Shropshire Council

Date: Monday, 25 March 2019

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Amanda Holyoak, Committee Officer
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

7   **Adult Social Care Quality Assurance Framework** (Pages 1 - 34)
To consider a report on Adult Social Care Quality Assurance Framework,

Contact: Andy Begley, Director of Adult Services, 01743 25281376

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Health & Adult Social Care Overview & Scrutiny Committee

		Item
Shropshire Council	Health and Adult Social Care Overview and Scrutiny Committee	Adult Social Care: Explanation to committee explaining how learning gained from complaints and Local Ombudsman investigations is applied to practice. Public

ADULT SOCIAL CARE QUALITY ASSURANCE FRAMEWORK

Responsible Officer   Andy Begley
E-mail: Andy.begley@shropshire.gov.uk   Tel: 01743 258911

1.   Summary

This report illustrates how Adult Social Care uses a range of development and learning opportunities to reflect, review and develop services to ensure high standards are maintained. In Adult Social Care we continually review the processes and pathways used to ensure that the service continues to improve. Taking account of contributions from users of services, audits completed by senior staff, learning from complaints, peer review recommendations, performance indicators, Local Ombudsman investigations and practitioner feedback, it continually reviews, develops and improves its service. As a learning organisation we recognise that development is a constant cycle; which requires scrutiny and attention consistently to ensure improvement is continually aspired to by the whole service.

One example of learning gained from complaints, a Local Ombudsman investigation and by listening to a customer's story, is that of Ms Garner, who was a carer for her mother in the final years of her mother's life. Ms Garner had contact with a number of organisation including Health and a number of voluntary groups. At a previous scrutiny meeting questions were raised by Ms Garner and it was agreed that at this meeting this report would explain how Adult Social Care uses a range of opportunities to continually review its service delivery, its standard of training and support for practitioners, communication within the whole system and learning from users of the service. Following the

last scrutiny committee, as agreed the Director of Adult Social Care and Housing, Mr Begley, met with Ms Garner and agreed a number of actions to support the continued improvement of Adult Social Care performance. Ms Garner's contribution is in conjunction with other learning gained from a combination of learning and development opportunities including peer reviews and the application of the Quality Assurance Framework, which the service was already using, and which all contribute to the ongoing service development.

We would like to thank Ms Garner for her on going involvement, time and contribution, which has enabled us to listen to an individual customer and learn from the experience she had.

Ms Garner has, as a result of her discussions with Mr Begley, subsequently met with one of the service managers and with a number of practitioners from the development team to develop a number of actions which she had discussed with Mr Begley including:

- Suggestions and comments in relation to the Local Account in relation to use of language, presentation that is accessible and editing of articles and stories. These contributions will be shared with the Making it Real editorial group.
- Ms Garner has offered to make a film to share with staff in order to share some of her personal experiences. Theme of the film will be to share how Ms Garner, as a carer who was also employed, felt about her contact and interactions with professionals and practitioners. This will include when things were said without thought and there seemed to be careless use of language. This is an excellent offer as it will provide staff with the opportunity to hear a personal story and reflect on how language has an impact.
- Ms Garner has offered to look at letter templates which are sent to people using services to ensure these are clear, transparent, and informative without jargon and with a good use of language. This action has been completed and Ms Garner was able to make some useful suggestions

In addition to the contribution and learning gained from Ms Garner and outcomes from complaints, the service learns and develops constantly as a result of numerous ongoing inputs which include peer reviews, performance targets, national and local policies, local partner feedback including 'Making it Real', customer comments, feedback and surveys.

There is a learning loop in place which includes comments, compliments and complaints feedback received by the organisation, senior audits of pieces of work, management authorisation and learning from complaints feed into training programmes and individual training need profiles, and influence the design and updating of practice procedures and pathways.

2. Recommendations

- Explanation of how the Quality Assurance Framework (Appendix 1) being used in Adult Social Care is enabling the service to ensure there is continued improvement to the service being provided to the people we serve in Shropshire.

- That Scrutiny receives an annual report from the Principal Social Worker detailing learning gained from all audits and also learning gained from complaints, with detail as to how this learning has influenced and changed practice.

3. Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

The Quality Assurance Framework and the learning loop adopted mitigates the risks that are inherent to poor practice, which as a result delivers a less efficient service that impacts on vulnerable adults and their families/carers. Learning gained and the continued development of practice lowers the risk of suppling higher cost services that are required and possible financial recompense as a result of complaint or LGO investigations.

4. Financial Implications

Clear expectations, as laid down within the Quality Assurance Framework, alongside management audits, supervision, development actions, guidance and management overview, with clear expectations that there are high standards of practice and services provided for the people we serve. There will be financial on-costs in terms of staff time to achieve this, but the investment saves budget as poor practice results in more time answering complaints or LGO investigations, as well as the risk of possible financial penalties for the authority.

5. Background

Ms Garner was her mother's main carer. In the final two years of her mother's life the experience of gaining support and information and interventions from the whole system, including Health and Social Care, was stressful for Ms Garner and her mother. The communication between different services, between Adult Social Care practitioners and Ms Garner resulted in the provision and appropriate level of support, information and guidance not being provided which

left a vulnerable adult and her carer having to organise support themselves. This was stressful and resulted in financial and employment pressures for Ms Garner. The Adult Social Care intervention has been investigated by the Local Government Ombudsman (LGO) and a copy of this investigation is available to the members of this scrutiny panel.

The summary of Ms Garner's complaint to the LGO was that Adult Social Care:

- delayed responding to the request for assistance in October 2015, which resulted in an admission to hospital.
- failed to carry out an assessment of her mother's care needs before she was discharged from hospital in January 2016; including consideration of whether her mother was eligible for reablement care.
- delayed excessively in carrying out a care needs assessment or arranging services once her mother returned home.
- failed to communicate adequately with Ms Garner throughout the whole period, so she was never aware of the expected timescales and processes.

These areas have been fully investigated with a detailed response within the Local Ombudsman report. As a service we acknowledged mistakes were made and that the assessments took too long to complete. Communication between hospital based staff and practitioners in the community resulted in Ms Garner and her mother not being provided with clear information. This included information explaining why her mother would not have been eligible for certain funding or support.

As a result of a combination of learning including this LGO outcome, and from other historical opportunities and information including peer review feedback, management audits, discussion with practitioners and performance indicator outcomes, a number of actions continue to be adopted and developed to ensure the service offered is of a high standard. Many of these service improvements, for example the adoption of the Quality Assurance Framework, had been started or were planned and are not directly linked to any specific complaint outcome.

Ensuring service standards are maintained, reviewed and developed are the result of a number of policies and procedures.

1. Quality Assurance Framework
As a result of the Peer Review recommendations in summer 2017 and learning gained from complaints and LGO investigations, recommendations in relation to management overview, standards and frequency of supervision Adult Social Care developed and adopted a Quality Assurance Framework (Appendix 1) which is used across the whole directorate. This recognises that performance should not solely be reflected by statistics, performance outcomes, which are important but do not reflect practice standards. The framework provides a range of mechanisms with clear direction including the

management of risk and the monitoring and review of practice. The aim is to ensure the quality of services, and that all interactions with officers of the authority and the outcomes for the people who use services and their families/carers are maintained at a high standard and are continually improved and developed.

The aims of the framework include:

- Practitioners place the person at the centre of all that they do
- Practice is of a high quality, effective, accountable and evidence-based
- The service measures the impact of interventions for the individual, families/ carers and communities
- Continuous improvement is achieved by engaging with people who use services, their carers/families and by listening to staff and partners
- Learning gained from quality assurance activities contributes to service improvement
- Achievement of national and local performance targets and requirements

As a result of this framework there is now a learning loop in place so management audits of practice and learning from complaints feed into training programmes and individual training need profiles, and influence the design of practice procedures and pathways

The Quality Assurance Framework document details the principles and defines the requirement that starts with the experience of individuals. These experiences, which include contributions from experts by experience, 'Making It Real', partnership boards, learning from complaints, staff contributions etc, assist the service to identify new standards and priorities. This ensures the right things are measured, all stakeholders, which includes the staff, are listened to and informs further development and the identification of new priorities and outcomes.

There are set expectations for all management levels that there is regular in depth analysis of a number of pieces of work for each practitioner, with follow up comments and discussion. In addition to this all assessments and support plans are now authorised when completed by the practitioner's senior which enables management overview of work being completed.

Team and Service managers regularly meet to hold a specific focus audit. These sessions have generated learning, which is applied to training, feedback to individual practitioners and teams, as well as contributed to the development of this Quality Assurance Framework.

The document includes a breakdown of all the levels of responsibility, so it is owned and covers the responsibilities of everyone to ensure the service we provide is consistently analysed and improved. There are audit outcome forms within the customer record system, Liquid Logic, the completion of these audits can be monitored and learning themes applied to further learning or if appropriate training. The challenge is to enable all practitioners, seniors and managers to understand how qualitative research and review enables a learning organisation to develop where all contributions are valued and listened to. The framework document (Appendix 1) explains this approach in detail.

2. Supervision and appraisals

Adult Social Care takes the development of its staff seriously. Qualified social workers are required to register with the Health and Care Professionals Council (due to change to Social Work England). As part of their registration each social worker is required to keep an up-to-date record of their 'continuing professional development'. In addition to qualified practitioners the directorate also employs a number of other people from different professional groups, for example occupational therapists and nurses, also with registration requirements. There are also practitioners with no formal professional qualifications, but who often have a wide range of life experiences.

There is a corporate policy with regard to appraisals and regular support meetings. Adult Social Care expect all front-line staff to receive a formal 1:1 session at a minimum each month and have devised a recording process to enable senior managers to monitor that these occur. It is expected that newly qualified staff, agency staff or any staff member where there are concerns receive supervision either weekly or fortnightly. All staff who are supervisors have attended supervision training and this is a continuing programme. A workload management tool has been provided to enable management of case and workloads. This is used well in some areas, although other practitioners feel it takes too much time to complete and prefer to have a case list and discuss this in supervision.

Supervisors and the people they supervise are expected to find a solution or caseload tool that enables management overview, so if the individual is taking too long to complete assessments or goes off sick their manager is aware and is able to address this. The new customer record system, Liquid Logic, in addition to the corporate system, Business World, which goes live in April 2019, have reporting capabilities that will assist managers to monitor caseloads, supervision, leave and other performance requirements.

3. Training and development

The Professional Development Unit organises programmes for newly qualified practitioners and practitioners with no professional qualifications and are currently developing an induction programme. Apprenticeships are being developed with external partners to offer professional training opportunities. The principal social worker (PSW) is also the team manager of the Professional Development Unit. This post holder is part of the West Midlands PSW network, so information and learning is gained from other local authorities. The PSW in Shropshire leads the development of the Quality Assurance Framework and the application of practice development as a result of learning from complaints and national developments. It is a recommendation of this paper that the PSW presents a paper to scrutiny on a regular six monthly basis to share details of learning and development gained and how this is being used to improve service delivery.

4. Service Reviews

Following the Peer Review in Summer 2017 and learning gained from recent complaints and LGO investigations, there were recommendations in relation to management overview, standards and frequency of supervision and the improvement and continued development of the quality of practice. In summer 2018 we invited the National Development Team for Inclusion (NDTi), an external organisation of which we are members, to support us to review our service. As a result of learning gained from this review we have established five action learning sets which are concentrating on taking forward developments.

These are:

1. Customer Journey, language and communication
2. Funding Authorisation pathway
3. Communication and Celebration event
4. Staff well-being
5. Team Adult Social Care

The aim of these task based groups, comprising of staff from different teams and roles, is that they work together on specific areas which had been identified within the service review as areas where further development was required. Having different people from different teams focussing on some specific areas enables a range of perspectives to be discussed and outcomes agreed together which each individual is then responsible for sharing with their own teams.

5. Liquid Logic

In December 2018, the customer record system, previously Care First, was changed to Liquid Logic. This enabled the service to review all the assessment documentation. This had been recognised as required for some

time, but as a large piece of work it needed to wait until the new system was in place. The new documents have a conversation-based focus and enable practitioners to be more person centred. Previously any intervention at First Point of Contact (FPOC) that resulted in signposting always received a return call within 14 days; this has now been extended to the whole service and there is a short assessment record, so these calls and their outcomes can be monitored. Liquid Logic has a specific methodology that requires work to be completed in order, known as work flow. This prevents work from being missed as a practitioner has to complete the work flow in order. All assessments and support plans now require authorisation, so there is greater manager over view of the work and standard of work completed. Previously managers authorised work as it was being closed which contributed to learning for future work, but did not enable the practitioner to reflect on their practice and if appropriate to change or adjust their approach. Managers can now see the work of each of the practitioners they supervise as they complete each element which can contribute to supervision discussions, support, praise as well as contributing to having an awareness of any caseload pressures or difficulties for individual staff.

6. Carers assessments and carer support

Ms Garner has highlighted that as a carer she felt her needs were not recognised or appreciated by the Health and Social Care professionals that she had contact with. In 2015 Ms Garner had some personal health needs and was in full time employment in addition to her right to her own social and personal life. As the result of the vital contribution carers make to the care and support of vulnerable adults, the Care Act placed carer support on an equal level to that of people who receive care and support. In response to this and previous legislation the service developed an 'All Age Carer's' strategy. Leads for carers have been put in place in the directorate and also at Royal Shrewsbury Hospital, in addition to ongoing development with the voluntary sector. Carers leads and champions representing each team are now in place to develop an across directorate carer focus.

Performance indicators demonstrate that the number of carer assessments has increased, but we are also aware further work is required as the numbers are lower than we would want. Listening to carers who have said that if they have time away from their carer roles they do not always want to attend appointments. As a result there is now an opportunity if attending a 'Let's Talk Local' session is difficult to have a carer's assessment completed by phone. In the future stage two of Liquid Logic there could be opportunities for user and professional portals which would enable carers to complete assessments on line or for trusted assessors to support carers to do this.

Recognising that not all practitioners appreciate a carer's perspective or the impact being a carer can have for an individual, Ms Garner has offered to make a short video that can be shared with teams. This personal story will enable discussions to be had within teams as to the support the team

provides to carers and how this could be improved. We are grateful to Ms Garner for offering to do this.

7. Hospital and community team links

As a result of learning from a number of complaints it was recognised that people were not receiving any continuity of care between community and hospital based teams. When an individual who has been supported by a community practitioner goes into hospital, the hospital-based practitioner will liaise with their community colleague and when the individual is well enough to return home the community practitioner immediately engages again so there is continuity of support. In the market towns the Integrated Care Service (ICS) team workers regularly work alongside community team practitioners so relationships can be developed and communication improved. Seniors and team mangers regularly meet up to ensure each appreciates and is aware of the key priorities for each service. At times when one part of the service has had significant pressure colleagues have supported and provided additional practitioner input from their teams. The ICS service has two distinct parts: acute and community. Services have developed including a carer lead role, six-day working, development of enablement services, frailty pathway and on-ward support. These service improvements have contributed towards the excellent performance of the service in relation to timely discharge pathways or the avoidance of admissions when this is appropriate.

8. Factsheets and information

There are a range of factsheets available to provide information in relation to assessments and what the individual may expect (Appendix 2). Teams have waiting lists which we regret, but this reflects the high demand on the service. Each referral is managed by a senior in each team. Referrals are prioritised in relation to risk factors, which include whether the person lives alone, what support network they have, are other professionals involved, etc. The priority of each referral on the waiting list is constantly reviewed. People are regularly contacted to discuss if anything has changed and to ensure they are reprioritised, if required, and that contact is maintained so people are aware and are not left wondering if they have been forgotten.

Following conversations with Ms Garner, who highlighted the difficulties she experienced not being kept informed of the timescales and detail of what would happen next, the information provided in the fact sheets are being reviewed. The fact sheets (Appendix 2) provide information about what to expect from an assessment, but do not give specific timescales because allocation takes account of the priority of all referrals. It is possible to provide information as to the maximum length of time between contacting FPOC and having a call from the team for further discussions, whilst clearly stating this may not result in an allocation at the time of the call. It is also be possible to state that the completion of a Care Act Assessment from the time it is started

by the social worker or social care practitioner should be within two weeks. The Support Plan, which details how any identified needs are met, may take longer as that involves exploring what options there are, the costs of support etc.

9. Self-funders

People who are financially above the funding threshold are still entitled to advice, information and, if they wish, a Care Act Assessment. This is one group who may have historically been assessed as having a lower priority and this is something we are keen to address. By providing people with the right information at the right time, it enables them to make informed decisions, and could also result in them not returning to the authority for funding support as they have not funded the most cost-effective support. In the future, possible brokerage support for people above our financial threshold to access services is something we wish to explore further.

10. Case Examples where learning has resulted in improved outcomes

As a result of a complaint, specific focused audit and listening to practitioners about the completion of capacity assessments, further training has been organised. Documentation, with hints and tips, has been revised and this now provides a clearer format, and further guidance has been provided for practitioners.

Following a complaint, LGO investigation and a SEND tribunal, it is clear that assessments be completed prior to a young person becoming eighteen years of age and eligible for Care Act assessment. This has resulted in the practitioners who work with young people thinking about the conversations they have with young people and their parent carers. They are pre-eighteen and having planning conversations to enable the young person with their parent/carers to gain the information and guidance they require to enable their aspirations, expectations and future planning to develop.

From supervision and caseload management oversight provided via Liquid Logic now enables a manager to recognise quickly that a practitioner is not competing assessments in a reasonable time period. This was an element of Ms Garner's complaint. A practitioner did not complete the assessment of her mother's needs in a reasonable timeframe, but Ms Garner was not aware what was reasonable. The person supervising this practitioner was not aware how long the assessment was taking due to the tools available at the time not providing this information, so the supervisor was dependent on the practitioner raising that the assessment was still outstanding.

Due to Liquid Logic reports, greater management involvement in the authorising of assessments and the use of workload tools current managers are now aware if any assessment are taking a number of weeks to complete and will address the reasons this may be occurring with the individual practitioner.

Further improvements

As a service, in addition to taking account of further conversations held with Ms Garner, there remains some areas where improvements have been identified as required:

- The Adult Social Care element of the website is difficult to navigate to find specific information. There is a task group currently working to improve the website and they will also discuss some of these improvements with Ms Garner, who has helpfully offered any support that would be useful.

- Communication, with clear guidelines about process, timescales and who to contact. Recognising that information following contact with FPOC if unable to attend a 'Let's Talk Local' session, a letter will be produced to be sent by FPOC, which will explain the next steps, timescales and who it is appropriate to contact if the situation changes or the person is concerned. The letter will clearly explain that there will be further contacts from the community team, which may not be from an allocated worker, to ensure there are further conversations and people do not feel forgotten. Ms Garner has suggested a flow diagram would be helpful to explain the process and to give people an indication of what should happen at what stage. This is something we are going to develop. A second suggestion was that a printed template is provided by the practitioner following allocation, with their phone number, email address and also an alternative contact, so if they are not available the person still can speak to someone if concerned. Both these valuable suggestions are currently being considered and developed.

- To approach how we work together with colleagues in other organisations is more challenging, as all bodies have their own processes, pathways and eligibilities. We do work in partnership and we are part of service development including 'Care Closer to Home' initiatives, exploring possible pooled budgets and development of shared care records. These are all longer term projects that require joined up agreements with other organisations but are initiatives that are currently being explored and developed.

The aim of all opportunities where there can be information contributing to the continued improvement of service delivery, which includes complaints, user contributions, peer reviews, etc, are welcomed by Adult Social Care in order to ensure our service is continually learning, developing and improving.

In subsequent conversations with a number of Adult Social Care managers, Ms Garner has used the experience she had when she was supporting her mother to comment and inform us about some things she felt could have improved the service she received. We would like to thank Ms Garner for providing her time and for the comments and ideas she has given us to enable us to improve services further. Whilst appreciating that many things have changed or had already been implemented, Ms Garner has contributed to the ongoing learning and development of the service for which we are grateful.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information
None
Cabinet Member (Portfolio Holder) Cllr Lee Chapman
Local Member
Appendices: 1. Quality Assurance Framework document   adult-social-care-quality-assurance-fra   Factsheet 5.pdf   Factsheet 6.pdf 2. Factsheets 5 & 6

Shropshire Adult Social Care Quality Assurance Framework

September 2018 (Revised)

1 | P a g e S u s i e M c L a g a n , P r i n c i p a l S o c i a l W o r k e r , R e v i s e d S e p t e m b e r 2 0 1 8

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Introduction

Quality Assurance is the responsibility of all who work in social care and dependent on role we become accountable in different ways for the decisions we make. At the heart of all those decisions should be the best outcome for the individual based on our public duty and to a reasonable distribution of finite resources. Think Local Act Personal (TLAP) identified a way of thinking about quality in care and support that places the person using services at the centre

'Quality in this context is about assuring effective service delivery, a positive care experience, and standards and processes that keep people safe while recognising choice and control. Achieving and improving quality means making sure that these components are all being addressed and encouraging continuous improvement. It includes taking steps to restore good standards where things go wrong, and highlights:

> *• the individual experience of people receiving care and support and how far it meets their aspirations*

> *• services that keep people safe (without taking away personal control)*

> *• processes that ensure services are effective – this includes achieving personalised outcomes and value for money.'*

'Driving up Quality in Adult Social Care' March 2013

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 and ensure our stated priorities are being met, ensuring the voice of the person using services is heard.

Purpose

Quality assurance has for many years been driven by performance data but this is only an element of information that is available to indicate quality of service provision. Statistics should be triangulated with other evidence to provide a picture of practice and its impact on individuals and communities. Feedback from practitioners and people with experience of care and support are vital to our understanding of what the statistics might indicate. An essential element of any quality assurance framework has to promote critical thinking and professional curiosity. Only by debating the meaning of statistics and using evidence from a variety of sources will we learn what is important about the information gathered and ultimately lead to service and practice improvements that are the essential purpose of quality assurance activities

The overall aim of this framework is to

- Ensure practice is of a high quality, effective, accountable and evidence based
- Measure the impact of what we do on the individual, families and communities
- Drive a programme of continuous improvement by
    - engaging with and listening to staff and partners
    - ensure the learning from quality assurance activity contributes to service improvement
- Meet national and local performance requirements
- **Place the person at the centre of all that we do**

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Key Principles

The following key principles are essential to all quality assurance measures

Culture

Develop a positive culture towards quality assurance that is 'blame free' recognising the importance of learning from mistakes in order to improve the experience for the person and sharing stories where things have gone well to create a learning organisation.

1. *Commitment*

Ensure quality assurance activities are an accepted and important part of day to day business and are given due prominence at all levels of the organisation with a commitment to regular activity to maintain momentum

2. *Clarity*

Ensure everyone understands their role and responsibilities in relation to quality assurance throughout the organisation and within our partnership boards

3. *Consistent*

Ensure that the quality assurance activity follows an annual programme with a schedule of activities that provides information to support the Council and Service priorities and local and national performance requirements. Ensuring that the framework supports and works with other frameworks including workforce development and Keeping Adults Safe in Shropshire.

4. *Continuous*

Ensure systems are in place to share learning from quality assurance activity, continually improving the practice of individuals, teams and the service as a whole. Actively identifying areas for development, putting actions in place to make improvements which are then reviewed and evaluated

5. *Co-production*

Ensure we work together with our partnership Boards in a clear, defined way that is consistent and supports the development and improvement of adult social care in Shropshire based on the feedback we gather from our quality assurance activity. Actively listening and engaging with partners to help shape strategic decision making and service design

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Definition and Process of Quality Assurance

Quality Assurance is a constant feedback loop that begins with the experience of individuals as the driver to improve practice and service provision. This helps identify what good looks like and enables the setting of standards and new priorities. Once priorities are agreed the process of quality assurance can begin to identify activities that measures the right things. Analysis and interpretation of quality assurance activities requires a dialogue with all stakeholders to be able to understand what the information tells us about quality from the experience of staff and individuals and carers. This dialogue leads to further identification of new priorities.
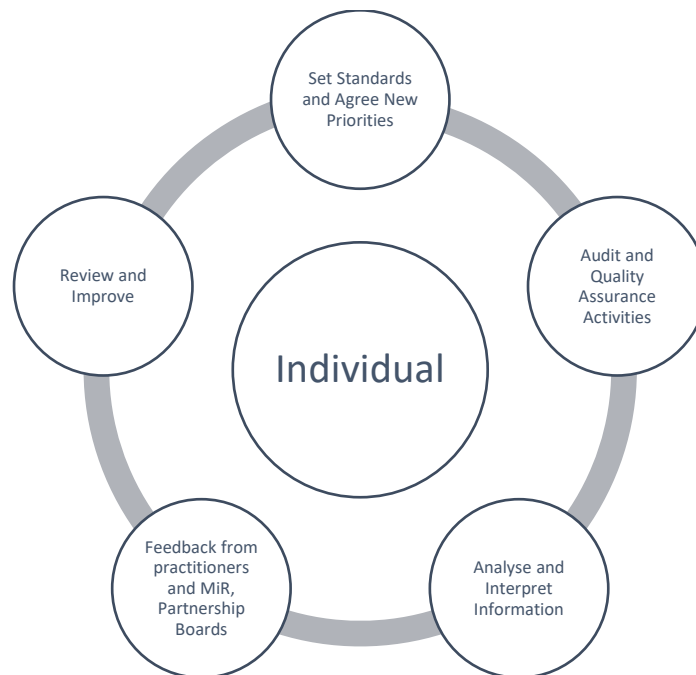
Step 1

Set Standards and Agree New Priorities

Adult Social Care has a number of standards to work to: individual standards set through annual appraisals and supervision; service plans and team plans that outline priorities for that particular area; Council priorities based on financial, economic, political agendas and aspirations for the County; and national requirements identified through performance measures. How standards are measured will as a consequence vary and may be qualitative or quantitative data which will enables us to measure against set criteria and learn about the impact of the service.

The Making it Real Board and Advisory groups created a set of standards entitled *'The essential ingredients of good adult social care'* which has been adopted by the group as a marker to endorse activities within the Council considered to meet these standards. These locally agreed standards keeps the focus of adult social care on the experience for the individual. The aim of this framework is to use this as a measure by which we can assess our overall performance, with reference to the underpinning 'I' statements that supports each standard.

The essential Ingredients are:

- ✓ An experience that is personal
- ✓ Active listening and understanding
- ✓ Real conversations
- ✓ Effective use of resources
- ✓ Making own choices/taking own risks

Additionally, to ensure good social care practice requires responsibility on employers to provide a safe and effective working environment for staff. The Standards for Employers of Social Workers in England provides a benchmark against which to measure this through an annual Health Check. Whilst recognising that our staff group includes other professionals as well as non-registered practitioners we aim to use these standards to underpin this process.

The Standards for Employers are:

- Clear Accountability Framework
- Effective Workforce Planning
- Safe Workloads and Case Allocation
- Effective and Appropriate Supervision
- Opportunities for Continuing Professional Development
- Professional Registration
- Effective Partnerships

Step 2

Audit and Quality Assurance Activities

The quality assurance framework will operate through a schedule of planned quality checks and activities that identifies specific roles and responsibilities at all levels of the organisation, the purpose of each activity and which standards are being measured. The golden thread for all quality assurance activity will be the essential ingredients of good adult social care

Step 3

Analyse and Interpret Information

It is important that all quality assurance activity is analysed and interpreted in order to inform the impact of our priorities and to enable an exchange of information and ideas between stakeholders and managers about how to improve services. It is hoped that the benefits of this planned approach will also include a safer and more effective work environment for staff and help identify trends in performance, future demand, legal compliance and plan for future priorities.

Step 4

Feedback from Practitioners, Partnership Boards and Making it Real

The quality assurance framework will hopefully promote a more consistent feedback loop with stakeholders represented through Making it Real and other Partnership Boards as well as staff that will allow for a more systematic approach to working in partnership and promote a more pro-active means of developing co-production in the development of services. By

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publishing the outcomes from the quality assurance process there will be a means by which we can review our standards and adjust priorities according to an evidence base. Incorporating this step into the framework is the most crucial aspect that will allow us to demonstrate a commitment to the principles described earlier

Step 5

Review and Improve

The data collected will provide evidence by which we can review and improve our performance, identify areas of good practice as well as areas for improvement which in turn will support identification of new priorities. It will also tell us more about the experience of individuals in receipt of adult social care and our commitment towards continuous improvement with the aim of promoting wellbeing and independence.

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 (appendix 1) that are used to inform service development and improvement. These include:

1. Performance Management

    Monitoring performance through dashboard on SharePoint that indicates numbers of assessments and how they have been dealt with by team on a monthly period

2. HR and Staffing processes

    Reports to senior managers on recruitment and retention of staff, sickness absence, Disclosure and Barring Service (DBS), capability and disciplinary procedures

3. Complaints, compliments and customer feedback

Annual report and action plan

4. 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

5. Workforce Development

    Career Pathway in place to ensure staff supported in their development. To be reviewed bi-annually and amended according to business requirements

6. Observation of practice

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

7. Case file audit programme

Regular individual case file audits with feedback to staff built into supervision. Bi-monthly themed audits involving service managers and team managers.

8. 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 centred and strengths based approaches, Champions programmes on service specific areas to create a learning culture and to disseminate good practice and learning reviews of adverse incidents

9. Keeping Adults Safe in Shropshire Board (KASISB)

Competency Framework developed with supporting documents including reflective learning logs and assessment workbooks. Learning from Safeguarding Adult Reviews national, regional and local to inform practice and learning and development activity

10. Making It Real and Partnership Boards

Reports and feedback on ASC priorities. Approving policies and procedures that meet with MiR standards giving a stamp of approval for activity that the Board considers meets the criteria for the 'Essential Ingredients'. Personal stories published through the Local Account

11. Independent Audits

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

12. Senior Management Oversight

Clear expectations in respect of monitoring of performance, auditing, face to face contact with front line staff, attendance at Partnership Boards and monitoring of priorities

13. Lead Member and Scrutiny Oversight

Clear expectations in relation to monitoring of performance, auditing, face to face contact with front line staff, attendance at Partnership Boards and monitoring of priorities

14. Peer Review

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

15. Standardisation 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.

Accountability Framework for Quality Assurance Activity

Making it Real

Peer Review

Elected Members

Senior Manager scrutiny

Line Manager oversite

Practitioner

Accountable for:
Monitoring Performance
Listening to staff and experts by experience
Promoting rights of citizens
Holding senior management to account

Accountable for:
Safe and effective work environment
Case file audits
Observations of practice
Performance data
Complaints, Compliments, Comments reports

Accountable for:
Ethical practice
CPD Portfolio - reflective logs
Supervision
Appraisal

Feedback

Feedback

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Shropshire Adult Social Care Quality Assurance Framework 2017-19

Appendix 1

Role	Quality Assurance Task	Method	Frequency	Purpose
Practitioner	Adhere to standards of professional regulator	CPD Portfolio	Training records and learning and development activities reviewed at annual appraisal	Ensure compliance with regulator for registered staff. Maintain evidence of CPD for non-registered staff
	Commit to ethical practice through reflection on decision making, utilising feedback from individuals in receipt of a service	Supervision Reflective logs	Monthly Supervision, more if on an approved programme e.g. ASYE, AMHP, Social Care Practitioners or Practice Educator Training	Take responsibility for own practice and impact on individuals
	Maintain records to a good standard	Complete workload log for supervision Agree with supervisor a case file for audit	Monthly Supervision Quarterly audit	Ensure records are accurate and appropriate
	To be observed in practice at a minimum once a year	Complete reflections on observation	Annual, more if on an approved programme e.g. ASYE, AMHP or Practice Educator Training	Quality assure standards and consistency in practice
Senior Practitioner	Adhere to standards of professional regulator	CPD Portfolio	Training records and learning and development activities reviewed at annual appraisal	Ensure compliance with regulator for registered staff. Maintain evidence of CPD for non-registered staff
	Observation of frontline practice for direct reports	Complete assessment feedback	Schedule of observations for Team	To gather assurance about practice and service standards
	Case file audits	Case File Audit Tool	Quarterly x 1 case file for each supervisee	Gather assurance of quality, and practice, standards

	Participate in thematic audits	Audit according to scheduled programme	Bi-monthly schedule	Identify areas for improvement for both individuals and service areas
Team Managers	Adhere to standards of professional regulator	CPD Portfolio	Training records and learning and development activities reviewed at annual appraisal	Ensure compliance with regulator for registered staff. Maintain evidence of CPD for non-registered staff
	Observation of frontline practice	Complete assessment feedback	Schedule of observations for Team	To monitor standards of practice
	Audit files at closure and transfer between teams	Audit	As and when required	Ensure adherence to policy and procedure and address any deficits prior to transfer
	Case file audits	Case File Audit Tool	Quarterly x 1 case file for each supervisee	Gather assurance of quality, and practice, standards
	Participate in thematic audits	Audits according to scheduled programme	Bi-monthly schedule	Identify areas for improvement for both individuals and service areas
	Monitor and scrutinise performance data	Performance reports, monthly dashboard	Monthly	To monitor and scrutinise data
	Audit supervision of senior practitioner	Audit records and/or observation of supervision	Quarterly x 1	To assess the effectiveness and quality of supervision and identify areas for development
Principal Social Worker	Adhere to standards for professional regulator	CPD Portfolio	Training records and learning and development activities reviewed at annual appraisal	Ensure compliance with regulator for registered staff. Maintain evidence of CPD for non-registered staff

	Oversee Case File audits for compliance with QA schedule	Audit and report	Annual	To monitor and coordinate case file audits to ensure consistency and quality of practice.
	Observations of frontline practice	Observation/meetings	Quarterly – either attend meeting or observe practice	To gather assurance about practice and service standards, be visible to front line staff and provide opportunity to listen to staff concerns
	Learning Forum	Locally delivered workshops to Teams	As and when required	To ensure feedback of learning from complaints/legal challenges/updates in policies is disseminated
	Oversee and coordinate thematic case file audits	Case file audits	Bi-monthly	Identify areas for improvement for both individuals and service areas
	Learning Reviews	Report	Annual	Review and develop action plans according to outcomes and any subsequent guidance.
	Standardisation Panels and accreditation for AMHPs	Chair ASYE and SCP Panel Attend AMHP Panel	As and when required. Annual re-accreditation and 5 year approval	To monitor practice against professional standards
	Health check	Report	Annual	Produce annual quality assurance report to ensure compliance with Standards of Employers
Service Managers	Maintain oversight of performance information pertinent to service areas	Performance reports, monthly dashboard	Monthly	To monitor and scrutinise data
	Case File Audit	Case file audit Tool	Quarterly x 3 randomly selected	Monitor case records, quality of assessment,

				care and support plans, decision making and professional judgement
	Participate in thematic audits	Audits according to scheduled programme	Bi-monthly	Identify areas for improvement for both individuals and service areas
	Learning Reviews	Chair	As required	Review and develop action plans according to outcomes.
	Observations of frontline staff	Attend Meetings/observations	Schedule of observations for service area	To gather assurance about practice and service standards, be visible to front line staff and provide opportunity to listen to staff concerns
	Audit of supervision of direct report	Audit records	Quarterly	To assess the effectiveness of supervision and identify areas for development
	Review complaints for service area	Report	Quarterly	To monitor and review complaints outcomes; gather assurance on performance, learning and actions
Head of Adult Services (Operations) Assistant Director	Observations of frontline staff across service areas	Visit/Observation/Meeting	Schedule of observations for whole service	To gather assurance about practice and service standards, be visible to front line staff and provide opportunity to listen to staff concerns
	Case file audit	Case File Audit Tool	Quarterly – 1 for each service area	Monitor case records, quality of assessment, care and support plans,

				decision making and professional judgement
	Monitor and scrutinise performance data	Performance meetings	Quarterly	Monitor and scrutinise performance data, analyse trends and inform service development
	Monitor complaints, ombudsman findings, legal challenges	Reports and meetings with Complaints Officer and Legal Team	Monthly	To ensure oversight of legal compliance and learning from challenges
	Participate in thematic audits	Audits according to scheduled programme	Bi-monthly	Identify areas for improvement for both individuals and service areas
	Serious Case Reviews	Receive Reports	As required	Review and develop action plans according to outcomes. Report to DAS and put in place appropriate monitoring and practice developments
	Learning Reviews	Receive reports	As required	Review and develop action plans. Report to DAS and put in place appropriate monitoring and practice developments
	Audit of supervision of direct report	Receive reports	Quarterly	To assess the effectiveness of supervision and identify areas for development
	Review complaints for service area	Report	Quarterly	To monitor and review complaints outcomes; gather assurance on performance, learning and actions

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Director of Adult Services	Meet with experts by experience	Attend Making it Real and Partnership Boards	Monthly	Hear feedback from stakeholders and experts by experience
	Case File Audit	Case File Audit Tool	Quarterly – 1 for each service area	
	Visit to Social Work Teams to meet with frontline staff	Visits/Observation	Annual	To meet and seek feedback from frontline staff. To have an awareness of pressures and challenges of professional practice
	Receive annual statutory Customer Feedback report	Report	Annually	To monitor and review complaints processes. Progress learning and actions from complaints and compliments
	Receive and scrutinise key performance measures	Performance Dashboard	Monthly	To review performance and benchmarking. Analyse results in order to inform development of services
	Receive and scrutinise HR reports on sickness absence, recruitment and retention, issues of capability and DBS	Report to DMT	Quarterly	To monitor staff performance, provide data for annual health check
	Receive Quality Assurance Report	Report to DMT	Annual	To ensure compliance with Standards of Employers
	Serious Case Reviews	Receive Reports	As required	Review and develop action plans according to outcomes. Report to DAS and put in place appropriate monitoring

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				and practice developments
	Review complaints for service area	Report to DMT	Quarterly	To monitor and review complaints outcomes; gather assurance on performance, learning and actions
Chief Executive Officer	Visit to Social Work Teams to meet with frontline staff	Visits/Observation	Annual	To monitor performance and to listen to views of staff. To hold senior management to account
	Monitoring of Director of Adult Services	Reports and regular meetings	Annual Performance Report and monthly meetings	
	Receive reports of KASISB	Report	Annual	
Portfolio holder for Adult Services	Visit to Social Work Teams to meet with frontline staff	Visits/Observation	Annual	To monitor performance and to listen to views of staff and experts by experience in relation to practice issues. To maintain currency and promote rights of citizens. To hold senior management to account
	Meet with experts by experience	Attend Making it Real and Partnership Boards	Monthly	
	Support and monitor performance of KASISB	Attendance at KASISB	Quarterly	
	Attend Director Management Group	Attendance at DMT	Monthly	
Elected Members	Monitor Performance through cabinet and scrutiny	Report	Quarterly	To monitor performance and listen to voice of citizens
	Receive annual customer feedback	Report	Annual	

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Factsheet 5: Support for carers

Who is a carer?

A carer is someone who gives care and support to another person who couldn't manage without their help. Being a carer might involve caring for a relative, partner or friend and not being paid for doing so.

If you regularly support someone with everyday tasks that they're unable to do themselves, you're considered a carer, even though you may have never thought of yourself in this way.

A carer might support someone in one area of their life only, such as helping out with their finances, or in a number of different ways including:

- Emotional support, like listening and talking
- Household chores, like cleaning, cooking, washing, ironing or shopping
- Medication support, such as picking up medication, reminding about medication, or physically helping someone with tablets or creams
- Personal care, like help with eating, getting to the toilet, washing and dressing
- Physical care, ensuring the person can move around their home

Who can receive help?

We can offer all carers information, advice and guidance in a number of ways, including:

- Information found on the 'Caring for someone else' pages of this website
- Having a conversation or carers assessment with one of our social care practitioners
- Us telling you about other services that are available in your area

Carers can be eligible for funded support in their own right. The national eligibility threshold for carers is set out in the Care and Support (Eligibility Criteria) Regulations 2014.

Carer's assessment

If you look after someone, you have the right to ask for a carer's assessment. You can ask for an assessment at any time by speaking to a member of our First Point of Contact team (FPoC):

Tel: 0345 678 9044.

Having spoken to you and establishing that an assessment is required, First Point of Contact will arrange an appointment for you to attend a Let's Talk Local session in your local community. A carer's assessment is a way of identifying your needs as a carer, and determining what support you may be eligible for. It looks at the impact that providing care and support has on your own wellbeing and other important aspects of your life as a carer including:

- Whether a carer is able and willing to carry on caring
- If a carer works or wants to work in future
- Whether a carer wants to study or socialise more

There's a range of support available locally to help carers look after their own health and wellbeing, and, depending on their eligibility, a carer may also be entitled to other services, such as a personal budget.

Find out more about having a carer's assessment in Factsheet 6: Care Act assessment.

Find out more about having a personal budget in Factsheet 9: Managing Your personal budget.

What support is available?

If you're not eligible for further support as a carer, we'll give you information and advice on where you may get the help you want. If you're eligible for support from us, your needs could be met by a range of options, including:

- Paid services
- Assistive technology
- Services provided by the voluntary sector

Following your carer's assessment, if you meet the eligibility criteria all of these options can be explored further, along with any other ideas you may have. We'll work with you to consider your options, the outcomes you'd like to achieve, and to decide what will be the best ways to meet your eligible assessed needs. This information will be detailed and documented in your own carer support plan.

Find out more about support planning in Factsheet 8: Planning your support

Carers Emergency Response Service (CERS)

The Carers Emergency Response Service is intended to provide peace of mind through offering home-based care and support at short notice, when a carer isn't able to do this due to an unforeseen emergency. We advise all carers in Shropshire to register with this service.

Factsheet 6: Care Act assessment

What is an assessment?

We use an assessment to decide whether a person needs care and support to help them live their day-to-day life. The aim is to get a full picture of the person, and what needs and goals they may have. After carrying out the assessment, we'll then consider whether any of the needs identified are eligible for support.

I'd like an assessment, so what happens next?

When you, or someone on your behalf, first contacts us you're likely to speak to the First Point of Contact Team, and you'll be asked some key questions about your personal details and the circumstances you're in. You'll also be asked if you need support to continue with the conversation, and whether you know of someone who can provide this support. Alternative forms of support are available if you can't identify a suitable person.

Having spoken to you and establishing that an assessment is required, First Point of Contact will either arrange an appointment for you to attend a Let's Talk Local session in your local community or, depending on your circumstances, you may be visited at home.

How do I prepare for my assessment?

Begin by thinking about what's working well for you at the moment and why these things are working well. Also, consider what it is you need to achieve to improve your wellbeing, and what could be in place to enable this to happen. For example, if you have difficulties meeting your personal care needs, what would make a difference? Have you tried using equipment/aids?

We'll work through your assessment with you to establish whether you have eligible needs and outcomes that are currently not being achieved. The outcomes we'll focus on are detailed on the last page, which is a summary of the eligibility criteria. When deciding which needs and outcomes are eligible, we'll establish what the actual barriers are to achieving these so that we can ensure that we tackle such barriers.

Who will be involved in my assessment?

One of our social care practitioners will be responsible for completing the assessment with you, and they'll also liaise with other professionals who may be involved in your care and support, such as a district nurse or your GP. You may want to have a family member present to support you through the assessment process too.

What will my assessment include/cover?

The assessment will identify your needs across ten outcomes which are set out in legislation, and will detail what the barriers are to you achieving these outcomes. It will also identify any health and safety concerns so that the necessary support can be put in place to keep you safe.

If you have support from a family member or friend, their input will be noted in the assessment, but will be disregarded when making a decision on your eligibility. So although a particular outcome may be identified as being eligible, where you receive support from a family member or friend it will be assessed as a need that is currently being met.

What happens if I'm a carer?

Carers have the same opportunity as those needing support to have a full assessment of their needs. The assessment process itself is much the same but the eligibility is slightly different. Please refer to the summary of eligibility at the end of this factsheet. Find more information for carers in Factsheet 5: Support for carers

How is a decision made on whether I'm eligible for support?

There are three stages to determining your eligibility for care and support, which are nationally set and detailed in the summary of eligibility at the end of this factsheet.

Stages 1 and 2 are specifically related to your identified needs and outcomes that can't be achieved. Stage 3 is where we measure the impact of such needs and outcomes, and decide whether there is or is likely to be a significant impact on your wellbeing.

We'll use the information that you provide during your assessment, information provided by professionals that may be involved and our own judgement to make this determination. You'll receive a copy of your assessment and have the opportunity to challenge a decision made on your eligibility by calling **0345 678 9044**.

Data protection

Everyone's personal information is protected by the Data Protection Act. This gives you the right to see your own information and ensures that your information is protected from being seen by people who shouldn't see it.

We make sure that the information we keep about you is:

- **Relevant** - we only collect information that we need in order to provide you with the service you require

- **Correct** - to help us do this please let us know of any change in your personal details, such as a change of address

- **Kept confidential** - from people who don't need to see it

You have the right to see the information that we hold about you. You can make a request at any time to see this information by talking to your social care practitioner, or by completing an online form. We'll only share information about you with others when it's necessary (eg with other organisations who can support you) when you have given us your permission to do this.

1. Needs	2. Outcomes	3. Wellbeing
The needs arise as a consequence of providing necessary care to an adult, and the carer is 'unable' to achieve the following:	**As a result of the carers needs, either:** A. the carer's physical; or mental health is, or is at risk of, deteriorating, or B. the carer is unable to achieve any of the following outcomes: i. carrying out any caring responsibilities the carer has for a child; ii. providing care to other persons for whom the carer provides care; iii. maintaining a habitable home environment; iv. managing and maintaining nutrition; v. developing and maintaining family or other significant personal relationships; vi. accessing and engaging in work, training, education or volunteering; vii. making use of necessary facilities or services in the local community including recreational facilities or services; viii. engaging in recreational activities	As a consequence, there is or is likely to be a significant impact on the carers wellbeing, including: a) personal dignity (including treatment of the individual with respect); b) physical and mental health and emotional well-being; c) protection from abuse and neglect; d) control by the individual over day-to-day life (including over care and support provided and the way it is provided); e) participation in work, education, training or recreation; f) social and economicwell-being;

1. Needs	2. Outcomes	3. Well-being
The adult's needs arise from or are related to a physical or mental impairment or illness	As a result of the needs, the adult is unable to achieve two or more of the following: a) managing and maintaining nutrition; b) maintaining personal hygiene; c) managing toilet needs; d) being appropriately clothed; e) maintaining a habitable home environment; f) being able to make use of the home safely; g) developing and maintaining family or their personal relationships; h) accessing and engaging in work, training, education or volunteering; i) making use of necessary facilities or services in the local community including public transport and recreational facilities or services; j) carrying out any caring responsibilities the adult has for a child.	As a consequence, there is or is likely to be a significant impact on the adult's wellbeing, including the following: a) personal dignity (including treatment of the individual with respect); b) physical and mental health and emotional well-being; c) protection from abuse and neglect; d) control by the individual over day-to-day life (including over care and support provided and the way it is provided); e) participation in work, education, training or recreation; f) social and economic well-being; g) domestic, family and personal relationships; h) suitability of living accommodation; i) the individual's contribution to society.

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