

---

## **Report to Health and Adults' Social Care Scrutiny Committee**

**11 January 2023**

### **Adults' Services Quality Assurance Update**

**Report by: Executive Director of Adults and Health (DASS)**

**Electoral division(s): All**

---

#### **Summary**

The purpose of this report is to provide members of the Health and Adult Social Care Scrutiny Committee (HASC) with the opportunity to consider and comment on Adults' Services Quality Assurance activities since the report to HASC in February 2022, and the Member information session held in October 2022.

#### **Focus for Scrutiny**

The Committee is asked to assess the Quality Assurance activities relating to Adults' Services.

#### **Key Lines of Enquiry include:**

Key areas for the Committee to consider and comment on are:

1. Whether the approach and reporting relating to Quality Assurance activity in Adults' Services is appropriate.

The Chairman will summarise the output of the debate for consideration by the Committee.

---

#### **Proposal**

##### **1 Background and context**

- 1.1 Since November 2020, the model for the West Sussex Adult Social Care basic tenet of the Quality Assurance (QA) approach is the 'Plan, Do, Check, Act' cycle. This quality management model is an iterative process, which encourages continual learning to be considered in the design and delivery of activity. Ultimately, this will lead to improvement in quality and supporting the service to design and commission provision which has quality embedded at its heart.
- 1.2 During the period under consideration in this report, the service has continued to implement this approach and to use opportunities for learning to support practice improvement. It has done this through a variety of mechanisms:
  - Audits
  - Learning Reviews
  - Compliments and complaints
  - Local Government Ombudsman for Social Care decisions

- LeDeR (Learning from Life and Death Reviews of people with a learning disability and autistic people)
- Safeguarding Adults' Reviews
- Quality assurance governance meetings
- Attendance at
  - Customers & Carers Group
  - Minorities Health and Social Care Group

1.3 Learning identified via the above has then been communicated to the service to support quality improvements in practice. This has included:

- Professional curiosity
- Cultural considerations
- Autism
- Case specific learning as a result of Learning Reviews or Local Government Ombudsman decisions

1.4 This update is in addition to the session held for members of HASC on 12 October 2022, which also described and discussed the quality assurance processes in use by Adults' Services.

## **2 Audits**

2.1 The Audit Framework was introduced in October 2021, with the aim that each worker is audited twice per year and that audits are conducted collaboratively with their supervisor. Undertaking audits collaboratively allows for learning to be embedded and any improvements or management of risks identified to be made quickly. The framework has been reviewed and a new version is being introduced in January 2023.

2.2 The new framework provides greater clarity for auditors (in respect of the expectations on them) and introduces a moderation process, to quality assure the audit process itself. This will further enable us to identify areas of learning and improvements to practice, will highlight areas of development for those undertaking audits and will provide greater levels of assurance with regards to quality of practice.

2.3 The Audits are completed on the Mosaic system, using tools relevant to the area of work:

- Ethical Decision-Making Tool (used by most of the community, occupational therapy and hospital social work teams).
- Mental Health Act and Mental Capacity Assessments.
- Deprivation of Liberty Safeguards and Best Interest Assessments.
- Safeguarding.

These are supported by 'What Good Looks Like' guidance (developed by the Quality, Practice and Service Development Team) which baselines required performance and gives an indication as to what degree criteria have been met.

An anonymised audit is attached as Appendix A.

2.4 By completing audits on the Mosaic system, the service can collect key performance data, including:

- Rates of completion of audits (against the expected standard of 2 per worker per year).
- Identification of trends / themes.
- Measures of success against standards, i.e., Outstanding, Good, Standard Partially Met (Requires Work) or Inadequate.

- 2.5 This data will be used to: monitor completion of audit activity, develop action plans, ensure learning is embedded, inform operational and strategic planning, target practice and guidance development, and to highlight areas for further quality assurance activity. Reports will be shared with and discussed at the appropriate governance meetings.
- 2.6 The audit data from 01/04/2022 to the 05/12/2022 is as follows and current performance is rated amber:
- 251 audits completed
  - Outstanding 22.7%
  - Good 63.3%
  - Requires improvement 13.5%
  - Inadequate 0.4%
- 2.7 The data allows us to interrogate areas for further learning and this has helped in the development of work regrading cultural considerations, the management of risk and the recording of consent.
- 2.8 As reported to HASC in the October QA workshop, work is underway to review the collation of data, the balance of scoring and the selection of cases to audit, to ensure that the audit processes are providing a true reflection of the quality of practice and that areas of improvement are being highlighted effectively. This work will be supported by the introduction of moderation processes from January 2023, which are designed to ensure impartiality of case selection and to upskill auditors.
- 2.9 Other audits, e.g., those identified by the Safeguarding Adults Board (SAB), are completed off the Mosaic system and reported separately. An audit of self-neglect cases was completed for the SAB in May 2022 and identified the following themes:
- There were difficulties in engaging some customers and maintaining contact was subsequently challenging.
  - Clarity of case recording requires improvement.
  - Application of the Mental Capacity Act requires improvement.
  - When held, multi-disciplinary team meetings were generally effective.
  - Partner agencies were generally kept informed.
  - Risk planning and risk management could be improved.

This learning was shared with the service at quality assurance governance meetings and informed further learning for sharing via Learning Bulletins and has directly informed updated guidance for practitioners. The impact of these changes will be monitored through the audit process.

- 2.10 The service is currently supporting an audit of Safeguarding Complex Cases, which is due to be completed and reviewed by the end of January 2023.

### **3 Learning Reviews**

- 3.1 Learning Reviews offer the service the opportunity to study, in detail, the background, decisions and actions taken that led to circumstances in which the customer had a poor health and wellbeing outcome. This helps us to identify where improvements can be made to how we work and to the processes and guidance that support our teams.
- 3.2 Learning reviews are triggered in the following instances:
- An adult in West Sussex, who has unexpectedly died while in contact with West Sussex Adults' Services, whose death is required to be reported to HM Coroner for West Sussex or to the Care Quality Commission.
  - An adult in West Sussex, who has unexpectedly died while in contact with West Sussex Adults' Services, where there is a concern that West Sussex Adults' Services staff could have worked more effectively to support their health and wellbeing.
  - There is concern that the health and wellbeing outcomes of an adult in contact with West Sussex Adults' Services, has been or could have been adversely and seriously affected by the practices and processes employed by the Council.
- 3.3 Cases eligible for a review are considered by a panel of senior managers, that identifies immediate actions, considers the holding of a multi-agency rapid review, agrees terms of reference and selects a reviewing officer.
- 3.4 Guidance is provided to reviewing officers regarding:
- Stakeholders.
  - Conduct of interviews.
  - Reporting structures.
- 3.5 On completion, the panel reviews the report and once approved, an action plan is established. Information for learning is shared via QA governance structures and an anonymised report is placed on the new Adults' Services SharePoint site.
- 3.6 From June 2020 to 5 December 2022, 25 cases have been submitted for review and of these:
- 18 have been completed.
  - 3 are ongoing.
  - 2 have not yet started.
  - 1 will not be progressed (insufficient information available).
  - 1 is being led by another agency.
- 3.7 The learning reviews and the action plans that they generate have identified issues that have been escalated at a strategic level, have highlighted areas of individual practice which have been addressed through supervision processes and have further informed the development of practice guidance and learning bulletins which are shared directly with Team Managers to support reflective practice sessions.
- 3.8 Information for learning is also shared via QA governance structures and an anonymised report is placed on the new Adults' Services SharePoint site.

#### **4 Local Government Social Care Ombudsman (LGSCO) and Customer Complaints**

- 4.1 The LGSCO investigates complaints from customers who remain unsatisfied with the outcome of internal complaints processes and makes a determination based on the case details. They will identify remedial actions which are then monitored for completion.
- 4.2 23 decisions have been received in the last 24 months, of which 11 were upheld, 2 partially upheld and 10 not upheld.
- 4.3 The focus of most complaints relates to charging and charging decisions.
- 4.4 Most remedies identified by the Ombudsman relate to compensation and letters of apology, but guidance has been amended because of their investigations. The latter has included changes to Deprivation of Assets Guidance where changes were made to allow customers to submit additional information to support their position, and to the Direct Payments Policy where greater clarity has been provided to practitioners regarding the process and other means of supporting the customer.
- 4.5 Action plans are developed where required and learning is shared through QA governance processes.
- 4.6 Customer complaints data and Adults' Services response performance is regularly brought to the Performance, Quality & Practice Board and to the Quality Assurance Management Board so that themes can be identified and addressed. For the period covered in this report, most complaints have related to charging and assessment, and these have been addressed under a separate project and in conjunction with Financial Services colleagues and has been presented to a previous HASC meeting.

## **5 Sharing Learning**

- 5.1 The learning identified via the processes described above is shared regularly through QA governance meetings.
- 5.2 Learning Bulletins have also been developed that highlight where things could have been improved. These are shared with all team managers and are designed to be immediate and used in team meetings to promote reflective discussions. They are also shared via all service emails and on the new Adults' Services SharePoint site.
- 5.3 The learning has also been used to inform updates to practice guidance, e.g., Case Recording and Risk Enablement guidance.
- 5.4 The Adults' Services SharePoint site is accessible by all members of the directorate and holds all LGSCO decisions, Learning Bulletins and anonymised Learning Review reports.

## **6 Guidance Updates**

- 6.1 A significant amount of work is underway to ensure that all the policies and practice guidance that supports practitioners is up to date and fit for purpose. This work is being conducted by an oversight group, which reports regularly through QA governance processes.
- 6.2 Learning identified from reviews and other mechanisms is considered within these updates to ensure that learning is captured and used to improve practice.

## **7 Finance**

7.1 This section is not applicable as this is an update report and does not make any proposals.

## **8 Risk implications and mitigations**

8.1 This section is not applicable as this is an update report and does not make any proposals.

## **9 Policy alignment and compliance**

9.1 Our Council Plan – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults' Services directly supports:

- Keeping people safe from vulnerable situations
- Helping people and communities to fulfil their potential
- Making the best use of resources

9.2 Legal implications – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults' Services supports the Council's obligations under the Care Act 2014.

9.3 Equality duty and human rights assessment – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults' Services supports the fair treatment of people irrespective of their characteristics or status.

9.4 Climate change – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.

9.5 Crime and disorder – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.

9.6 Public health – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults' Services supports the health and wellbeing of residents who require social care support, their carers, friends and family.

9.7 Social value – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.

**Julie Phillips**

**Assistant Director: Safeguarding, Planning and Performance**

**Contact Officer:** Graham Tabbner, Quality Assurance Lead (Adults' Services), 0330 22 22150, [graham.tabbner@westsussex.gov.uk](mailto:graham.tabbner@westsussex.gov.uk)

**Appendix A:** Anonymised Ethical Decision-making Audit

**Background papers:** None.