



Essex County Council
Adult Social Care

Making the difference every day



Adult Social Care Quality Assurance Framework

Setting out the Quality Assurance mechanism governing Adult Social Care.

April 2024

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Tracking

Title:		Quality Assurance Framework, ASC	
Purpose:		To set out the Quality Assurance mechanisms governing Adult Social Care	
Approved by:		Nick Presmeg, Director of Adult Social Care services	
Guidance for:		All Adult Social Care staff	
Author/s:		Tanya Moore and Giles Goodeve	
Date Issued:	Version:	Summary of Changes	Author(s)
December 2022	1.0	Refresh of previous Quality Assurance Framework	Elaine Oxley, David Williams and Giles Goodeve
April 2024	2.0	Refresh of previous Quality Assurance Framework	Tanya Moore and Giles Goodeve
Next Review			
		Review at March 2026 or earlier if required and then annual cycle of review.	

Introduction

We work to support people in Essex to have maximum choice and control over their lives. We aim to do this in a sustainable way. To enable this, we're committed to offering a person centred, responsive, risk sensible and well led service.

To underpin this, we have a clear practice model (Appendix A), supported by robust practice expectations (Appendix B). This supports our staff to practice in accordance with our practice principles and statutory duties.

Vision



Citizenship



Choice



Sustainability

Everyone in Essex should have choice and control over their own lives. We will support people to do this in a sustainable way.

With the right support, everyone can achieve some independence.

We want to support people to maximise their own potential for control over their lives

Our Quality Assurance Framework seeks to identify and celebrate successful practice and shares this across our system and partner organisations. Our practice standards offer a benchmark against which we can assess our own practice. We want to learn from practice so have embedded these robust Quality Assurance Framework and Quality Control assurance arrangements within Adult Social Care.

What is Quality Assurance?

Quality assurance is a means of establishing confidence in a service.

It's an ongoing cycle that applies a systematic approach to examining our practice and making necessary improvements. Quality assurance sets standards for how we work and establishes mechanisms to monitor the quality of what we do. It also creates a positive, responsive culture across our services in which we listen to the people who use our services so we can understand what they know to be important.

Integral to quality assurance is an open sharing of and active response to the learning gleaned. In ASC, this is at both organisational and individual practitioner level. Our framework supports both individual and organisational learning. It's a supportive and reflective process that provides assurance on the legal compliance and quality of our practice to citizens of Essex and to the ASC Practice Governance Board.

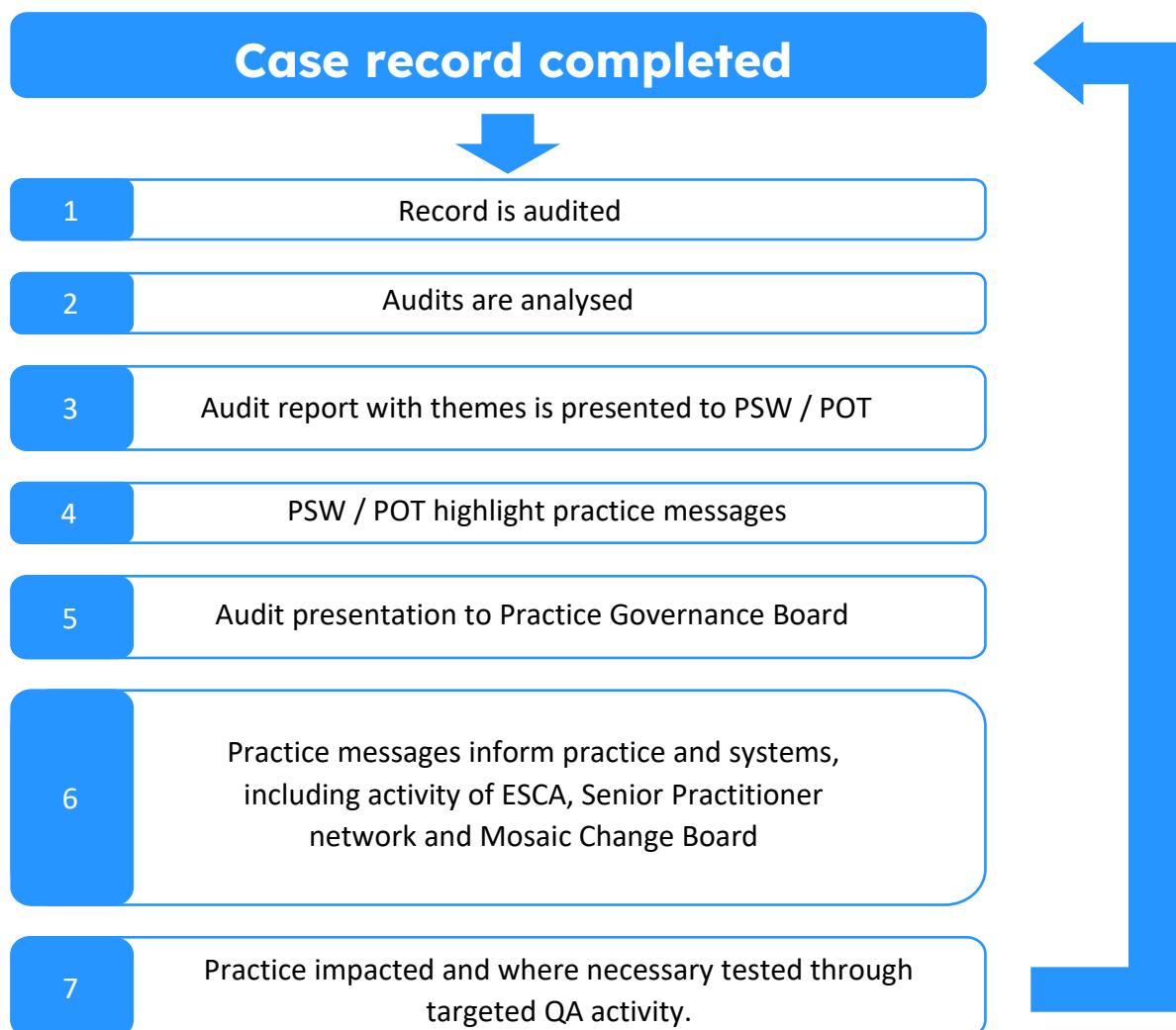
Assurance, CPD and learning relationship

There is a critical role between learning from all assurance, development, and practice quality activity.

The ESCA and the Quality Assurance Teams work closely to ensure learning and intelligence from assurance activity and Continued Professional Development (programmes informs the approach of both to ensure a rounded overview of practice quality in Adult Social Care.

Quality Assurance learning cycle

The cycle below demonstrates how we undertake quality assurance activity and how we make practice changes.



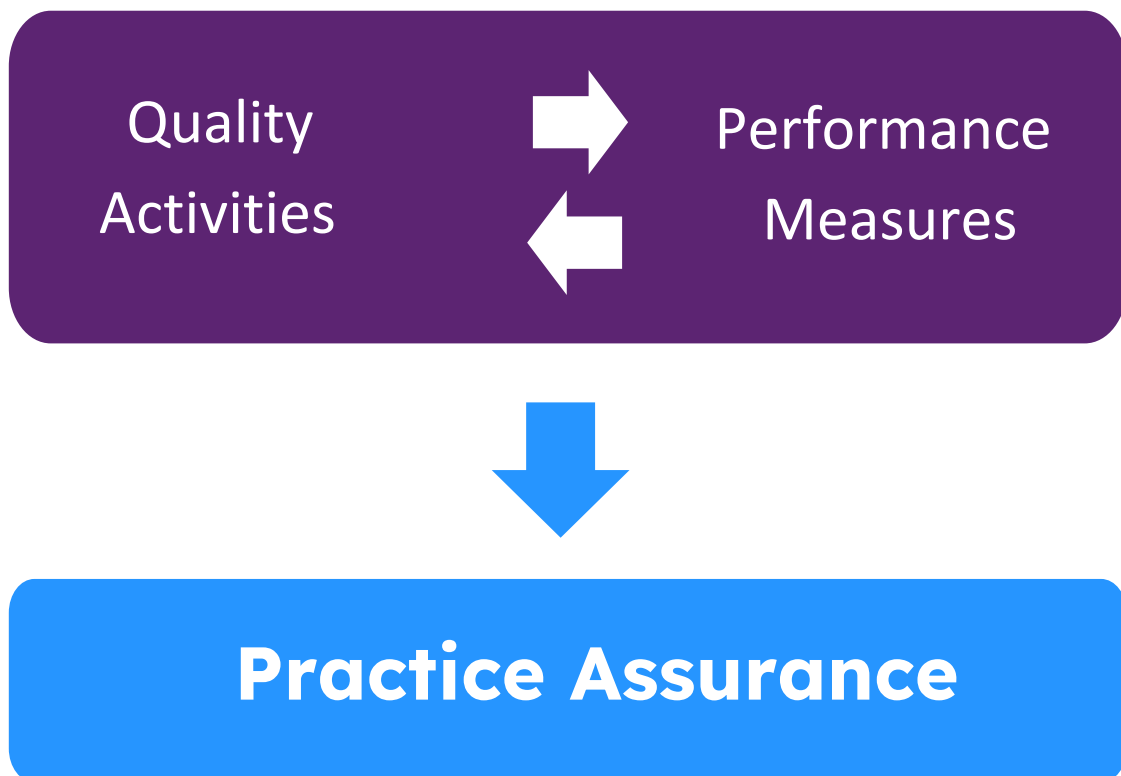
Professional standards

The service standards and professional standards to which we work are determined by:

1. The Nursing and Midwifery Council
2. Care Quality Commission
3. Social Work England
4. The Behaviour Analyst Certification Board
5. Royal College of Occupational Therapy
6. Health and Care Professionals Council

Practice Assurance & performance measures

The relationship between quality activities and performance will lead to overall assurance of Adult Social Care practice and our delivery against statutory duties.



Quality Assurance annual activity plan

The Quality Assurance Plan sets out the key tasks that will be completed each year:

Case Audits

Detail	Frequency	Outcome
<p>Application of the following audit tool types to case records:</p> <ul style="list-style-type: none"> • Care Act assessments. • Care Act Reviews. • Mental Capacity Act assessments. • Safeguarding concerns / s42 enquiries. 	<p>Cycle of 8 audit periods per year:</p> <p>120 per audit cycle quadrant / countywide audits completed = 960</p>	<p>An understanding of what recorded practice looks like and to what extent identified practice requirements are being met.</p>

Deep Dive Case Audits

Detail	Frequency	Outcome
<p>Themed / deep dive audits to be completed based on themes / trends developing.</p>	<p>As required based on issues highlighted by the regular audit cycle.</p> <p>As directed by PGB.</p>	<p>Give PGB the opportunity for a more in-depth analysis.</p>

Experience of people drawing on services

Detail	Frequency	Outcome
<p>This will be a combination of options to gain peoples experiences. These include larger scale surveys (completed externally) and smaller bespoke feedback from people (completed from within ASC).</p>	<p>Minimum quarterly.</p>	<p>Quarterly and annual assurance that ASC is listening to people's experiences.</p> <p>Learning collated and actions taken as a result.</p>

Compliments, complaints, LGO investigations and learning

Detail	Frequency	Outcome
<p>Review data on themes / trends across compliments and complaints on a monthly / quarterly basis.</p> <p>Identify key highlights / learning; triangulate with other activity.</p> <p>Consider published LGO decisions: case review and learning to PGB.</p>	Quarterly	Organisational self-reflection and learning.

Audit the auditor

Detail	Frequency	Outcome
Audit workshops to embed the methodology on audit and develop good practice	At least quarterly	To ensure consistency of practice audit approach.

Team Diagnostics

Detail	Frequency	Outcome
<p>To cover all ASC operational practice teams on a rolling 1.5 – 2-year cycle.</p> <p>Plan to review current operating plan for diagnostics.</p> <p>Consideration of whole quadrant / Countywide areas diagnostics.</p>	4 x per year	The opportunity for self-reflection and use the learning that is gained to improve practice.

Professional supervision

Detail	Frequency	Outcome
Supervision audit to be completed annually to assess consistency of supervision across ASC	Minimum annually	Consistency of the supervision offer.

Observation and feedback on practice

Detail	Frequency	Outcome
Regular individual audited case file feedback to staff built into supervision.	Cycle of observation periods – at least once annually	Individual critical self-reflection of practice.

Case audits

The Quality Assurance plan is based upon a regular cycle of practice audits. These take place on a six-weekly basis and harness practice learning at both individual and organisational level.

Individual Case Audit Cycle



Methodology

Terms of reference are established for each audit to clarify the purpose and what it seeks to understand about practice. These terms also outline the methodology of the audit and contribute to the design of the audit tool.

Cases for audit are randomly selected by the QA team. Audit allocations are sent out to Service Managers to be allocated to registered professionals at the level of Senior Practitioner and above.

Care is taken to ensure the same worker is not audited several times in a row and that the Mosaic record hasn't been audited previously.

Audit tools have been developed to set specific, measurable, and achievable criteria underpinning the standards of best practice. They focus on the following key areas:

7. Individuals' involvement – the voice of the person
8. Quality of practice – actions and decisions taken by practitioners
9. Impact of practice – achieved outcomes

All audits are completed and submitted electronically and are collated and analysed by the Practice Quality Team. For any enquiries relating to practice audit, the team can be contacted by email at ASC.QualityAssurance@essex.gov.uk

Audit grading

Auditors are required to make a professional judgement on the overall level of quality of the work. This is based upon the information in the document(s) examined and may include the assessment and other evidence such as case notes.

The auditor should consider the principles of the Essex Lives practice model and ask themselves whether these are reflected in the work being audited. The auditor should also consider whether there are areas for improvement and learning. Audit forms include a series of 'yes' 'no' questions for the collation of quantitative data but also free text boxes for the inclusion of individualised feedback that will create qualitative data.

The auditor should hold in mind four quality aspects:

- The person's participation and voice
- Quality of the practice
- The impact of practice
- Quality of the recording

There are four grades available; auditors are asked to explain their rationale and justify the grade through the application of their professional judgment and their knowledge of legislation and ASC policy and guidance.

Grading Outcome	Grading Description
Requires improvement	<ul style="list-style-type: none"> Practice is insufficient or lacking in professional insight and analysis. There is a lack of reference to the application of relevant legislation and organisational guidance. Work is poorly structured and recorded. Limited or no evidence of the person's voice or involvement in the assessment.
Adequate	<ul style="list-style-type: none"> Some evidence of professional practice backed up by application of relevant legislation and organisational guidance. Some evidence of involving the person, and collaborative working. Quality of recording could be improved
Good	<ul style="list-style-type: none"> Evidence-based professional practice with the application of relevant legislation and organisational guidance. Outcomes are clearly defined. The person has been supported to participate, and the work includes their views and wishes. Recording is clear, consistent, and well-structured. There is evidence of impact and professional decision-making.
Outstanding	<ul style="list-style-type: none"> As with a 'good' grade but with evidence of exceptional professional practice, competence, and decision-making. The work has in-depth case analysis of the person's circumstances, with innovative interventions to enhance the wellbeing of the person, utilising their skills and assets to minimise risk, disadvantage, and adversity.

Requires improvement

All audits graded as 'requires improvement' will be reviewed and monitored by the Practice Quality Team. Corrective action may need to be taken by the relevant team manager and this will be discussed during a six-weekly meeting with the Practice Quality Team and the Principal Social Worker. This is to ensure that risk is sufficiently managed, practice is legally compliant, and the person has received satisfactory care and support. Additionally, if

concerns are raised that there has been an injustice to the person receiving support, that actions have been taken to address this.

Audits that have been graded as 'requires improvement' will also be discussed with ESCA so we can ensure practitioners have completed the relevant training and are offered additional support where needed.

Work that receives a 'good' or 'outstanding' grade may still have learning points highlighted in the audit.

Auditor feedback and reflection

Once a case is identified for audit, at the same time as the auditor receives notification, the practitioner is emailed, with a request to complete their self-reflection on the case. Once the auditor has decided on grading and completed the audit, the feedback should be shared with the practitioner, ideally via a reflective conversation with their line manager.

Audit feedback should be supportive and constructive. Feedback should be based upon evidence from practice reviewed as part of the audit and not upon any previous experience of the worker or prior knowledge of the case. Feedback should include recommendations for improvements, including how this could achieve a higher grading.

The returned audits are sent to the Practice Quality Team, where the data is analysed to identify practice themes and observations for learning.

Moderation

Moderation ensures that an audit grade is fair and reasonable. It considers whether the audit grading criteria has been applied consistently, whilst also examining the quality of the practice and the audit itself, including whether the feedback is constructive and identifies strengths as well as learning.

Moderation of a sample of 20% of all case audits is completed each cycle by the Practice Leads. These are moderated as a group in order to assure the moderation process itself.

The learning highlighted from moderation is shared with the Service Manager for Practice Quality and the Principal Social Worker. Any identified learning or concerns are shared with the relevant team or auditor.

Learning from moderation can also be used for future audit workshops with auditors where all audit data is anonymised and no data identifying people that use services or practitioners or auditors is published.

Escalation procedure

Where practice, action or inaction causes concern, auditors are required to do the following:

- Contact the relevant team manager to discuss their concerns. This should be noted as part of the audit.
- In the absence of the relevant team manager, the auditor should contact the relevant Service Manager. This should be noted as part of the audit.

Reporting and sharing findings

Audit findings are shared each cycle via a summary report and highlights report. These are presented to Practice Governance Board and the Senior Practitioner's Network for wider dissemination across the service.

The highlights report includes practice resources and audit themes and is presented to the Senior Practitioner's Network. It's also shared across the service via the Practice Quality newsletter.

The summary report is presented to the Practice Governance Board and includes monthly comparative quantitative data, as well as learning and resources.

The full data set comprises analysis of quantitative and qualitative data, as well as moderation and the PSW/POT practice message. Quadrant outcomes are sent to quadrant and Countywide Directors and Service Managers.

Additional and bespoke reports are produced as required.

Practice issues identified in audits inform the development and review of policies and guidance. Relevant guidance is shared alongside reports to remind staff of organisational procedures.

Implementing and sustaining change

Learning identified in audits and moderation must be addressed and implemented in practice following audit. Further audits will be completed to analyse whether changes have been implemented and improvements have been made.

All assurance activities provide data and qualitative information about the standard of practice. The collated analysis from these assurance tools will be triangulated with an overview and practice "picture" to be shared for consideration at the Practice Governance Board.

Links to Key Documents

- [Core Practice Guidance](#)
- [Practice Management Standards](#)
- Practice Governance Board

[Terms of reference](#)

[Structure](#)

- [Practice Learning across ASC](#)

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