Derbyshire County Council - Adult Social Care & Health

Direct Care Services: Quality Assurance Framework

Version 3

Contents

If you would like to make any comments, amendments, additions etc please email ASCH.adultcare.policy@derbyshire.gov.uk

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 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 and central audit on an annual basis. The responsibility for reviewing and developing the templates sits with Quality and Compliance, working closely with operational managers to ensure it is an effective tool to monitor quality.

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 or safety 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 it is not possible for operational leadership teams to address concerns satisfactorily, the group manager for Quality and Compliance will escalate this the Departmental Management Team and notify the Quality Assurance Board, making a recommendation about whether admissions to the service should be temporarily suspended whilst urgent action is taken. The Departmental Management Team will make a decision about whether suspension is required.

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 performance indicators. In-depth information for each KPI is displayed for each establishment providing a clear overview to operational and senior managers responsible for the services.

The dashboards are reviewed by operational leadership teams at regular improvement cycle meetings led by the Quality and Compliance team and attended by operational leaders.

6. Care Quality Commission

The Quality and Compliance team act on behalf of the Nominated Individual working with senior managers to ensure regulatory requirements are met within the Council's services. This includes but not limited to the following:

6.1 Provider Information Requests (PIR)

All annual provider information requests are sent to the Quality and Compliance team before they are sent to the CQC. This will highlight any central developments which do not appear clear at a local level and ensure that all relevant information is included.

6.2 Inadequate or Requires Improvement

Where a care home is inspected by the CQC and where any fundamental standard is assessed as 'requires improvement' or 'inadequate', the Quality and Compliance team will work with the operational management team to drive improvement and to formulate any action plan that may be required.

6.3 Checking service offered by the Quality and Compliance team

The Quality and Compliance team has an important role monitoring all notifications sent to the CQC. This enables central oversight of these incidents. This process will also ensure that any issues with the quality of notifications are addressed in good time. Guidance around notifications to the Care Quality Commission can be found within the Duty of Candour Policy.

7. 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.

8. 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.

9. 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. Supervisions may include observations of practice and group supervisions. All colleagues must receive regular individual supervision sessions with their line manager. For those new in post as part of the induction process, 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. For informal discussions this should be captured on the Discussion Record form. A template supervision record can be found within the Adult Social Care Supervision Policy. Group supervision meetings should be captured on the Group Supervision Record.

Author History

Approval and Authorisation History

Name		Date
Authored by	Jenny Harper	October 2021
Approved by	Senior Management Team	November 2021
Authorised by	Helen Jones – Executive Direct, Adult Social Car and Health	November 2021

Change History

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Version 1	October 2021	Jennifer Harper	Development of new guidance
Version 2	November 2022	Quality and Compliance	Review and update
Version 3	October 2024	Quality and Compliance	Review and update