

# Derbyshire County Council Adult Social Care and Health

## Practice Standard Review and Safeguarding Practice Standard Review Quality Assurance Practice Guidance

### Version 4

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

Practice Standard Reviews (PSR) are key quality assurance processes within Adult Social Care. They contribute to improved outcomes for local people and ensure compliance with our statutory duties under the Care Act (2014).

Please note that the term **Practice Standard Review** is used as an overarching name that covers all associated review processes, including Practice Standard Reviews, Safeguarding Practice Standard Reviews (SPSR), Practitioner Led Peer PSRs, Approved Mental Health Professional (AMHP) PSRs and any related practice standard review activity. The term Reviewer relates to the colleague completing the Practice Standard Review.

This quality assurance activity is designed to give assurance of application of [Our Practice framework](#) and our [Practice Standards](#) and [Safeguarding Practice Standards](#) which promote a strength based, person centred approach to the work we do with people. In addition to our AMHP Practice Standards which help us meet our duties under the Mental Health Act (1983).

The aim of all practice standard review activity is to:

- ensure we do 'with' not 'to' people
- ensure the voices of the people we support are listened to.
- improve experience and outcomes for local people.
- embed the Practice Framework and a consistent understanding of what good practice looks like.
- actively capture and share good practice and areas for improvement.
- embed learning via a continuous improvement cycle.
- promote professional growth, quality improvements and organisational development.
- promote equity of experience and outcome.

## PSR

Each PIN is to be reviewed in its entirety, including any hospital admissions / discharges and safeguarding work steps. It is suggested that the reviewer focuses on work completed **within the last 12 months**, however, it is at the discretion and judgment of the reviewer completing the PSR.

## PSR Scoring

Scoring is based on the [practice standards](#) with ratings of Outstanding, Good or Needs Further Work for:

1. We make connections and build relationships with people, parents, and carers.
2. We listen to people and understand what matters to them.
3. We work with people to understand what a good life looks like for them.
4. We know the law and make ethical and defensible decisions.
5. We work with people to manage risks.

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6. We record in a clear, relevant, accurate and proportionate way.

### SPSRs

The most recent safeguarding intervention recorded on Mosaic should be reviewed, however, where the adult has had more than one referral **within a 12-month period**, the most recent safeguarding work steps should be reviewed ensuring you take due account of repeat referrals.

### SPSR Scoring

Scoring is based on our [safeguarding Practice Standards](#) developed using the [six principles of safeguarding](#) with ratings of Outstanding, Good or Needs Further Work for:

1. Making Safeguarding Personal (MSP).
2. Making safeguarding Enquiries.
3. Recording and Sharing Information.
4. Effective Planning and Review.
5. Professional Behaviour and Values.
6. Leadership and Management.

### AMHP PSRs

AMHP PSRs are coordinated and completed via the AMHP service using an adapted version of the PSR document focusing on quality assurance of delivering our Mental Health Act duties.

### Practitioner Led PSRs

Practitioner led PSRs are completed as a peer activity with a group of practitioners using an adapted version of the PSR focusing quality assurance on equality, inclusion, strengths based and person-centred practice.

This is a sustainable learning and development opportunity built on practitioner experiences of peer reviews and working with Partners in Care and Health.

Practitioners will be invited to a session, placed into smaller reviewer groups and asked to review a Mosaic PIN together. These sessions will be facilitated by the Practice Standards Team and PSW. The reviewers use this space as a live learning opportunity to reflect on practice, learn and develop their own practice together with their peers. The facilitators will collate a summary of themes and incorporate these into their analysis and reporting.

### Mosaic

PSRs and SPSRs (AMHP PSR) are embedded in Mosaic and are accessible through the *Start* menu.

- from the start menu choose the option 'Practice Standard review'
- in section 1 of the workflow step, choose the practice standard review that is relevant.

- in section 2, next actions, press add.
- a next action box will appear where you need to select the action of the relevant review.
- then assign it to the colleague using the button ‘find’.
- The note box can be used to share any message and a timescale that it needs to be completed.
- once complete, press the add and close button.
- close the work step flow by pressing the green tick button and this workflow step will then be assigned to the colleague.

10 PINs per group manager will be sourced from the Management Information team (MIT) and sent to each group manager on the 1<sup>st</sup> of each calendar month (or the next working day thereafter). The group manager will then allocate one of the 10 PINs to each service manager, to be completed within that month, ensuring that it is a ‘peer allocation’ (i.e. not the service manager responsible for the original work step).

Group managers must note that if a PSR/SPSR has already been completed within the last 12 months, another PIN must be allocated (from the list of 10) and MIT alerted to the error.

When the group manager is notified via Mosaic that the review has been completed, they should review the work step in its entirety, identify any actions, and once assured these actions are being responded to, authorise the end of the review and complete the work step.

**Quality Assurance Cycle**

From 1<sup>st</sup> April 2026, every month each long-term team service manager (the reviewer) is expected to complete one Practice Standard Review, i.e. a PSR and a SPSRs on alternate months.

START teams will continue to complete their separate 6 ‘bi-monthly’ audits. To compliment the QA cycle, they will complete 3 PSR’s and 3 SPSR’s annually.

Completion for the practice standard reviews should occur as follows:

	J	F	M	A	M	J	J	A	S	O	N	D
PSR												
SPSR												

Please Note: Occupational Therapy teams are expected to complete 1 PSR every month.

In addition to the above standard PSR and SPSR cycle, AMHP PSRs and Practitioner Led PSRs will also be completed as follows:

	J	F	M	A	M	J	J	A	S	O	N	D
AMHP PSR												
Practitioner Led PSR												

Additional PSRs may be required and/or completed throughout the year.

Practice Standard Review compliance reports will be run monthly and will inform part of the operational performance reports. Any identified themes, best practice, learning and/or quality issues will be shared and escalated as appropriate.

PSRs may be delegated to a senior practitioner, provided that the service manager maintains overall oversight and accountability. SPSRs must be completed by a service manager only. Bimonthly completion in START teams will continue to follow existing arrangements.

Reminder: For all reviews, the reviewing service manager or senior practitioner must be independent of the team responsible for the PIN, in order to maintain a robust element of peer review. However, whilst there is an expectation of the number of routine reviews to be completed, this is the minimum requirement.

In addition to mandatory PSRs, additional and self-reviews may also be completed to support learning and individual service development.

All PSRs and SPSRs require authorisation by the group manager. This should be considered a local quality assurance point where actions are monitored and themes captured and taken into supervision, peer group discussions and team, service and/or area action plans.

### Feedback

It is expected that the person’s voice is evident within the Mosaic record. The reviewer must take due account of this when reaching grading decisions.

Feedback is an essential and non-negotiable part of completing all PSRs. Obtaining the views of adults with lived experience and those who support them is central to understanding the quality and impact of our practice. Seeking feedback is a fundamental part of reflective, person-centred practice, and continued effort helps ensure the adult’s voice genuinely shapes the review and their perspectives are fully represented.

Adults (or their representative) **must** be contacted for feedback as part of the PSR, unless doing so is unsafe or inappropriate. Where this applies, the reasons must be clearly recorded within the PSR/SPSR document on Mosaic.

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If it is not possible to obtain feedback directly from the adult or their representative, then feedback from a professional involved in the work can be sought to ensure that every review still includes an informed perspective on practice.

If the person contacted wishes to give feedback anonymously, then please see Connect page [Welcome to our practice framework](#) for the anonymous feedback form, an easy read version, and the forms guidance.

To maximise the opportunity to seek meaningful feedback, it is recommended that you make at least three attempts to contact the adult or their representative. These attempts should be made at the earliest appropriate opportunity, using professional judgement to determine the most suitable method of communication (phone, email, text, letter, or in-person where appropriate).

**Quality assurance plan**

Section 4 of the Mosaic Practice Standard Review (PSR/SPSR) document contains the Quality Assurance Plan, where only information specifically relating to the individual adult’s care and support should be recorded. This section must focus solely on:

- corrections or updates required in the person’s record
- actions necessary to improve the accuracy, clarity or completeness of the person’s record
- evidence of professional decision-making
- actions that directly improve outcomes for the individual adult

Example:

An appropriate Mosaic action may be: “Care and Support Plan requires review to reflect updated outcomes discussed with the adult.”

**What shouldn’t be recorded**

General themes, internal performance issues, practice concerns relating to colleagues, or wider service-level matters must not be entered into the Mosaic PSR/SPSR

These issues fall outside the purpose of the PSR tool and should instead be tracked, monitored and responded to separately by the group manager as part of local quality assurance and performance oversight.

**Escalation**

If concerns arise during a Practice Standard Review that require immediate action relating to the adult's safety, risk, or the legality of decision-making, these must be escalated straight away to the responsible group manager.

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## Oversight

Where the reviewer identifies issues relating to practitioner performance, adherence to standards, development needs, or broader service themes, these should be shared via the reviewer's line management structure.

Group managers retain oversight of all local quality assurance activity and must:

- review actions recorded in Mosaic to ensure they relate solely to the adult's care
- ensure practitioner-related issues are redirected to appropriate supervision and management routes
- incorporate learning from reviews into supervision, PDRs, and team/service development plans
- ensure countywide learning and continuous improvement processes are informed by themes identified outside the Mosaic PSR/SPSR record

## Good Practice

Where good practice has been identified, the reviewer can complete a *Notification for Best Practice Log* through the clipboard in the PSR/SPSR work step. This will be sent directly to the Practice Standards and Quality Team who may utilise the good practice within future training materials, such as Connect Pages or Practice Week, to support the learning of other colleagues.

When positive feedback is obtained from an adult or their representative, this should be shared with [your.views@derbyshire.gov.uk](mailto:your.views@derbyshire.gov.uk) to be logged as a compliment. Additionally, if a complaint is made upon obtaining feedback and is not addressed upon point of contact, please follow the [Adults Social Care and Health Complaints Policy](#).

## Quality Assurance Oversight

All colleagues should understand that all work we complete can be subject to quality assurance arrangements at any point. The allocated worker(s) will not necessarily be individually notified that quality assurance is occurring

All completed Practice Standard Review activity will be captured via Mosaic and monitored via the operational quality assurance meetings.

It is expected a total of approximately 560 Practice Standard Reviews will be completed annually and moderators will sample a percentage of these to ensure consistency and quality.

Moderation will occur throughout the year as follows:

	J	F	M	A	M	J	J	A	S	O	N	D
PSR												
SPSR												
AMHP PSR												
Practitioner Led PSR												

Moderation activity is overseen by the principal social worker with moderators including assistant directors, and leads from Social Work and OT teams, AMHP and Practice Standards and Safeguarding service managers.

Members of the moderation panel are each assigned two completed Practice Standard Reviews each and are asked to consider:

- the quality of the PSR/SPSR.
- whether they agree the ratings given.
- what the review tells us about the quality of practice on the case itself.

The Practice Standards and Quality Team, and Adult Safeguarding Assurance and Development Team will maintain oversight of performance data, including analysis and the collation of emerging themes.

The team will provide regular updates and feedback following moderation and will publish an annual report. This will support and contribute to learning and development within Adult Social Care.

### Change History

Version	Date	Name	Reason
Version 1	Oct 2023	Practice Standards & Quality Team	New guidance.
Version 2	August 2024	Practice Standards & Quality Team	Review & update
Version 3	July 2025	Practice Standards & Quality Team	Review & update
Version 4	March 2026	Practice Standards & Quality Team	Review & update