



Health and Adult
Social Care Overview
and Scrutiny
Committee

Item

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 supplying 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 managers 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 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 completing 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.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>
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<p>None</p>

<p>Cabinet Member (Portfolio Holder)</p>

<p>Cllr Lee Chapman</p>

<p>Local Member</p>

<p>Appendices:</p>

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| <p>1. Quality Assurance Framework document</p> |
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adult-social-care-quality-assurance-framework



Factsheet 5.pdf



Factsheet 6.pdf

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| <p>2. Factsheets 5 & 6</p> |
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