



# Quality Standards

Quarter 2 Audit Report  
July to September 2023

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# 1. INTRODUCTION

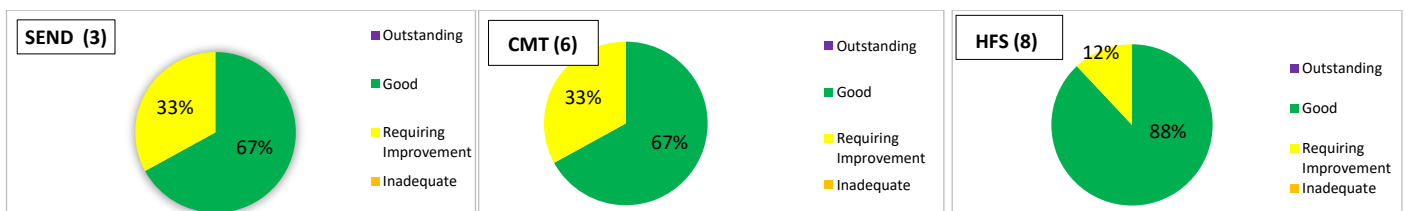
This report showcases the work of the Adults' quality assurance team for the second quarter of this year, incorporating audit analysis of 1 general audit in July 2023 as well as a themed audit in September 2023.

## 2. HIGHLIGHTS

- ❖ Compliance with Audit process: there was considerable improvement from 55% compliance in the last quarter to 71% in this quarter.
- ❖ A Providers Services Survey across the 3 care homes was completed in September 2023. The report will be included in the next quarter.
- ❖ The first cycle of Audit Moderation took place in this quarter for senior managers to discuss audit findings and look at consistent grading and audit practice. Following this feedback, the Moderation protocols were reviewed.
- ❖ The first cycle of Practice observations and Observations of Supervision was completed in this quarter. Although compliance was poor at 38%, the overall grading was good with 1 Observation graded as Requires Improvement 8 Observations graded as Good and 2 as Outstanding. These were from a SW practitioner in ACMT1 and a SCA in CART.
- ❖ A joint practice forum was held in July 2023 with the Practice Improvement lead for Children on 'How to identify and support young carers'. This was a follow-up from previous Young Carers forums in order to promote identifying and supporting Young Carers across Children's and Adults Services.
- ❖ A themed audit on Strengths-based practice was undertaken in September 2023.
- ❖ Support was offered to colleagues across all 3 care homes for the completion of the Organisational Health Check.

## 3. JULY AUDIT HIGHLIGHTS

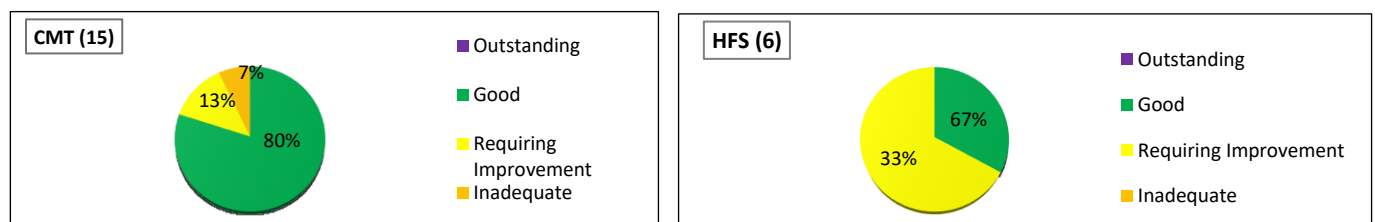
- ❖ ASC (14 audits): Overall, across CMT and HFS, 79% (11 audits) were graded good and 21% (3 audits) graded requires improvement.
- ❖ Care Management Teams (6 audits): In this audit cycle, 4 audits were graded good and 2 requires improvement. (Last audit cycle 7 audits were graded good, 1 required improvement, 1 was inadequate). This highlights a slight decrease in overall compliance and the quality of work audited.
- ❖ Home First Service: (8 audits): In this audit cycle, 7 audits were graded good and 1 was graded requires improvement. (Last audit cycle 2 audits were good and 2 required improvement). This highlights overall improvement in both compliance and the quality of work audited.



Comparison with last quarter: Please note that this is not a like for like comparison and there was only 1 cycle of audits completed in this quarter in addition to the themed audit.

Overall audit compliance in ASC (excludes MASH & re-audits) was 71 % this quarter. This is an increase from last quarter when overall audit compliance dropped to 55%.

Last quarter's overall grading was as follows:



## 4. FEEDBACK FROM ADULTS OR THEIR FAMILIES

In this quarter, feedback was received from 11 people (Supported by CMT and HFS). 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.

"U visited my father and I once and the conversation was very nice; I tried not to interfere in dad's responses and let them see the real picture of his needs; they were very pleasant and diplomatic in their assessment so it was a stress-free experience. Although she has kept me updated since, this has not been regular. U is very nice and patient but the information and communication are a bit hit and miss. I have found the whole process of my father's care planning really difficult. U was one point of contact but before that, I was being passed from 1 department to the other, being put on hold, having to repeat myself several times to different people and departments: a very disjointed experience. I experienced no continuity, no knowledge of my dad's case and having to repeat the same info many times. I can appreciate the stressful job ASC professionals do and having to depend on bureaucracy themselves. My dad underwent a series of tests and assessments about his physical and mental health, but I haven't been sent any outcomes or copies of assessments; How do we decide and proceed onto the next step if we don't have the results? I would have like more follow-up and regular updates/ complimentary calls to keep me in the loop since then as well as information of the processes."

"I found C got to the point quite well rather than beating around the bush and this was very helpful. I feel my father needed someone straight talking and C did that so it went well. Her intervention was very quick but not rushed as she was able to visit shortly after she got in contact with me initially and I found her to be quite

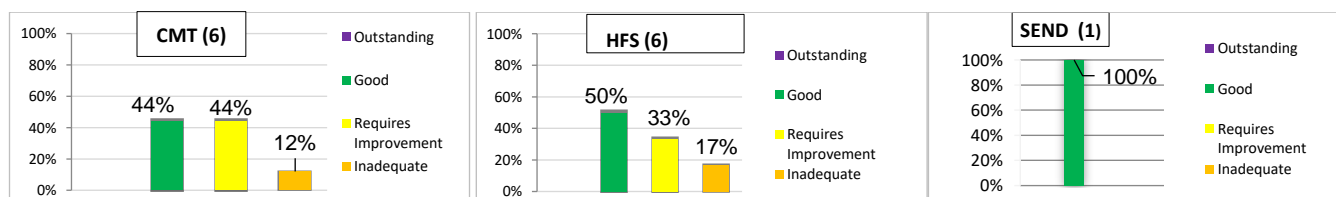
"F is very efficient, she works very well with me and is very supportive. Most of our communication is online which suits me but she also visits my son when needed and liaises with the college where he started last month. We absolutely have a good relationship with F and she will always explain and clarify anything we do not understand. She is one of the best!"

"Mum feels in her mind that she can still do everything; However, with the carers she is realising that she does need help. She is quite frail and is reluctant to ask for help. S was great in making her think about the risks and what support she would benefit from. S supported this with implementing 6 weeks of re-ablement care and this has been brilliant for mum to realise what support she actually needs. S took her time to discuss things with mum and to explain risks. She was also very good at getting back to me with information and clarifications I requested"

" B took an interest in my wife's situation, she was concerned and kept in contact through her hospital admission. She came in, knew what she was talking about and asked the right questions. I was well pleased with her interview and was able to explain the situation. She was very helpful"

## 5. THEMED AUDIT ANALYSIS

- ❖ In September, we completed a themed audit on Strengths-based Assessments and Reviews.
- ❖ Audit compliance: On this themed audit, we had improved compliance at 73%: 16 of the 22 allocated audits were completed.
- ❖ ASC (15 audits): Overall, across CMT and HFS, 47% (7 audits) were graded Good, 40% (6 audits) graded Requires improvement and 13% (2 audit) graded Inadequate.



- ❖ On the whole practitioners check background information and include the right attendees.
- ❖ Practitioners understand the person's views and gather information accordingly as well as identifying the person's network and strengths.
- ❖ Although this themed audit cycle demonstrated practitioners on the whole use strengths-based practice in preparing and carrying out their assessments and reviews, they often do so without preparing with the person, for their own Assessment/ Review in the majority of situations. Practitioners appraise themselves of background information and history on records as well as liaising with 3rd parties in arranging visits. When contacting adults directly, it is for the practicalities of the appointment rather than preparing them for what the assessment entails.

- ❖ It was also identified practitioners do not consistently apply strengths-based thinking to complete paperwork nor to address the person's identified needs.
- ❖ Supervision and management oversight can also be improved to support practitioners to think in a strengths-based way. In particular, direction at the time of allocation and reviewing this in supervision and/or assessment authorisation would be helpful.
- ❖ In addition, supervisors can improve their guidance and support on strengths-based support planning, ensuring it is person-centred and focuses outcomes on the strengths of the adult being assessed. This will be addressed in the Practice Standards Document.

## 6. RE-AUDITS & MASH AUDITS SUMMARY

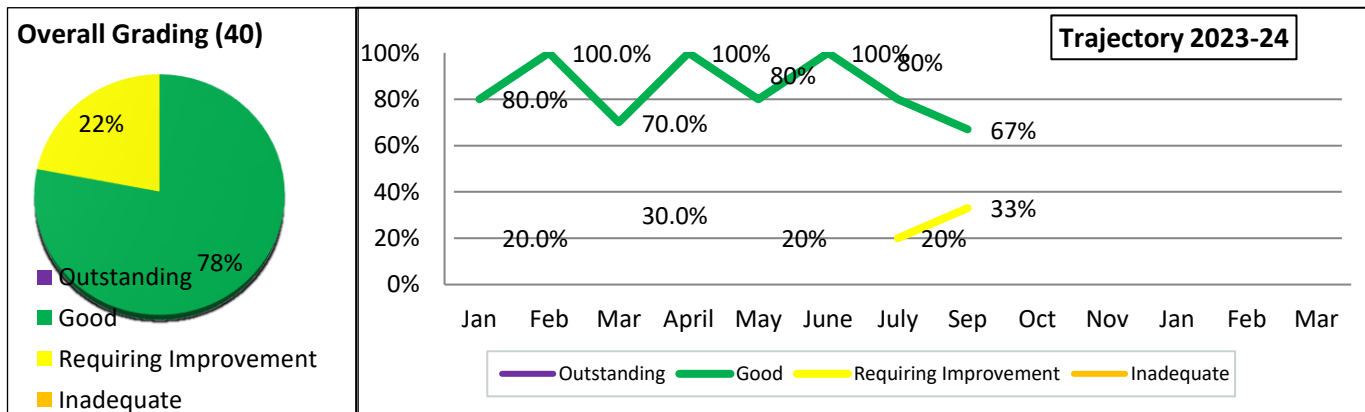
### 6.1 Re-audits

- ❖ 7 Re-audits were completed this quarter from a total of 9 re-audits allocated:
  - 4 of the completed re-audits (ACMT, LD & HART) still required improvement. However, re-auditors only recommended a further re-audit in 1 of these interventions as the improvement plan was not actioned. Re-auditors recommended re-allocation and follow up discussions within teams for 2 of these re-audits. The last re-audit in this cohort was recommended for Moderation.
  - 1 re-audit (ACMT) required no further action.
  - The improvement plan in 2 re-audits (HART) did not have any direct impact on adults but rather being related to non-compliance with the processes by the practitioner. These will be followed up with the practitioner and their manager.
- ❖ 1 re-audit allocated is still outstanding for completion
- ❖ 1 re-audit allocated was removed following the review of re-audit protocols.
- ❖ From the last 2 quarters, 7 re-audits were identified and allocated for the next re-audit cycle in October 2023.

### 6.2 MASH audits

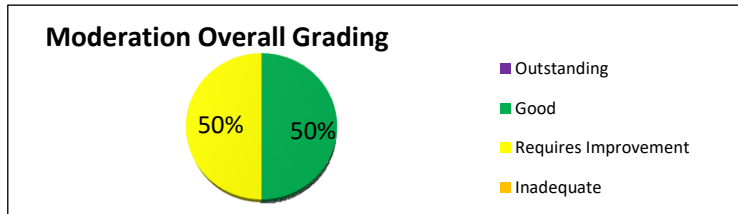
Across this audit cycle, the sample looked at the referrals with the following outcomes:

- No Further Action (7)
- Progressed to Section 42 Enquiry (5)
- RAS Assessment / Reablement - Adult Early Help Initial Assessment (8)
- ❖ During this quarter, 15 audits were completed from a total of 20 audits assigned.
- ❖ 10 audits (67%) were graded Good, and 5 audits (33%) graded as Requires Improvement.
- ❖ The reasons identified for these included:
  - No evidence of Mental Capacity Assessment and mental capacity assumed despite brain impairment.
  - No Adult Early help referral to support adult with homelessness.
  - No professional curiosity as to financial situation.
  - The views of the adult not being sought. Recording style: email correspondence was cut and pasted instead of being summarised and a clear rationale provided for progressing safeguarding concerns.
- ❖ In this quarter there was a decrease in overall compliance and grading in comparison to the previous quarter (April to June 2023) where 16 audits (80%) were graded Good, and 4 audits (20%) were graded as Requires Improvement.



## 7. MODERATION PANEL FINDINGS

- ❖ Overall compliance was 50% (4 Moderations audits were completed out of 8 allocations)
- ❖ Panel 1 met but did not provide moderation outcomes on selected audits. However, they provided feedback on the process which assisted in the review of the protocols.
- ❖ Panel 2 provided feedback on individual audit and graded domains as well as on practice processes and the moderation process itself.
- ❖ The panel model for moderators to work in groups worked well.
- ❖ Moderators noted most audits recorded detailed rationale and evidence for their gradings which assisted the moderation process.
- ❖ Moderators used both the completed audit and Mosaic files to reach their outcomes.



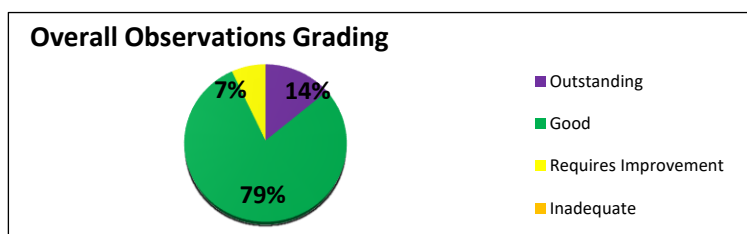
- ❖ Please see here for detailed Moderation report:



Moderation Report  
August 2023.docx

## 8. OBSERVATIONS

- ❖ Overall compliance in the last quarter was 27% with 7 out of 23 Practice observations (30%) and 1 out of 7 Supervision Observations (14%) being completed.
- ❖ In comparison, overall compliance in this quarter was 38%: 3 Supervision Observations were completed from Senior Managers out of 8 allocations and 11 Practice Observations were completed from Team and Practice Managers out of 29 allocations. 1 late submission has not been counted and will be included in the next quarter's analysis.
- ❖ Out of 14 Observations completed, 8 were graded as Good, 2 as Outstanding and 1 as Requires Improvement.



- ❖ Please see here for detailed Observations report:



OBSERVATIONS  
REPORT October 2023

## 9. WHAT IS WORKING WELL

Related to audit processes:

- ❖ Following a challenge on re-audits, the process was reviewed to ensure re-audits only included identified improvement plans which had a direct impact on adults rather than being about the process and the skills of practitioners.
- ❖ In order to better capture CQC key lines of enquiry, the audit tool was reviewed with input from auditors and Heads of Service and will be rolled out from October 2023.
- ❖ As planned from the previous quarter, Quality Assurance are continuing to work 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. As a result, 3 joint learning sessions have been planned with CART as well as a separate QA workshop on Community DoLS over the next quarter.

Related to practice:

- ❖ Templates for Opening, Transfer and Closing letters were developed based on resident feedback and made available to ASC staff on Mosaic. You can download and edit as needed. You will have to confirm they've sent a letter via a required checkbox on Mosaic.
- ❖ During the July audit cycle, some outstanding pieces of work were identified in the domains of in the domains of recordings, person-centred practice and identifying care needs. Here are some examples:
  - Recordings were timely, accurate, proportionate and person-centred. "There is a clear 'story' telling throughout the notes. It is very refreshing to read a piece of work like this. [...] I think what you wrote is very, very good. It is very refreshing to see such great recording."
  - Person-Centred Practice was outstanding due to the speed in which contact was made to the resident and their family to establish the resident's wishes but also how the resident was seen and heard and put at the centre of planning. "You clearly worked hard to ensure the resident was safe and happy. When reading through the assessment, I was pleased to see the way that you captured this gentleman's life and current circumstances. You clearly took into consideration the resident's vulnerabilities and appropriately engaged with his NOK and relevant family members".
  - Identifying care support: the assessment clearly considers the resident's history, current situation, wellbeing and needs. "You [...] tried to support the resident with his wishes and goals by promptly engaging with the occupational therapy team. It was apparent from the case notes and assessment that you assessed the resident's risks alongside relevant professionals and supported the resident and their family to mitigate identified risks by advising and supporting with alternatives to meet the resident's needs appropriately.

## 10. WHAT NEEDS TO CHANGE / RECOMMENDATIONS

### 10.1 Management

Related to audit processes:

- ❖ Liaising with practitioners early in the audit cycle to make arrangements to meet; This allows for workloads and annual leave plans.
- ❖ Team and Practice managers are reporting audit report outcomes do not trickle down to them. Senior managers to share and discuss the audit reports and findings with Team Managers so they can be shared with individual teams.
- ❖ As per the recommendation made in the first quarter, line managers to meet 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.
- ❖ Ongoing effort to maintain audit compliance levels.
- ❖ Please note that the themed audit completed on "Strengths-based Assessments and Reviews" focused on the assessment and review processes. The emphasis was on the different stages of the assessment process: preparation, during and after an assessment or review and what good practice looks like. This did not cover aspects of preventative strategy (in line with Care Act) or planning of support intervention (outcome focused support planning). Therefore, we could consider these aspects for the future audits.

Related to practice:

- ❖ Recordings: The July audit cycle highlighted a lack of closing/ transfer summaries, basic information on Mosaic or recordings and reallocation information not being up to date. Practitioners need to be supported with good recordings and accountability skills and workshops are being developed to that effect by QA team.
- ❖ The September themed audit findings confirmed this: overall, practitioners use strengths-based practice in preparing and carrying out their assessments and reviews but do not consistently apply strengths-based thinking to completing paperwork nor to care planning / addressing the person's identified needs. Therefore, this and person-centred practice would require further auditing.
- ❖ We also identified that supervision and management oversight can be improved to support practitioners to think in a strengths-based way; in particular, at the time of allocation but also in strengths-based support planning

## 10.2 QA Team

- ❖ Following the re-audits process review, audits that require an improvement plan which has no direct impact on service users but are about practitioners' development and practice improvement will be escalated to the Principal Social Worker for discussion at the IMPACT meetings.
- ❖ Audits identified a lack of detailed closing/ transfer summaries, basic information on Mosaic or recordings and reallocation information not being up to date. This highlights the need to support practitioners with good recordings and accountability skills and workshops are being developed to that effect by the QA team.
- ❖ In this quarter, 66 % of the audits identified the need for an MCA to be completed. 19% audits were graded as Good with regards to applying the principles, having clear recordings of the decision made and evidence of how at the decisions about the person's capacity were reached. However, 38% of completed audits were graded Requires Improvement and 15% graded Inadequate. Auditors identified that there was lack of MCA being considered and completed despite the adults' communication and cognitive difficulties as well as being deprived of their liberty.
- ❖ As the last quarter's findings echoed this, Quality Assurance and CART developed a series of 3 in-person MCA-themed workshops, with guests from other teams attending in order to share the learning back with individual teams.
- ❖ In this quarter, auditors identified that practitioners were not recording adults' views and goals in their own voices and a person-centred practice. Auditors also identified that interventions were led by funding issues rather than the adult's well-being.

Ongoing from last quarter:

- ❖ 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.
- ❖ Quality and consistency of recordings: future workshops are being planned on Cultural Competence and Good quality report writing. It has also been agreed to share good practice examples, particularly with regards to person-centered writing.
- ❖ The feedback gathered from adults and families as part of the audit process will be shared with auditors to be included for discussion with practitioners, included in the audit template where possible as well as shared with line managers at the end of the audit process.

Please note, this quarter has included various strands of work. As a result, a comparison between quarters has not been practical. Instead, this report is a summary of the varied findings and highlights.