

**Report for:** Adults and Health Scrutiny Panel, 25<sup>th</sup> February 2020

**Title:** Quality Assurance and Service Improvement

**Report authorised by:** Beverley Tarka, Director of Adults & Health

**Lead Officer:** Chris Atherton, Adult Principal Social Worker and Head of Quality Assurance and Development

**Ward(s) affected:** N/A

**Report for Key/  
Non Key Decision:** N/A

## **1. Background**

1.1 Service improvement within adult social services is fundamental in our journey to provide better and more timely outcomes for our residents. Ensuring that our service is responsive, supportive and enables residents to get the most out of their lives is only possible if we continue to look at ways in which we improve the way we work with our residents. This report will focus on the two main areas; our internal quality assurance process, which includes our quality assurance board, learning from complaints and case file audits, and external mechanisms such as external audit, ASCOF and Peer Reviews.

## **2. Internal Quality Assurance:**

### **Quality Assurance Board**

- 2.1 The purpose of the Adult Social Services Quality Assurance Board is to ensure that quality assurance arrangements are in place across Adults Social Services to gather information on the quality of services provided, service user feedback and data on the outcomes achieved for people using Adult Social Services. The board ensures that this information is analysed and used to inform service delivery as well as strategic planning and commissioning.
- 2.2 It meets quarterly and is made up of heads of service and managers from adult services and commissioning and is responsible for overseeing quality assurance across Adult Social Services and will report on the safeguarding elements of its work to the multi-agency Quality Assurance sub-group of the Safeguarding Adults Board on a quarterly basis.
- 2.3 The oversight and governance of quality assurance will be provided by the Adult Social Services Quality Assurance Board through the following:

- Monitoring the impact and quality of service delivery to improve outcomes for service users and/or carers.
- Ensuring practice standards within Adult Social Services are being consistently delivered to a high level, identifying any areas for improvement, and ensuring that the workforce is appropriately trained to maintain these standards.
- Analysing information from customer complaints and compliments and turning this into tangible actions for service improvement.
- Establishing links between performance management and quality assurance such that these are informed by one another.
- Analysis of case file audits to understanding the areas of practice that require improvement.
- Monitor quality of data recording
- Establishing a systematic learning culture across Adult Social Services
- Ensuring that there is a systematic approach to addressing areas of improvement through the identification and allocation of resources to undertake activity to support sustainable improvements
- Sharing information, best practice and experience
- Ensuring robust monitoring and reporting on the quality of care delivered by external providers of adults' social care across Haringey
- Providing assurance required by Adult Social Services' regulators and responding to new government initiatives, directives and legislation
- Making sure that services to support people are provided without discrimination to people with the protected characteristics identified in the Equality Act 2010
- Producing an annual Local Account detailing Adult Social Services' performance and priorities for residents, service users and other local partners.

### **Audits**

2.4 The audit process is a key element within the Quality Assurance Board and has been developed to support best practice and quality assure the work that is being undertaken by practitioners across adult services. This process is vital in helping us understand where the gaps in skills, knowledge and practice are. The audit tool is used as a supportive mechanism that also highlights examples of best practice not just areas for improvement.

2.5 Each month the performance team pull a random sample of fifteen cases from the First Response, Reablement, Learning Disability, Assessment and Safeguarding teams. The responsibility for completing the audits is shared across the management structure ensuring that no manager audits cases from their own team.

2.6 Each area within the audit tool is rated in the following way:

**Green** - Information in this section is both detailed and accurate. This represents the standard that is to be expected of practitioners in Haringey.

**Amber** - Sections have been completed however it is lacking in the required detail or has aspects that might be missing. Section would benefit from greater depth and more analysis/detail being provided.

**Red** - Section is incomplete with either very little or no information/evidence provided by the practitioner.

- 2.7 Additionally, managers must provide comments against each section regardless of where the rating falls. This provides narrative to the scoring and allows us to clearly identify both areas of poor and excellent practice that can be relayed back to managers and staff. At the end of the audit tool an overall rating (Outstanding, Good, Requires Improvement, Inadequate) and narrative for the case file is provided.
- 2.8 Performance flag any case files rated as requires improvement or inadequate with the responsible manager. They will discuss the issues with the relevant worker in supervision as well as identifying any areas of improvement they require. Performance will also share data from all the audits with team managers and identify any common themes around practice improvement.
- 2.9 Audit results and areas for practice improvement are discussed at the Adults Quality Assurance Board which are held quarterly. Where there are identified areas of skills, knowledge or practice gaps agreements are made with managers present on how this will be supported either through workshops, forums or formalised training.
- 2.10 Learning from recent audits have highlighted the need for further practitioner development around Strengths Based Working, Supervision and Mental Capacity. We have therefore further tailored our learning and development plan to internally develop as well as commission a programme of learning to support practice and improve outcomes for those accessing services. This includes 6 new mental capacity training sessions (March-May), a two-day supervision course for managers (July) and our programme of Strengths Based working pilot in the East of the borough (February).

### **Complaints and Compliments**

- 2.11 Like audits, complaints and compliments are also used as a learning tool through the Quality Assurance Board with quarterly reports, actions and learning logs from managers involved in responding to those complaints.

In Q.2 the action and learning log had 12 upheld complaints. The three main areas for issues being raised were:

1. Time to undertake Occupational Therapy (OT) assessments
2. Interface issues with First Response Team (FRT)
3. Practice not meeting the required standard.

- 2.12 In these cases, apologies were provided to the individual and action is taken within teams either at an individual, team or service level to ensure that the same mistakes are not repeated, and better service is being provided. In

relation to the issue 1 we have recruited more OT and OTA into our service which will reduce the waiting times. Issue 2 has been raised with our IT team as it is a technical issue and this is being resolved. Issue 3 the manager has spoken directly with the practitioner around expectations of the service and comms have been sent to teams to reinforce best practice

- 2.13 During Q.1 and Q.2 we have seen through the learning logs that, although there are some similar elements in nature of the complaints, such as timeliness of assessments/reviews, we are not seeing repetition of the exact same issues being raised which demonstrates that the learning and actions being taken by teams is having an impact on the services that we are delivering.
- 2.14 The board will also use take look at how more strategic recommendations can be made around service improvement as well as opportunities to develop the skill, knowledge and competencies of our frontline practitioners. This has seen us recently work with our adult legal team to develop a new learning and support programme for 2020 including training on *Decision making by Managers under the Care Act 2014 and Mental Capacity Act 2015* and *Pitfalls to Avoid and Adults with NRPf: Local Authority Duties & Powers*.

### **Service Improvement and Business Management**

- 2.15 The Service Improvement function provides a cohesion around service improvement initiatives across ASC, and ensures that these are aligned to corporate priorities, the borough plan and other internal projects, plans and statutory requirements.
- Identification of service improvement initiatives for ASC
  - Implementation of new systems and processes to support improvement initiatives
  - Analysis of performance indicators, client surveys, corporate projects and initiatives and professional practice within ASC
  - Working with the Council's Performance and Finance teams to monitor delivery of performance, against change objectives and ensuring that the right measures are embedded and reflected in performance reporting
  - Horizon scanning and identifying and planning for changes in national policy and guidance with respect to Adult Social Care
  - Providing leadership and delivery of corporately driven pieces of work, including:
    - Borough Plan
    - Performance Reporting
    - Medium Term Financial Strategy (MTFS)
    - Transformation and Invest to Save Projects
    - Freedom of Information (FOIs), Member Enquiries, Complaints, and Subject Access Requests (SARs)

### **Governance and Improvement**

2.16 The governance and improvement team's role is to ensure that we are doing the right things and doing things right. Good governance means focusing on the services purpose and on outcomes for residents and service users by ensuring compliance with statutory regulations and with a focus on quality of practice and effectiveness of our service delivery. The team has the following roles and responsibilities that are linked with service improvement:

- Management of the Quality Assurance Board.
- Compliance monitoring for our regulated services (Reablement and Osborne)
- Management of the Safeguarding Adults Board including
  - Safeguarding Adult Reviews Subgroup (including the co-ordination of any Safeguarding Adults Reviews undertaken and dissemination of learning)
  - Quality Assurance Subgroup
  - Prevention and Learning Subgroup
- Co-ordination of external auditing and monitoring of improvement plans.

### **3. External Quality Assurance**

#### **External Audits**

- 3.1 External audit is an essential part of the Council's governance arrangements and its purpose is to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight. It achieves this by providing an independent, objective assurance and consulting activity designed to add value and improve the Council's operations.
- 3.2 The Council's external audit service is provided by Mazars who specialise in audit, accountancy, tax, legal and advisory services and the contract is overseen by the Head of Audit and Risk Management. Mazars have a large public sector practice delivering internal audits all over the country.
- 3.3 In 2019 Mazars undertook audits in three areas within Adult Services which covered High Cost Care Packages, Mental Health and Transitions. Once the audits are completed, they are discussed with the relevant service areas and an improvement plan is put in place for any recommendations that are made. The High Cost Care Package at present is the only published report which was rated as substantial with four recommendations made. We currently have two audits planned for 2020 that will look at reablement and demand management.

#### **London ADASS Subgroups and Peer Reviews**

- 3.4 London ADASS aims to improve the quality of work done in the sector, particularly with regard to outcomes for local people. The peer review process is key to leading this improvement.

- 3.5 Boroughs can choose one of three themes – Safeguarding, Commissioning and Use of Resources. In Haringey we have participated in all areas in previous years and are planning to conduct another peer review of safeguarding later this year.
- 3.6 Linking peer reviews to the wider London ADASS priorities and structures is also important with regards to continual improvement of Adult Social Care. We have representatives on all the ADASS subgroups. The London ADASS subgroups cover 12 areas that include commissioning, carers, workforce and safeguarding. These groups provide opportunity to look at sector related issues and to think collectively of innovative ways of working to improve practice.

### **ASCOF**

- 3.7 The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.
- 3.8 Data is gathered by our performance team and shared with the Assistant Director and Heads of Service on a monthly basis through the AD's Director Management Team meeting (DMT), it is also discussed with teams at their monthly performance call over. Where there is under performance against the ASCOF measures remedial actions can be implemented across teams.

### **LGA Resources**

- 3.9 We have recently worked with the Local Government Association to better understand demand and cost of care within Haringey. We have been supported in this analysis by John Jackson (National Care and Health Improvement Advisor for the LGA) who worked with us to provide a report that analysed the financial position of adult social care based on national and local data.

## **4. Appendix**

- 4.1 *Quality Assurance and Service Improvement Structure Chart attached*