Operations Manager who will provide guidance.

The supervision audits will be held on practitioner's LAS folder for a maximum of one year after the close of the reporting period. Auditor's will ensure that a copy of the supervision audit is retained on the supervising manager's supervision folder.

Supervision and management oversight are fundamental mechanisms for understanding and quality assuring practice and provides us with an ongoing source of QA information. Our Core Practice Standards set out clear expectations around the frequency and quality of supervision that our practitioners should receive - both in terms of individual, group and informal supervision processes - which have recently been incorporated in our Supervision Policy.

Moderation process

The moderation will evaluate consistency and whether the audit is of sufficient detail and quality, this will then be recorded on the moderation document. The outcome of any moderation will be discussed in the auditors 1:1 supervision meeting and evidenced on their supervision records.

Direct practice observation

Practice Observation is an established approach to support the development of social workers in their practice and will be used across Adults Care and Support. Observations give a direct impression of how social workers interact with service users, see how they relate and build relationships with people and support good outcomes and work with people's strengths. Allowing social workers and social care colleagues appropriate practice observation will identify their strengths and learning needs and can target their Continuous Professional Development (CPD) to these areas.

Every practitioner will have their practice observed by their line manager or supervisor, once a year. Practice observations will include either:

- Accompanying the supervisee on a visit to the person with care and support needs or carer, or
- Observing the supervisee at a meeting with the person with care and support needs or carer and others.

Peer review

Engagement with regional peer review challenge both in contributing to regional programme and learning from local challenge.

Standardisation panels

These external panels review and assess Portfolios against professional standards such as Professional Capability Framework and Knowledge and Skills Statements for staff undertaking Assessed and Supported Year in Employment, Social Care Practitioner Programme or re-accreditation and approval of Approved Mental Health Professionals.

Governance and accountability

Quality Assurance needs to be owned by all parts of the service, from every member of staff at the front line to elected Members, partners, and citizens. We need a governance framework that supports the quality of practice and enables everyone to play their part in improving the services provided and supporting the best possible outcomes for those with social care needs.

Mechanisms for ensuring effective oversight and scrutiny are crucial elements of any QA Framework and are components that we have considered carefully at Croydon. When working well, governance of QA creates appropriate challenge and ownership across an organisation, helping to ensure that the overall framework remains responsive, targeted, and efficient. Leaders and managers are accountable for the delivery of the different components of the Quality Assurance Framework (QAF), in line with their role and responsibilities within the organisation.

The QAF Group will draw up a report of audit findings across Adults Social Care Quarterly. This report will then be delivered to the Quality Assurance Board. The Quality Assurance Group will agree the service actions required at a local level to improve practice going forward. These service improvement actions will be disseminated to different service areas and management tiers for action. Themes will be communicated to social workers and practitioners at team level by Team Managers, through Adults Best Practice Updates, in the Social Work Forums and practice meetings. Where required, identified safeguarding issues, actions and learnings will be referred onto the Safeguarding Adults Board.

The Quality Assurance group will also decide which emerging issues from case file audits and any other audits, are particularly pertinent for further follow up and action. For example, themes may need to be shared with social workers and partner agencies through specific workshops or learning events through the Workforce Development.

Quality assurance roles and responsibilities

We have worked to ensure that there are clear QA roles and responsibilities across our organisation, from senior managers through to front line practitioners and partners.

The Quality Assurance Board

The Quality Assurance Board meets quarterly to provide oversight of all QA processes across Adult Social Care. Members scrutinise the QA output from the quarter and consider whether it is sufficiently

driving improvements across our service, and thus improving outcomes for the Adult.

The Quality Assurance Board consists of the following members of staff:

- Director for Operations, Social Care (Chair)
- Head of Service for Quality Assurance and Safeguarding,
- Head of Service for Disability
- Head of Mental Health
- Service Manager for Quality Assurance and Safeguarding (QAF Lead)
- Principal Social Worker
- A representative from Commissioning

The Quality Assurance Framework (QAF) Operational Group

The Quality Assurance Operational Group meets monthly to plan and implement our QA activity. Meetings of the group provide a forum for those working in the day-to-day workings of QA to discuss progress in implementing audits and other activities, to consider latest operational challenges, and to plan accordingly for our future schedule of work.

The Service Manager for Quality Assurance and Safeguarding will Lead and co-ordinate all the activities of this group and are accountable to the Quality assurance board. The main role of the group is to:

- **Co-ordinate and plan themed audit activity;** including the development of audit tools, the drafting of audit scoping documents and the commissioning of external auditors.
- **Co-ordinate and plan Core audit activity:**

including revising our Audit Tool, monitoring the quality of internal auditing (via the Moderation Panel),

- **Co-ordinate and plan Practice Week;** including the deciding of themes and developing schedules of learning activities.
- **Produce clear and accessible QA Reports;** these reports should include a clear explanation for the rationale for our work, the methodology used, the key findings, and a summary of the actions we will take in response.
- **Maintain and monitor a QA Forward plan**, ensuring sufficient and targeted scrutiny of our practice throughout the year.
- **Co-ordinate communication of QA activities to staff;** including the dissemination of key audit findings, learning opportunities and actions plans to frontline staff via a quarterly QA communication, to ensure staff can clearly see the impact of audits and other QA activity that they support.
- **Provide a quarterly report of recent QA activity to the QA Board;** including key themes and learning which may impact on service delivery to children and young people.

The Quality Assurance Operational Group consists of the following members of staff:

- Service Manager for Quality Assurance and Safeguarding (Chair)
- Service Manager for Transitions
- Service Manager for Disabilities
- Professional Standards Team
- The Principal Social Worker
- Consultant Social worker
- The Learning and Development Lead

Other operational staff or Practice Consultants may be co-opted as required.

Director of Adult Social Care

It is the primary role of the Director of Adult Social Care to ensure the effective functioning of the service. DASS have an overall responsibility to both lead members and corporate management to ensure that the service is being delivered to the highest quality levels possible, and that where this is not the case, plans are then put in place to deliver changes required to make it so.

Adults' Services Directorate Leadership Team

The Adults' Services Directorate Leadership Team are the senior managers responsible for the delivery of the business, therefore it is essential that this team understand and promote quality assurance.

- Establishing links between performance management, quality assurance and operations, such that these are informed by one another.

- Monitoring the impact and quality of service delivery to improve outcomes for customers and/or carers.

- Ensuring practice standards within Adult's Services are being consistently delivered to a high level, identifying any areas for improvement, and ensuring that the workforce is appropriately trained to maintain these standards.

- Analysing and acting upon information from external feedback, which includes but is not limited to customer complaints, the results of customer & carer engagement, LGO responses and input from partner agencies, including the Safeguarding Adults Board and Healthwatch.

- Establishing a systematic learning culture across Adults' Services.

- Ensuring that there is a systematic approach to addressing areas of improvement through the identification and allocation of resources to undertake activity to support practice and service development.

- Sharing information, best practice, and experience to drive quality improvement.

- Agreeing the production of an annual Local Account, detailing Adults' Services' performance and priorities for residents, customers, and other local partners.

Principal Social Worker

The Principal Social Work role is a statutory requirement and referenced in the 2016 revised Care Act guidance, which states that the local authority should: Have in place a designated principal social worker in adult care and support. Local authorities should make arrangements to have a qualified and registered social work professional practice lead in place" Care Act guidance, section 1.27".

The benefits of having a dedicated and visible PSW ensures that there is professional practice oversight in place to lead, oversee, support, and develop excellent social work practice and in turn lead the development of excellent social workers and social care practitioners.

Auditors

Auditors provide a supportive role in developing and implementing effective quality control systems in the service. Auditors carry out a range of specific audits, in line with the Quality Assurance Framework and rolling Audit Plan. Following each audit an audit

review report is presented to the Quality Assurance Board.

Team managers

Have a responsibility to monitor the individual practice and decision-making skills of the staff that they supervise and to drive practice standards leading to 'good rating' in their teams. Supervisors are expected to keep themselves informed about all cases allocated to their staff and to regularly review the care plans with a view to successful outcomes.

Individual practitioners

All practitioners are expected to comply with minimum practice standards set by the service and with Care act 2014 guidance.

Croydon Adults Safeguarding Board (CSAB)

The CSAB scrutinise the efficacy of performance and quality assurance arrangements in relation to Safeguarding across Adults' Services. This informs service delivery, strategic planning, and commissioning. It promotes a culture of continuous improvement throughout the Adults' Services workforce and will deliver and monitor structures that continue to develop a learning service.

The CASB ensures that performance and quality information is analysed and used to inform service delivery as well as strategic planning and commissioning. This will support the oversight of the governance of quality assurance, performance, and practice.

Annual appraisal

An annual appraisal is held between May and July. The staff member and their line manager review the previous year's performance (Observations and case file audits), evaluate learning and development undertaken, agree new targets for the coming year and identify new learning and development needs.

Midyear appraisals take place to assess the individual's progress against targets and objectives and to review behaviors in line with the core values for non-managerial staff and leadership and management framework for managers.

Quality assurance reporting arrangements

All Quality assurance activity will be monitored by the Quality Assurance group which will be reporting the findings of the QA activities to the Quality Assurance Board which the oversight of all the QA process across the ASC.

A quarterly report is provided by the Quality Assurance Group and each audit will be reported to the Senior management Team. The Report will include qualitative and quantitative data as well as analysis and recommendations.
The Quality assurance Board will formulate a service improvement response to the audit in a form of an action plan. Service managers are responsible to feedback to their teams and implement and track service action plans.

A highlight audit report with the agreed service actions will be distributed directly to team managers to implement via supervision and development

plans for staff. Outcomes of audits, service responses and evidence of the impact on practice will be logged in *QA Activities and Service Responses document.*

External challenge

External focus and challenge are essential to achieving continuous improvement. Adults' Services are particularly interested to compare its own performance, year on year, with that of:

1. Similar-sized local authorities
2. Other local authorities in Greater London
3. England

Adults' Services is linked into the Association of Directors of Adults Social Services (ADASS) and other professional social care networks and uses these to benchmark performance, as well as share best practice and learning with colleagues across the region.

Croydon's core standards

The Health, Wellbeing and Adults division Core standards set out and define the minimum standards of quality that we expect of all our staff, and it is essential that all operational staff achieve them. The standards are not task-specific and should be applied to all activities. They cover the following areas of practice:

- Involvement
- Equality and diversity
- Communication
- Advocacy

- Mental capacity
- DoLS
- Safeguarding
- Risk
- Proportionality
- Working with other professionals
- Recording
- Accountability

The Core Standards will be found on **https://intranet.croydon.gov.uk/working-croydon/adult-social-care-and-health-directorate/adult-social-care-procedures-trix**

Induction

For new staff, the probationary and appointment support process allows managers to assess the employee's suitability for their post and gives the new member of staff time to demonstrate their abilities. For newly qualified Social Workers the probation period is in line with the Assessed & Supported Year in Employment (ASYE) probationary program completion date.

The following link is to Adult Social Care and Health induction on the intranet:

https://intranet.croydon.gov.uk/working-croydon/adult-social-care-and-health-directorate/adult-social-care-and-health-induction

Supporting staff development

- Information from audits can be shared widely, to support staff development and to maintain and

improve quality of practice.

- Promote good practice and application of relevant practice and professional standards and ensure that lessons from audited files are used in training and development programmes.

- Audits are linked to the annual Appraisals for operational staff and underpin informal and formal performance management processes.

- Provide staff carrying out the audits with evidence of development and / or training needs for staff they supervise, for inclusion in supervision sessions, team meetings, team action plans and training programmes.

- Support staff in their professional development by giving personal feedback and providing information / evidence of good practice for social workers' and occupational therapists' portfolios (a HCPC/Social Work England registration requirement).

- Give the practitioner being audited an opportunity to comment on the audit process and outcome, identifying their own strengths and areas for development – and discuss with the auditor how areas of development can be addressed (e.g., training courses, shadowing or 1:1 coaching).

- Provide opportunities for reflective practice.

- Provide strategic overview of current practice.

- Provide senior managers with information which gives a snapshot of current practice, building an ongoing picture of trends in teams and service areas in terms of performance and quality over time.

- Monitor the extent to which new processes and procedures have been implemented and highlight any challenges with these.

- Contribute information to the overarching quality and performance of practice in ASC, evaluate information collected by the audit process and use this to illustrate benefits and recommend changes in process, where indicated.

- Supporting and enabling employees to work alongside partners and to share feedback regarding issues and concerns that affect quality.

Recording

LAS is the case recording and management system for Adults' Services. High quality record keeping will enable for more effective case management, support charging and payment processes, and provide better information and performance data, upon which strategic decisions can be made.

The purpose of using the data management system is to support and facilitate.

- Accuracy in record keeping.

- The customer voice is captured.

- Records are up to date and timely.

- Information is easy to find.

- Language used is easy to understand and reflects the language of the service.

- Allocated workers and managers are recorded.

- Consent to record information has been captured and information is treated in line with GDPR.

- The Croydon Acceptable Use Policy (IT) is adhered to.

Monitoring the Quality assurance framework progress

The Quality Assurance Framework will be monitored by Quality assurance Board at a Quarterly meeting Chaired by the Director of operations. The QAF Board will consider the learning from quality assurance activities and propose any amendments or changes to the Quality Assurance Framework. Specific themes identified will be used to celebrate good practice where it exists and inform development plans for further improvement.

The Framework will be formally reviewed and updated annually by the Service Manager QA and Safeguarding in conjunction with QAF Board. It should engage people with care and support needs to improve the Framework and quality standards. The review process may include the following:

- Mapping of current quality assurance practice in the service i.e., what is taking place and what is not against the proposed quality assurance schedule set out within this document

- A consultation with front line workers and managers on the value of the current quality assurance processes in relation to the how practice has been improved as a direct result; user-friendliness of the processes; drawbacks, barriers, and limitations.

Outcomes from the Practice Quality Assurance Framework will be reported formally on a quarterly basis to the QAF Board via written report.

- Any recurrent themes arising from the audit processes.
- Any issues of concern arising from the audit processes

- Comment on the organisation's approach to practice and practice improvement
- Evidence that demonstrates social care and social work practice is making a difference to people lives.
- Comment on the quality of social care and social work practice and experience for service users
- Comment on the distinctiveness of social care and social work (reflective, evaluative, and dynamic) and how this is evident in practice.

Appendices

Appendix 1: Croydon Adult Social Care: Practice observation tool 2023

Quality Assurance and continuous improvement is not an additional activity but an integral part of everyday practice. Practice observation is part of this process and provides an opportunity to pause and reflect on practice – are residents supported in the right way, at the right time and how are we (Adult Social Care) making a difference to people's lives.

All frontline staff will have their practice observed by their line manager or supervisor at least once a year and more frequently during their probationary period, ASYE or whilst on accredited qualifying or post qualifying programmes.

Practice observations will include either:

· Accompanying the supervisee on a visit to the person with care and support needs or carer, or:

· Observing the supervisee at a meeting with the person with care and support needs or carer and others.

This should be a meaningful learning activity and should form part of your professional development. This observation of practice is to highlight the good practice that happens in Croydon and the learning form this experience.

The observation of practice will form part of supervision and monitored for planning and completion annually. **(For those who have professional registrations this could be used as part of CPD)**

*Throughout the document the people we work with will are referred to as, people with lived experience (PWLE), this is in line with moving trends and current academia.

Practice Observation Template

Name of practitioner	
Name and job title of observer	
Date and setting of observation	

Completed electronically and all boxes will expand as you write.

SECTION 1 – Practitioner to complete before the Practice Observation.

1. **Brief background information including the context and purpose of the intervention. (meeting/visit)**

- **What does the observer need to know to understand the situation? (History, context, key issues and others involved?)**
- **What work had you undertaken by this point and the relevant issues.**
- **What is the purpose of the chosen intervention?**

Please include how you have secured consent for the observation, taking account the PWLE's mental capacity.

SECTION 2 – Practitioner to complete shortly after the Practice observation.

2. **Written Critical reflection following observation:**

Your reflections should include:
- **How did you feel the intervention went?**
- **How did you promote inclusion, person-centred, strengths-based practice and counteract unconscious bias during the observation?**
- **How did professional values guide your practice? (If you have a professional registration, link to your professional standards)**
- **What was the outcome of the intervention?**
- **How has this intervention impacted on the PWLE?**

Section 3: Feedback of the observation of practice – completed by the observer.

When considering your holistic feedback of the Practitioner observed piece of practice, think about:

How have they demonstrated the integration of knowledge, skills, and professional values? (If they are a qualified practitioner, with a professional regulator, link to their standards)

Did the practitioner demonstrate practice capability? What evidence are you using to draw that conclusion? In considering the quality of their work:

- Is their practice indicating adaptability, creativity, and responsiveness to the needs of the PWLE who draw on care and support or any other 'audience'? If not, why not?
- Is there anything affecting the quality of their practice?
- Do you get a sense that the practitioner was confident in their practice and was working within a defensible framework (a framework for understanding and responding to risk) – what is the evidence for this?
- Were there particular areas of practice capability where the practitioner demonstrated strengths and areas for development?

(Ideally, feedback should be obtained by the observer immediately after the observation of practice, although this may not always be possible.)

Feedback from the people with lived experience (PWLE).

- **Observers' summary and comments on PWLE's feedback.**

(All efforts should be made to obtain the feedback)

Section 4 – Practitioners comments on feedback

Using the feedback from the observer and people with lived experience (PWLE), reflect on your practice and professional development needs:

- **Do you agree with the comments by the observer and PWLE?**
- **Identify your specific learning needs from this piece of work (Write in a SMART (Specific, Measurable, Achievable, Realistic, Time-bound) way.**

If you have a Professional Development Plan/Continues Professional Development Plan link your learning needs from this piece of practice; you can discuss this in your supervision.

Section 5: Signatures

Practitioners signature	
Date	
Observer signature	
Date	

Appendix 2: Croydon, Health, Wellbeing and Adults Case Files audit programme

This audit programme is designed to provide a broad focus on standards and compliance, as well as the quality of social work practice and its impact on the adult who has care and support needs. These audits will take stock of our performance across all areas of social work intervention at regular intervals. They focus on the journey and experience of the adult through services, as well as the rationale for decisions being made on their behalf. They allow us to identify if the help that has been offered is planned, purposeful and undertaken in a timely manner. Crucially, these audits go beyond the marking of compliance, and seek to generate qualitative data about our practice, and the impact on the adult. This includes how the system and organisation supports good practice and where areas of development are highlighted. A cyclical culture of challenge and learning is therefore promoted.

Role	Quality Assurance Task	Type of Audit	Method	Purpose	Frequency	Outcomes
Corporate Director (DASS). Director of Adult Social Care Operations.	Audit of work with the person: Are records accurate and proportional? Is there a clear picture of who the person is? Are the adult's wishes and views clearly evidenced? Is there evidence of professional curiosity? Legal literacy and procedural competency and analysis? Is there evidence of risk assessment? Has a mental capacity or DOLs assessment taken place? Is it evidenced? Is there evidence of managerial oversight? Are any supervision outcomes recorded? Is there evidence of feedback to the referrer. Was the person asked for feedback?	Case file audit tool – LAS cases closed by practitioners in the previous six months.	Random allocation of closed social work/care manager cases from across teams – Performance Team data. Auditor to complete Case File Audit Tool *(Produced in accordance with DASS PSW Network October 2022 recommendations)* Audit includes all assessments, correspondence, documents, support plans, reviews on LAS.	To highlight areas of good practice, and development needs. To identify individual and departmental learning and development needs. To drive the continuing improvement of strengths based professional practice and service delivery across the department.	**Monthly starting from September 2023**	Feedback meeting: Auditors to check with supervisors/team manager before arranging. Feedback - highlight good practice and areas for learning, reflection, and next steps. Supervisors follow up. **Audit added to LAS.** Audits collated & analysed **by the QA Group**. **Moderation Panel**: Shared understanding of what looks good – cases graded inadequate, disputed, or outstanding, and random selection. Recommendation to take 10% of cases plus any cases presented to the panel. **Quarterly meeting with Learning & Development re**: Discussing: Practice forums/ bite sized training/ training offers. **Quarterly Report** to QA Board with recommendations. **Annual report** to DMT Board

Role	Quality Assurance Task	Type of Audit	Method	Purpose	Frequency	Outcomes
Social Care Operations: Heads of Service, Service Managers, Principal Social Worker.	Audit of work with the person: Are records accurate and proportional? Is there a clear picture of who the person is? Are the adult's wishes and views clearly evidenced? Is there evidence of professional curiosity? Legal literacy and procedural competency and analysis? Is there evidence of risk assessment? Has a mental capacity or DOLs assessment taken place? Is it evidenced? Is there evidence of managerial oversight? Are any supervision outcomes recorded? Is there evidence of feedback to the referrer. Was the person asked for feedback?	Case file audit tool – LAS cases closed by practitioners in the previous six months.	Random allocation of closed social work/care manager cases from across teams – Performance Team data. Auditor to complete Case File Audit Tool *(Produced in accordance with DASS PSW Network October 2022 recommendations*) Audit includes all assessments, correspondence, documents, support plans, reviews on LAS.	To highlight areas of good practice, and development needs. To identify individual and departmental learning and development needs. To drive the continuing improvement of strengths based professional practice and service delivery across the department.	**Monthly starting from September 2023**	Feedback meeting: Auditors to check with supervisors/team manager before arranging. Feedback - highlight good practice and areas for learning, reflection, and next steps. Supervisors follow up. **Audit added to LAS.** Audits collated & analysed **by the QA Group**. **Moderation Panel**: Shared understanding of what looks good – cases graded inadequate, disputed, or outstanding, and random selection. Recommendation to take 10% of cases plus any cases presented to the panel. **Quarterly meeting with Learning & Development re**: Discussing: Practice forums/ bite sized training/ training offers. **Quarterly Report** to QA Board with recommendations. **Annual report** to DMT Board

Role	Quality Assurance Task	Type of Audit	Method	Purpose	Frequency	Outcomes
Team Managers. Advanced Social Workers. Professional Standards Team	Audit of work with the person: Are records accurate and proportional? Is there a clear picture of who the person is? Are the adult's wishes and views clearly evidenced? Is there evidence of professional curiosity? Legal literacy and procedural competency and analysis? Is there evidence of risk assessment? Has a mental capacity or DOLs assessment taken place? Is it evidenced? Is there evidence of managerial oversight? Are any supervision outcomes recorded? Is there evidence of feedback to the referrer. Was the person asked for feedback?	Case file audit tool – LAS cases closed by practitioners in the previous six months.	Random allocation of closed social work/care manager cases from across teams – Performance Team data.\n\nAuditor to complete Case File Audit Tool *(Produced in accordance with DASS PSW Network October 2022 recommendations*)\n\nAudit includes all assessments, correspondence, documents, support plans, reviews on LAS.	To highlight areas of good practice, and development needs.\n\nTo identify individual and departmental learning and development needs.\n\nTo drive the continuing improvement of strengths based professional practice and service delivery across the department.	**Monthly starting from September 2023**	Feedback meeting: Auditors to check with supervisors/team manager before arranging.\n\nFeedback - highlight good practice and areas for learning, reflection, and next steps. Supervisors follow up. **Audit added to LAS.**\n\nAudits collated & analysed **by the QA Group**.\n\n**Moderation Panel**: Shared understanding of what looks good – cases graded inadequate, disputed, or outstanding, and random selection. Recommendation to take 10% of cases plus any cases presented to the panel.\n\n**Quarterly meeting with Learning & Development re**: Discussing: Practice forums/ bite sized training/ training offers.\n\n**Quarterly Report** to QA Board with recommendations.\n\n**Annual report** to DMT Board
Team Manager/ Individual practitioner/ Supervising practitioners.	Case work, evidencing commitment to ethical practice through reflection on decision making, utilising feedback from adults in receipt of a service. Maintaining records to a good standard.	Case discussion, Peer support, reflective logs. Completion of workload log for supervision. Supervisor to audit a case file.	Supervision and Appraisal. Assessment of case recording. Supervision records. Feedback from adults who use our services. **Regular individual case file audits with feedback to staff built into**	Individual, team and service learning. Practitioner reflection, taking responsibility for own professional practice and impact on individuals. Identify strengths and areas for improvement. Identify any Continuing	Monthly supervision or more frequent if on an approved programme e.g., ASYE, AMHP, Social Care Practitioners or Practice Educator	Individual, team and service learning. Practitioner self- reflection, taking responsibility for own professional practice and impact on individuals. Identify strengths and areas for improvement. Highlight good practice. Identify any Continuing Professional Development (CPD) needs. Continuing Professional Development (CPD).\n\nOrganisational learning.

Role	Quality Assurance Task	Type of Audit	Method	Purpose	Frequency	Outcomes
			supervision. Practitioner Forums. Appraisals monitored, linked to service and team plans with clear targets for individuals.	Professional Development (CPD) needs.	Training, regular audits. Every supervisee to have at least 2 case audits per year	
Professional Standards Team	Safeguarding and other work with adults – to cover all teams and practitioners. Additional themed audits for Mental Health Act assessment, social circumstances reports, carers assessments and deprivation of liberty safeguards (DoLS).	Themed audits as part of audit cycle. Link with Croydon Safeguarding Adults Board As requested by Head of Service/ Service Manager: Special Audits SAR audits Complaints Complex cases Requests from SMT or from other internal procedures that address statutes or regulations.	Professional Standards Team audit tool in accordance with DASS Principle Social Worker Network October 2022 recommendations Audit reports for Special Audits, SARs, Complaints and Complex cases.	To identify good practice and raise standards. To help drive performance, continuous improvement, and service delivery. To provide a key mechanism by which the SMT can hold teams to account for their performance, including assessments, risk management and safeguarding.	Quarterly	Quarterly Reports to Croydon Safeguarding Adults Board Attendance at CSAB, CSAB subgroups and QAB - Bite sized sessions to share lessons from case audits, SAR's - The implementation of Making Safeguarding Personal, and the Mental Capacity Act at a local level and its impact on engagement and outcomes. MCA self-audit tools

Appendix 3: Croydon Adult Social Care: Case file adult tool 2023

Quality Assurance and continuous improvement is not an additional activity but an integral part of everyday practice. Case file audits are a part of this process and provide an opportunity to pause and reflect on practice – are residents being supported in the right way, at the right time and how is Adult Social Care making a difference to people's lives.

This document has been developed with reference to the work completed by the London Principal Social Workers network (endorsed at October 2022 London ADASS branch meeting) and is based on PSWs experience, skills and knowledge, current legislation, policy, and practice. By providing questions that could be used for case file auditing it is intended to provide support for overseeing "quality assurance and improvement of social work practice…"

Internal audits are completed in accordance with statutory legislation including: The Care Act 2014; The Mental Capacity Act 2015 The London Multi-Agency Adult Safeguarding Policy and Procedures, April 2019, Mental Health Act 1983, and Croydon Adult Social Care local procedures including safeguarding protocols and procedures.

This short audit tool is to be used in reference to the Croydon Health, Wellbeing and Adult Social Care procedures – TriX

Key: *Y = Yes. N= No N/A = Not applicable*

Auditor:		Date:			
		Audit period:			
Adult's name:		LAS no:			
Social Worker/ Practitioner:		Yes	No	N/A	Comments if needed
Social Work Team Manager:					
Criteria					
Proportionality - In making decisions is clear evidence of applying the Care Act Criteria, considering risk?					
Safeguarding Adults and Domestic Abuse – If identified, was action taken to make the adult safe? Was there evidence of SAM oversight and direction?					
Has the referrer been updated? (in line with GDPR and confidentiality).					
Well-being, anti-discriminatory practice, and inclusion - Is the voice of the adult clear within the records (views, wishes and interests)? Was the adult treated with respect and dignity and their life phase and protected characteristics under the equality act (2010) considered?					
Strengths based practice - Does the Good Conversation/assessment clearly evidence strengths-based practice, including desired outcomes and how they will be met?					

Criteria	Yes	No	N/A	Comments if needed
Connections - Is there evidence of contact with the adult/s network? Have any informal carer's need been identified and acted on?				
Mental Capacity - Is there evidence that the mental capacity of the adult was considered?				
If the adult lacks capacity was a Best Interest Assessment completed?				
Multi -Agency working - Is there evidence of discussion with other agencies where relevant?				
Risk – is there any evidence of identifying and working with risk?				
Recording – Are case records up to date, clear and have relevant assessments**?**				
Is there any evidence of professional curiosity and analysis?				
Is there any evidence or reference to legal frameworks, social work theories or research to inform practice?				
Case transfers and closure – Are professional actions and decisions evidenced, justifiable and clearly recorded?				
Supervision and Management Oversight- Is there evidence of regular supervision and management oversight in case records?				
Summary				
Overall, this case has been graded as: Outstanding/Good/Requires _improvement/_inadequate				
Evidence for grading:				

Auditor Comments: *Include strengths and areas for learning and development*				
Date and summary of Feedback meeting with practitioner:				
Critical reflection by the practitioner *- reflective model can be used for their CPD*				
Summary of agreed actions following individual feedback meeting				
What needs to happen, when and by who?				
Date of review if needed				
Wider Organisational learning				
Are there any emerging themes or organisational /systems strengths or learning from this audit? If no, what action is being taken e.g., Feedback to Quality Assurance Group, request for moderation, link with Learning and Development				
For Moderation Board only – **not all cases will be moderated.**				
Date of moderation				
Comments and actions following moderation				
Review date if needed and date audit added to LAS				

Appendix 4: Croydon comprehensive audit tool 2023

Quality Assurance and continuous improvement is not an additional activity but an integral part of everyday practice. Case file audits are a part of this process and provide an opportunity to pause and reflect on practice – are residents being supported in the right way, at the right time and how is Adult Social Care making a difference to people's lives.

This document has been developed with reference to the work completed by the London Principal Social Workers network (endorsed at October 2022 London ADASS branch meeting) and is based on PSWs experience, skills and knowledge, current legislation, policy, and practice. By providing questions that could be used for case file auditing it is intended to provide support for overseeing "quality assurance and improvement of social work practice…"

Internal audits are completed in accordance with statutory legislation including:; The Care Act 2014; The Mental Capacity Act 2015 The London Multi-Agency Adult Safeguarding Policy and Procedures, April 2019, Mental Health Act 1983, and Croydon Adult Social Care local procedures including safeguarding protocols and procedures

This audit tool is to be used in reference to the Croydon Health, Wellbeing and Adult Social Care Procedures – **TriX**

Key: *Y = Yes. N= No N/A = Not applicable*

Auditor:				Date:		
Adult's name:				LAS no:		
Social Worker/ Practitioner:	Yes	No	N/A	Comments if needed		
Social Work Team Manager:						
Criteria						
1. Use of the Care Act (Eligibility)	**Yes**	**No**	**N/A**	**Comments if needed**		
Is there evidence that the 3 questions that determine an adult's eligibility under the Care Act 2014 were asked in the following order: Do the adult's needs arise from, or are they related to, a physical or mental impairment or illness? Because of those needs, is the adult unable to achieve two or more of the outcomes listed in the regulations? Consequently, is there, or is there likely to be, a significant impact on the adult's well-being?						
Where an adult was deemed eligible, were the answer to all 3 questions above yes?						

2. Wellbeing, anti-discriminatory practice and inclusion	Yes	No	N/A	Comments if needed
Is the voice of the adult clear within the records e.g., their views and wishes described/the assessment captured the story and character of the person?				
Was information communicated in a way that was accessible to them?				
Is there evidence of anti-discriminatory practice, so that the adult had driven their assessments and plans, was treated with respect and dignity and their life phase, age, race, culture, pregnancy, gender reassignment, sex, marriage and civil partnership, disabilities and beliefs were all considered in the interventions and case work?				
Is there any evidence of improved or sustained health and wellbeing outcomes since the social work and care interventions began? *Please note this question pertains only to the time period of the review.*				
3. Strength-based Practice	Yes	No	N/A	Comments if needed
Does the adult have a clearly recorded strengths-based care/support plan in place?				
Does the support plan evidence co-production and desired outcomes?				
Does it clearly state how desired outcomes are to be achieved for the Adult?				
Does it state who is responsible for achieving the desired outcomes?				
Is there a planned review date?				
Is there evidence that there was on going contact with the adult? Has any action been taken to support/review the adult since They became known to social services.				
Were the actions taken in a timely and flexible way?				
Is there evidence that the support planning and action taken was proportionate to the presenting need?				

4. **Connections with others, friends, family and wider community**	Yes	No	N/A	Comments if needed
Has a person-centred – whole family / life approach been taken? Is there evidence of information and involvement regarding the person's support network (friends, family including children, carers, neighbours)? and interests they have in the community to support their wellbeing e.g., walking in the park) – with the person's consent?				
Is there evidence that there has been any discussion about interests the adult has in the community to support their wellbeing e.g., meeting friends, going to church.				
Has the referrer been updated/kept informed?				
5. **Economic Wellbeing and Housing**	Yes	No	N/A	Comments if needed
Has the person been signposted or helped to get finance and welfare benefits advice?				
Are financial/charging discussions and actions taken clearly recorded? e.g., seeking support from client finance support team, and check 117 status.				
Where concerns or issues have arisen, does the practitioner check matters have been resolved before the case is closed?				
6. Care and Support Planning	Yes	No	N/A	Comments if needed
Where care needs have been identified, is there a clearly recorded care and support plan that is being followed for the adult and was it formulated with them?				
Does the Conversation clearly evidence; agreed areas where support is required, agreed intervention(s), agreed outcomes and information provided on preventing /delaying future needs from arising?				
7. **Informal Carer/s**	Yes	No	N/A	Comments if needed
Is the voice of the carer clear in the assessment and is there evidence that the carer has been offered a carer's assessment?				
Is there evidence of on-going contact with the adult's network with the person's consent.				

8. **Partnership working**	Yes	No	N/A	Comments if needed
Is there evidence of appropriate partnership working to link the adult with appropriate support of specialist services e.g., health, voluntary services.				
9. **Supported Decisions and Mental Capacity matters**	Yes	No	N/A	Comments if needed
Is there a record of what support was offered to the adult to enable them to decide where they may have difficulty? Was equipment or an advocate considered?				
Is it evidenced that mental capacity of the adult was considered and recorded, where there was a concern about their ability to make a particular decision.				
If the person lacks capacity, were Best Interest arrangements considered?				
10. **Working with risk**	Yes	No	N/A	Comments if needed
Have the risks been identified with the adult, assessed, and is there clear evidence of proportionate risk management with mitigating action where possible?				
11. **Safeguarding Adults and Domestic Abuse** *Prompt: The Six Principles are: Prevention, Protection, Participation, Proportionate, Accountability, Empowerment and Accountability*	Yes	No	N/A	Comments if needed
Is there evidence of the six principles of safeguarding being followed, with a safety outcome for the adult that has made them safer or stopped the abuse?				
Was there any concerns about domestic abuse in this case while you were working with it?				
Is there evidence of effective and timely supervisory and Safeguarding Adults Manager (SAM) discussion, oversight & direction? *Including meeting notes & supervision notes? Legally defensible practice?*				

12. Recording	Yes	No	N/A	Comments if needed
Is it clearly evidence that consent to share information has been discussed and explained to the person?				
Are case records up to date and clear with all relevant assessments such as Carers Assessments, Care Reviews or Mental Capacity Assessments been completed promptly without unnecessary delay, or where there was a delay has this been explained?				
Is there clear evidence of professional curiosity i.e., has the worker explored what is happening for the adult, rather than making assumptions about what is happening or accepting things at face value? This can also evidence communication skills.				
Is there evidence of analysis?				
Is there any evidence or reference to legal frameworks, social work theories or latest research informing the social work practice?				
13. Case Transfer and Closure	Yes	No	N/A	Comments if needed
Are professional actions and decisions evidenced, justifiable and clearly recorded – particularly in relation to decisions, risk, safeguarding and capacity decisions.				
14. Supervision and Management Oversight	Yes	No	N/A	Comments if needed
Is there evidence of regular management input in decision-making or when changes occurred like risks increased?				
Is there evidence of regular appropriately recorded case supervision /Multi-Disciplinary Discussions on the electronic case record evidencing any direction provided, decisions taken				
Has clear rationale been recorded for all decisions?				

Summary
Overall, this case has been graded as 'Outstanding Standard/ Good Standard / Requires improvement Standard / Inadequate Standard

Evidence for grading:

Auditor comments:

Include strengths and areas for individual learning and development.

Date of Feedback Meeting with practitioner: *Please note - check with team manager/supervisor before arranging Feedback Meeting*

Summary of Feedback Meeting

Critical Reflection by the practitioner (a reflective model might be useful and can be used for your CPD)

Summary of Agreed Actions following individual Feedback Meeting:

What needs to happen:

Who will make it happen:

By what date:

Date Audit added to LAS:

Date of review if needed

Wider Organisational Learning

Are there any emerging themes or organisational/systems strengths or learning from this audit**:**
If so what action is being taken**:** *e.g., feedback to the Quality Assurance Group; Request for Moderation; Link with Learning and Development Group*

Audit Completion
Date added to LAS (if not being moderated):

MODERATION PANEL USE ONLY
Is this audit being moderated**:** Date moderation completed:
Comments and actions following moderation:
Review date if needed:
Date added to LAS**:**

Ref: London Principal Social Workers network – ADASS endorsed October 2022.

Appendix 5: Croydon, Health, Wellbeing and Adults, case file audit grading and analysis

This Croydon case file audit programme is designed to provide a broad focus on standards and compliance, as well as the quality of social work practice and its impact on the adult who has care and support needs. These audits will take stock of our performance across all areas of social work intervention at regular intervals. They focus on the journey and experience of the adult through services, as well as the rationale for decisions being made on their behalf. They allow us to identify if the help that has been offered is planned, purposeful and undertaken in a timely manner. Crucially, these audits go beyond the marking of compliance, and seek to generate qualitative data about our practice and its impact on the adult. This includes how the system and organisation supports good practice and where areas of development are highlighted. A culture of challenge and learning is promoted. It is essential that the grading of audits completed in Croydon is transparent, thorough, and standardised in line with the London Principal Social Workers Network Adult social care case file audit questions template and guidance, ADASS endorsed in October 2022.

Grading the audits

Grading of audits is determined by the options selected for how well each audit criteria has been met or not. The different audit outcomes are as follows:

- Outstanding
- Good
- Requires improvement
- Inadequate

Areas of Best Practice the auditor will be looking into during the Audit process and grading.

1. There is timely identification, response and reduction of risk and need.
2. Assessments are timely, comprehensive, analytical, of good quality.
3. Plans and reviews drive progress towards positive outcomes.
4. Adult's (Service user's) voices, wishes, feelings and lived experience are at the centre of everything we do.
5. Families are appropriately engaged in the work.
6. Practice shows professional curiosity considers local guidance and shows evidence of legal literacy.
7. Management oversight ensures decision making is effective, proportionate, and timely, and standards of work are good.
8. Case records are correct and up to date.
9. Impact: how have we made a difference to the Adult's (receiving care and support from Croydon) life?

Overall Grade

- Refer to the grade descriptors described below to inform your overall grade.
- The overall grading must reflect all your findings. Some areas will be stronger than others, but if there is one significant concern this must be reflected in your overall grade.
- It is not usually appropriate to give an overall grade that is more than one grade higher than your lowest section grade i.e., if one section is graded 'requires improvement', the overall grade cannot be higher than 'good'.
- Grade the information in the case file on the strength of evidence and not your knowledge of the practitioner.

Reasons for grading

- Use a strengths-based approach: endeavour to identify at least one area of good practice.
- Avoid bland phrases and be clear regarding what was done well and what the learning is from the piece of work undertaken.
- If immediate safeguarding has been identified, be clear what was done and how this was managed and whether the right Safeguarding process was followed as per the Pan London guidance.

Recommendations

- Ensure you summarise your findings and use evidence from the case file.
- Ensure your recommendations are in line with Croydon's values : One team, Proud to serve, Honest and open, Taking responsibility and Valuing diversity.
- Organisation learning points are a valuable way of raising areas of practice that need work and issues raised in this section will be included within the audit report.

The table below provides a guide on what evidence can be used to demonstrate meeting the different outcomes.

Outstanding Standard	Good standard	Required Improvement Standard	Inadequate Standard
Clear evidence of empowerment of people and carer/s and connected to advocacy where appropriate. Case work and recording to an excellent standard. Clear evidence of compliance with Care Act duties and other legislation. Evidence of good application of policy and procedures. Mental capacity considered and decision making clearly documented. The persons outcomes have been identified, central to decision making and revisited throughout. Excellent evidence of involvement of stakeholders and partnership working. Information shared appropriately. Excellent evidence of practice that appropriately weighs up the risks and protective factors to person and others. Informed choice and positive risk taking has been enabled and reflected, where appropriate. There is evidence of highly skilled communication and person- centred engagement and decision making.	Evidence of involvement and empowerment of people and carer/s. Case work and recording are of a high standard. Compliant with Care Act duties and other relevant legislation. Evidence of good application of policy and procedures. Mental capacity considered and decisions documented. The persons outcomes have been recorded. Good evidence of involvement of person, carer/s or other relevant stakeholders. Information shared appropriately. Evidence of appropriate weighing up of risks and protective factors to person and others including positive risk taking, where appropriate. Sound demonstration of person and carer/s being central to and/or involved in decision making.	Some evidence of involvement and empowerment of person and carer/s. Insufficient evidence of timely case management and/or gaps in information captured and recorded. Some evidence of compliance and application of legislative duties. Some gaps in application of policy and procedures. Mental capacity has not been considered and decisions not documented. The persons outcomes have not been fully explored. Partial or delayed involvement of person, carer/s or other relevant stakeholders. Information shared appropriately. Some evidence of appropriate weighing up of risks and protective factors to person and others including positive risk taking, where appropriate. Person and or carer not consulted / involved.	No evidence of involvement of person and or carer. Evidence of poor planning or serious gaps in information. Non-compliance with Care Act or other relevant legislation Absence of evidence of correct application, and adherence to policies and procedures. Mental Capacity is not explicitly referenced. No evidence of attempts made to gather information pertaining to the person's outcomes. Missed opportunities, and or no evidence of engagement with person, carer/s or other relevant stakeholders. Risks not acknowledged or managed. Disempowering practice to person or carer/s. Not met legal duty to provide an advocate.