

Appendix B - Quality Assurance Audits

Quarter 3 – Audit Overview Report

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services and Adult Services. This report gives an overview of the thematic audits reported on in quarter 3 of the 2019-2020 period, what is working well, what we will improve and by what methods. This report collates audit activity from across Social Services: Children and Young People Services, Adult Services and Hillside Secure Children’s Home.

Each audit tool devised is circulated to relevant stakeholders in Children’s Services, Adults Services and Hillside prior to audits being completed. Audit days usually take place once a month in the Quays IT room with managers collectively auditing and analysing the themes arising.

Audits Completed

During this quarter we have reported on three thematic audits:

Audit Theme	Cases Audited	Service
Professional Concerns Audit Audit on safeguarding allegations/concerns about practitioners and those in positions of trust	26	Children’s and Adult Services
Medication Administration Audit Audit on how medication is administered in Hillside, how this is recorded, the medication policy and its compliance with national guidance	10	Hillside Secure Children’s Home
Post incident CCTV review of incidents Audit Audit on the review and scrutiny of CCTV footage following any physical restraint of a young person	53	Hillside Secure Children’s Home

What are we doing well?

We’ve identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

In the Professional Concerns audit:

- In 77% (10/13) of the Children Services cases audited the professional concern/strategy meeting was held within 7 days of the strategy discussion.
- In 85% (11/13) of the Children Services cases audited the strategy discussion clearly recorded why the matter met the threshold for a professional concern/strategy meeting.
- In 100% (13) of the Children Services cases audited the reason for the strategy discussion was not just a copy and paste from the referral.
- In all of the Children Services cases (13) and 92% (12) of the Adult Services cases audited the professional concerns/strategy meeting shared all the relevant information about the allegation/concern

- In 85% (11/13) of the Children Services and 77% (10/13) of the Adult Services cases the professional concerns/strategy meeting considered the likelihood of harm to others
- In 92% (12/13) of the Children Services cases audited the meeting clearly set out actions, responsibility AND timescales
- In 100% (13) of the Children Services cases audited the chair of the professional concerns/strategy meeting provided an analysis of the information shared
- In 100% (13) of the Children Services cases audited the concluding professional concerns/strategy meeting considered the outcome on the balance of probability as defined in the procedures
- In 92% (12/13) of the Children Services and 88% (11/13) of the Adult Services cases audited the professional concerns/strategy meeting confirmed the arrangements regarding who would communicate with the person whom there were concerns about
- In 92% (12/13) of the Children Services cases audited it was evident that the chair of the meeting was sending a letter to the individual whom the concerns were about
- Auditors report good attendance from agencies at the professional concerns/strategy meetings.

In the Medication Administration Audit:

- The young person's name (100% - 10), date of birth (92% - 9/10) and medication start day/date (100% - 10) were clearly shown on each Medication Administration Record (MAR) Chart
- In 8 out of the 10 cases audited there was one MAR chart in existence rather than multiple
- In 90% (9/10) of the cases audited you could clearly see who had administered the medication and in every case (10) the day that it was administered
- 90% (9/10) of the audits highlighted that medication was stored in a locked cabinet, the remaining 10% which equates to 1 audit, the question was not answered by the auditor
- In 6 out of the 7 applicable cases where analgesia was administered it was evident this was done by the Duty Manager
- There was a list of sample signatures and names of the duty managers who would administer the medication

In the post incident CCTV review of incidents audit:

- A large proportion of the basic information recorded at the beginning of the form is consistently completed by staff
- In 96% (51/53) of the cases audited it is clear who has been involved in the CCTV footage review
- 94% (50/53) of the cases viewed identified that a physical intervention was necessary
- 89% (47/53) of the forms audited identified initial findings with 62% of them being of a positive nature
- 83% (44/53) of the forms identified learning outcomes
- 87% (46/53) of the forms identified some actions to be completed following the CCTV footage review
- 94% (50/53) of the forms showed that all the information was included on the bottom of the form in respect of the names provided, 94% (50/53) showed the signatures of said staff and 92% (49/53) had a date recorded.

What will we improve over the three audits completed?

1. We will improve the consistency between the Children’s IT system and the Adult’s IT system	Professional Concerns Audit
2. We will evidence on the system the course of action that was agreed with a Principal Officer when making decision on the course of action to be taken	Professional Concerns Audit
3. We will ensure that the strategy discussion identifies or makes reference that the manager has considered if the individual the concerns are about has any caring responsibilities.	Professional Concerns Audit
4. We will ensure that for any actions identified there are named individuals responsible identified along with dates for completion.	Professional Concerns Audit
5. Auditors reported that in just over half of the Adult Services cases audited the meeting did not provide a clear enough analysis of the information shared at the meeting and the meetings were not concluding the process with one of the four outcomes stipulated within the procedures.	Professional Concerns Audit
6. In Adult Services we will ensure that the chair indicates within the minutes/actions that they are sending a letter to the individual who the concerns are about.	Professional Concerns Audit
7. In both Children Services and Adult Services actions follow up specifically following the case closing to the professional concerns arena were limited.	Professional Concerns Audit
8. Basic information fields to be fully completed such as allergies, doctor, period of days, end day/date of medication.	Medication Administration Audit
9. We will review the MAR chart itself and consider using a high grade paper to ensure that it doesn’t get damaged	Medication Administration Audit
10. All signatures to be included on the sample signature and name sheet, as one signature was missing	Medication Administration Audit
11. We will review the policy and the forms in use as It wasn’t always clear if any “over the counter” medication had been administered on the houses	Medication Administration Audit
12. We will ensure that there is context around “PRN” medication (as required)	Medication Administration Audit
13. All errors on the medication charts must be signed by the individual administering the medication	Medication Administration Audit
14. The current Health Arrangement Policy indicates that each young person should have a Medical Reference Card on admission, however the audit indicated that this information was not available at the audit or there was no reference card, this needs to be reviewed with the policy	Medication Administration Audit
15. Auditors highlighted that there should be a signature box and a countersignature box for the writing of a MAR chart, this needs to be incorporated on the revised chart	Medication Administration Audit
16. On some of the MAR charts, auditors highlighted that there were gaps on the chart, there should be a coded reason if medication was not given	Medication Administration Audit

17. Regular spot checks on the MAR charts to take place and regular stock takes of all medication	Medication Administration Audit
18. Auditors also felt that more structure is needed to be put in place around the information that goes with the young person when they leave Hillside about the medication they have been taking and the medication they are currently on	Medication Administration Audit
19. Hillside to consider where important health information should be stored e.g. results of blood tests etc, this can be done as part of the policy review	Medication Administration Audit
20. A focussed learning event with the individuals responsible for administering medication to be held. This event will be an opportunity to have in depth conversations on the reality and practicality of administering medication in Hillside	Medication Administration Audit
21. A nurse experienced in the side effects of medication to be contacted to provide a session to staff on the side effects of medication, this will ensure staff have a greater understanding of how medication can affect the young person on a day to day and long term basis	Medication Administration Audit
22. It was evident from the forms that we need to be more specific in the details we are trying to obtain. To assist with this we need to devise one form that all the reviewers will use to promote consistency in the service	CCTV Review Audit
23. Although the majority the forms clearly showed 2 people undertaking the audit, they were mainly the same 2 people. A new procedure has been agreed in that the Behaviour Management Co-ordinator plus 1 worker will take on this role going forward as they are impartial to the houses.	CCTV Review Audit
24. Both positive and negative findings need to be specifically highlighted where appropriate. If there are no negative findings advise why they have not been found (shows that you have been looking)	CCTV Review Audit
25. Clear discussions need to be recorded of evidence in respect of Safeguarding, Health, Safety and Training of the staff being reviewed. If there is nothing to record then state this under each heading	CCTV Review Audit
26. Clearer actions to be noted such as who is going to speak to staff, when will this be done and how will it be reviewed.	CCTV Review Audit
27. From the audit it was identified that there is no section for staff to have their views recorded following the feedback they receive	CCTV Review Audit
28. It was clear from the documents reviewed that we have a number of similar forms in circulation. The ones used for this audit didn't have the SMT audit form attached, therefore once the form has been reviewed all previous copies are to be removed from the offices	CCTV Review Audit

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker

- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Outcome Focussed, Quality Assurance and the Practice Improvement Groups
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learned?

In this quarter we held a joint Adult and Children Services audit on Safeguarding which considered cases where there were concerns about a professional in a position of trust. As Safeguarding Managers in Children and Adult services are using different systems this has identified the need to combine the two to ensure there is consistency across both services. This audit has provided a basis to make the necessary changes to the system and working practices.

In the Medication Audit in Hillside, the audit was the opportunity to identify how Hillside administers medication in line with their own policy and how the policy aligns with national guidance. Whilst it was recognised that improvements had been made recently in the administration process the resounding theme arising from the audit is that the policy needs to be reviewed taking into account NICE (National Institute for Care and Health) Guidelines on administering medication in care homes.

The post incident CCTV review audit was a follow up to a previous audit where we looked at the incident forms, this previous audit highlighted the need to look at the manager oversight of physical interventions. This audit highlighted areas that were working well such as the information in the first part of the form being consistently completed and also revealed areas that were not working so well such as there being clearer outcomes and actions from the CCTV footage review.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we will improve. Post audit we have mechanisms in place for following through on actions identified. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the appropriate teams within Social Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed.

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