# The Quality Assurance Framework for Adult Health and Wellbeing Directorate services 2012


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## 1. Executive Summary

1.1 This Quality Assurance Framework lays out the structure through which the quality of Directorate services will be defined, measured and improved. The Framework marks an increased focus on consumer and self-regulation, and seeks to maximise resources to ensure they are used in a streamlined and effective way.

1.2 The core quality standards for Directorate services are based on the adult social care service values[1]. These, in turn, are consistent with quality standards communicated at a service level, Council-wide level and national level. The core quality standards are:

- We will treat everyone with respect
- We will provide information that is clear, useful and easy to understand
- We provide and commission support that helps people to be independent
- We will listen to people's views and act on them where possible

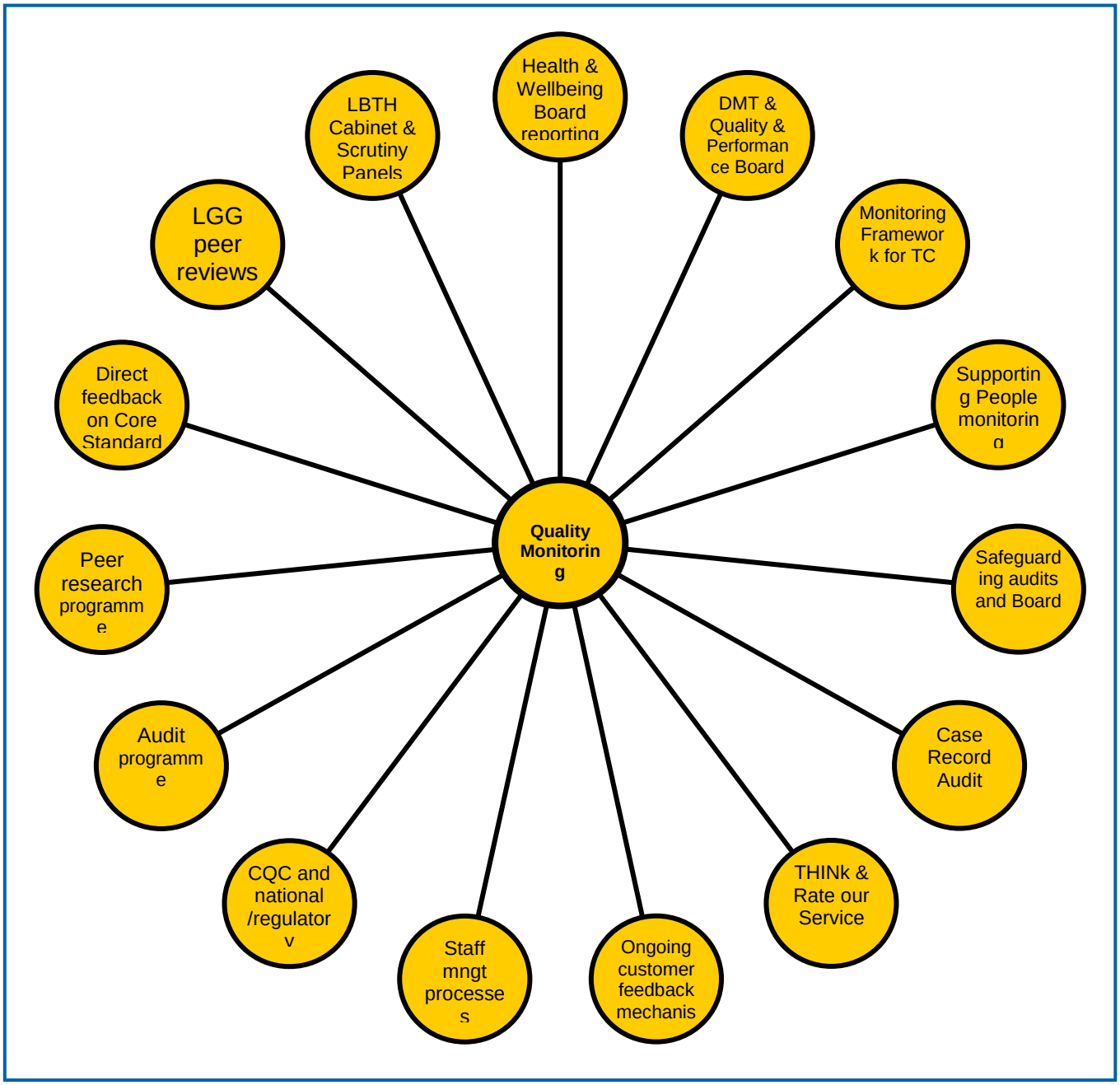
Teams and services within the Directorate may have additional standards that are specifically relevant to that service or team. These will complement rather than replace the core quality standards.

1.3 The quality of Directorate services is monitored through:

- Audits
- Hearing the views and experiences of people who use services.
- Reporting
- Visits and meetings

[1] Accountable; collaborative; empowering; ambitious for customers; respect customers; skilled, knowledgeable and continue to learn; make every pound count.

1.3.1 The diagram below provides an overview of how the quality Directorate services are monitored in Tower Hamlets. The diagram shows that monitoring functions are spread across national, Council, Directorate and customer forums.



1.3.2 The below table lays out how monitoring activity applies at a team level:

| All teams | | | | |
|---|---|---|---|---|
| • Monthly complaints, concerns and incident reporting<br>• "Compliments" and good practice reporting<br>• Yearly programme of audits and research (led on by Quality and Involvement team or peer researchers)<br>• Acting on feedback gained from the annual User Experience Survey and THINk | | | | |
| PSMT / operational teams | PSMT / in-house service provision | FSMT / finance teams | CSSMT / commissioning teams | CSSMT / strategy and performance teams |
| - Monthly Case Record Audits<br>- Paper or phone surveys to users to get feedback | - Paper surveys or meetings to get feedback<br>- Visits from independent experts<br>- Adopting relevant sections of commissioning Monitoring Frameworks | - Case Record Audits<br>- Paper surveys to users to get feedback (I&A)<br>- Survey to staff to get feedback | - Case Record Audits (ART)<br>- Monitoring Framework (ART)<br>- Monitoring Framework (Supporting People)<br>- Survey to staff to get feedback | - Survey to staff to get feedback<br>- Information collected through PSMT, FSMT and CSSMT team activity. |

1.4 Services provided and commissioned by the Directorate work towards the highest possible quality adult social care by utilising monitoring mechanisms outlined. Acting on monitoring information takes place at an individual, team and Directorate level. Planning functions (e.g. team planning) and the governance and accountability structure in the Directorate provide opportunities for this information to be utilised.

## 2. Introduction

2.1 The "Excellence by Experience" Adults Health and Wellbeing Quality Assurance Framework was first produced in 2009, setting out a system through which the quality of Adults Health and Wellbeing directorate services in Tower Hamlets would continually improve. The basis of this Framework was for quality to be assured through a three-stage cycle (Fig. 1 below).

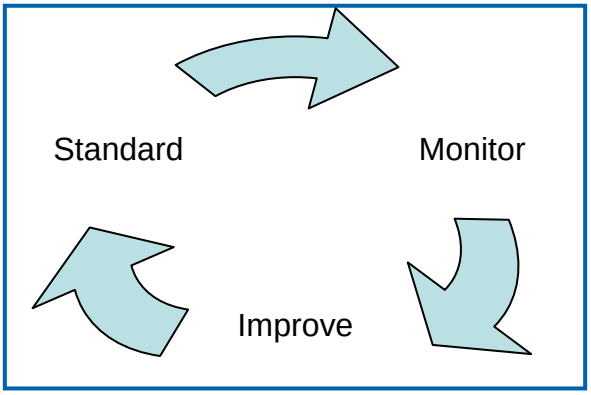



*Fig. 1 – Quality assurance cycle*

2.2 In 2012, quality remains high on the national agenda. "Assessing and monitoring the quality of service provision" is one of the Care Quality Commission's sixteen essential standards for quality and safety. The 2011 Department of Health "Caring for our future" engagement exercise identified six areas that "have the biggest potential to make improvements to the care and support system[2]". The first of the six areas is "improving quality and supporting the workforce". The importance of quality is also reflected in health services: it is explicit throughout the 2012-13 NHS Operating Framework, and one of the four themes in the Framework directly relates to quality.

2.3 Whilst quality remains high on the agenda and central to the experience of people coming into contact with services, since 2009 the system and context that adult social care and support operates in has changed significantly. This revised Quality Framework has been developed to address these challenges

[2] www.caringforourfuture.dh.gov.uk

and opportunities for us to improve what we do. It maintains the same three-stage cycle of "standards", "monitoring" and "improvement" used as the foundation of the 2009 Quality Assurance Framework; but the Framework has an increased focus on consumer and self regulation, and it seeks to maximise resources to ensure they are used in a streamlined and effective way. Overall, this revised Quality Assurance Framework lays out the structure through which the quality of Directorate services will be defined, measured and improved.

# 3. Scope and definitions

## 3.1 Scope

3.1.1 The main focus of this Framework is the services provided by Adults Health and Wellbeing directorate in Tower Hamlets Local Authority[3]. This therefore includes services provided directly by the Directorate, and services for which the Directorate acts as lead commissioner. The Framework describes how the quality of Directorate services is assured (including, for example, social work practice, in-house day care service provision, commissioning activity and "back office" functions). The Framework also describes how the quality of services commissioned by the Directorate is assured.

3.1.2 This Framework does not apply to services where we are not the lead commissioner (i.e. mental health services) as these services fall under Quality Assurance Frameworks held by other bodies, such as the NHS. However, the Framework has been developed with an awareness of alternative Quality Assurance Frameworks to ensure consistency where possible.

[3] In 2012, the Adults Health and Wellbeing directorate will integrate with the Children's, Schools and Families directorate to form the Education, Social Care and Wellbeing Directorate. This Framework will apply to adult social care services in the new integrated Directorate.

## 3.2 Definitions

**3.2.1 Quality:** The term "quality" is defined as a degree, standard or grade of excellence. It therefore acts as a measure, whereby the quality of something can denote how excellent or poor it is. This Framework seeks to identify what this excellence looks like in practice.

**3.2.2 Framework:** A framework is defined as "a skeleton or structure for a way of doing something. This could be a set of principles for example that should be used when making decisions and can form the basis of an agreement on how people will work[4]". In the context of a Quality Assurance Framework, this can be viewed as a structure that defines what quality is, how it will be measured and how it will be improved.

**3.2.3 Service user, carer, resident and customer:** a "service user" is defined as an individual who currently uses or has used services provided or commissioned by the Directorate. A "carer" is defined as an individual who spends a significant amount of their time giving unpaid support to a family member, partner, or friend who is ill, frail, disabled or has mental health or substance misuse problems. The definition of a carer is therefore wider, and includes those who do not receive carer services, and those who provide care for non-service users. A "resident" is anyone who resides in Tower Hamlets. As all these groups can come into contact with social care and be affected by the quality of support, the terms "customer" will be used as a general term for ease of use.

**3.2.4 Operational staff:** Refers to staff in First Response, Reablement, Longer-Term Support, Occupational Therapy, Community Learning Disability Service and in-house home care and day care teams.

**3.2.5 Commissioning staff:** Refers to staff in brokerage, Transactional Commissioning, Strategic Commissioning and Supporting People teams.

[4] 2011 Adults Health and Wellbeing directorate Strategy and Policy Toolkit

**3.2.6 Strategic and support staff:** Refers to staff in Strategy and Performance, Finance and Business Support teams.

**3.2.7 Adult social care:** Is used as a general term to describe all the support services provided or commissioned by the Directorate.

# 4. Existing quality assurance structures

## 4.1 Quality assurance in England

4.1.1 There is already a wide range of quality assurance structures applicable to adult social care services in Tower Hamlets. The current and planned structures through which quality is assured in England are summarised in the table on the next page (please see Appendix I for full details). Different services and teams in the Directorate are often "covered" by difference structures.

| | Department of Health – Social Care | Department of Health - Health | Department of Communities and Local Government – Social care |
|---|---|---|---|
| Regulation | Care Quality Commission (CQC) & HealthWatch England & Monitor* | CQC & CQUIN & Monitor* & HealthWatch England* | Supporting People Quality Assessment Framework (QAF) |
| Commissioning and provider monitoring and best practice support | Social Care Institute for Excellence & Think Local, Act Personal & National Institute for Clinical Excellence (NICE)* | NICE* & Healthcare Quality Improvement Partnership (HQUIP)* & NHS Institute for Innovation | Audit Commission** & Sitra & Supporting People QAF |
| Key frameworks | Adult Social Care Outcomes Framework | NHS Operating Framework & Quality Innovation Productivity, Prevention (QIPP) | Supporting People QAF |
| Key publications | Local Account | Quality Account | n/a |

* = To be developed as part of the 2010-12 Health and Social Care Act
**= Due to be abolished

4.1.2 Economic pressures and the coalition government aim of reducing regulatory burdens are influencing the structure and function of quality assurance in all public services. The focus is around localism and promoting individual responsibility. The theory is that cutting away bureaucracy and ensuring transparency will enable public scrutiny to drive up the quality of services whilst money is saved. Consumer power and self-regulation are therefore increasingly being looked to as the answer. This can be seen in the Local Government Group "self regulation" proposals, in the Department of Health Adult Social Care Framework and in the creation of HealthWatch England. That being said, the 2010-12 Health and Social Care Act may add more "layers" to the existing quality assurance structures by extending the role of the National Institute for Clinical Excellence (NICE) and Monitor into social care. This Quality Assurance Framework seeks to bring these structures together so that the overall picture is clear.

4.1.3 The quality assurance mechanisms in health services – whilst not directly applicable to adult social care – are still relevant to social care, particularly with regard to integrated working and joint commissioning arrangements. Some of the main quality assurance mechanisms in health services include:

| | |
|---|---|
| The Care Quality Commission | The annual NHS Operating Framework |
| The National Institute for Clinical Excellence (NICE) | The NHS Quality, Improvement, Productivity and Prevention (QIPP) agenda |
| Monitor | The Healthcare Quality Improvement Partnership (HQIP) |
| The Commissioning for Quality and Innovation (CQUIN) payment framework | The NHS Institute for Innovation and Improvement |

## 4.2 Quality assurance in Tower Hamlets

4.2.1 The quality assurance mechanisms in Tower Hamlets function at a borough, Directorate, service and customer level, and are summarised in the table below (please see Appendix I for full details). Again, these structures often apply to different services within the Directorate.

| | Council | AWHB | Commissioning and providers | Public |
|---|---|---|---|---|
| Forums, groups and meetings | - Cabinet<br>- Overview and Scrutiny<br>- Health Scrutiny<br>- Health and Wellbeing Board | - DMT<br>- Quality and Performance Board<br>- Partnership & Safeguarding Boards<br>- Staff management | - Monitoring meetings<br>- Provider forums | - THINk[5]<br>- Customer forums<br>- Peer Researchers |
| Tools to set standards | - Policies & procedures<br>- Core Values | - Policies & procedures<br>- Service Values<br>- Service specifications | - Service specifications<br>- Contracts | - General feedback<br>- Local Account feedback |
| Frameworks to monitor | - Internal audit<br>- Management and Leadership Framework | - Quality Assurance Framework<br>- Performance Management Framework<br>- Case Record Audits | - Monitoring Framework for transactional commisisoning<br>- Supporting People Monitoring Framework | - Enter-and-View<br>- Rate Our Service<br>- Peer research<br>- Annual Survey<br>- Ongoing feedback |

4.2.2 The focus of quality assurance locally reflects the national direction of travel: consumer and self regulation can be seen in the development of mechanisms such as peer research[6] and in new monitoring systems for commissioned services that aim to give providers more responsibility to conduct their own assessments. One of the key challenges for the Directorate going forward is to ensure that affordability is not prioritised above quality, given the unprecedented financial challenges we currently face[7]. Other emerging

[5] The Tower Hamlets Local Involvement Network (THINk) will transition into HealthWatch by 2013
[6] In 2011, the Adults Health and Wellbeing Directorate commissioned PPRE to develop a group of approximately twenty "peer researchers", who have experience of adult social care services and are able to carry out research with other adult social care users.
[7] The intention is to reduce central funding to all local authorities by 27 per cent our four years.

issues include the need to agree our future approach to assuring the quality of non-commissioned support purchased with a Personal Budget. This Quality Assurance Framework seeks to bring together existing structures and sets out a new way of assuring quality through the development of a core set of quality standards for the Directorate.

# 5 Quality standards

5.1 The diagram below provides an overview of the documents containing quality standards applicable to Directorate adult social care and support services. The bottom tier of the pyramid represents the standards communicated across England; the middle tier represents the standards communicated in Tower Hamlets (please see Appendix I for full details of these); and the top tier represents an overriding core set of quality standards based on the "ACE" service values[8].

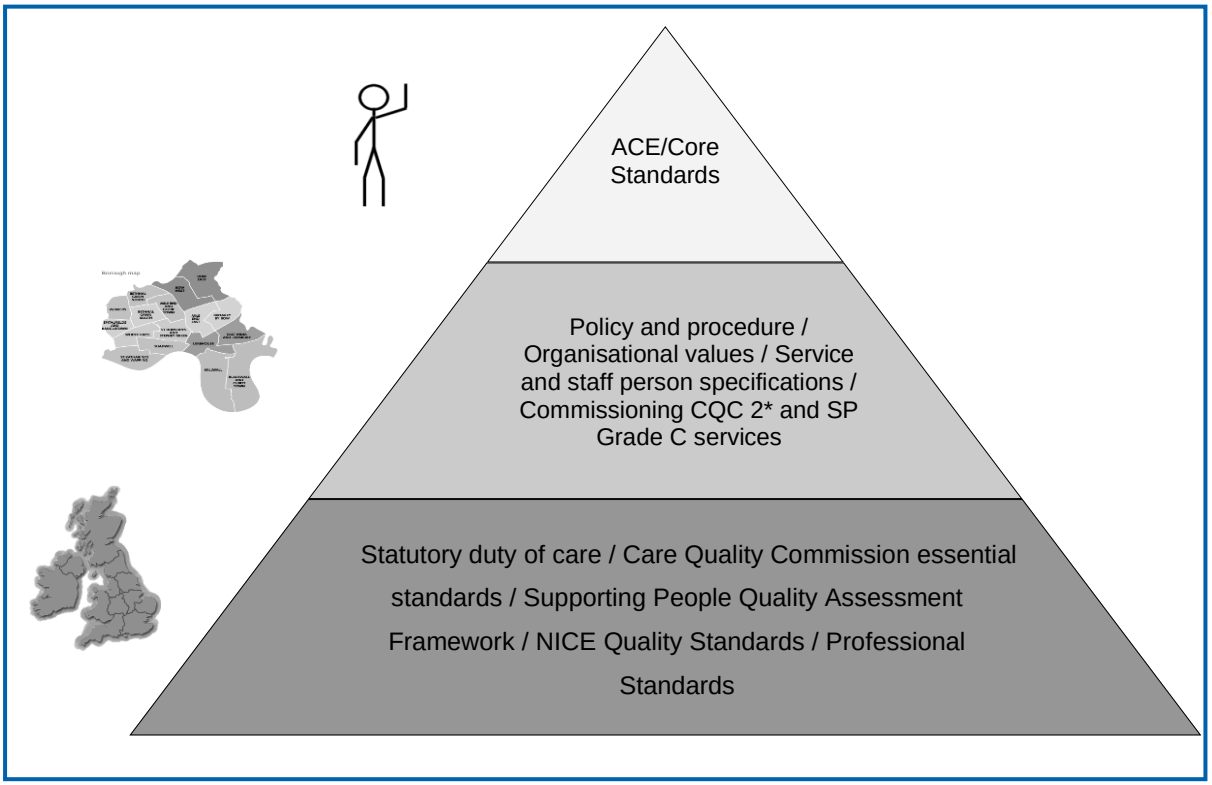



*Fig. 2 – Quality Standards in Adult Social Care*

[8] ACE service values (developed in 2011 for the Adults Health and Wellbeing directorate): I respect our customers; I am accountable; I am ambitious for our customers; I am collaborative; I am skilled, knowledgeable and continue to learn; I make every pound count; I am empowering.

## 5.2 Messages arising from quality assurance in England

5.2.1 Information on quality standards in England[9] make it clear that people who receive adult social care can expect to be treated fairly and with respect by staff who are skilled and trained, to be involved in their support and for that support to be personalised, and for their risk and safety to be managed.

5.2.2 Recent publications[10] show that the national view of "good" social care has expanded to include a bigger focus on prevention. In addition, good quality social care is increasingly viewed as simultaneously being more about the individual (by being person-centred and promoting choice and responsibility) and the community they are part of (by focusing on partnerships, information and advice for all and the role of community). Furthermore, the new public sector equality duty highlights the need to look at the quality of people's experience in a range of different ways[11].

5.2.3 The image below summarises the view of quality adult social care in England by highlighting the words most commonly used in quality standard and quality assurance documentation:

[9] Information drawn from the Care Quality Commission essential standards of quality and safety and the Supporting People QAF – Grade C.

[10] Information drawn from: A Vision for Adult Social Care: Capable Communities and Active Citizens (DoH 2010); The 2010-11 Adult Social Care Outcomes Framework (DoH 2010); Think Local, Act Personal – Making it Happen (2011); Supporting People QAF – Grade A (2009); SCIE and Sitra messages.

[11] The new public sector equality duty came into effect in 2011. This requires services to look at performance, access, satisfaction and complaints across nine equality strands.

5.2.4 The 2011 Dilnot and Law Commission reports provide indications as to the future direction of travel for quality, as they highlight the experience of carers and the role of information and advice. This Quality Assurance Framework reflects these themes in a core set of quality standards for the Directorate that apply to anyone coming into contact with adult social care. This Framework also lays out how adult social care in Tower Hamlets will be monitored and improved, so that it increasingly reflects the national view on what good quality adult social care looks like.

## 5.3 Messages arising from quality assurance in Tower Hamlets

5.3.1 Local information[12] on what people can expect from Directorate services highlights themes of staff that learn; treat people with respect, and provide support that empowers, prevents ill-health, promotes independence and builds confidence. The importance of customers and staff having a clear level of individual responsibility is implicit in these, and is linked to things like ensuring value for money, ensuring transparency and working effectively with others. More "practical" quality standards include things like providing timely support.

5.3.2 Staff, stakeholder and customer views[13] on what good quality Directorate services look like continue this focus on independence. The importance of information and users and carers "being informed" and involved is highlighted, as is the importance of customers being on an equal footing with professionals. Timeliness and the quality of buildings (in buildings-based support services) are highlighted in THINk's "Rate our Service" system, along with the importance of service activities and customer access to the community.

[12] Information drawn from Council Core Values, Adults Health and Wellbeing Directorate service values, the Adult Customer Journey Service Specification and elements "embedded" in Adult Customer Journey procedures.
[13] Information drawn from the Community Plan, the AHWB Case Record Audit, THINk "Rate Our Service", 2010-11 resident and customer feedback.

5.3.3 The image on the next page summarises the view of quality adult social care and support in Tower Hamlets by highlighting the words most commonly used in quality standard and quality assurance documentation:

*Fig 4 – Words used in quality assurance documentation in Tower Hamlets.*

5.3.4 These themes have already been brought together and communicated through the Adults Health and Wellbeing directorate "ACE" service values. This Quality Assurance Framework reflects these themes in an overarching set of core standards, which in turn are based on the directorate service values. It also lays out how adult social care in Tower Hamlets will be monitored and improved, so that it increasingly reflects the local view on what good quality adult social care looks like.

## 5.4 Core Quality Standards

5.4.1 The Directorate core quality standards for adult social care and support services are based on Directorate service values. These, in turn, are consistent with quality standards communicated at a service level, Council-wide level and national level. The standards represent a core and simple set of standards that everyone can expect from directorate services. They reflect the growing emphasis on the importance of customer perspectives of quality and ensure that all services within the Directorate have a core set of quality standards to work to. The core quality standards for the Directorate are as follows:

**Core quality standards**

1. We will treat everyone with respect
2. We will provide information that is clear, useful and easy to understand
3. We provide and commission support that helps people to be independent
4. We will listen to people's views and act on them where possible

5.4.2 "ACE" service values:

| Core standard | Service value |
|---|---|
| 1. We will treat everyone with respect | Respect customers |
| 2. We will provide information that is clear, useful and easy to understand | Accountable; empowering |
| 3. We provide and commission support that helps people to be independent | Empowering; ambitious for customers; |
| 4. We will listen to people's views and act on them where possible | Collaborative; skilled, knowledgeable and continue to learn |

5.4.3 It is important to note that these standards will apply to different teams and services in different ways. A few examples of this are listed on the next page:

| Core Standard | Application |
|---|---|
| 1. We will treat everyone with respect | - Operational teams: apply to staff interaction with service users and carers.<br>- Commissioning teams: apply to staff interaction with providers and colleagues, and provider interaction with users and carers. |
| 2. We will provide information that is clear, useful and easy to understand | - Income and assessment team: apply to written information sent to service users and carers.<br>- Strategy and performance teams: apply to strategy and policy documents. |
| 3. We provide and commission support that helps people to be independent | - Operational teams: apply to information, advice assessments, support planning and reviews.<br>- Commissioning: apply to commissioning strategies and monitoring frameworks. |
| 4. We will listen to people's views and act on them where possible | - Commissioning: ensure user perspectives are considered in commissioning processes.<br>- Strategy and performance: ensure user perspectives are considered in strategy and policy development. |

5.4.4 Teams and services within the Directorate may have additional standards that are specifically relevant to that service or team. These complement rather than replace the core quality standards.

# 6. Monitoring quality

## 4.1 An overview of how we monitor quality

The quality of directorate services is monitored through the following key activity:

- Audits.
- Hearing the views and experiences of people who use services.
- Reporting.
- Visits and meetings.

## 4.2 Monitoring quality across England and Tower Hamlets

The diagram below demonstrates how this activity is carried out at a national and borough-wide level. More detail on this is available in Appendix I.

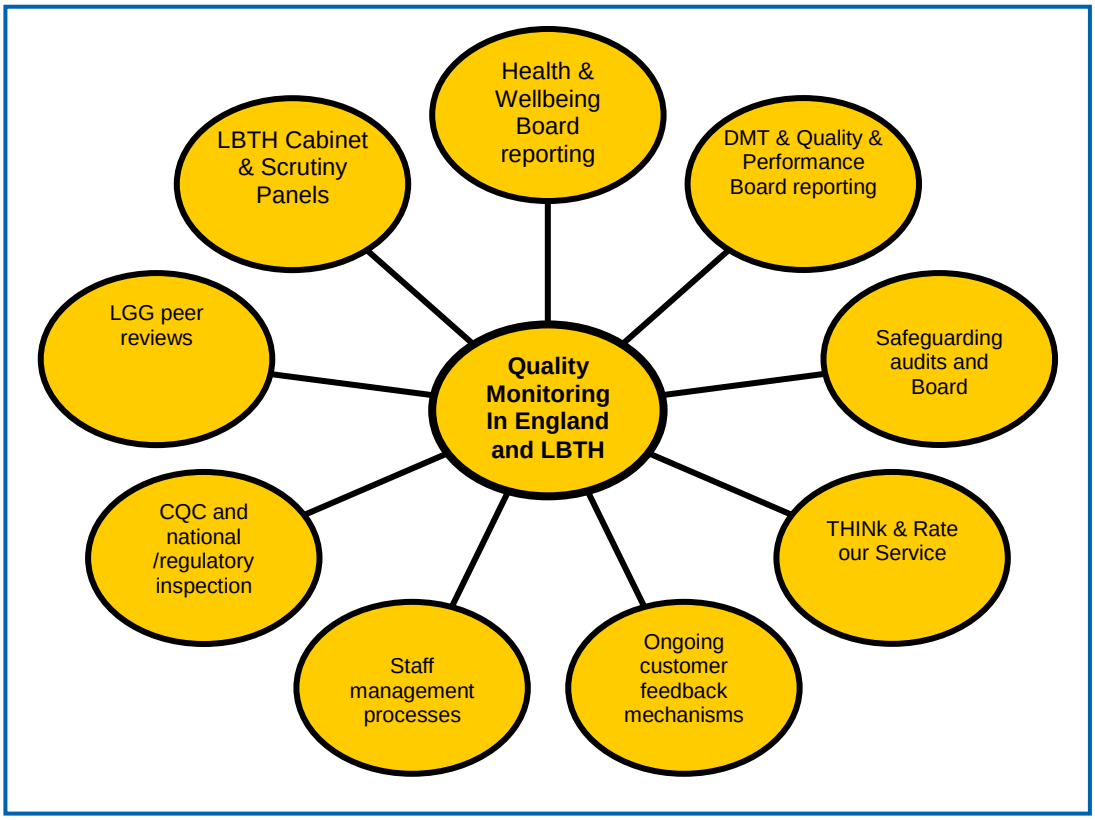



*Fig 5 – Key monitoring activity at an England and borough-wide level.*

## 4.3 Monitoring the core quality standards

4.3.1 Monitoring the core quality standards for the Directorate is carried out through the key activity described below. The Quality and Involvement team in the Directorate act as the central point of contact for this information, and produce regular reports demonstrating the quality of Directorate services based on this (please see section 9 for more details of roles and responsibilities).

## 4.4 Audits

4.4.1 Case Record Audits: Each month, managers from relevant teams audit a set of customer case files and records against a set of pre-defined standards (based on the core quality standards) in order to assure the quality of those records.

4.4.2 Safeguarding Audits: Audits of safeguarding cases occur with the support of the Safeguarding Adults team, whereby safeguarding cases are assessed through a set of audit questions.

4.4.3 Audit programmes: The directorate carries out regular audits on specific topics (for example, an audit of service users employing family members with a cash personal budget or direct payment). These audits are planned as part of business planning processes, and can be determined by staff or by customers.

## 4.5 Hearing the views and experiences of people who use services

4.5.1 It is important to note that "people who use services" can include service users, carers, providers and staff. For example, the people who receive "back office" services are often other staff. However, feedback from service users and carers can be considered a reflection on the quality of all services, since they are the "end user".

4.5.2 Getting general feedback and using this information to monitor the quality of services is done in a variety of ways. This includes feedback and recommendations from customer forums, mystery shopping, staff and customer representation on decision-making forums (for example, the Learning Disability Partnership Board), and by monitoring formal complaints, Member Enquiries and locally resolved concerns. It also includes service user, carer and provider feedback raised in forums (e.g. provider forums) and monitoring visits in commissioned services.

4.5.3 THINk play a key role in enabling the Directorate to hear the views of people who use services. THINk collect "community intelligence" by collecting comments, feedback and by visiting services. This information is used to monitor and make recommendations to adult social care. THINk sits outside Directorate services and structures[14], thus providing a valuable independent monitoring role.

[14] Tower Hamlets commissions Urban Inclusion Community to host THINk. The contract for Urban Inclusion Community is held and managed by the Chief Executive Directorate.

4.5.4 Getting direct feedback on the core quality standards is also done in a variety of ways, described below:

| Activity to get feedback | Description | Who |
|---|---|---|
| Research programmes | Research carried out to find out views and experiences on a specific issue. | Staff, THINk or peer researchers |
| User Experience Survey | Annual survey sent to FACS eligible service users. | Quality and Involvement team. |
| Staff and Provider Survey | Annual survey to gain feedback from recipients of "back office" functions | Quality and Involvement team. |
| Local surveys | Paper or phone surveys given to service users and carers, to get feedback on each service. | Distributed by teams. Analysed by Quality and Involvement team. |
| Meetings / mechanisms for senior management to have contact with people who use services | Includes managers attending meetings or events, or managers shadowing front-line staff | Senior Managers |

Example of a local survey:

***What do you think?***
We are really interested to hear your views on your experience of reablement. Please fill in this questionnaire and return it to the Council. Your feedback will be anonymous, and will help us to improve adult social care services across Tower Hamlets. Thank you!

| | | | | | |
|---|---|---|---|---|---|
| 1. How satisfied are you with the service you received? | | | | | |
| | Yes | A bit | Not really | No | N/A |
| 2. Did staff treat you with respect? | | | | | |
| | Yes | A bit | Not really | No | N/A |
| 3. Did your support help you to be independent? | | | | | |
| | Yes | A bit | Not really | No | N/A |
| 4. Did staff listen to your views and act on them where possible? | | | | | |
| | Yes | A bit | Not really | No | N/A |
| 5. If you have been given information or advice from staff, was this useful and easy to understand? | | | | | |
| | Yes | A bit | Not really | No | N/A |

## 4.6 Reporting

4.6.1 The Directorate Performance Management Framework: This Framework outlines the approach to planning, performance management, data quality and public accountability. The Framework enables the Directorate to keep track of progress against key strategic objectives[15] and to monitor outcomes. It also includes a number of local priority measures: each team has targets and a set of key performance indicators, linked to the wider objectives of the service and Directorate. Local outcome performance measures can include those related to programme and strategy management, and a range of activity including:

- The number of clients receiving a review
- Equipment and adaptations delivered within 7 working days
- The number of people admitted to residential care

The monthly performance "scorecard" compiled by the Strategy and Performance team and reviewed by the Directorate Management Team brings together relevant performance management information into one place.

4.6.2 Core reporting activity that relates to the quality of Directorate services includes reporting information on:

- Complaints and locally resolved concerns
- Member Enquiries
- Serious untoward incidents
- Legal challenges

This information is reported regularly to the Quality and Performance Board and to the Directorate Management Team.

[15] The 2011/12 strategic measure set for the Directorate within the Healthy and Supportive Community theme are NI120a, Strategic042a: All age, all cause mortality rate – Male / NI120b: All age, all cause mortality rate – Female / NI127, Strategic045: Self reported experience of social care users / NI130, Stratgeic046: Social care clients and carers in receipt of Self Directed Support / NI135, Strategic412: Carers receiving needs assessment or review and a specific carer's service, or advice and information

4.6.3 Monitoring framework information: Information is collected from providers commissioned by both Supporting People and transactional commissioning teams on a regular basis. This system provides information that is both directly and indirectly applicable to the core quality standards.

## 4.7 Visits and meetings

4.7.1 Staff management processes and meetings: These include staff supervisions, team meetings, and the governance and accountability structure in the Directorate. These processes and meetings provide a forum through which information can be gathered, discussed and monitored.

4.7.2 Monitoring visits: Visits by Monitoring Officers to commissioned providers and by staff to in-house home care services provide opportunities for information to be gathered and monitored.

4.7.3 THINk enter-and-view visits: THINk are able to enter and view social care premises, with a view to assessing the quality of service provision. This provides an independent monitoring function.

## 4.8 Monitoring activity at a team level

The table on the next page lays out how monitoring activity applies at a team level:

| All teams | | | | |
|---|---|---|---|---|
| • Monthly complaints, concerns and incident reporting<br>• "Compliments" and good practice reporting<br>• Yearly programme of audits and research (led on by Quality and Involvement team or peer researchers)<br>• Acting on feedback gained from the annual User Experience Survey and THINk | | | | |
| PSMT / operational teams | PSMT / in-house service provision | FSMT / finance teams | CSSMT / commissioning teams | CSSMT / strategy and performance teams |
| - Monthly Case Record Audits<br>- Paper or phone surveys to users to get feedback | - Paper surveys or meetings to get feedback<br>- Visits from independent experts<br>- Adopting relevant sections of commisioning Monitoring Frameworks | - Case Record Audits<br>- Paper surveys to users to get feedback (I&A)<br>- Survey to staff to get feedback | - Case Record Audits (ART)<br>- Monitoring Framework (ART)<br>- Monitoring Framework (Supporting People)<br>- Survey to staff to get feedback | - Survey to staff to get feedback<br>- Information collected through PSMT, FSMT and CSSMT team activity. |

# 7. Improving quality

## 7.1 Frameworks for excellent adult social care and support

The diagram on the next page gives an overview of the documents that lay out basic quality standards for Directorate services and those that lay out a framework for excellence. The Directorate will work towards the highest possible quality adult social care by utilising the monitoring mechanisms outlined in the last section. Quality will then be driven forward through the planning and improvement mechanisms listed in 7.2 to 7.4.

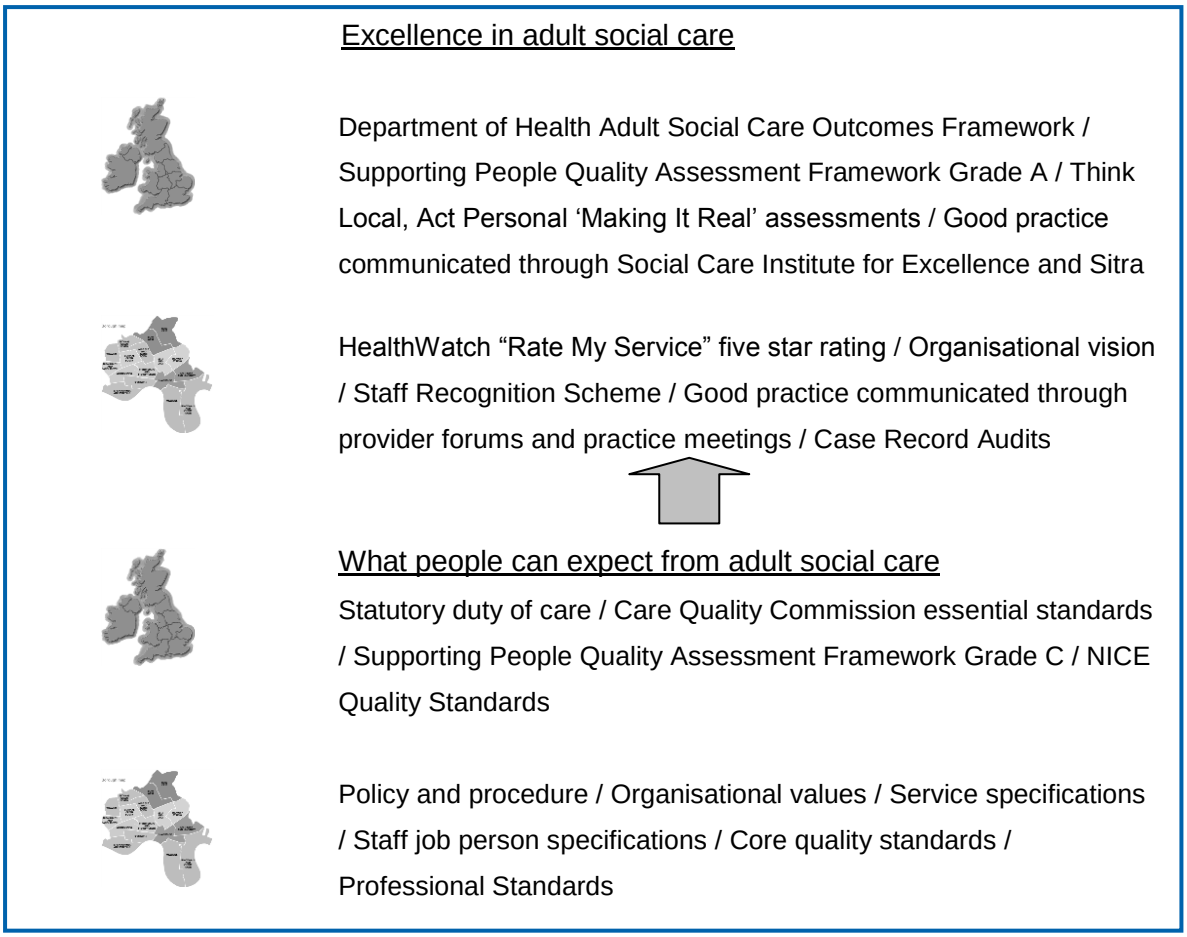



*Fig. 8- Standards and frameworks for excellence in adult social care*

## 7.2 Acting on monitoring information

Acting on the information that arises from quality monitoring is the continuous activity that drives up the quality of Directorate services, whilst ensuring that poor quality service provision is identified and dealt with swiftly. This is done at an individual and team level on a day-to-day basis. The Directorate governance and accountability structure provides formal mechanisms for doing this: for example, one of the functions of the Quality and Performance Board is: "To effectively monitor the overall quality and performance of adult social care services in the Directorate by identifying or agreeing areas for improvement and recommending corrective action; and identifying or agreeing areas of high performance or quality and recommending next steps[16]".

[16] 2011 Quality and Performance Board Terms of Reference

### 7.3 Service planning functions

Annual business and team planning processes provide a way for quality monitoring information to be utilised. Team plans may include actions that seek to maintain areas of good quality as well as setting targets to address areas of poor quality. Strategy development[17] and commissioning intentions are also key planning functions that provide important opportunities to drive quality improvement.

### 7.4 Planning at an individual level

Staff management processes such as Performance Development Records (PDRs) and staff supervision meetings provide further opportunities to review quality information, and use this to plan actions for individual members of staff to improve the quality of what they do.

## 8. Communication

### 8.1 Communicating the Quality Assurance Framework

To ensure that people are aware of how quality applies to them (and to ensure everyone has an awareness of how it operates in the Directorate overall), the Quality Assurance Framework will be communicated in the following ways:

| | |
|---|---|
| Printed summaries | Discussed in staff team meetings |
| Accessible printed summaries | Discussed in staff supervisions |
| Copies to downloading from the intranet | Discussed at customer forums |
| Copies to download to the internet | Discussed at provider forums |
| Promoted in staff bulletins | Distributed by staff to customers |
| Promoted in customer newsletters | Links on key websites |
| | Promoted via email |

[17] Strategies are defined in the AHWB Strategy and Policy Toolkit as documents that "set out a future set of goals, objectives or vision"

### 8.2 Communicating quality information

8.2.1 Information gained through monitoring activity is reported to staff via the staff intranet and through the Directorate governance and accountability structure. The Quality and Involvement team produce a six-monthly and in-depth report on the quality of Directorate services. The Quality and Involvement team report information on complaints, compliments, incidents and the results of Case Record Audits on a quarterly basis.

8.2.2 Information gained through monitoring activity is reported to people who use services through the Council website, the Local Account and through customer representation on the governance and accountability structure (e.g. user representation on the Older People's Partnership Board).

## 9. Roles and responsibilities

### 9.1 Quality and Involvement team will:

- Oversee the implementation of the Quality Assurance Framework
- Review the Quality Assurance Framework on an annual basis, including consultation on the core quality standards.
- Develop new quality assurance mechanisms and support Directorate staff to implement relevant sections of the Quality Assurance Framework.
- Implement the Quality Assurance Framework in terms of:
  - Publishing the core quality standards
  - Printing a range of questionnaires on the core quality standards and analysing the results
  - Carrying out audits
  - Carrying out a staff survey
  - Reporting to the Quality and Performance Board
- Act as a central resource for quality standards and quality monitoring information
- Produce an in-depth report every six months on the quality of Directorate services.
- Publish public information on the quality of Directorate services.

- Maintain an overview of changes in the national, regulatory and local environment that are likely to have an impact on the quality of Directorate services or the Quality Assurance Framework itself.

### 9.2 Operational staff will:

- Implement the Quality Assurance Framework in terms of
  - Developing service specifications to communicate quality standards
  - Signposting customers to THINk “Rate Our Service”
  - Putting systems in place to get feedback from customers (e.g. distributing local questionnaires on the core quality standards, carrying out phonecalls or holding meetings)
  - Providing regular quality monitoring information (e.g. complaints) to the Quality and Involvement team
  - Carrying out Case Record Audits
  - Carrying out relevant aspects of commissioning monitoring framework for in-house home care and day care
- Provide feedback to the Quality and Involvement team on the Quality Assurance Framework and its implementation
- Review and act on quality monitoring information in day-to-day and planning activity.

### 9.3 Commissioning staff will:

- Implement the Quality Assurance Framework in terms of
  - Developing service specifications to communicate quality standards for commissioning activity
  - Incorporating the core quality standards into provider Service Specifications
  - Providing regular quality monitoring information arising from Frameworks (e.g. complaints made to commissioned providers) to the Quality and Involvement team
  - Carrying out Case Record Audit processes where relevant
  - Gathering and acting on feedback from service users and carers (through monitoring activity), providers and staff (e.g. through the staff survey)

- Review and act on quality monitoring information in day-to-day and planning activity.
- Provide feedback to the Quality and Involvement team on the Quality Assurance Framework and its implementation

### 9.4 Strategic and support staff

- Implement the Quality Assurance Framework in terms of
  - Developing service specifications to communicate quality standards for strategic activity
  - Incorporating the core quality standards into strategy, policy and procedure development
  - Incorporate the core quality standards into our approach to monitoring non-commissioned services purchased with a personal budget
  - Gathering and acting on feedback from service users and carers (through engagement activity), providers and staff (e.g. through the staff survey)
  - Providing regular quality monitoring information arising from strategy an policy work to the Quality and Involvement team
- Provide feedback to the Quality and Involvement team on the Quality Assurance Framework and its implementation
- Review and act on quality monitoring information in day-to-day and planning activity.

### 9.5 Finance, income and assessment

- Implement the Quality Assurance Framework in terms of
  - Developing service specifications to communicate quality standards for finance, income and assessment activity
  - Incorporating the core quality standards into policy and procedure development
  - Gathering and acting on feedback from service users and carers (through engagement activity), providers and staff (e.g. through the staff survey)
  - Providing regular quality monitoring information arising from work to the Quality and Involvement team
- Provide feedback to the Quality and Involvement team on the Quality Assurance Framework and its implementation

- Review and act on quality monitoring information in day-to-day and planning activity.

### 9.6 Customers

- Will be provided with opportunities to give feedback on the content of the core quality standards.
- Will have the ways to give feedback on the quality of Directorate services:
  - Filling in feedback questionnaires on the core quality standards
  - Talking to a Manager on the phone or face-to-face about their experiences
  - Talking to a Monitoring officer about their experiences of commissioned providers
  - Talking to a peer researcher about their experience of services
  - Providing comments to THINk, or visiting THINk "Rate Our Service"
  - Filling the annual User Experience Survey
  - Attending an existing customer forum
  - Raising a comment, concern, complaint or compliment
- Have the following opportunities to be actively involved in quality assurance activity:
  - By joining THINk or HealthWatch
  - By being a peer researcher
  - By being a mystery shopper
  - By reading and responding to quality publications such as the Local Account

## 10. Governance and accountability

The implementation of this Quality Assurance Framework will be overseen by the Directorate Quality and Performance Board. Part of the function of the Board is to "to oversee and agree the systems in place for monitoring, improving and being accountable for the quality and performance of services in the directorate". Nationally, the Care Quality Commission inspects services against a standard that states "Assessing and monitoring the quality of service provision quality assurance mechanisms." THINk and the Local Account are also key mechanisms through which customers are involved in overseeing the implementation of this Framework.

## 11. Review

This Quality Assurance Framework will be reviewed once the Adults Health and Wellbeing directorate has fully integrated with the Children, Schools and Families directorate. Thereafter, the Framework will be reviewed on an annual basis by the Quality and Involvement team, and agreed by the Directorate Quality and Performance Board. This review will be carried out in partnership with staff and customers, and will include consultation on the content of the core quality standards. The next review date is **March 2013.**

**Joanne Starkie – Quality and Involvement Manager, April 2012**

## APPENDIX I: Current quality assurance mechanisms for social care

# 1. Section 1: Quality assurance in England

## 1.1 Statutory duties

There is a wide range of legislation in adult social care and support. Legislation effectively acts as the "bottom line" when it comes to quality standards and what people can expect from social care. Key bills and documents that lay out our legal duties include the 1970 Chronically Sick and Disabled Person Act, the 1970 Local Authority Social Services Act the 1990 NHS and Community Care Act, the 2003 Fair Access to Care guidance (refreshed in 2010), the 2005 Mental Capacity Act and the 2001 "Social Care for Deafblind Children and Adults – LAC (2001) 8 under Section 7 of the Local Authority Social Services Act 1970."

## 1.2 The Department of Health "Vision for Adult Social Care" and the "Adult Social Care Outcomes Framework"

1.2.1 A Vision for Adult Social Care: Capable Communities and Active Citizens: This paper, published by the Department of Health in November 2010, lays out seven principles for a modern system of social care. These are:

| | |
|---|---|
| Prevention | Protection |
| Personalisation | Productivity |
| Partnership | People |
| Plurality | |

1.2.2 The 2010-11 Adult Social Care Outcomes Framework was published in November 2010 by the Department of Health. The Framework is intended to give a national indication of good quality, the strengths of social care and successes in delivering better outcomes for people who use services. It is based around four outcome domains, and these, in turn, include 23 outcome measures. The Department of Health makes clear that the Framework "Is not a national performance management tool."[18] The four domains are listed below (full details are available at www.dh.gov.uk):

[18] The 2011/12 Adult Social Care Outcomes Framework (page 8, Para 1.14)

| | |
|---|---|
| Enhancing quality of life for people with care and support needs | Ensuring that people have a positive experience of care |
| Delaying and reducing the need for care and support | support and safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm |

## 1.3 The Care Quality Commission

1.3.1 The Care Quality Commission (CQC) regulates and inspects the quality of adult social care services, focusing on home care and care homes. Since October 2010, the CQCs previous system of periodic assessments and quality "star" ratings has shifted to a system of continuous monitoring of compliance with sixteen essential standards of quality and safety. The proposed CQC Judgement Framework and Enforcement policy (due to be finalised in early 2012) aims to "simplify and strengthen" their regulatory model. The policy consultation outlines an intention to inspect more often and in a more targeted way, and to continue to regulate on the basis of risk. Under this policy, services are to be judged as "compliant" with the sixteen essential standards, or "non-compliant". A transparent "enforcement escalator" process will be put in place to ensure providers achieve compliance. Full details can be found at www.cqc.org.uk.

1.3.2 The CQC 16 essential standards of quality and safety are:

| | |
|---|---|
| Respecting and involving people who use services | Safety and suitability of premises |
| Consent to care and treatment | Safety, availability and suitability of equipment |
| Care and welfare of people who use services | Requirements relating to workers |
| Meeting nutritional needs | Staffing |
| Cooperating with other providers | Supporting workers |
| Safeguarding people who use services from abuse | Assessing and monitoring the quality of service provision |
| Cleanliness and infection control | Complaints |
| Management of medicines | Records |

## 1.4 HealthWatch England

HealthWatch England (due to be created in October 2012[19]) will be part of the CQC and act as a new independent consumer champion for health and social care. In this role, it will gather and represent the "collective" views of the public with a view to maintaining and improving the quality of support. The intention is for HealthWatch England to be part of the Care Quality Commission, and to be closely linked to local HealthWatch bodies[20]. It will advise the NHS Commissioning Board, Local Authorities, Monitor and the Secretary of State; and have the power to recommend that action is taken by the CQC.

## 1.5 Sitra and the Supporting People Quality Assessment Framework

1.5.1 The Supporting People Quality Assessment Framework (last refreshed in 2009) is used by providers and commissioners to assess the quality of housing-related support[21]. Services are graded at A, B, C, or below. The descriptions of grade C services effectively act as a description of service standards, while descriptions of grade "A" services lay out what excellent housing-related support looks like. Since April 2009, Sitra have been given the responsibility for updating and maintaining the Quality Assessment Framework. Sitra focuses on housing-related support, and works to "champion excellence in housing, support and care[22]" through promoting best practice and providing training, information and advice.

1.5.2 The Supporting People Quality Assessment Framework covers five areas

| | |
|---|---|
| Assessment and support planning | Fair access, diversity and inclusion |
| Security, health and safety | Client involvement and empowerment |
| Safeguarding and protection from abuse | |

1.5.3 For people using Supporting People services, Grade C standards broadly say

[19] Pending final approval of the 2011 Health and Social Care Bill
[20] Local HealthWatch will be formed from existing Local Involvement Networks by 2013. Please see xxx for more information on this,
[21] The Department of Communities and Local Government are largely responsible for housing-related support through the Supporting People programme
[22] www.sitra.org

that people can expect the basic requirements for each of these areas to be in place (for example, that policies and procedures in relation to each are in place and being followed). Whilst Grade C in the Supporting People QAF act as minimum standards, Levels B and A are not prescriptive and aim to allow providers the flexibility to demonstrate innovation and develop practice. Housing related support services are encouraged to demonstrate how their services are achieving outcomes for clients (at level C), the service (at level B) and the wider community (at level A). A full version of Grade A standards are available to read at the Sitra website.

## 1.6 Think Local, Act Personal – Making it Real

The recent Think Local, Act Personal publication of "Making it Real" provides a national framework to enable Local Authorities to asses their progress in relation to personalisation[23]. The framework lays out what people want to see and experience, and what they would expect to find if personalisation is working well. In this way, the framework can be used to assess the quality of social care in the context of personalisation. "Making it Real" includes a set of statements from people who use services and carers which set out what they would expect, see and experience if personalisation is working well in an organisation. The six key themes are:

| | |
|---|---|
| Information and advice<br>"having the information I need, when I need it" | Workforce<br>"my support staff" |
| Active and supportive communities<br>"keeping friends, family and place" | Risk enablement<br>"feeling in control and safe" |
| Flexible and integrated care and support<br>"my support, my own way" | Personal budgets and self-funding<br>"my money" |

## 1.7 Professional standards for Social Work

The British Association of Social Workers has a "Code of Ethics" which states the three key core values and related principles on which the social work profession is based. This document was developed in 1975 and was most recently revised in 2012.

| Value | Principles |
|---|---|
| Human rights | ○ Upholding and promoting human dignity and well-being |

[23] Please see www.thinklocalactpersonal.org.uk for more information on this

| | |
|---|---|
| | ○ Respecting the right to self-determination<br>○ Promoting the right to participation<br>○ Treating each person as a whole<br>○ Identifying and developing strengths |
| Social justice | ○ Challenging discrimination<br>○ Recognising diversity<br>○ Distributing resources<br>○ Challenging unjust policies and practices<br>○ Working in solidarity |
| Professional integrity | ○ Upholding the values and reputation of the profession<br>○ Being trustworthy<br>○ Maintaining professional boundaries<br>○ Making considered professional judgements<br>○ Being professionally accountable |

## 1.8 Professional standards for Occupational Therapy

1.8.1 The Health Professions Council (HPC) regulates 15 heath professions, including occupational therapy. The HPC have developed both "standards of proficiency" and "standards of conduct, performance and ethics" that apply to occupational therapists. The College of Occupational Therapists (on behalf of the British Association of Occupational Therapists) have also produced Professional Standards for Occupational Professional Practice.

1.8.2 The Standards of conduct, performance and ethics communicate HPC expectations of the professionals they regulate, and were last revised in 2008.

| | |
|---|---|
| 1. You must act in the best interest of service users | 8. You must effectively supervise tasks that you have asked other people to carry out |
| 2. You must respect the confidentiality of service users | 9. You must get informed consent to give treatment (except in an emergency) |
| 3. You must keep high standards of personal conduct | 10. You must keep accurate records |
| 4. You must provide to regulators any important information about your conduct and competence | 11. You must deal fairly and safely with the risks of infection. |
| 5. You must keep your professional knowledge and skills up to date | 12. You must limit your work or stop practising if you performance or judgement is affected by health. |
| 6. You must act within the limits f your knowledge, skills and experience and, if necessary, refer the matter to another practitioner | 13. You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession |
| 7. You must communicate properly and effectively with service users and other practitioners | 14. You must make sure that any advertising you do is accurate |

1.8.3 The College of Occupational Therapists (on behalf of the British Association of Occupational Therapists) have also produced Professional Standards for Occupational Professional Practice. These are closely tied with Health Professions Council and were last revised in 2011.

## 1.9 The Social Care Institute for Excellence (SCIE)

SCIE works to share knowledge about good quality adult social care in order "improve the lives of people who use care services[24]". Events and publications aim to provide guidance and examples around "what works" in adult social care. In this way, SCIE works to drive up quality by evidencing and communicating good practice. Both SCIE and Sitra have many publications that describe good quality adult social care in a range of settings. The list of 16 "key issues" (listed on the SCIE website) includes access, equality and discrimination, dignity, integration, isolation, participation, partnerships, personalisation and safeguarding.

## 1.10 The National Institute of Clinical Excellence (NICE)

The National Institute for Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE is preparing to take on a new responsibility to develop quality standards for social care in England as part of the recent Health and Social Care Bill by carrying out two pilots in collaboration with SCIE. One of the two pilots relates to adult social care (the care of people with dementia), and is comprised of ten "quality statements." Each of these statements has a measure and description of what this means for users, providers, commissioners and professionals.

## 1.11 Assuring the quality of health services

The quality assurance mechanisms in health services – whilst not directly applicable to adult social care – are still relevant to social care, particularly with regard to integrated working and joint commissioning arrangements. Some of the main quality assurance mechanisms in health services include:

[24] www.scie.org.uk

| | |
|---|---|
| The Care Quality Commission | The annual NHS Operating Framework |
| The National Institute for Clinical Excellence (NICE) | The NHS Quality, Improvement, Productivity and Prevention (QIPP) agenda |
| Monitor | The Healthcare Quality Improvement Partnership (HQIP) |
| The Commissioning for Quality and Innovation (CQUIN) payment framework | The NHS Institute for Innovation and Improvement |

### 1.12 Changes made to quality assurance in England

The Comprehensive Area Assessment has been abolished, along with Public Service Agreements. The Place Survey and the number of National Indicators have been significantly reduced. The Audit Commission is due to be replaced, and the Homes and Communities Agency is due to take on the economic regulatory function of the Tenant Services Authority. The key next steps for quality assurance include:

1.12.1 Key "quality" features of the 2010-12 Health and Social Care Act include a requirement for each local authority to set up a Health and Wellbeing Board to oversee the quality of local services; the establishment of HealthWatch England and local HealthWatch organisations to collect, scrutinise and act on quality information; and expanding the role of NICE and Monitor[25] from health into social care.

1.12.2 As previously outlined, the CQC are due to finalise their Judgment Framework and Enforcement policy in early 2012. The key changes in this consultation are around judging providers to be either compliant or non-compliant with the CQC essential standards of quality and safety.

1.12.3 The Local Government Group's (LGG) consultation document in late 2011 called 'Sector Self Regulation and Improvement', set down their proposals for a new sector-owned approach to the assessment of local public services in the context of the dismantling of the current framework. Robust peer

[25] The Bill includes a proposal for Monitor to become the sector regulator for health and, at a later date, social care. In this role, Monitor would work to regulate prices, enable integrated care and prevent anti-competitive behaviour, and support service continuity.

challenges at least every 3 years is being proposed, with the possibility of local people included as part of the team alongside the members and officers who will be acting as peers. The consultation received a positive response in relation to Councils using self assessment as a tool for improvement and local accountability more widely.

### 1.13 The changing view of good quality adult social care in England

1.13.1 The May 2011 Law Commission report and the July 2011 Dilnot Commission report give indications around the future direction of quality in adult social care. The Law Commission recommendation to have an overarching statutory principle of wellbeing to define the purpose of adult social care has potential implications for how quality is monitored. Recommendations to have a single adult social care statute, to have a set of regulations and a detailed code of practice, all have potential implications for the standards of quality that exist in social care. Furthermore, both the Law Commission and Dilnot reports recommend that there be a statutory duty for Local Authorities to provide information, advice, and assistance in their areas to all people and recommend that there be new legal rights to services for carers. The Dilnot Commission report also makes recommendations around having a clear and transparent charging system, a standardised national basis for service entitlement and a more objective eligibility framework. All these recommendations have potential implications for the standards of quality that exist in social care.

1.13.2 The 2011 Department of Health “Caring for our future” engagement exercise gives some indications around the future direction of travel for the quality of adult social care. Under the theme “improving quality and the workforce”, for example, one of the questions raised is: “should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?” There are proposals to have future government guidance or policy on integrated social care, health and related services. Potential implications for quality monitoring systems can be

seen through discussion around things like payment-by-results and customers setting their own outcomes for non-traditionally commissioned services. The next steps will become clearer in the government white paper that is due to be issued in 2012 on social care reform, along with a progress report on funding.

## 2. Quality Assurance in Tower Hamlets Local Authority

### 2.1 Key meetings

Key bodies related to the quality of Directorate services include

| | |
|---|---|
| Overview and Scrutiny Committee | Health Scrutiny Panel |
| Health and Wellbeing Board | |

The Health and Wellbeing Board is operating in 2012 as a shadow Board, before taking on statutory functions in 2013. Health and Wellbeing Boards are designed to bring together NHS, public health, social care, children's services, elected representatives and representatives from HealthWatch to plan and monitor services.

### 2.2 Council activity

Other ways in which the Council sets quality standards and monitors the quality of services is through:

- Audits carried out by Internal Audit
- The development of policies and procedures by Strategy and Performance teams
- The development of people management processes by Human Resources
- The annual Resident Survey and Staff Survey.

### 2.3 Council core values:

The Council's Core Values communicate what people can expect from Directorate staff. The values are specified in every staff Person Specification and are a standard part of performance management processes. There are also specific behaviours related to these values for managers, outlined in the Leadership and Management Framework. The four key values for all staff are:

| | |
|---|---|
| Achieving results | Valuing diversity |
| Engaging with others | Learning effectively |

### 2.4 Council vision:

The Tower Hamlets Community Plan is built around four key themes. These are:

| | |
|---|---|
| A great place to live | A prosperous community |
| A healthy and supportive community | A safe and cohesive community |

Sitting above this, the overarching aim of One Tower Hamlets encompasses work towards tacking inequality, strengthening cohesion and building leadership and personal responsibility. Quality is explicit or implicit within this: The vision for a "healthy and supportive community" is "to support residents to live healthier, more independent lives and reduce the risk of harm and neglect to vulnerable adults and children". The fifth and final objective in order to work towards this vision is "providing excellent primary and community care".

## 3. Quality Assurance in the Adults Health and Wellbeing Directorate

### 3.1 Key meetings and reporting

Key bodies related to the quality of Directorate services include

| | |
|---|---|
| Directorate Management Team | Quality and Performance Board |
| Safeguarding Vulnerable Adults Board | Learning Disability Partnership Board |
| Older People's Partnership Board | |

The role of the Quality and Performance Board is to effectively monitor the overall quality and performance of adult social care services in the Directorate, and the systems in place for monitoring these. Reports on performance and strategic information reports all provide information and indicators around the quality of services: for example, on the timeliness of support. Regular reports on key issues such as safeguarding also take place and scrutinised and acted on in the Directorate governance and accountability structure.

## 3.2 Staff

All AHWB staff have a role in assuring the quality of Council services. Key staff involved in assuring the quality of adult social care and support include the Quality and Involvement team, staff involved in developing policies and procedures, commissioning staff involved in drawing up service specifications, staff involved in monitoring activities (both actual Monitoring Officers and – for example - Senior Practitioners carrying out regular audits) and staff involved in staff recruitment and management.

## 3.3 Directorate service values

Directorate staff additionally work to seven core "service" values. Everyone who comes into contact with Directorate staff can expect to see these values being put into practice. Each value has a list of behaviours (for example "I will be consistent", "I will not be paternalistic" and "I will say 'No' sometimes").

The values are:

| | |
|---|---|
| I respect our customers | I am accountable |
| I am ambitious for our customers | I am collaborative |
| I am skilled, knowledgeable and continue to learn | I am empowering |
| I make every pound count | |

## 3.4 Directorate policies and procedure

At a Directorate and service level, policies and procedure act as a way to judge the quality of Directorate services by laying out what people can expect. As stated in the AHWB Strategy and Policy Development Toolkit: "overall the policy sets the standard for how an issue or scenario will be managed and dealt with". The Toolkit states that policies and procedures should "describe in clear and unambiguous language the actions or performance expected of staff or teams". It will describe processes to follow, and set standards to be met. It must include staff roles and responsibilities, performance standards and any timescales that apply". The actual content will, in practice, range from policy to policy. However, it should be noted that the new procedures and processes being developed for the new customer journey have the following elements "embedded" within them:

| | |
|---|---|
| Access to universal services | Choice and control |
| Prevention and early intervention | Social capital |

## 3.5 Directorate "in-house" service specifications

Many of the services within the Directorate hold "service specifications", which lay out what people and organisations can expect. A key internal service specification in adult social care describes the "Adult Customer Journey". The purpose of the customer journey structure is described as "ensuring that people using social care experience a single process that is supportive, preventative and enabling". The outcomes that all customers can expect are described as:

| | |
|---|---|
| The provision of good quality information of what is available from the council and universally available and the provision of the tools to access these services independently; | Responsive services that ensure timely, efficient assessment and support within expected local and national performance requirements |
| Robust promotion of independence and access to a range of preventative and personalised type services that will help people increase their confidence | Robust quality monitoring of the response from both the adult social care workforce and partners working on its behalf |
| A minimum of handoffs | |

## 3.6 Directorate "service level" standards

A variety services (both commissioned and in-house teams and services) have their own service-level standards. Some of these may have been developed in line with the 2009 AHWB Quality Assurance Framework, whilst others are reflected in team plans. Some quality standards have been led by service users and carers (for example, quality standards for mental health in-patient services) whilst others have been primarily developed by staff.

## 3.7 Audits

3.7.1 Key auditing activity includes:

| | |
|---|---|
| Regular audits on specific topics | Auditing of safeguarding cases |
| Case Record Audits | |

3.7.2 The Directorate has a monthly Case Record Audit process for auditing customer case files and records against a set of pre-defined standards in order to assure the quality of those records. The audit of the case record also offers an opportunity to examine other areas relating to the quality of the services we provide. These aspects may include, for instance, the quality of the assessment, the care planning process, our staff's consistency of applying eligibility criteria or safeguarding procedures.

3.7.3 The monthly Case Record Audit is comprised of eight questions, designed to inspect customer case files and records against a set of pre-defined standards. For each question, the person carrying out the audit can make a qualitative judgement and also select "yes", "partially achieved", "no" or "n/a" in response to the following questions:

| | |
|---|---|
| Has eligibility criteria been applied appropriately? | Has the role and function of all carers been fully explored and their expertise respected? |
| Has support to keep people well, delay dependency and promote independence been fully considered? | Have issues around mental capacity been fully considered and addressed? |
| Have the principles of personalisation – focussing on choice and outcomes - been fully applied when working with the service user? | Is the recorded information used to carry out this audit of a high quality? |
| Have the principles of personalisation – focussing on choice and outcomes - been fully applied when working with the service user? | |

## 3.8 Customer involvement in quality assurance - THINk[26]

3.8.1 THINk play a key and independent role in scrutinising and monitoring the quality of adult social care in Tower Hamlets. THINk was originally formed in 2008 as the Local Involvement Network for Tower Hamlets. To date, THINk has a membership of over 900 people, and a core Steering Group made up of ten residents, five user group representatives and five community and voluntary group representatives. THINk work to influence and improve the

[26] THINk will transform into HealthWatch by October 2013

quality of health and adult social care services in Tower Hamlets. The THINk "Rate Our Service" is online service that allows local residents to rate health and social care services in Tower Hamlets. Residents can currently give a one-to-five rating for care homes, day centres, key homecare providers and "social services" overall. THINk also have a range of other mechanisms to collect information on the quality of services on an ongoing basis. This includes collecting feedback and comments through outreach activity, and carrying out Enter-and-View visits. THINk will turn into HealthWatch in 2013 and as such, will act as a "consumer champion" of health and social care services.

3.8.2 The THINk "Rate our Service" topics are:

| | |
|---|---|
| **Care Homes**<br>Treated with respect and dignity<br>Caring helpful staff<br>General cleanliness<br>Quality of food/choice<br>Feeling safe<br>Quality of daily activities<br>Personal hygiene<br>Building and its surroundings<br>Involving family and carers<br>Health advice | **Day Centres**<br>Range of activities<br>Staff understand my needs<br>Transport<br>Feeling safe<br>Opportunity to learn new skills<br>Access to training and employment<br>Feeling independent<br>Involved within the community<br>Building and its surroundings<br>Designed to meet my needs |
| **Nursing Homes**<br>Treated with dignity<br>Caring helpful staff<br>General cleanliness<br>Quality of food/choice<br>Feeling safe<br>Quality of treatment<br>Quality of daily activities<br>Personal hygiene<br>Building and its surroundings<br>Involving your family | **Home care**<br>Punctuality<br>Reliability<br>Treated with respect and dignity<br>Caring helpful staff<br>Feeling safe<br>Personal hygiene<br>Delivery of domestic services<br>Informed about changes<br>Delivery of personal services<br>Continuity of staff |
| **Social Services**<br>Getting information<br>Quality of information<br>Help to be independent<br>Staff listening to people<br>Staff working well together<br>Social work assessment decision<br>Being treating with respect<br>Quality of advice | |

### 3.9 Customer involvement in quality assurance – the Local Account

A requirement of the 2010-11 Adult Social Care Outcomes Framework is for Local Authorities to produce an annual "Local Account". This acts as a mechanism for reporting the Framework and local information to the public in order to be locally accountable. The first Local Account was published in early 2012.

### 3.10 Customer involvement in quality assurance - ongoing feedback mechanisms

3.10.1 There is a range of ways to ensure customer feedback on the quality of services is gathered and acted on, such as the annual statutory social care customer survey (sent to all service users in receipt of FACS-eligible long-term support) and the ongoing collection and analysis of feedback given at customer forums. Information on the experience of customers overall – including complaints and concerns information – is reported through the governance and accountability structures. Ultimately, all Tower Hamlets residents should be able to play a role in assuring the quality of adult social care by scrutinising, giving feedback and getting involved. This could be, for example, by getting involved in setting service standards for a specific service; by influencing the direction of services by participating in democratic processes; or by making a complaint about a poor quality service.

3.10.2 Local development of new mechanisms such as "mystery shopping" and peer researcher are also underway. The intention is for peer researchers[27] (who have experience of using adult social care support and services) to collect information on the quality of adult social care. This could be through getting feedback from other social care users on specific topics, or through activities such as mystery shopping.

3.10.3 The principles of customer engagement were developed in adult social care as part of the "transformation of adult social care" programme, and provide a useful summary of customer feedback on the issue of good quality adult

[27] A project is currently underway within the Directorate to develop a cohort of "peer researchers". This project is due for completion in summer 2012

social care. These principles were developed in partnership with people who use social care services in June 2010, and were used in the "transformation of adult social care" programme[28]

| | |
|---|---|
| Professionals and customers are on equal terms | Support tackles dependency and promotes independence |
| Support is based on the needs and wishes of each individual. They are in the driving seat. | Comments, complaints and concerns are a way of improving services |
| | Everyone has a right to understand the things that will affect them |

An analysis of customer feedback in adult social care over 2010-11 similarly states: "the key words that (customer's use to) describe a "good" customer service continue to be listening, empathy, accountability, and being friendly and caring"[29].

# 4 Quality Assurance in "in-house" service provision

## 4.1 In-house home care

In addition to Care Quality Commission requirements, the in-house home care service provision in the Directorate has a range of quality assurance mechanisms. The service has locally developed quality standards. Monitoring visits with service users take place twice per year. Monitoring forms record these visits and user feedback, and any required follow-up action is taken.

## 4.2 In-house day care

In-house day care service provision similarly has a range of quality assurance mechanisms in place. Each service has locally developed quality standards. Customer feedback is gained in a range of ways: some centres have monthly service user meetings and regular meetings with unpaid carers. Quality assurance mechanisms vary depending on the needs of people using those services. For example, Russia Lane observes the reaction of users to a specific activity in order to gather feedback on it.

[28] The "Transformation" programme sought to implement the key objectives laid out in the 2007 "Putting People First" Concordat. Every "workstream" in the t programme was asked to demonstrate how they were contributing towards these principles being put into practice. The programme ended in August 2011.
[29] LBTH, 2011, Perceptions of Social Care and the Council: Factsheet on people's views

# 5 Quality Assurance in commissioned providers

The 2010-11 Market Position Statement explains: "The emphasis (of commissioning) is increasingly focused on the monitoring of outcomes as well as financial performance and management. There will be an overarching monitoring framework (in Transactional Commissioning), departmental risk registers, procedures, guidance and reporting systems for providers. Monitoring templates will be standardised and will include financial information. Providers will be given more responsibility to conduct their own self assessments and organisational health checks. Relationships with providers will be built so that these assessments and checks are undertaken in a collaborative manner with the Council"[30].

## 5.1 External service specifications

Service specifications in commissioning lay out expectations about the service being commissioned, and are used as a basis for tendering and commissioning activity. In addition, contracts between provider and commissioner further lay out the legal expectations from each party. Whilst these service specifications vary from service to service, key points to note include:

| | |
|---|---|
| We commission external home care, residential and nursing care home providers who have a minimum two star rating from the CQC[31] | We commission Supporting People housing-related support providers who have been assessed as minimum Grade C under the Supporting People Quality Assessment Framework[32] |

## 5.2 Monitoring Frameworks in transactional commissioning

The Monitoring Framework is currently being developed[33], and will apply to the Transactional Commissioning Team within the Directorate. The Framework is intended to ensure that commissioned social care services are meeting their contractual obligations and agreements as well as key outcomes for the people using those services. It includes quality standards in

[30] 2010-11 Market Position Statement, published xx 2012

[31] Our approach under the new regulatory system will need to be agreed one the CQC Judgment Framework and Enforcement policy is finalised (for example, it may be that the Directorate only commissions home care providers assessed as compliant or non-compliant but with a minor impact on people). This approach will need to be agreed by the DMT in early 2012

[32] The Supporting People team are currently supporting providers to gain Grade B status.

[33] This is due for completion by the end of 2011-12.

the form of principles and a code of conduct, and a core monitoring structure comprised of collecting information, providing feedback, communicating with "in-house" and collaborating with providers. As stated in the Framework: "Fundamentally the (Framework), as well as encompassing important aspects of supplier and contract monitoring, will introduce an increased emphasis on risk avoidance, quality assurance and measuring positive outcomes in our core monitoring ethos".

### 5.3 Supporting People monitoring framework

The Supporting People Monitoring Framework is currently being developed[34]. This will pull together existing information (such as the Supporting People Operational Procedure for Contract Monitoring and Review[35]) to set out the processes for contract monitoring and review activity for housing-related support commissioned by the Support People team. It is broadly anticipated that the Framework will be built around quarterly performance monitoring information submitted by providers, alongside annual "in depth" monitoring visits and information-gathering.

### 5.4 Mechanisms for sharing good practice

A variety of mechanisms also exist to enable good practice and best practice to be shared at a local level. Provider forums and communication via things like email and newsletters all help to share innovative ideas, and support individuals and organisations to plan and deliver a good quality service.

## 6 Quality assurance in non-commissioned providers

6.1 As the number of customers who have a support package funded through a Personal Budget (as opposed to a traditional care package) increases, it will become increasingly likely that customers will purchase support outside the list of traditionally commissioned support providers. This could include - for example - hiring Personal Assistants to provide support, purchasing transport services or purchasing a computer. Questions around how to assure the

[34] This is due for completion by the end of 2011-12.
[35] This procedure describes the Supporting People team's role in monitoring and reviewing of contracts, and any decision-making arising from this.

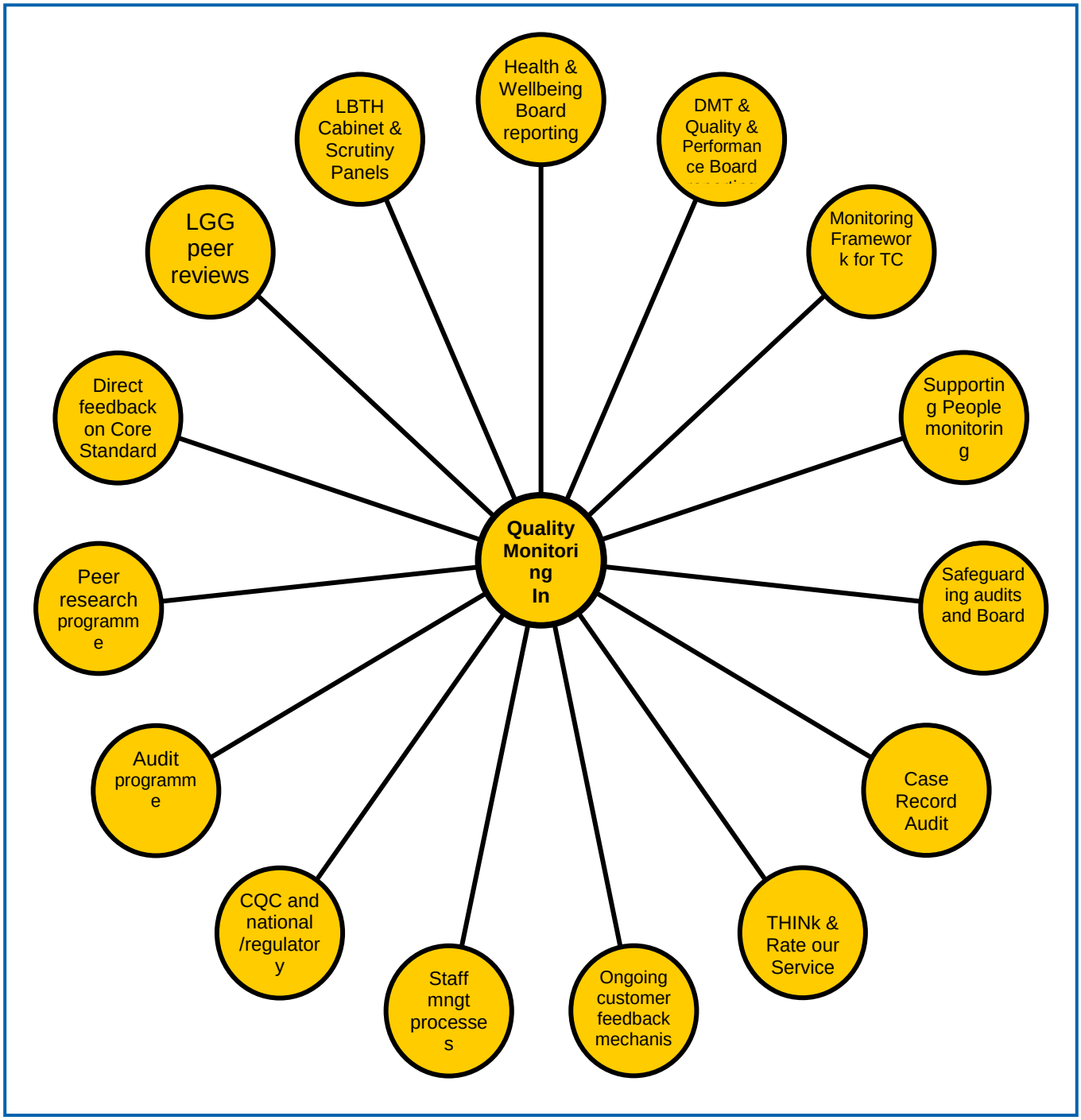
quality of a potentially endless list of providers is currently being addressed on an individual basis through the implementation of the Positive Risk-Taking policy. The Directorate approach to monitoring non-commissioned providers purchased with a Personal Budget be addressed on a Directorate level in 2012.

6.2 As customers will be increasing purchasing their own services directly with a Personal Budget, they will be increasingly be taking on a more direct role as a consumer of services. As such, customer views of what a good quality service is may change. The theory is then that the market would then respond accordingly[36].

## 7 Summary of monitoring activity

The diagram on the next page provides an overview of how the quality of Adult Health and Wellbeing Directorate services are monitored in Tower Hamlets. The diagram shows that monitoring functions are spread across national, Council, Directorate and customer forums.

[36] The The demand for a range of high quality services will rise creating new opportunities for business change and development


Quality Monitoring In
Health & Wellbeing Board reporting
DMT & Quality & Performance Board
Monitoring Framework for TC
Supporting People monitoring
Safeguarding audits and Board
Case Record Audit
THINk & Rate our Service
Ongoing customer feedback mechanis
Staff mngt processes
CQC and national /regulatory
Audit programme
Peer research programme
Direct feedback on Core Standard
LGG peer reviews
LBTH Cabinet & Scrutiny Panels

## Quality Assurance Framework – Priorities for 2012 – 14

| | 2012-13 | Who |
|---|---|---|
| 1 | All teams develop outcomes-focused "service specifications" to communicate what people can expect from that service, including commissioning and strategy teams | All |
| 2 | In-house day care to develop service specifications and standard-setting processes in reference to commissioned day care services | In-house day care |
| 3 | Produce six-monthly reports on the quality of Directorate services | Q&I team |
| 4 | Add function to Framework-I to enable staff to record when a customer has been surveyed | Q&I team / PSMT |
| 5 | Agree format of customer feedback surveys for teams and start distribution | All |
| 6 | Carry out staff survey (or add to existing staff survey) | Q&I team |
| 7 | Extend Case Record Audit process to Income and Assessment team | I&A team |
| 8 | Extend Case Record Audit process to ART and brokerage teams | ART |
| 9 | Gather and report on information collected through monitoring frameworks | Commissioning to Q&I team |
| 10 | Roll-out process for capturing and reporting compliments and good practice | All |
| 11 | Roll-out process for capturing and reporting concerns | All |
| 12 | Carry out annual programme of audits requested by Directorate | Q&I team |
| 13 | Agree annual programme of research for peer researchers | All |
| 14 | In-house day care to review and adopt any relevant sections of commissioning monitoring frameworks | In-house day care |
| 15 | Agree approach to assuring the quality of non-commissioned providers | DMT |

| | 2013-14 | Who |
|---|---|---|
| 1 | Review core quality standards with staff and customers | Q&I Team |
| 2 | Capture information on customer outcomes and incorporate into the Quality Assurance Framework | All |
| 3 | More closely link core quality standards with assessment, planning and review forms. | Q&I and Ops |
| 4 | More closely link core quality standards with commissioning service specifications | Q&I and commissioning |
| 5 | Carry out annual programme of research with peer researchers | Q&I |
| 6 | In-house day using any relevant sections of commissioning monitoring frameworks | In-house day care |
| 7 | Implement the approach to assuring the quality of non-commissioned providers | All |
| 8 | More closely link THINk Rate Our Service with Directorate operation and commissioning activity | All |