**Background to Practice Quality Audits**

September 2023 saw the formal launch of the refreshed Somerset Adult Social Care Practice Quality Framework (PQF) and the aligned monthly auditing schedule.

The PQF sets out clear practice standards and expectations for our workforce and forms an important part of our governance and assurance approach.  It clarifies what good looks like and has been informed by people who draw on services.

Between September 2023 and February 2024, a total of 786 Practice Quality audits have been undertaken by staff at various levels across our service (including self audits and peer audits). The audits have focused on the following practice standards:

|  |  |  |
| --- | --- | --- |
| **Month** | **Audit focus** | **Total audits completed** |
| September 2023 | Working with people | 180 |
| October 2023 | Case recording | 172 |
| November 2023 | Strengths-based assessments | 142 |
| January 2024 | Working with risk | 146 |
| *Safeguarding people (addition)* | *28* |
| February 2024 | Personalised care and support planning – *to be discussed in March 2024* | 118 |
| **Total:** | | **786** |

Additionally, we are currently undertaking some focused Mental Capacity Assessment audits – results expected at the end of March 2024.

Auditors are encouraged to seek feedback from the person or their representative wherever feasible as part of ensuring the audit assessment is informed by the person’s own experience of the support provided.

Themes and feedback emerging from the audits are shared and explored at the subsequent monthly Practice Quality Board meetings and have also been promoted in our monthly Staff Highlight Reports.  Identified actions are logged and monitored for progress by the Practice Quality Board.

Our Practice Development Advanced Practitioners are also taking a key role in monitoring and disseminating information including via team meetings and CPD sessions, and progressing any recommendations, actions or learning arising from the audits. Power BI reports have also been developed to support ‘drill down’ analysis to individual team or worker level to allow more targeted monitoring and activity.

**Audit outcomes to date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Theme and practice standards** | **Below** | **Meets** | **Exceeds** | **N/A** |
| **PQF Standard 1 - Working with people (Sept 2023)** | | | | |
| There is evidence from the records that the worker has built a positive relationship based on trust, kindness and respect | 4.5% | 67.6% | 25.1% | 2.8% |
| People are fully involved and their voice, wishes and feelings are evidenced in our records | 5.6% | 67.2% | 26.1% | 1.1% |
| Written documents are clear and precise, jargon free, and offers people information to make informed decisions | 4.4% | 79.4% | 14.4% | 1.7% |
| We celebrate the individual strengths of the person and their networks | 8.9% | 67.8% | 18.3% | 5% |
| We ensure people know who to contact and how to contact them, and we respond promptly keeping people informed or updated on progress or change | 7.2% | 67.2% | 22.2% | 3.3% |
| **PQF Standard 2 – Case recording (Oct 2023)** | | | | |
| Recording is of a good standard including grammar and spelling. Records are written in plain language with no abbreviations or acronyms | 6.4% | 75% | 18.6% | - |
| Records are person-centred and capture the views, wishes and feelings of the person and/or relevant others throughout | 11.6% | 65.1% | 20.3% | 2.9% |
| Decision making is defensible and clearly recorded. Records are accurate, objective and clearly define between fact and professional opinion with valid supporting evidence | 9.3% | 72.7% | 16.9% | 1.2% |
| Case notes are written within 48 hours of contact | 7% | 77.9% | 14.5% | 0.6% |
| Case/transfer/closure summaries are used at relevant intervals | 16.3% | 56.4% | 8.1% | 19.2% |
| Records are maintained in line with GDPR/data protection | 4.1% | 85.5% | 9.9% | 0.6% |
| Records evidence a clear rationale for key decisions made | 9.3% | 72.7% | 16.9% | 1.2% |
| **PQF Standard 3 – Strengths-based assessments (Nov 2023)** | | | | |
| The assessment seeks to understand the person’s needs, wishes, preferences and outcomes, and is proportionate to the presenting circumstances | 3.6% | 67.6% | 26.6% | 2.2% |
| People and families are recognised as experts in their own lives | 4.2% | 73.9% | 19.7% | 2.1% |
| The focus is on what is strong in the person’s life and the impact their care or support needs have on their wellbeing | 6.3% | 74.6% | 16.2% | 2.8% |
| Time is taken to understand the person’s aspirations, relationships, and explore opportunities to sustain or develop further networks of support | 4.9% | 73.9% | 17.6% | 3.5% |
| The aim has been to prevent, reduce and delay needs wherever possible seeking local and community options as well as formal provision | 4.9% | 71.1% | 12% | 12% |
| Specially trained staff have been involved as needed for specialist assessments (eg deafblind assessments) | 5.6% | 46.5% | 11.3% | 36.6% |
| A whole family approach has been adopted by exploring the impact of the person’s neds on those around them, including children and carers. The worker has been alert to potential safeguarding concerns | 2.1% | 58.5% | 17.6% | 21.8% |
| The person’s care and support needs are clearly identified in the assessment and care plan documents, and we have provided them with a copy. We have been clear which are eligible for funded support and those which are not, and why this is so | 9.9% | 69% | 11.3% | 9.9% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Theme and practice standards** | **Below** | **Meets** | **Exceeds** | **N/A** |
| **PQF Standard 4 – Working with risk (Jan 2024)** | | | | |
| We recognise that taking risks is part of life and approach risk in a strengths-based way by helping people to understand both positive and negative consequences so they can make informed choices | 8.3% | 67.6% | 21.4% | 2.8% |
| We discuss and consider risk throughout our assessment conversations, supporting and planning and reviews, using risk assessment tools where needed and useful | 10.3% | 69.7% | 19.3% | 0.7% |
| We ensure that we review relevant history to identify incidents, patterns or concerns where the nature of risks relate to the person or others | 9% | 63.4% | 26.9% | 0.7% |
| We ensure, where risks are identified, that the person’s mental capacity to make decisions in relation to risks is evidenced in their records | 14.5% | 64.1% | 16.6% | 4.8% |
| We work together with the person and their circle of support as appropriate to minimise, share and manage risks | 9% | 64.1% | 25.5% | 1.4% |
| **Safeguarding people – *additional audits* (Jan 2024)** | | | | |
| There is recognition of our responsibility to recognise, respond and report any safeguarding concerns and adopt a whole family approach where others are at risk (where appropriate) | 10.7% | 78.6% | 10.7% | - |
| We have sought to understand what will make the person feel safe by using a strengths-based, person-centred approach ensuring the person’s wishes and outcomes are heard and captured throughout | - | 71.4% | 17.9% | 10.7% |
| We have supported the person’s involvement by facilitating advocacy where and when required | 7.1% | 71.4% | 3.6% | 17.9% |
| We have ensured professional involvement in a person’s life is proportionate and ensures the least intrusive response to the risk presented whilst maintaining professional curiosity throughout | - | 82.1% | 14.3% | 3.6% |
| We have ensured the person’s desired outcomes are identified early and have encouraged people to make their own decisions | - | 64.3% | 14.3% | 21.4% |
| We have taken a shared responsibility for exploring and managing risk, developing ‘keeping safe’ strategies and co-producing person-centred risk assessments and plans | - | 85.7% | 7.1% | 7.1% |
| Where any protective actions are declined, we have ensured these are recorded with clear reasons and shared with the person and relevant others | 3.6% | 46.4% | 3.6% | 46.4% |

**Learning or improvement opportunities identified, taken or underway:**

**Working with people:**

* Operational team improvement plans (addressing productivity and performance including timeliness of allocations and data quality) underway.
* Working with our teams and Somerset Customer Contact Centre to promote use of existing information leaflets and how to contact our teams

**Case Recording:**

* Task and finish group established to promote a standardised transfer summary document and guidance for adoption across teams
* Focused work on addressing the use of acronyms and abbreviations within documents and records, and clarifying what commonly used acronyms stand for

**Strengths-based assessments**

* Support learning and understanding of financial processes and ‘write offs’
* Produce and promote an aide-memoire for defensible decision making

**Working with risk:**

* Progress targeted MCA Audits during February and March 2024 to offer the Practice Quality Board an indication of the quality of this activity in our service
* Practice Development Advanced Practitioners meeting with Eclipse case management system business support lead to develop and enhance the existing risk assessment tool
* Continuing Professional Development session to be delivered focused on ‘how to manage risk’ and how to complete the risk assessment form
* Promotion of the use of risk assessment forums in our Peer Forums
* Promote and reinforce guidance around effective contingency planning and upskilling guidance available on our TriX Policies and Procedures platform
* Promotion and delivery of existing Safeguarding Adult Board’s monthly practice update sessions, with 7th March 2024 session scheduled to cover the Multi Agency Risk Management Process

**Safeguarding people:**

* Record keeping: reminding all staff of their responsibility to ensure Eclipse records are kept up to date, including closing all relevant worker/teams and concluding relevant forms, documents or case notes
* Exploring protocols for case management/re-allocation during worker absence to ensure effective oversight
* Ongoing work with our operational neighbourhood teams associated with allocation delays / mitigating risk on waiting lists supported through [existing risk management guidance and expectations](https://somersetprovidernetwork.org.uk/wp-content/uploads/2024/02/Risk-management-in-ASC.docx)
* Ongoing reminders about importance of adopting a holistic approach to practice that considers potential risk of harm to others

**Sample feedback gathered from people and carers using our services as part of the audit process:**

**A screenshot of a computer screen

Description automatically generated**

A screenshot of a computer screen

Description automatically generated

A screenshot of a web page

Description automatically generated

A screenshot of a computer

Description automatically generated

**A white background with blue text

Description automatically generated**

**A screenshot of a white background with text

Description automatically generated**