


OP Services SUSD Audit Framework

A great place to live and work.

OP Services Audit Framework (SU/SD)

Directorate:	Adult Social Care and Housing		
Service:	Adult Social Care		
Author:	Sarah Hill – Registered Manager		
Owner:	Amy Thulbourne, Head of Care, Support & Quality		
Approved By:	Anthony Prior	Approved Date:	10/06/2025
Effective From:	10/06/2025	Version No.	
Next Review:	10/06/2027		

Owner Signatories

Name	Title/Role	Signature	Organisation	Date
Amy Thulbourne	Head of Care, Support & Quality		Central Bedfordshire Council	18/06/2025

CQC Assurance Key Areas:

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

Contents

1. Introduction	4
2. What is Practice Audit?	4
3. Why do we need audits?.....	5
4. What is the difference between Quality Assurance and Quality or Practice Audit?	6
5. Methodology.....	6
6. Audit Frequency and selection	6
7. Strength-based Approaches to Audit.....	7
8. Moderation	7
9. Audit Analysis.....	7
10. Escalation and Support	8
11. Auditing Schedules Linsell House and Supported Living	8

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.

We want to first celebrate success and secondly explore how we share and spread excellent practice across the system and 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 are 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?

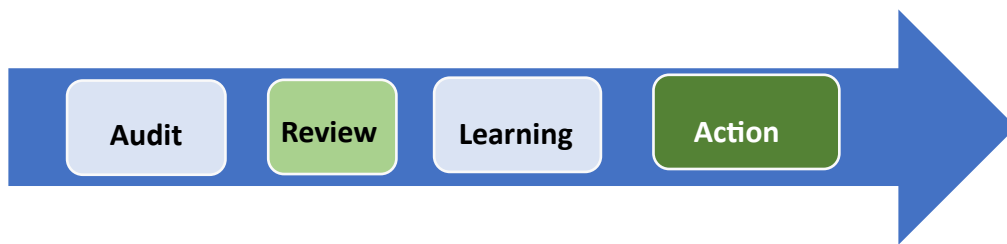
Practice audit is a quality monitoring system that involves review of the safety and effectiveness of practice against agreed standards and implementation of change to improve experience and outcomes for people who use services and their carers.

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

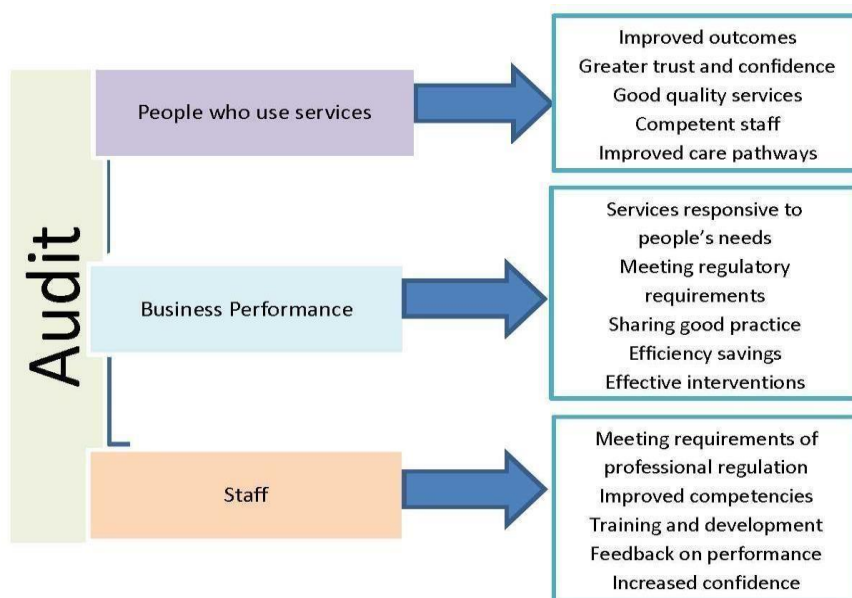
Figure 1: Audit Process



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 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:

- Person 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.

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 the person and their carer(s).

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 people 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 because 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. Auditing Schedules Linsell House and Supported Living

2022/2023 audit schedules and scope of scrutiny for our Older Persons/SUSD services can be found below.

OP/SUSD Services – Audit Plan

Audit	Frequency	Responsible	Accountability
Monthly Meeting takes place start of month and audits allocated between coordinators and registered manager to ensure not same staff is completed same audits each time to ensure they are responsive and effective.			
Daily Team Huddle	Daily	Coordinators	RM
Daily Senior Catch up	Daily	Coordinators	RM
Mealtime experience audits	2 Per Month	Support workers/ coordinators	RM
First Aid Kits and First Aiders	Monthly	Coordinators	RM
CBC Medication Audit	Monthly	Coordinator or RM	RM

EMAR Stock Audit – 1 checked a week	4 Per Month	Coordinators Night staff complete weekly audit on Sunday as well	RM
Infection Control IPC Housekeeping	Monthly	Coordinator or RM	RM

Handwashing	Every other month	Coordinators	RM
Cleaning Schedules	Checked weekly and signed	Coordinators	RM
Night checks	Checked weekly and signed	Coordinators	RM
Catering Audit 1	Every other month - January, March, May, July, September, November.	Coordinators	RM
Catering Audit 2	Every other month - February, April, June, August, October, December	Coordinators	RM

Catering Audit 4	January, June, November	Coordinators	RM
H & S Audit 1	Every other month - January, March, May, July, September, November	Coordinators or RM	RM
H & S Audit 2	February, May, August, November	Coordinators or RM	RM
H & S Audit 3	February, May, August November	Coordinators or RM	RM
H & S Audit 4 Moving and Handling	Twice a year April and October	Coordinators or RM / Fairfield Loler	RM
H & S Audit 5 Fire	March, June, September, December	Coordinators or RM	RM

Bedroom Audits	On Each Discharge	Support worker	RM
Analysis of accidents and incidents – Falls analysis	Monthly	RM	RM
Annual Observation competencies	All done throughout the year	Coordinators or RM	RM
Engagement	At least THREE per month New activities programme live from May 2025.	Support workers/ coordinators or RM/ OT'S/ Apprentice	RM

Dignity and Respect	Every 6 months – January and July	Coordinators and RM	RM
Care Notes Audit 1 per week	4 a month minimal	Coordinators or RM	RM
Quality assurance care plan audit	Two per Monthly	RM	RM
Care Plan Audit 4 Person or relative	Every other month - March, May, July, September, November	Person supporting or relative	RM
Care Plan Audit 3 - Staff	Every other month February, April, June, August, October, December	Support Workers	RM
Supervisions	6 to 8 weeks	Coordinators or RM	RM
Wellbeing Survey (How good is your care survey) End of 1st week and end of stay surveys. (Step up step down)	Week 1 and week 6 or on discharge	Coordinators or RM	RM
End of stay survey	Sent out after discharge – Tracker in place	Sent out and data added to tracker by administrator	RM

Care Home Evidence mapped to KLOE

KLOE	Area	Suggested Evidence	
Are they Safe 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 activities and team briefings. Induction Risk assessments, Equality and diversity training, Individual profiles, care, and support plans MCA/Best Interest recording/Deprivation of Liberty assessments, Assistive technology Hospital admissions process, medication profile, manual handling plans, medication alert pages, PEEPS. Reflective Practice and learning events. DBS Incident/Accident reporting. Quality Improvement reporting. Safeguarding Tracker CQC Tracker Audit Tracker	

<p>SAFE -Infection Control S5</p>	<p>S5: Infection Control</p>	<p>Visitors Policy, COVID support Plans, Visitors Screening sheets, Community Access Risk Assessments, COVID Audits, Donning and Doffing questionnaires.</p> <p>Staff training – (Infection control, COVID 19, Germ Defence and Donning /Doffing) Staff regular LFD/PCR testing, PPE stock check, person twice daily COVID check recorded on PCS, Cleaning schedules, COSHH sheets, Capacity Tracker Audit visiting room cleaning schedules, Night-time cleaning schedules,</p>	
--	------------------------------	--	--

<p>Are they Effective? 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, Care and Support plans, risk assessments. Best interest meetings, DOLs assessments CQC notifications. Water Low assessments and pressure care risk assessments. MUST Food and fluid daily monitoring. Management walks the floors, CQC inspections. Quality improvement framework and audit schedule. Champions 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&I reporting and online system that automatically flags RIDDOR and also analysis trends and incidents forming within the service Dietician and nutrition support. Comprehensive Profiles of assessment of need, Support plans and risk assessments reviewed and updated in line with change of needs, Mandatory staff training / Training matrix, individual staff training records</p>	
--	---	---	--

		<p>Professional boundaries policy, Staff inductions, Agency staff induction including bespoke manual handling training and Safeguarding, 6–8-week staff supervisions, 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,</p>	
<p>Are They Caring staff involve and treat you with compassion, kindness, dignity, and respect?</p>	<p>C1: Caring Relationships C2: Involvement C3: Privacy and Dignity</p>	<p>Strengths based practice Dignity and respect training, end of life care plan dignity questionnaires Support plans / risk assessments. Walk the floors, audits/observations, well-being surveys during stay, end of stay survey. Compliments, comments, and complaints procedure Communication aid -technology Call buttons, communication aids. Communication passports, DOLS/MCA, Family involvement in care and support plan writing. Information leaflets available on the front desk, CBC policy website, 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 responsive to people's needs services are organised so that they meet your needs</p>	<p>R1: Ensuring Person-centred Care R2: Concerns and Complaints R3: End-of-life Care</p>	<p>Strengths based practice Support Plan Risk assessments, Manual Handling plans, Medication profiles. Holidays /outings are done in consultation with the person, Outdoor/indoor farm events, BBQs, Salvation army visits and Xmas parties, assistive technology, objects of reference,</p>	
		<p>Communication passports, Concerns/Complaint/comments folders, lessons learnt and reflective accounts, Staff medication error forms, 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. Responsive to emergency placements and or a change with respite bookings, Whistle blowing policy, Disciplinary procedure/grievance, Capability process.</p>	

<p>Are They well Led 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>Vision and Values. Staff charter," Your Year" Managers work on the floor, Supervisions, Strengths based practice- Outcomes Star. Full staff meeting minutes, whistle blowing procedure, managers have an open-door policy, staff/agency induction, Recruitment process/procedure, safeguarding phones and numbers displayed including CQC. Comments/compliments/complaints procedure – Handovers, Questionnaires – observational assessments, Medication error form – Equality and diversity training, Disciplinary/Grievance/Capabilities procedure / process and guideline, medication competencies, End of life plans, Emergency planning folder / Staff emergency support Occupational Health</p>	
		<p>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.</p>	

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)