

ASCOT & East Sussex County Council Quality Monitoring Audits

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Driven by Government Policies

- Care & Support Bill
- Personalisation
- Social Capital (Big Society)
- Quality and Safeguarding
- Revised Financial Challenge

Quality Care Governance Framework

- Takes into National & Local Drivers
- Reviews Health & Social Care Service provision in line with Government Policies
- Sets QM priorities - intelligence gathering on key quality outcomes for clients, service providers, Council and Commissioners
- Supports Adult Social Care Related Quality Outcomes (SCRQoL) & Adult Social Care Outcomes (ASCOT)
- Reviews cost and effectiveness of contracted services

Who are Quality Monitoring?

Quality Monitoring
Contracts & Purchasing
(Strategy, Commissioning and Supply Management)

Accommodation Services

**Day Services/
Supported Living**

Community Services

The challenge:

- 357 care homes in East Sussex
- 183 of which are Preferred Providers (have formal contracts with ESCC)

Priorities and Targets for Quality Monitoring

Care Homes

- Aim is to monitor home by priority
- Risk assessment includes serious concerns:
Safeguarding Adults at Risk; complaints; feedback
- Prioritise planned monitoring of the most vulnerable:
initially dementia care homes where we have 10+ funded residents & now OP, LD & WAA

Home Care

- Focus on regular contract review meetings and annual audits of the 10 main players (Framework Providers)
- Respond to complaints or safeguarding concerns with the remaining 50+ small providers

QM –Partnership & Multi-Agency Working



Quality Monitoring Team's approach

- SCRQoL framework
- Observational Practice & Evidence Work
- Development of Continuous Improvement Team for Care homes



Adult Social Care Outcomes (SCRQOL) & Ascot Framework- Toolkit

SCRQoL- Outcomes Domains

1. Control over daily life
2. Safety
3. Dignity
4. Occupation, Social Participation & Involvement
5. Food and nutrition
6. Personal cleanliness & comfort
7. Accommodation cleanliness and comfort
8. Quality Assurance (added domain to meet contractual requirements)



Evidence Examples

- Care & Support Planning
- Recruitment/Training & Development
- Policy & Procedures
- Quality Assurance Systems

Rating Methodology

- Measured according to high, medium, low risk
- Outcomes: Met, Some Needs Met, Not Met

Ratings

Residential Services: Red / Amber / Green

Home Care (Published Ratings):

Gold / Silver/Bronze quarterly



1. CONTROL OVER DAILY LIFE

Individuals are offered choices; their opinions & choices are respected; evidence of personalisation in rooms, food, clothes, routine etc.

Support Plans: Current & Personalised Support Plans according to individuals needs & wishes. Individuals are actively involved in this process.

Advocacy & Civil Rights/Democratic Rights: Individuals are provided with information, in a way that they can understand, about Independent Advocates, and are assisted to express their concerns and seek resolution to their problems where necessary.

Personal Finances: Individuals decide how they wish to manage and/or spend that part of their money that is defined as theirs to spend (Personal Allowance).

2. SAFETY

Safety – general

The individual feels safe & secure. This means being free from abuse, falling or other physical harm & fear of being attacked or robbed.

Safeguarding Adults at Risk: Appropriate assessments are in place to meet individuals' identified needs. Individuals' experience being protected, and are free from abuse.

Staff recruitment, induction, supervision, training & Management: The Service Provider demonstrates robust staff recruitment, induction, supervision & training process, Effective management, sufficient numbers & necessary skills mix to meet individuals needs ensuring their safety & in Compliance with legislation.

SAFETY (cont'd)

Responding to behaviour which challenges the system.

The staff understand correct & approved ways of managing behaviour which is challenging. Evidence individual risk assessments & Support Plans.

Medication management:

Storage, administration & recording in line with accepted safe practice & legislation.

3. DIGNITY

The individual experiences being treated with respect at all times and their personal sense of significance is enhanced.

Individuality & Diversity

People experience that they are valued as individuals.

Personal possessions

Individuals experience a high level of staff respect for their personal possessions and clothing.

4. OCCUPATION & SOCIAL PARTICIPATION & INVOLVEMENT

Occupation

The individual feels sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities.

Social participation & involvement

The individual is content with their social situation, has meaningful relationships with friends, family and feels involved or a part of the community.

5. FOOD AND NUTRITION

The individual feels he/she has a nutritious, varied and culturally appropriate diet with enough food and drink that he/she enjoys at regular and timely intervals.

The individual receives appropriate support to maintain healthy nutrition and hydration.

6. PERSONAL CLEANLINESS & COMFORT

The individual feels that he/she is personally clean and comfortable and looks presentable or, at best, is dressed in a way that reflects his/her personal preferences.

7. ACCOMMODATION CLEANLINESS AND COMFORT

The individual feels their home environment, including all the rooms, is clean and comfortable.

8. QUALITY ASSURANCE

Feedback from individuals, their nearest relatives and Carers, and Care Home Staff is valued, and complaints and concerns are acted upon promptly.

Appropriate monitoring and internal auditing processes in place to ensure quality of the service is maintained to a good quality standard, and appropriate records are kept.

All necessary policies & procedures in place.

Audit Methodology:

- Generally over 2 days (longer for larger providers)
- Observation – over a mealtime and throughout the days of the audit
- Interviews with manager, clients, relatives & staff
- Examination of care documents – risk assessments, care plans etc., incident & accident recording
- Staff – recruitment, induction, training & management
- Medication audit
- Nutritional observation