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# Quality Standards

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Quarter 1 Audit Report  
April to June 2023

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Team

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## 1. INTRODUCTION

This report showcases the highlights from the Adults' quality assurance team for the first quarter of this year, incorporating audit analysis of 2 general audit cycles in April and May 2023 as well as a themed audit cycle in June 2023.

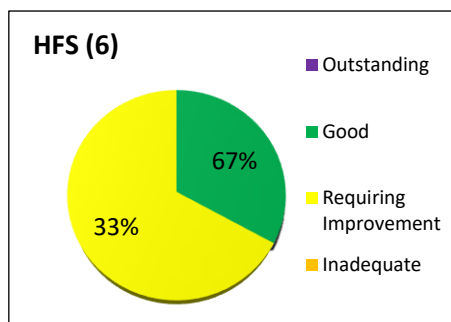
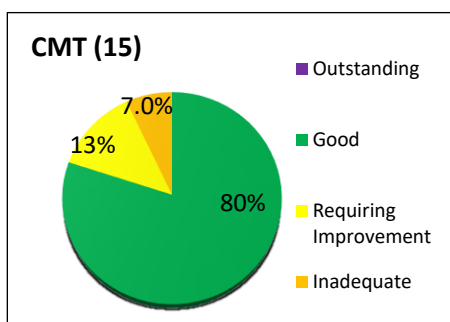
## 2. HIGHLIGHTS

- ❖ The audit process was rolled out to the Hub Active Recovery Team (HART) and the Community Active Recovery Team (CART) in April 2023. Induction sessions were held to present and discuss the audit process.
- ❖ A new Audit Tool was rolled out.
- ❖ The Practice Standards guidance documentation to be completed and implemented within adults' social care. This is to provide a framework of expectations and guidance on good practice as well as links to good practice examples, forms and letter templates.
- ❖ A themed audit in June 2023 on Management oversight of Risk assessment was undertaken as part of our new process.
- ❖ Moderation panels were created in this quarter for senior managers to discuss audit findings and look at cascading consistent grading and audit practice
- ❖ In preparation for the CQC inspection and following consultation with the Adult Participation & Engagement Officer and in-house care home managers, a survey for the families of residents has been developed, to be finalised in consultation with in-house care home managers, with the view this could generate a resident engagement group.

## 3. ASC AUDIT ANALYSIS OVERVIEW

In this first quarter, we carried out general audit cycles in April and May 2023. Please note the previous quarter's figures do not include the Home First Service (HFS) as the teams were not included in the audit process at the time.

- ❖ Overall audit compliance in ASC (excludes MASH & re-audits) was 55% in this quarter. Although compliance increased from 45% in April to 65% in May, this is a significant decrease from last quarter when overall audit compliance had increased to 92%.
- ❖ There was also a slight improvement in audits being graded Good from April to May, 67% to 69% of the completed audits across Care Management Teams, Home First Service and SEND.



- ❖ In the last quarter, 79% of audits reported the information about assessing and evidencing the persons capacity around specific decisions was good whilst 21% of auditors reported practice needed improvement in this area.  
In this quarter, there was a significant increase in audits identifying MCA processes as applicable from April (30%) to May (60%) with the main outcome being auditors recommending the use of advocacy and the completion of a Mental Capacity Assessment. Therefore, this further identifies the need for more robust Mosaic practice including a stand-alone MCA form to support practitioners. It also identifies the needs for additional workshops on promoting and embedding advocacy as per the Care Act requirements and training on Mental Capacity Assessments.

- ❖ Evidence of good practice remained stable around person centered interventions this quarter as 77-78% of audits were graded Good.
- ❖ Progressive improvement was noted in the domains of Identifying Care & Support Needs as well as Care & Support Planning which were graded Good in 67% then increased to good in 70% of audits. However, this is a decrease from last quarter when Strength-based assessments were identified as Outstanding in 17% of audits completed and Good in 71% as well as Care & Support Planning which auditors graded as Good in 81% of completed audits in the last quarter.
- ❖ In addition, across 3 teams overall, Recording & Accountability standards reported as Good were 75% and above in the last quarter whilst the gradings went from Good in 78% to 70% of audits in this quarter. Therefore, these were also identified as an area to explore in future workshops.
- ❖ Improvement was evidenced in the domain of Supervision & Management oversight which went from being graded Good at 56% to Good in 70% of audits. This is an improvement from last quarter when 67% of audits were graded Good and above. However, there remains room for improvement in the recording of management oversight.  
Therefore, the themed audit of June 2023 was specific to management oversight in risk assessment and management.

#### 4. FEEDBACK FROM ADULTS OR THEIR FAMILIES

In this quarter, feedback was received from 8 people (Supported by Review team, CLDS, CMT, SEND and HART). For all other contacts, either there was no response or some of the adults were placed in a care home/supported living and had no relatives or ongoing formal advocacy to provide feedback.

P advised she hasn't had many dealings with social care assistant, but any contact and guidance provided was ok and she rated E good on the questions asked. She advised she is still waiting for the provision of Direct Payments and E is helping to "sort it out." (Mother of young adult support

"His communication is concise and thorough, he has been very communicative via emails, texts, calls and has made sure to guide us through processes which are new to us. To have been given a social worker who cared about us as a family has been brilliant and we couldn't have gotten through it without him. I

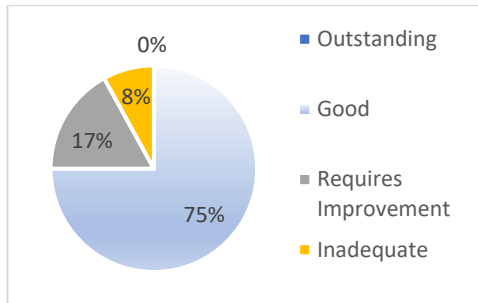
The family was happy with the SCA's intervention and the outcome of a decrease in the care provision as her mother no longer needed the carers as much. (Adult supported by HART)

"J was extremely flexible in making arrangements for meetings and listened to my request for a face-to-face annual review for L. J made the community DoLS process clear to me and allowed me to frame the information appropriately for L. J listened to and respected L's responses at all times." (Relative of adult supported by the Learning Disability Team)

"There was a long delay in the initial starting of the community DoLS application on behalf of my sister and a long delay between the start of the process to its completion." (Sister of adult supported by the Learning Disability Team)

## 5. THEMED AUDIT ANALYSIS

- ❖ Overall compliance was 62% (12 audits were completed out of 21 allocations)
- ❖ Overall Grading:



What we are doing well:

- Referrals: 75% of those audited were graded Good with auditors agreeing practitioners provided immediate risk details and managers provided relevant oversight and guidance.
- Recordings: 83% of those audited were graded Good with auditors finding recordings were current, comprehensive, and relevant to risk management
- In 83% of audits, auditors agreed that overall, the recordings demonstrated a competent and professional level of social work practice relating to risk assessment and management.

Areas for improvement:

- 50% of audits completed identified allocations were not done according to RAG rating and screening.
- Lack of chronologies (67% of completed audits lacked a recorded chronology)

An in-depth monthly report will be produced with detailed analysis of the themed audit findings.

## 6. RE-AUDIT & MASH AUDITS SUMMARY

### 6.1 Re-audits

- A total of 5 re-audits were allocated in this quarter with only 1 re-audit (SEND) not completed,
- 3 of the completed re-audits (CMT, SEND & LD) did not require any further input as improvement plans and work identified had been progressed.
- 1 re-audit (LD) required re-auditing in 2 months as several actions on the improvement plan had not been carried out, especially around Community DOLS and COP application for management of finances.

No re-audits were allocated in June 2023 in view of the moderation panels which took place. Therefore, 7 re-audits from this quarter will be due for allocation over the next quarter.

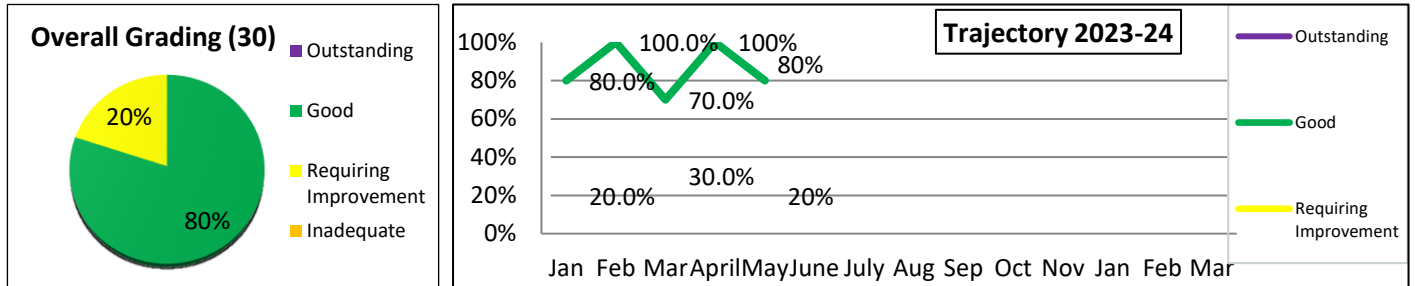
### 6.2 MASH audits

Across this audit cycle, the sample looked at the referrals with the following outcomes:

- No Further Action (7)
- Progressed to Section 42 Enquiry (5)
- RAS Assessment / Reablement - Adult Early Help Initial Assessment (8)

- ❖ During this quarter, a total of 20 audits were assigned and completed.

- ❖ 16 audits (80%) were graded Good, and 4 audits (20%) graded as Requires Improvement. The reasons identified included:
  - the views of the adults not being sought or made evident in 2 of these audits and only the views of others considered
  - a carer's assessment not offered as required
  - missing contact information for other professionals involved in supporting the adult
  - a decision on progressing to reablement and not to a Care Act assessment being unclear given the adult's complex health and housing situation
- ❖ This is only a slight change from the previous quarter (January to March 2023) when the MASH audits completed showed varied practice quality with 83.3% (25 audits) graded as good and 16.7% (5 audits) as Requires improvement.



## 7. WHAT IS WORKING WELL

- ❖ Auditors from HART and CART, who carried out audits for the first time this quarter, requested written feedback from practitioners but were provided guidance on the importance of arranging reflective discussions for future audits.
- ❖ Therefore, the good practice of a meeting between the auditor and practitioner has been embedded in the audit process: All the auditors except one, where the practitioner no longer works for LBWF, liaised with the practitioner to incorporate their views within the audit report.
- ❖ Person-centred practice has consistently been graded good in this quarter.
- ❖ I continue to build good working relationships with auditors and practitioners across ASC teams. This is to improve communication and expectations of the audit process as well as improve a joined up and clearer approach to practice improvement through workshops and forums. I have taken the lead in presenting audit induction sessions and continue to build my confidence in leading learning and practice workshops.
- ❖ The implementation, coordination, and evaluation of the 6 monthly schedules of Practice Observations and Observations of Supervision.

## 8. WHAT NEEDS TO CHANGE / RECOMMENDATIONS

### 8.1 Audit Practice

- ❖ Line managers meeting with practitioners to discuss audits' findings and improvement plans as well as recording this follow-up on Mosaic. This last quarter, there was no evidence of this taking place.
- ❖ Compliance with the Audit process: Although there is some improvement this quarter from 45% to 65%, there is a marked decrease in compliance since the last quarter (92%).

### 8.2 Service Improvements

- ❖ Mental Capacity Assessment forms on Mosaic: this was identified as an action to enable best practice with regards to the MCA and Best Interests decisions. It was discussed in managers' meetings, and it was agreed for a stand-alone form to be made available to practitioners on Mosaic. It will be implemented via direct contact with the Mosaic change board as well as embedded into practice via workshops.

### 8.3 QA Team

- ❖ It was noticed that most ASC teams run their own practice development sessions. Therefore, Quality Assurance is working with ASC team managers and the Social Care Academy Learning Lead to plan more effective ways of streamlining existing practices to avoid duplication or work being done in isolation for the next 2 quarters.
- ❖ 3 induction sessions on the audit process were carried out with other practitioners to share expectations of good practice and embed the new tool.
- ❖ A 'Professional Curiosity' workshop was held in April 2023 and was well attended by 25 social care practitioners across ASC teams.
- ❖ A specific workshop for auditors across ASC teams was held in June 2023 to look at practitioners' feedback on the audit process and improve consistency across quality of audits.
- ❖ Quality and consistency of recordings: the overall positive feedback from the Auditors' workshop included suggestions for future sessions received, particularly around the quality of recordings and assessments and the need to embed consistent and qualitative report writing and recordings. Therefore, it has been agreed to look at a future workshop on that theme. It has also been agreed to share good practice examples, particularly with regards to person-centered writing.
- ❖ Moderations panels: Feed-back from moderators on the process will be considered to make any required amendments.