

Adult Social Care Practice Quality Framework

Issued by: Adult Social Care – Somerset Council

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Introduction to the Practice Quality Framework

Social care, at its best, enables and transforms lives. Within Adult Social Care (ASC) in Somerset, we are committed to supporting people to live the lives they want to lead, where they want to live them.

Our vision in Adult Social Care is for people to be able to live in the place they call home, with the people and things they love, in communities where people look out for one another, doing what matters to them.

We want people in Somerset to be able to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient support when they need it.

Our 2023-2026 Strategy centres on the delivery of the following four priority areas:



The Somerset Practice Quality Framework (PQF) is aligned to our Strategy and sets out clear expectations for the Adult Social Care workforce.

It compliments professional standards for registered professionals and forms a clear 'Somerset' framework for adult social care, including occupational therapy and social work, and forms an important part of our approach to social care governance and quality assurance.

Quality assurance is the responsibility of all who work in social care. Depending on our role, we are accountable in different ways for the decisions we make. At the heart of all the decisions we make, should be the best outcome for the individual, and consideration of a reasonable distribution of finite resources.

The PQF has been co-designed with people and carers with lived experience. Our practice standards have also been informed by the 'Think Local Act Personal –

Making it real “I” statements’ of people who draw on services, to ensure we keep people and their wellbeing at the heart of our work.

Quality Assurance

Practice standards within the PQF set out what good looks like. Audit tools, linked to the 10 practice standards, provide assurance that our priorities and professional standards are being met, that practice is safe, effective, and ethical, and that the voices of people accessing services are heard. The PQF also enables us to identify areas for improvement.

The purpose of the quality assurance programme within the PQF also enables:

- Our standards to be embedded through evaluating and reflecting on our work, recognising strengths, and continually learning and improving practice.
- It promotes and embeds a culture of learning and excellence and promotes critical thinking and professional curiosity.
- It ensures triangulation of practice with the views of people who access services and performance data, to provide a broader understanding of the quality of practice in Somerset.

The PQF will be supported by core and additional training set out in the ASC Learning and Development Strategy. The Strategy will be reviewed at least annually and will be informed by practice priorities identified as part of the PQF quality assurance process.

Our 10 Practice Standards

The 10 standards set out the way we work with the people of Somerset and the behaviours, skills, and approaches we demonstrate. It is the responsibility of all our staff at all levels of the organisation - from directors to frontline practitioners - to embrace, promote and model the approaches outlined in this framework.

Standard 1	Working with people
Standard 2	Case recording
Standard 3	Strengths-based assessments
Standard 4	Working with risk
Standard 5	Personalised care and support planning
Standard 6	Reviewing care and support plans
Standard 7	Decision making
Standard 8	Safeguarding people
Standard 9	Equality, diversity and inclusion
Standard 10	Supervision

Standard 1 – Working with people

[Standard 1 Quality Assurance audit link](#)

What people can expect:

- “I feel fully involved in my social care conversations and any arrangements”
- “I am listened to and my views and wishes are understood and respected”
- “I am kept informed and updated along the way and I know who to contact and how to contact them”

What people in Somerset want:

- “I want proper conversations – not box ticking/scripted”
- “Workers who are easy to contact”
- “Empathy, understanding, patience”
- “To gain knowledge of the family”
- “To be heard and listened to. Being there for me”
- “Sensitivity when going to someone’s home”
- “Kindness”
- Consistency (allocated worker)
- Knowledge of the needs of the person (i.e. dementia)
- Knowledge about what services are available for support
- To give a name for future contact
- To know who you are going to see

Our standards

- We will endeavour to build positive relationships, to work as equals, being open and transparent about power inequalities, and, through honest conversations, nurture relationships based on trust, kindness and respect.
- We will communicate clearly in a way that invites people to be fully involved, listening hard to understand lived experiences, narratives, culture and wishes, and to discover what matters to people, so that their voice is at the centre of all we do and can be evidenced in records and documents.
- We will ensure all written letters and documents are clear and precise, avoiding confusion or misinformation. We use plain jargon free language, or other accessible methods of communication, to support people to understand what is being explained or discussed, making sure they have the right information, at the right time, to empower people to make informed decisions.
- We will celebrate the individual strengths of each person and their close networks, through listening to how they have managed and survived, and how they want to live.
- We will ensure people know who to contact and how to contact them, in a way that works for them. We respond to people promptly, keep them informed and updated on progress or changes, and seek to resolve any disagreements quickly.

Standard 2 – Case recording

[Standard 2 Quality Assurance audit link](#)

What people can expect:

- “I have records kept about me and my social care needs that are accurate, concise and relevant. They are written respectfully and they are clear enough that I don’t have to tell my story more than once”

What people in Somerset want:

- “I worry what information is held about me and am concerned that it will be shared”

Our standards

Our case recording standards apply to all records we keep and to our written communication and documentation, including case notes, assessments, support plans, letters and emails.

- We will ensure all our recording is of a good standard, including grammar and spelling. They are written in plain language with no abbreviations or acronyms.
- We will ensure records are always person-centred and capture the wishes, feelings, views and culture of the person, and/or relevant others throughout.
- We are accountable for all our professional decisions by ensuring all decision making is defensible and clearly recorded. We ensure our records are accurate, objective, and clearly define between fact and professional opinion, with valid supporting evidence.
- We ensure our case notes are written within 48 hours of the contact.
- We utilise case summaries, transfer summaries and closure summaries at relevant intervals to ensure clear summaries for colleagues and prevent the need for people to have to retell their stories.
- We maintain records within the legal frameworks of Data Protection Act 1998, GDPR and Caldicott principles, legal professional privilege and Accessible information standards.
- We document a clear rationale for key decisions made.

Standard 3 – Strengths-based assessments

[Standard 3 Quality assurance audit link](#)

What people can expect:

- “I am supported by people who see me as a unique person with strengths, abilities and aspirations”
- “The people supporting me listen carefully, so they understand what matters to me”
- “I am empowered to be independent and live a life I want, for example having support to manage my health and wellbeing in a way that makes sense to me”

What people in Somerset want:

- “You need to know my strengths, and what you can do, not what you can’t”
- “To assist me in some way forming a support network”
- “For Adult Social Care to support overcoming obstacles in my way”
- “To know what questions to ask and not accept “I’m fine””
- “Build a relationship. Know me well”

Our standards

- We make assessments that seek to understand the person’s lived experiences, culture, needs, wishes, preferences, and outcomes, and that are proportionate to the person’s presenting circumstances.
- We recognise that people and families are experts in their own lives. We engage with people in conversations with therapeutic use of self and with awareness of power inequalities and privilege.
- We focus on what is strong in the person’s life, including strengths that have enabled them to survive, and the impact their care and/or support needs have on their wellbeing.
- We aim to understand the person’s aspirations, their relationships, culture, their lived experiences including experiences of trauma and oppression, and explore opportunities to sustain and develop networks of support.
- We aim to prevent, reduce and delay needs wherever possible, encouraging people to identify their own solutions, and seeking local support networks and community options as well as formal provision.
- We involve specially trained staff where necessary for specialist assessments, such as for deafblind assessments or autism.
- We take a whole family approach, including exploring the impact of the person’s needs on children, carers and others in their network. We are alert to where there could be safeguarding concerns.
- We clearly identify a person’s care and support needs in our assessment and care plan documents, including the impact of unmet needs, and provide them with a copy in a format that is accessible for them. We are clear which needs are eligible for Council funded support and those which are not, and why.

Standard 4 – Working with risk

[Standard 4 Quality Assurance audit link](#)

What people can expect:

- “I am supported and enabled to consider any risks I maybe taking or deciding to take. People working with me enable me to explore what could go wrong and what to do if nothing does go wrong, so that I can decide if it is a risk worth taking”
- “I am supported by those around me to have a balanced approach to my rights and taking risks”

What people in Somerset want:

- “Life is difficult. Social Workers needs to know this”
- “It is hard enough coming to terms with a disability but being reliant on care agencies is about survival. It would be nice to actually LIVE once in a while. Life has no spontaneity anymore”
- To help sift through to get to the nub of issues and clarify the situation”

Our standards

- We recognise that taking risks is part of life and can bring positive outcomes through approaching risk in a strengths-based way. Helping people to understand risks can empower them to make informed choices. We co-producing risk assessments and action plans, capturing the wishes, feelings, and views of the person, and/or relevant others.
- We discuss and explore risk throughout our assessment conversations, support planning, and reviews. We use risk assessment tools, where needed and useful, to support understanding and ensure robust, proportionate and appropriate recording.
- We ensure that we review relevant history and speak with other professionals and people in the person’s networks to identify incidents, patterns, or concerns where the nature of risks relate to the person or others. This includes those in the support network, adults at risk, and children.
- We ensure, where risks are identified, that the person’s mental capacity to make a specific decision in relation to risks is evidenced in their records. This includes their right to take risks, even if we feel it is unwise.
- We work together with the person, their circle of support (including care providers and other professionals) as appropriate to minimise, share and manage risks. This enables a balanced approach to risk, rights, choice, and control that focuses on the outcomes for the individual person. We acknowledge and record that where residual risks remain, everything possible has been done to mitigate risks, and review risks regularly.

Standard 5 – Personalised care and support planning

[Standard 5 Quality Assurance audit link](#)

What people can expect:

- “I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals. I am in control of planning my care and support. If I need help with this, people who know and care about me are involved. I am valued for the contribution that I make to my community. I have a place I can call home, not just a ‘bed’ or somewhere that provides me with care.

What people in Somerset want:

- “To live independently with my family”
- “Carers assessments and carers needs. Listening to what carers say and believe us”
- “Doing what you say you will do and getting back to us”
- “Asking what I want and need”
- “Being clear what you can help with and what you can’t help with”
- “Provide time for carers to offload personal feelings, and give empathy and understanding, Listen!”

Our standards

- We will take active steps to invite people to feel safe in their interactions with us and aim to build trust. We recognise that this can take time and will work at the person’s pace. We will seek to understand how people have survived, and continue to survive, their lived experiences of adversity, oppression and trauma, and how these experiences can impact on forming and maintaining relationships.
- We are clear that our role in support planning is to meet people’s eligible needs under the appropriate legislation, e.g., Care Act 2014 S.10, Mental Health Act S.117, National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care
- We believe in supporting people to lead meaningful lives and working with them to find ways to meet their needs, rather than focusing on the provision of services. Alongside developing a care and support plan to meet eligible needs, we are creative and do not just focus on eligible care and support needs.
- We develop care and support plans, in plain language or other accessible formats, linking them, where necessary, with other plans, (such as the care plans of carers or family members, or Education, Health and Care plans).
- We ensure people are informed of the personal budget agreed for them, the outcomes it is linked to, and their own financial contribution.
- We focus on helping people meet their outcomes and aspirations creatively, rather than focusing on time and task-based activities.
- We always give people a copy of their plan and share it with relevant others with the persons consent.

Standard 6 – Reviewing care and support plans

[Standard 6 Quality Assurance audit link](#)

What people can expect:

- “I have a review of my care and support plan 6-8 weeks after it has commenced, and then at least every 12 months”
- “I can request a review sooner when there is a change in my needs or circumstances, my outcomes, or my plan”
- “I am supported through conversations to review my care and support needs, personal outcomes and plan how effectively they are meeting my personal aspirations”

What people in Somerset want:

- “Having time to talk”
- “Sometimes feel like banging my head against a brick wall. I need people to get back to me”
- “Following things through to the end”

Our standards

- We have person centred, outcome focused review conversations, that are accessible and proportionate to the person and their needs.
- We reflect on what is working, what is not working and what may need to change during our review conversations. We consider whether the person’s outcomes have been met and whether new outcomes need to be explored.
- We ensure the person is at the centre of their review, involving people of their choice, advocates and/or the relevant person’s representative where appropriate and relevant.
- We ensure that, where a person’s circumstances and/or needs and budget have changed significantly, a reassessment is carried out.
- We consider the quality of care that is commissioned for the person, asking them and ourselves ‘is it of good quality?’ We are all responsible for reviewing the quality of care and support and reporting any concerns.
- We ensure review conversations take place 6 – 8 weeks after a support plan is first implemented, and then as required for the individual’s circumstances, ensuring that reviews are no longer than 12 months apart. We recognise that reviews can prevent escalating needs, risk and crisis situations.

Standard 7 – Decision making

[Standard 7 Quality Assurance audit link](#)

What people can expect:

- “I have the information I need when I need it to help me make decisions. No decision will be made about me without me. When a decision is made on my behalf it is made considering my views and wishes and made in my best interests. I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health”

What people in Somerset want:

- “We have had excellent support, caring and understanding of our family circumstances, and compassion and help to try to make the right decisions for all involved”
- “Sometimes the carers do not really understand the decisions taken”
- “Show and suggest things to me, never pushing, just explaining and allow me to make my own decisions”

Our standards

- We support people’s right to make their own choices, ensuring they have all relevant information at the right time to enable them to make well informed decisions even if others may think they are unwise. We explore any risks around specific decisions with the person and record these and our discussions on the relevant risk assessments.
- We assume people have the mental capacity to make specific decisions unless it is established that they do not. Where a person does not have mental capacity to make specific decisions, we ensure that a suitable person or advocate is engaged at the earliest opportunity to ensure the person’s voice is heard, and we ensure that any decisions made on behalf of a person who lacks capacity are person centred, the least restrictive of their rights and freedoms, and always in their best interests.
- We facilitate supported decision making by ensuring the use of advocacy and person-centred approaches relevant to the person’s needs, for example, communication support such as communication aids/tools, interpreters, speech and language therapy. We consider factors such as time, place, support and confidentiality.
- We ensure mental capacity assessments always follow the 5 principles, and are clearly evidenced and recorded, in the person’s records.
- We ensure that differing views, disputes, or disagreements are clearly recorded and resolution and / or mediation is sought as soon as possible. We follow relevant practice guidance and refer to formal dispute resolution

where necessary through the appropriate service e.g. Local Government Ombudsman, Office of the Public Guardian or Court of Protection.

- We use professional curiosity, critical thinking and analysis to make sense of a person's situation, understand what is happening, or has happened, and the implications for them. We critically reflect and analyse available evidence to inform decisions and communicate/record a clear rationale for decisions. Management support /oversight is sought when necessary.
- We ensure best interest decisions are made by the appropriate decision maker relevant to the specific decision, taking into account past wishes, advance decisions and ensuring that the decision maker has the necessary authority to make such a decision, e.g. relevant professional, Lasting Power of Attorney, Court of Protection.
- We ensure decision making is inclusive. Decision-making considers equality, protected characteristics, rights, social justice and is within relevant legal or policy frameworks. Decision-making is also consistent with the principles of the Ethical Framework for Adult Social Care; respect, reasonableness, minimising harm, inclusiveness, accountability, flexibility, proportionality and community.

Standard 8 – Safeguarding people

[Standard 8 Quality Assurance audit link](#)

What people can expect:

- “I am asked what I want the outcomes to be from the safeguarding work, and my views directly inform what happens”
- “I receive clear and simple information about what abuse is, how to recognise the signs, and what I can do to seek help. I get help and support to report abuse and neglect. I am sure that the professionals will work in my interests, as I see them, and they will only get involved as much as needed”.
- “I get help so that I can take part in the safeguarding process to the extent to which I want. I know that staff treat personal and sensitive information in confidence, only sharing what is helpful and necessary”.
- “I am confident that professionals will work together, and with me, to get the best result for me. I understand the role of everyone involved in my life and so do they.”

What people in Somerset want:

- “Believing what I say is very important to me”
- “It was good to know there are other options available to me than pressing charges against my son”
- “Treat me with respect and dignity. Give me choices and hope”

Our standards

- We are all responsible for recognising, responding to, and reporting safeguarding concerns for adults or children in line with local procedures and legislative duties. We take a whole family approach to safeguarding considering the needs of others who may also be at risk. We make sure that when an alleged perpetrator is a child, an adult at risk, or a carer, their needs are also addressed
- We seek to understand what will enable the person to feel safe by using a trauma informed, strengths-based approach and ensuring there is focus on what the person can do to keep themselves safe. We seek views of others and record clearly where this isn't possible or safe. Making Safeguarding Personal informs how we work with people.
- We actively facilitate advocacy when needed for enquiry work, meetings, planning, or reviews, to assist the person to be involved and where possible, to make decisions.
- We ensure professional involvement in a person's life is proportionate and provide the least intrusive response appropriate to the risk presented, whilst maintaining professional curiosity throughout.
- We ensure the person's desired outcomes are identified early and encourage people to make their own decisions.

- We take a shared responsibility for exploring and managing risk, developing 'keeping safe' strategies, and co-producing person-centred risk assessments and plans.
- We make sure that where any protective actions are declined, they are recorded with clear reasons and shared with the person and relevant others.

Standard 9 – Equality, diversity and inclusion

[Standard 9 Quality Assurance audit link](#)

What people can expect:

- “I feel valued and included for the contribution that I make to my local community. I am treated with dignity and respect. I feel welcome and safe in my local community and can join in community life and activities that are important to me. I feel safe in my home which is designed so that I can be as independent as possible. I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture. I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want”

What people in Somerset want:

- “To participate in an informal role to support others – feel useful, feel included and accepted with a group of others in a similar situation to me”
- “To attend monthly workshops, to get involved and feedback”
“Ask us face to face for feedback”

Our standards

- We make no assumptions and work with all people as individuals with dignity and respect. We are acutely aware that individuals will have diverse lived experiences that may include experiences of oppression and trauma. We take an anti-oppressive, anti-racist and trauma informed approach to working with people.
- We work flexibly, thinking about how we can work differently with people and reflecting critically on our use of self.
- We demonstrate anti-oppressive, anti-discriminatory and anti-racist practice and we do not support or accept discrimination to or from others.
- We use critically informed reflection to mitigate bias. We are committed to continuous personal learning to inform how we develop and deliver services.
- We commit to an inclusive culture, which is reflected in our practice and direct work with people and the communities within which we work, recognising identity as integral to a person’s wellbeing.
- We are committed to developing an environment which attracts and retains a workforce that is diverse and reflective of our communities, understanding that the more differences we have, the greater our ability to connect with the people we work with.
- We are committed to working in an environment which actively seeks meaningful feedback, where we continuously learn and where quality is genuinely improved on this basis of listening to others.

Standard 10 – Supervision Standards

[Standard 10 Quality Assurance audit link](#)

What people can expect:

- “I am supported by people who see me as a unique person with strengths, abilities and aspirations. I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want”.
- “I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health. I have considerate support delivered by competent people”.

What our staff and managers can expect:

- Regular supervision that has wellbeing at its core, facilitates critical reflection, is person-centred, realistic and purposeful
- Supervision ensures people remain at the heart of the conversation.
- It ensures accountability, performance management, continued professional development, and a positive learning culture.
- Staff and managers continue to develop professional, organisational and personal capabilities which promote and maintain the quality and effectiveness of their work.

Our standards

- We ensure supervision is valuable and a priority for both supervisees and supervisors. Supervisors demonstrate compassionate leadership, anti-oppressive and anti-racist and trauma informed approaches to supervision.
- We ensure all staff receive regular, practice-focused supervision in accordance with our supervision policy.
- We ensure supervision includes:
 - staff wellbeing and feedback from supervisee
 - recognition of strengths and successes
 - quality critical reflection of practice/performance
 - continued professional development plan
 - workload and progress against agreed priorities
 - cross reference to (professional) competency frameworks
 - records any management/HR data or issues including performance management, professional registration and annual leave etc
- We make and keep written supervision records, using the templates and tools provided. They are signed and shared by both supervisor and supervisee and kept in a secure file.
- We ensure that all staff critically reflect on their practice/performance and that this is evidenced and recorded in supervision notes, alongside the key learning and practice development taken forward.

- We ensure a high quality of supervision by regularly asking staff about their experience, receiving assurance and oversight through annual audits led by the Principal Social Worker, Principal Occupational Therapist and Strategic managers.

Quality Assurance: Audit Guidance

The outcomes of practice quality audits will be presented to the Practice Quality Board (PQB), chaired by the Principal Social Worker and Principal Occupational Therapist. The PQB will identify practice priorities that will inform work across Adult Social Care in Somerset, including the work of the Senior Leadership Team, Practice Development Advanced Practitioners and Learning and Development Advanced Practitioners. Identified practice priorities will also inform training and CPD opportunities provided by Learning and Development.



Audit Timetable

The audit timetable is a rolling programme of monthly audits linked to the 10 Practice Standards.

It will commence from September 2023, missing out December and August in recognition of key holiday periods.

Additional audits may be requested via the PQB in response to emerging practice priorities identified by the Board.

The PQB will review the audit timetable in August 2024 and consider standards to be audited during the following year.

In addition to the audit timetable, managers and practitioners across Adult Social Care, may choose to use the audit tools to complete further audits, for example to explore an area of practice in teams or as part of the supervision process.

ASC Practice Standards Auditing Timetable										
Month	Sept	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun	Jul
Stnd.	1	2	3	4	5	6	7	8	9	10
Role:										
Dir	1	1	1	1	1	1	1	1	1	1
SM	2	2	2	2	2	2	2	2	2	2
SVM	2	2	2	2	2	2	2	2	2	2
AP	2	2	2	2	2	2	2	2	2	2
PDAP	6	6	6	6	6	6	6	6	6	6
SW	1	1	1	1	1	1	1	1	1	1
	SA	PA	SA	PA	SA	PA	SA	PA	SA	PA
OT	1	1	1	1	1	1	1	1	1	1
	SA	PA	SA	PA	SA	PA	SA	PA	SA	PA
ASCP	1	1	1	1	1	1	1	1	1	1
	SA	PA	SA	PA	SA	PA	SA	PA	SA	PA
OTA	1	1	1	1	1	1	1	1	1	1
	SA	PA	SA	PA	SA	PA	SA	PA	SA	PA
MOD	2	2	2	2	2	2	2	2	2	2

Role Key:

SD	Directors
Strategic Manager	Strategic Managers / PSW / POT
SVM	Service Manager
AP	Advanced Practitioner
PD AP	Practice Development Advanced Practitioner
SW	Social Worker
OT	Occupational Therapist
ASCP	Adult Social Care Practitioner
OTA	Occupational Therapy Assistant
SA	Self-audit
PA	Peer audit
MOD	Moderator – L&D Advanced Practitioners

Audit Methodology

There are no exclusion criteria for audits. This recognises that the practice standards are applicable across all teams and specialisms in Adult Social Care, and that there is potential learning irrespective of the amount of work that has been completed, and which is documented within case records.

Standard 8, Safeguarding People, will be audited across all teams reflecting that safeguarding people is a core responsibility for all within Adult Social Care.

Audit Methodology for Managers and Advanced Practitioners

1. A random sample of cases will be generated for audit each month supported by the Council's Business Intelligence team:
 - a. Requests to complete audits, in line with the audit timetable, will be sent out by the first working day of each month excluding August and December.
 - b. Audits must be completed by the last working day of each month.
 - c. Managers and practitioners will submit their findings via the audit form linked to the practice standard.
2. The audits should not be completed in isolation.
 - a. Auditors must make efforts to contact the service user/carer/representative to obtain feedback and reflections about their experiences with Adult Social Care. *There will be times when contacting an individual is not appropriate or possible. When this is the case, the reason for not making contact should be recorded in the feedback section of the audit form.*
 - b. The auditor should involve the allocated worker, or the person who has had the most recent involvement if there is not an allocated worker, in the audit process. Auditors are encouraged to jointly undertake audits with workers face to face or via MS Teams when possible. If this is not possible, auditors are expected to arrange a date to feedback to the worker in person or via MS Teams.
3. Moderation of a random sample of completed audits will take place during the first two weeks of the following month.

Audit Methodology for Social Workers, Occupational Therapists, Adult Social Care Practitioners and Occupational Therapy Assistants

1. Practitioners will alternately complete self-audits and peer audits each month in line with the audit timetable.
2. Open or recently closed cases can be selected via the existing Power BI 'Activity' report: <https://app.powerbi.com/groups/e34313d3-b506-42f9-a58f-f11ab1e5d73f/reports/f093cd68-a569-4fbd-bc01-25c572e11e20/ReportSection2c8d34644269345b3bf1?experience=power-bi>

3. For peer audits, we encourage staff to audit work undertaken by a worker in a similar role in a different team or service. This provides the opportunity for the auditor to be a critical friend and for learning across teams and services.
4. Peer audits should not be completed in isolation.
 - a. Peer auditors must endeavour to contact the service user/carer/representative to obtain feedback and reflections about their experiences with Adult Social Care. *There will be times when contacting an individual is not possible or appropriate. When this is the case, the reason for not making contact should be recorded in the feedback section of the audit form.*
 - b. Peer auditors should involve the allocated worker, or the person who has had the most recent involvement if there is not an allocated worker, in the audit process. Peer auditors are encouraged to jointly undertake audits with workers whenever possible. If this is not possible, auditors will arrange a date to feedback to the worker in person or via MS Teams.
5. Moderation of a random sample of completed audits will take place during the first two weeks of the following month.

Audit Outcomes

Following each monthly audit cycle, audits should be downloaded, shared with the involved worker and their supervisor and should be discussed in supervision as a standing agenda item / as part of reflective practice.

Practice Development Advanced Practitioners will be given access to all completed audit information.

They will analyse the key themes and outcomes, and provide a monthly report to the PQB, supported by the ASC Policy, Performance and Assurance team.

References

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