

# **LD Services Audit Framework**



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## 1. Introduction

Adult Social Care Services aim to always achieve the best outcomes for people that use services whilst striving to continuously develop and meet best practice standards in health and social care.

Key factors that underpin our practice are:

- People who use services, carers and public involvement
- Relevant legislation and best practice
- Risk management
- Research and evidence-based practice
- Workforce development
- Leadership
- Practice/clinical effectiveness
- Information management

We know that excellent practice can be found within our teams validating our ongoing commitment to improving people's wellbeing.

With this in mind we want to first celebrate success and secondly explore how we share and spread excellent practice across the system and also to our partner organisations.

As we continue to develop person focused practice, we remain committed to learning from practice and have an embedded case audit policy and systematic programme of practice audits in place.

This is supported and complimented by wider quality frameworks across adult social care.

All audit and quality assurance activity is reported quarterly via existing governance arrangements and therefore reports to both the Practice Governance Board and Director Level Performance Board.

## 2. What is Practice Audit?

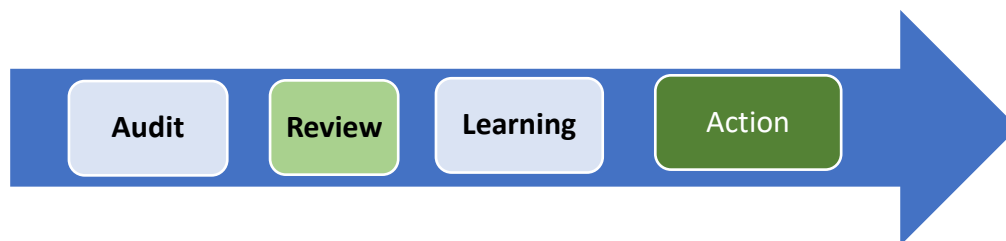
Practice audit is a quality monitoring system that involves review of the safety and effectiveness of practice against agreed standards and implementation of change to improve experience and outcomes for people who use services and their carers.

Practice audit is an ongoing cycle focused on making improvements to the service through evidence informed quality measurement. Practice audit is not punitive and never purposefully about finding faults or blaming individuals.

Practice governance, audit and reflective practice activities support the development and maintenance of professional capabilities within a workforce.

Practice audit essentially shares responsibility for improving the service in an open and constructive dialogue and also embeds continuous practice learning.

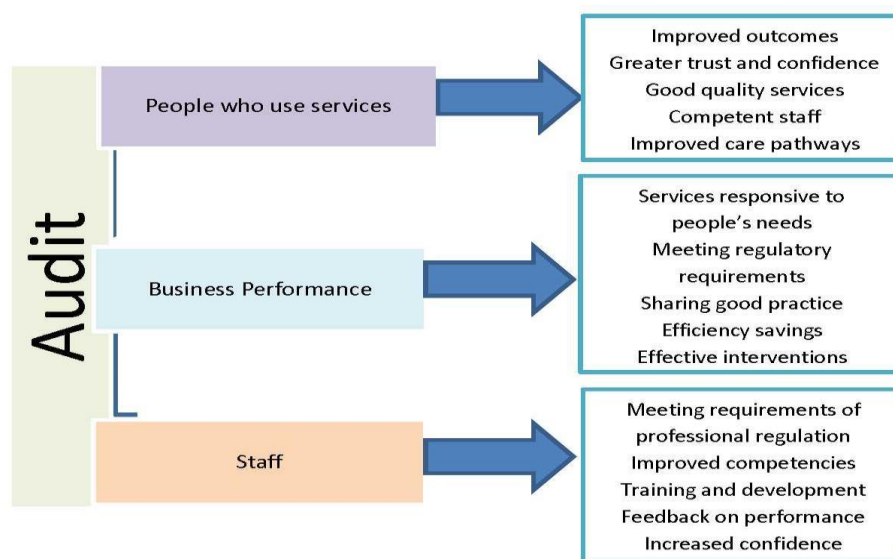
**Figure 1: Audit Process**



### 3. Why do we need audits?

- To be the best we can be in our professional practice
- To provide evidence of current practice to evidence maintenance of professional standards for regulatory bodies such as CQC
- To highlight quality issues and identify areas for improvement
- To identify and share good practice
- To develop training opportunities to support the workforce to demonstrate their competencies
- To promote professional reflection and practice development
- To encourage team working and good communication

**Figure 2 Benefits of Audits**



## 4. What is the difference between Quality Assurance and Quality or Practice Audit?

**‘Quality Assurance’** tends to be focused on meeting system requirements and data cleansing. A supervisor may check that all sections of the adult social care database are completed correctly for this to feed into performance data numerical reporting. (Quantitative intelligence)

**‘Quality or Practice Audit’** explores the content of care plans, reviews or practice documents with the intention of supporting individuals and the service to continuously learn and enhance practice expertise, shared values and ensure person centric approaches to people and communities. (Qualitative intelligence).

We need both of these activities to provide assurance and gain greater insight and understanding of performance and statutory compliance. The intelligence from these activities shapes our improvement planning and feeds into departmental formal learning and coaching at an individual practice level.

## 5. Methodology

Audits take place as outlined within this framework. Audit activity in a variety of formats occurs monthly and quarterly and encapsulates the following key areas:

- KLOE aligned service audits
- Quality of care practice recording
- Multiagency thematic audits (Safeguarding Adults Board)
- Thematic audits for quality improvement projects
- Reflective presentations to senior managers
- Operational manager quarterly audits and management group audits
- Cross department peer audit
- Light touch/ peer audit

## 6. Audit Frequency and selection

Cases for audit are selected in a variety of ways including.

- Home manager schedules (see section 11)
- Generated performance reports from the adult social care data base
- Random selection from care records.

Audits focus on the following key areas:

- Service user involvement- the voice of the person
- Quality of practice- actions and decisions taken by the workforce
- Impact of practice- achieved outcomes

## 7. Strength-based Approaches to Audit

*“The most powerful motivating condition people experience at work is **making progress at something that is personally meaningful**. If your job involves leading others, the implications are clear; **the most important thing you can do each day is to help your team members experience progress at meaningful work.**”*

*Monique Valcour, HBR July 2014*

The main purpose of audit is to enable excellent practice and support service improvements.

### 8.1 Key benefits of coaching and practice conversations

Coaching and strengths-based conversations are not solely for the benefit of the service, emerging research suggests that there are wider benefits for customers and carers.

Regular and consistent audit and practice conversations can enable a workforce to:

- establish and take steps towards continuous learning
- take greater responsibility and accountability for actions and commitments
- become more insightful and self-reliant
- gain more personal and career satisfaction
- feel valued, as they receive regular feedback; praise for areas they are doing well in, and receive support with solutions for areas that need more focus

For the supervisor and organisation benefits are people will:

- contribute more effectively to the team and the organisation
- work more easily and productively with others (manager, peers and the public)
- help people to learn the skills and behaviours to communicate more effectively

## 8. Moderation

Senior management will be supported to review a randomly selected sample of the completed audits on a regular basis to monitor for consistency across services. General feedback will be given to auditors.

## **9. Audit Analysis.**

Following the return of completed audits, results are collated and analysed. A report outlining the findings will be prepared and shared quarterly. Audit results are confidential and no data identifying individual customers will be published. Auditors are expected to be respectful and provide constructive and motivational feedback to their staff in relation to practice audit.

Audit analysis can identify trends in best practice as well as informing learning needs. Learning and development plans should arise as a result of audit conversations.

## **10. Escalation and Support**

Queries related to practice audits or identified themes should be directed to the Operational Manager or Service Manager- Quality Improvement.

## **11. Schedules**

2021/2022 audit schedules and scope of scrutiny for our learning disability services can be found below.

**Linsell House Monthly KLOE based Auditing Schedule ( Jan 2022 onwards )**

KLOE	Area	Suggested Evidence	Evidence Audited this month	Date of Audit
Are they <b>Safe</b> you are protected from abuse and avoidable harm	S1. Safeguarding People who use the service S2: Assessing and Managing Risk S3: Staffing S4 Safe Use of Medicines S5: Infection Control S6: Learning from Mistakes	Handovers Staff meetings, Management meetings , Lessons learnt , Induction , , Risk assessments , equality and diversity training, Profiles Support plans Deprivation of Liberty assessments, Assistive technology , Hospital admissions process Support Plans , Risk assessments , systems , medication profile , manual handling plans , alert pages , PEEPS, , Reflection ,, DBS real life, MUST		
<b>SAFE</b> -Infection Control S5	S5: Infection Control	Visitors Policy , Service users COVID support Plans , Visitors Screening sheets , Community Access Risk Assessments , COVID Audits , Donning and Doffing questionnaires , <b>Staff training</b> – (Infection control , COVID 19 , Germ Defence and Donning /Doffing) Staff regular LFD/PCR testing , PPE stock check , Service user twice daily COVID check recorded on PCS, Cleaning schedules , COSHH sheets , Capacity Tracker , Audit visiting room cleaning schedules, Night-time cleaning schedules ,		

<p>Are they <b>Effective</b> your care, treatment and support achieve good outcomes, helps you to maintain quality of life and is based on the best available evidence.</p>	<p>E1: Meeting Need E2: Staffing E3: Nutrition and Fluids E4: Integrated Care and Partnership Working E5: Healthcare E6: Premises and Environment E7: Consent and Mental Capacity</p>	<p>Staff training,, Assistive technology , Support plans, risk assessments, Best interest meetings , DOLs assessments CQC notifications , Water Low assessments and pressure care risk assessments , Food and fluid daily monitoring , QA program , walk the floors , CQC inspections, Dignity champions dignity training , Aromatherapy pictorial support plan – Risk assessment, Food evaluation sheets /Risk assessments Comprehensive modular based support plans Melt down box and communication aids , Drug allergies identified on medication profiles and Alert pages , med trained staff ,Localised Infection Control Policy , Infection control training , Infection control champions , cleaning schedules , Barrier care policy and guidance , Hand washing guidance , hand washing posters around the building , A&amp;I reporting and on line system that automatically flags RIDDOR and also analysis trends and incidents forming within the service , Autism training , Autism champion , Dietician and nutrition support ,nebuliser care and training , Comprehensive Profiles of assessment of need , Support plans</p>		
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		and risk assessments reviewed and updated in line with change of needs , Mandatory staff training / Training matrix , individual staff training records , Professional boundaries policy , Staff inductions , Agency staff induction including bespoke manual handling training and Safeguarding , 6-8 week staff supervisions , Bungalow and full staff meetings , Your year completed yearly to look at what staff have achieved ,learned and aspirations for the following year , development plan for the service ,		
Are They <b>Caring</b> staff involve and treat you with compassion, kindness, dignity and respect.	C1: Caring Relationships C2: Involvement C3: Privacy and Dignity	Dignity and respect training, end of life care plan dignity questionnaires introduced this year Support plans / risk assessments, Walk the floors, audits/observations, Service users meetings where one service user is discussed in detail at every meeting, Family/carers/service user questionnaire, Compliments, comments and complaints procedure Communication aid - technology-Call buttons, communication aids i.e. big macs, Positive behavioural management plans-traffic light systems that are easy to read and follow, Female only care reflected in support plans if required, Menstruation		

		<p>/Menopause support plan, intimate care plans, The right to Touch policy, My story so far support plan, Call bell system , All about me , , Communication passports, service user scrap books, , DOLS/MCA, Family involvement in support plan writing. Information leaflets available on the front desk, CBC internet/intranet site, Involvement in best interest meetings/reviews, Keyworker system some S/U have 1:1, rotas, Warner questions at interview-, Visitors localised Questionnaires, Reflective/debriefing accounts,</p>		
<p>Are they <b>responsive</b> to peoples needs <b>services are organised so that they meet your needs</b></p>	<p>R1: Ensuring Person-centred Care R2: Concerns and Complaints R3: End-of-life Care</p>	<p>Support Plan Risk assessments, Manual Handling plans, Medication profiles, hat , Holidays /outings are done in consultation with the person, , Outdoor/indoor farm events, BBQs, Salvation army visits and xmas parties, Service users have scrap books, evidence displayed around the building,– Pictorial schedules, assistive technology, objects of reference, Communication passports, Pain scale pictorial chart, Pictorial how many nights am I staying charts, Makaton including actively involving staff with Makaton sign of the week, Service users easy read complaint</p>		

		<p>form YC – supported to complain over call bell not being answered. Assistive technology adapted to meet individual needs (Balls added to string to make it easier to call for help, Pictorial how to call for help contracts with service users, Technology boxes moved to positions where s/u can use independently, Easy use touch phones programmed to CQC, Registered manager and SOVA Team,</p> <p>Concerns/Complaint/comments folders, lessons learnt and reflective accounts, The service has raised SV1 against itself and other service areas ,Staff complete medication error forms, Manager supported mother of an emergency placement to visit their daughter by picking them up/dropping them home and to raise a safeguard about another service due to concerns. End of life plans in conjunction with local hospital/district nurses etc. Family/carer contact sheet how often and how would you like us to communicate with you, My wishes when I die support plan , End of life care, this included full pain management assessment and oxygen care plan and storage,</p>		
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		<p>responsive to emergency placements and or a change with respite bookings, we purchased a bed so a parent could sleep here with her daughter in the last few days of her life, My spiritual, cultural needs support plan, Whist blowing policy, Disciplinary procedure/grievance, Capability process, Where peer advocates have made suggestions this has been responded to, development work-Match.com work, we responded when service users wanted to go to their local football club to participate in the game. We supported them to purchase tickets and attend the local matches.</p>		
<p>Are They <b>well Led</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>	<p>W1: Having a Person-centred Culture W2: Good Governance W3: Engagement and Involvement W4: Continuous Learning and Improvement W5: Partnership Working</p>	<p>staff charter, "Your Year" Managers work on the floor, Supervisions, Your years, Bungalow meeting minutes, Full staff meeting minutes, whistle blowing procedure , managers have an open door policy, staff/agency induction, WARNER questions, Recruitment process/procedure, Safeguarding phones and numbers displayed including CQC, , Comments/compliments/complaints procedure – Action plans of improvement book, handovers,</p>		

		<p>Questionnaires – observational assessments, medication error form – Equality and diversity training, Linsell House is lead by the disciplinary/Grievance/Capabilities procedure / process and guideline, medication competencies, End of life plans, Emergency planning folder / Staff emergency support Occupational Health /Team Prevent discussed with staff, Debriefings , S42/Investigations, (Duty of candour) reporting/RIDDOR, Health and safety policy including localised services, Quality assurance audits, culture and diversity training, Shift leaders roles and responsibilities including localised policy, Champion job descriptions, probational periods, Induction periods,), Medication error forms,</p>		
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## References

Guidance for Providers on Meeting the Regulations, Care Quality Commission, available on the CQC website Providers' Handbooks, Care Quality Commission, available on the CQC website Key Lines of Enquiry, Prompts and Rating Characteristics for Adult Social Care Services (Revised 2017)

### Supported Living Service – Audit Plan

<b>Audit</b>	<b>Frequency</b>	<b>Responsible</b>	<b>KLOE</b>
Medication	Monthly	Reg Manager/Assistant Manager	S4.1 S4.2
Customer Finance Records	1 Customer Monthly	Support Co-ordinators	S1.2
Bank Statements (Money Management)	Monthly	Reg Manager/Assistant Manager	S1.2
Daily Notes	2 Customers, Monthly	Support Co-ordinators	E3 C3 R1
Visit Times	2 Customers, Monthly	Support Co-ordinators	R1
Supervisions	Monthly	Reg Manager/Assistant Manager	W2.1
Analysis of accidents and incidents	Monthly	Reg Manager/Assistant Manager	W4.4
Observation of practice	Min 2 Staff, Monthly	Support Co-ordinators	W2.1 E7.4 C1, C3 R1.2
Flat Meetings	Monthly	Support Co-ordinators	R1.1
Customer Files	As per care plan review schedule	Support Co-ordinators	E1.1 R3.1, R3.2