



Adult Social Care

Direct Care Services: Quality Assurance Framework

Version 2

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If you would like to make any comments, amendments, additions etc please email
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1. Introduction

The council is committed to providing high quality, safe and responsive care within its regulated and unregulated services. The primary purpose of this quality assurance framework is to support services to evaluate their own performance and to achieve outstanding results. This quality assurance framework describes the way in which the council's directly provided services, both regulated and unregulated, are monitored to ensure that safe, high quality, personalised care is being delivered. There are two strands to the internal monitoring of these services; the first is the responsibility of operational management teams and the second is the responsibility of the central Quality and Compliance team.

2. The Quality Assurance Board

The Quality Assurance Board for Adult Social Care sits every six weeks and is chaired by a member of the Departmental Management Team. The group manager for Quality and Compliance is responsible for escalating concerns around quality within the council's directly provided services to the board to enable effective, collective action planning across Adult Social Care and the wider council.

3. All Services Regulated by the Care Quality Commission

The registered managers and their deputies are responsible for completing a number of regular audits described in relevant policies and procedures, including medication audits and infection prevention and control audits. Compliance with these fundamental operational quality checks is audited through the process described below.

3.1 Operational Quality Assurance (QA) Process – Bi-Monthly Return

Each registered service receives a formal operational audit every two months in the form of a 'bi-monthly return'. The responsibility for reviewing and developing this template sits with Quality and Compliance, working closely with operational managers to ensure it is an effective tool to monitor quality.

The operational service manager for each registered service is responsible for ensuring a bi-monthly return is completed every two months by a deadline set centrally. This involves a thorough audit of client and staff records. The service manager undertaking the bi-monthly return must select clients and staff at random and ensure the same clients are not reviewed when completing subsequent returns. All actions identified must be completed by the operational team within a timeframe specified within the bi-monthly return.

4. Unregulated Direct Care Services

The managers and their deputies are responsible for completing a number of regular audits described in relevant policies and procedures, including medication audits and infection prevention and control audits. Compliance with these fundamental operational quality checks is audited through the process described below.

Each service receives a formal operational audit every three months in the form of a 'quarterly return'. The responsibility for reviewing and developing this template sits with Quality and Compliance, working closely with operational managers to ensure it is an effective tool to monitor quality.

The operational service manager for each service is responsible for completing the quarterly return by a deadline set centrally. This involves a thorough audit of client and staff records. The service manager undertaking the quarterly return must select clients and staff at random and ensure the same clients are not reviewed when completing subsequent returns. All actions identified must be completed by the operational team within a timeframe specified within the quarterly return.

5. Central Quality Assurance Processes

5.1 Quality and Compliance Annual Audit

The Quality and Compliance team will complete a detailed annual audit of each directly provided service, both regulated and unregulated. There will be a follow up visit as required to ensure that actions identified have been addressed.

Where actions are not satisfactorily addressed or where there are serious concerns about practice within a particular service, this will be immediately escalated to senior operational management who will be responsible for addressing concerns through the normal supervision process. Where there are concerns around safety and quality within a service, a decision may be made by a member of the Departmental Management team, following advice from an operational group manager or the group manager for Quality and Compliance, that admissions are suspended.

5.2 The Dashboards

Information about the service is collected centrally to ensure the council can quickly identify quality issues, themes and trends emerging across the county. The dashboard must be used by operational managers to support the supervision process.

Support from the council's Management Information team enables each service to be measured against a set of key metrics. The dashboard continues to be developed and includes data around agency use, incidents resulting in harm, client deaths, compliance with essential staff training and compliments and complaints. In-depth information in each key area is displayed for each

establishment with an overarching RAG (red, amber, green) rated report for all establishments providing a clear overview to operational and senior managers responsible for the services.

The dashboards are reviewed by senior management at weekly improvement cycle meetings lead by the Quality and Compliance team and attended by operational leaders.

6. Service User Feedback

A systematic approach is taken to seeking feedback from service users. This feedback is invaluable in understanding the experience of our residents and people receiving care. It allows us to develop our services with a focus on what matters most to the people receiving our support. Further detail about how we use feedback from stakeholders to shape our services can be found within our [Stakeholder Process Guidance](#).

7. Action Planning, Internal Management Reviews and Learning Reviews

A strong and co-operative relationship between the Quality and Compliance team, the Safeguarding team, registered managers and operational leadership teams is one of the fundamental aspects of driving forward improvement across the council's services. Where operational audits, bi-monthly returns, central audits, the dashboard, and general supervision identify areas for improvement, a co-ordinated action plan must be agreed between the central team and operational leadership. This action plan must be 'owned' by the operational managers of the service.

Where an internal management review or learning review has been completed or where a safeguarding adults review has been undertaken, any learning identified will be considered by central teams, ensuring that any changes required are made to policy and procedure, any training needs identified are addressed and that any other relevant communication is cascaded across the department. The central teams are responsible for ensuring that there are processes in place to ensure any new ways of working or current ways of working are well embedded and understood across all services. It is the responsibility of the lead for every learning review and internal management review to ensure that the outcome of the review is brought to the attention of the appropriate lead for quality assurance so that any lessons learned can be cascaded across the department and changes to quality assurance frameworks can be made if required.

8. Supervision

Managers and supervisors will continuously observe the work of their colleagues, often providing guidance and support through informal conversations. In addition to this informal support, formal meetings are essential to provide managers and colleagues the opportunity for planned focused discussion and support.

Every colleague working within direct care must receive four planned supervisions per year as a minimum. One supervision must be an individual supervision session to include a [PDR](#) discussion, and one may include observations of practice. Supervision sessions may also include group supervisions. For those new in post, or staff who are under a management procedure, additional supervision sessions may be necessary to ensure they receive the support needed.

During each session, whether an informal conversation, group session or individual formal supervision, a record should be created and stored securely setting out a summary of the discussion and any actions agreed. A template supervision record can be found within the [Adult Social Care Supervision Policy](#).

Author History

Approval and Authorisation History

Authored by	Jenny Harper	October 2021
Approved by	Senior Management Team	November 2021
Authorised by	Helen Jones Executive Director Adult Social Care & Health	November 2021

Change History

Version 1	October 2021	Jennifer Harper	Development of new guidance.
Version 2	November 2022	Quality and Compliance	Review and update