Adult Health & Social Care

# Care Governance Quality Matters Practice Framework



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Sheffield City Council

Sheffield.gov.uk/home/social-care

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# 1 – Introduction and Purpose of the Quality Matters Practice Framework

Our vision is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and, when they need it, they receive care and support that prioritises independence, choice, and recovery.

The vision for Adult Health and Social Care set out in our Strategy "Living the life you want to live", was approved by the Co-operative Executive on 16th March 2022.

It sets out the objectives for Adult Health and Social Care for the next ten years including the outcomes we want to achieve for people (set out below), several commitments setting out how these outcomes will be delivered and a series of I statements to help us understand what progress we are making.

The Practice Quality Standards at Appendix 2 sets out how our practice directly relates to the outcomes in our vision/ strategy.



The Strategy also sets out six commitment and three main values for how we will support people. These Commitments and Values, set out in our one page summary and delivery plan, are at the heart of our practice standards and the vision outcomes and associated I statements are critical to us understanding our quality of practice.

The Practice Quality Framework has been developed to support delivery on our strategy so that:

- The people who use services, their families and carers know what high-quality care looks like and what they have the right to expect.
- Staff working within the adult social care services understand what high-quality care looks like and how they can contribute to delivering it.

It is about how we are delivering people-focused, personalised care and support which feels right and good from the point of view of people themselves and our communities.

Adult Health and Social Care Governance Framework

To enable delivery on our Adult Social Care Strategy, a priority was also made on confirming our Governance arrangements, so that we set the right culture and tone for embedding a focus on embedding discussions about our performance throughout all teams across Adult Social Care. This is set out in our <u>Adult Health and Social Care Governance Strategy</u> and <u>Adult Health and Social Care Performance Framework</u>.

The Performance and Outcomes Framework part of the Strategy sets out the arrangements for ensuring the delivery of the Adult Health and Social Care vision and Strategy.



The Performance and Outcomes Framework sets out the relationship and connections between performance management (which measures the progress of the service in achieving the vision/ strategy) and the quality frameworks (which measure the progress of the service in delivering positive outcomes for people in line with our vision/ strategy) and ensures that everyone in the service from the front line to the leadership has a clear understanding of our performance and our improvement journey.

At the heart of the Performance and Outcomes Framework is the improvement lifecycle based on the following questions

- a. Did we make a difference? what was the outcome?
- b. Why did we have the impact we did? understanding what impact we had and how our actions led to the outcome we observe
- c. Action planning designed to deliver improvements which improve the delivery of future outcomes
- d. Review did the changes we made improve outcomes in the expected way, what other factors were at play?

This process is central to our both the Performance Management Framework and the Quality Frameworks. They are closely linked and dependent on each other to drive improvement across the service.

The key relationship between the Performance Management Framework and the Quality Frameworks is dependency of the performance clinics on the Quality Frameworks to generate quality metrics which can then be used to understand how quality is driving the delivery of outcomes and progress towards our vision.

There are three parts to the Quality Matters Framework – Practice Quality, Market Sustainability and Care Quality. This Framework focuses specifically on practice quality.

# 2 - Practice Quality Framework - What Does Good Quality Practice Look Like?

Focusing on the delivery of excellent quality practice is the responsibility of all who work in social care and quality should be reflected in the outcomes, experiences and records of people who use our services and their families and carers.

People who access support, their families and carers perception of quality is critical to our future and whilst compliance and governance arrangements are important elements of social work and social care, it is essential that our starting place is that individuals' views and experiences are what drives quality.

Our priority due to this is to embed feedback and learning from customer satisfaction surveys, consultations, discussion groups, complaints and compliments and our existing involvement and engagement forums in everything we do.

This is so that people who access supports, their families, and carers are involved and engaged in telling us what is going well and working with us to shape supports and practice which looks good to them.

It is about embedding a positive learning culture and working environment so that we learn from and act on the feedback, continually using this to improve how we work and what we do.

We are starting from a good place in that we know we have good strengths, and we know what we want to develop. We have substantial strengths to build on:

- Our corporate values
- Voice, choice, and control for people who use services are firmly at the centre
  of what we do.
- The emphasis on rights in the Care Act 2014
- Our vision for adult social care Living the life you want to live
- The good progress in developing different models of care which enable people to live as independently as possible.
- Citizen engagement and co-production as a priority across Adult Social Care.

# **What are Our Quality Principles?**

We will use the adult social care vision, strategy, and quality practice standards as pillars to support the provision of high-quality care and support.

We have five Practice Quality Principles which frames our thinking and approach to good quality practice in Sheffield.

# **Principle 1 - Equity and Equality**

Our single shared view of quality expects services to be equitable to all and focus on improving quality.

It will make sure that the quality of care does not vary because of the characteristics of people using services, their families, and carers, such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, or marital or civil partnership status.

Wherever people use care, it will be high quality.

### **Principle 2 - Person-Centred Care**

Our approach is that the person using care and support is at the centre of the way their care is planned and delivered.

It is based around their individual needs, preferences, and priorities. It's about people being regarded as an equal partner and puts into practice the principle of 'nothing about me without me'.

We recognise that people are the experts in their own lives, and that they know best about what matters to them and the kind of life they want to lead.

### **Principle 3 – Positive Experiences**

To be person-centred, care must focus on what matters most to people, their families and carers considering those who may not have families to support them.

We will ensure positives experiences for all who access supports by:

- Caring: We treat people with compassion, dignity, and respect.
- **Responsive:** We respond to people's diverse needs, meeting the needs and outcomes that people themselves have identified, in ways they have chosen, with support from professionals.
- **Safety:** We protect people from avoidable harm, neglect, and abuse. When mistakes happen, we learn lessons and embed the learning into practice.
- **Effectiveness:** People's care promotes a good quality of life and is based on best practice.

### Principle 4 - Promotion of Quality

Our fourth principle is to promote a person-centred approach, which includes treating all people with respect, compassion, and dignity in a caring environment. We will promote people's human rights and their rights to equality with others.

We will promote quality through everything we do by:

- Championing quality as a central principle, demonstrating that it should, and can be maintained and improved alongside financial sustainability.
- Promoting and encouraging seamless, integrated care for those using services, their families, and carers.
- Providing clarity and consistency by promoting a shared view of quality.
- Listening to, involve, co-produce and act on the views of people who use services, their families, and carers. We will understand and measure their views of the quality of services, being transparent about how these have shaped services.
- Promoting a person-centred approach, which includes treating all people with respect, compassion, and dignity in a caring environment. We will promote people's human rights and their rights to equality with others.

# **Principle 5 - Support and Encourage**

We will:

- Listen to the views of our workforce to understand how we can better support them, individually and collectively.
- Use our combined intelligence to highlight and act on emerging problems and to guide and share best practice.
- Recognise the role of the voluntary sector in building community capacity, resilience, and capability.

**Principle 6 – Openness and Honesty** 

We will be open and honest and ensure that feedback is obtained, analysed, and used to inform standards and improve quality. To do this we will:

- Ensuring that people who use services, their families and carers receive information that is clear and standardised, and that complaints are handled quickly and effectively.
- Ensuring that there is a strong approach to the duty of candour so there is a culture of being open and honest when something goes wrong.
- Identifying existing sources of available feedback from people who use services, their families, and carers on the quality of care and support practice and services.
- Utilising feedback to check the extent to which we are working with customers to identify and meet outcomes.

# What are Our Practice Quality Standards?

The Adult Social Strategy set out a marker to endorse activities within the Council considered to improve the experiences of individuals and carers.

To support this and to frame good quality in a set of standards that we can work to and measure ourselves against, we are using four main sets standards which provide a combination of a focus on individuals outcomes, practitioner standards, workforce standards and regulatory standards.

# Standard 1 - Individuals Statements of Quality

We have developed I statements to support each Commitment and Outcome in the Adult Social Care Strategy. The I statements are based on TLAP I/ We statements but amended to reflect feedback from individuals, carers as part of the development of the Strategy.

These locally agreed I statements keep the focus of adult social care on the experience for the individual and Carers and are central to our practice.

These I statements are set out in our Adult Social Care Delivery Plan.

### **Standard 2 – Practice Quality Standards**

We have developed Practice Quality Standards set around the outcomes in our Strategy and based on I statements that practitioner considered reflected best standards for practice.

The Practice Quality Standards set the benchmark for what we consider to be good practice in the delivery of Adult Social Care and were co-designed with practitioners across the service. The Standards are appended at Appendix 1.

### Standard 3 - Workforce Standards

To ensure good social care practice and a focus on outcomes, this requires responsibility on employers to provide a safe and effective working environment for staff.

The LGA Standards for Employers of Social Workers in England (LGA Standards) provides a benchmark against which to measure this through an annual Health Check.

Whilst recognising that our staff group includes other professionals as well as non-registered practitioners, we aim to use these standards across all Adult Social Care as a way of measuring that we have a positive working environment in which best practice and quality can flourish.

The Standards for Employers are:

- ✓ Clear Accountability Framework
- ✓ Effective Workforce Planning
- ✓ Safe Workloads and Case Allocation
- ✓ Effective and Appropriate Supervision
- ✓ Opportunities for Continuing Professional Development
- ✓ Professional Registration
- ✓ Effective Partnerships

# Standard 4 – Regulatory Standards and Statutory Requirements

There are regulatory requirements that all providers of services require to meet in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the requirements relate to regulated providers, Standards 8 to 20A provide a framework which all regulated and non-regulated provision and case management should adhere to as ultimately, they enable an assurance about the safety and wellness of individuals we support.

Due to this, our intention is to quality assurance all adult social care provision using these standards set out in the Health and Care Act 2008 so that we have a consistent approach to what good looks like across all settings. The Standards are linked here and provided in more detail at Appendix 2.

These standards will be used alongside a review of compliance in relation to the Care Act 2014.

### Standard 5 - Performance Standards

We will work to performance standards that enable us to demonstrate delivery of good quality services. As part of this we will set an annual performance objective for each portfolio which is then embedded into PDR's.

The standards we will work to will be those set locally, nationally and by regulatory agencies such as Care Quality Commission.

# 3 How We Embed Quality Across Sheffield?

We want to embed and develop a learning culture based around an ongoing cycle of feedback from individuals, carers, stakeholders, workforce, and audits and scrutiny from Members, Peer reviewers and Experts by Experience.

We recognise that this helps establish a culture of quality improvement, helps identify what good looks like and helps identify priorities for action. It places individuals as the driver to improve practice and quality of service provision.

Everyone who uses, provides, commissions, or leads care and support services must play their part in improving quality. It will take time to make a difference, and we may need to shift our focus as new priorities emerge.

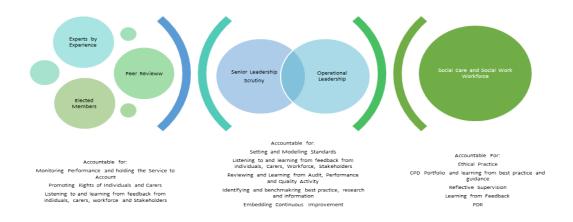
Part of this is also about defining accountabilities, working to our standards and defining the process by which we will reach our standards as a continual improvement cycle.

### **Our Accountabilities**

The accountability for quality is based on a phased approach recognising the different roles which our social care and social work workforce, senior and operational leadership, Members, Experts by Experience have.

It aims to enable and achieving excellent quality supports and services which feels right and good from the point of view of people themselves and our communities.

We will embed an approach to accountability for quality based on phased approach below.



# **Our Assurance Activities**

The following steps set out what all of us need to do together to maintain and improve the quality of care that people experience.

- **Setting clear direction and priorities** based on evidence including the views of people using services, families, carers, and staff.
- **Bringing clarity to quality**, setting standards for what high-quality care looks like across all health and social care settings.
- **Measuring quality**, harnessing information to improve the quality of care through performance and quality reporting systems.
- Recognising and rewarding quality by celebrating and sharing good and outstanding care.
- **Maintaining and safeguarding quality** by working together to sustain good quality care, reduce risk and protect people from harm.
- **Building capability** by supporting the ongoing professional development of our workforce, to assure quality and sustain improvement.

We will embed these steps and a consistent and cultural focus on quality through an annual cycle of assurance as set out below:

### **Assurance Activity 1 – Directorate Wide Assurance**

The Assistant Director Governance and Inclusion on behalf of the Director Adult Social Care is responsible for organising an annual:

- <u>Self-Evaluation and Business Planning</u> An ongoing cycle of self-evaluation and service planning at all levels across Adult Social Care. Each Portfolio in Adult Social Care will have a Business Management Improvement Plan aligned to a Directorate Plan setting out the performance standards required from Assistant Director to individual teams.
- <u>Setting Standards</u> <u>and Direction</u> Setting standards and performance objectives for inclusion into the Council Delivery Plan, the Adult Social Care Directorate Delivery Plan and PDR's and reporting on these to Committee.
- <u>Assurance Reporting</u> An annual cycle of assurance to Committee and Council's Leadership Boards and an annual cycle of performance clinics across each of the outcomes within the Adult Social Care Strategy.

The Chief Social Work Officer on behalf of the Director Adult Social Care is responsible for organising an annual:

- <u>Casefile Audit and Observations Programme</u> this involves Team Managers, Service Managers, Assistant Directors, and Directors in auditing the quality of case files and quality of practice across the service and agreeing thematic learning for embedding across their teams.
- <u>Citizen, Carer and Stakeholder Engagement Programme</u> this involves an annual cycle of regular engagement, including with Members and Director, which gains and provides feedback about quality of practice in adult social care and an assessment by experts by experience of how we are delivering on our outcome statements, principles, and standards.
- Workforce Engagement Programme this involves an annual cycle of regular engagement with our practitioners, including with Members and Director, to hear their views and feedback about what's going well and what will help further develop good quality practice in Sheffield.
- <u>Customer satisfaction, Complaints, Compliments and Internal Audit Learning Program</u> this involves sharing the thematic learning arising for embedding across teams and practice.
- <u>Learning Forums and Masterclasses</u> this involves establishing an annual programme of practice-based learning forums, collaborations and masterclasses which enables practitioners, managers to achieve their CPD requirements and learn about new research, best practice.
- <u>Benchmarking</u> this involves benchmarking and learning from other areas, best practice and keeping up to date with new and emerging statutory guidance.
- <u>Practice Development Plan</u> this brings together the learning from case file audits, observations, feedback from individuals, carers, workforce, and stakeholders and through improvement activities into one annual plan for endorsement by Committee.

### **Assurance Activity 3 – Portfolio Wide Assurance**

All Assistant Directors are responsible for implementing annual:

- <u>Visits and feedback programme</u> this involves an annual programme of visits to teams, services, and commissioned providers as appropriate, including Members and Director, which enable to hear their views and feedback about what's going well and areas for further development.
- <u>Performance Monitoring and Review Programme</u> this involves embedding performance monitoring using quantitative and qualitative and review across teams, services, and portfolio to enable all teams to deliver and be high performing good quality practice and services.
- <u>Safeguarding, Wellbeing and Statutory Annual Assurance</u> this involves an annual programme of embedding quality reviews and assurance to ensure that our statutory and regulatory requirements across each portfolio are met.
- <u>Continual Professional Development and Learning</u> Setting out an annual programme for how a ½ day learning per team per month will be used to support CPD, learning from individuals and case file and observation thematic feedback, research, guidance, benchmarking, and best practice. This will be supported by an annual cycle of Professional Development and Review for each practitioner and staff member.
- <u>Self-evaluation and Business Management Improvement Planning</u> this
  involves undertaking annual self-evaluations per portfolio and developing
  annual team, service and portfolio improvement plans which set out how all
  teams and services in the portfolio will achieve standards and performance
  objectives and priorities based on outcome of self-evaluations.

### Assurance Activity 4 - External Assurance

The Chief Social Work Officer and Assistant Director Governance and Inclusion will be responsible for implementing external assurance by organising annual:

- Peer challenge which enables constructive challenge and feedback to support ongoing improvement
- Experts by experience challenge which enables experts by experience to undertake an assurance review about how adult services are improving and delivering quality, outcome focused services
- External Assurance of case files, observations and compliance with regulatory and statutory duties. A key focus will be on how its evidenced that individuals outcomes are met.
- External audit of our delivery against our strategy, vision and outcomes.

### **Assurance Activity 5 - Assurance to Members and Committee**

The Chief Social Work Officer and Assistant Director Governance and Inclusion will be responsible for bringing an annual assurance statement and report to Committee setting out an assurance about:

- Delivery upon our standards and performance objectives of the service and how this has informed learning and priorities for the forthcoming year.
- Feedback from individuals, carers, workforce, and stakeholders and how this has informed practice improvements and priorities
- Feedback from casefile audits and observations and how this has informed practice improvements and priorities.
- Feedback from benchmarking and external assurance and how this has informed learning and practice improvements.
- Feedback from performance clinics and joint health and care quality committee and how this has informed practice and service improvements.
- Adult Social Care compliance with legal duties, including complaints.

# **Practice quality standards**

Sheffield City Council Adult Social Care



Living the life you want to live — improving outcomes for the people we support.

# Safe & Well

I support people to develop good relationships and networks of support, staying safe and maintaining a healthy, inclusive lifestyle.

I take a connected, whole family approach, that identifies mental health issues or any Safeguarding concerns.

I recognise my responsibility to identify children who may be at risk of harm. I can identify people who need early intervention, and those who need support now or in the future to help them plan ahead.

I can identify young carers, understanding their role and supporting them to manage this appropriately.

I work actively with the person to set goals together, and work to remove any barriers to make sure their goals are achievable.

I link with partner organisations who may be better placed to support people. I understand the range of procedures available that help to safeguard people. I challenge all forms of racism and discrimination.

# Active & Independent

I support people so they can do what matters to them, including working, volunteering, education and training.

I work closely with the person when necessary, and step back when they're able to live the life they choose.

I have honest, timely and open financial conversations with people.

I help people to understand their finances and explore the range of options for paying for support, including direct payments and grant funding, to give people control over their lives.

I identify and support people to take risks and promote ways of managing these positively.

I take into account people's communication needs, so conversations can explore fully their wishes and feelings, and what matters to them.

I support the person's decision-making, recognising when they are not able to make a decision.

# Aspire & Achieve

I use a strengths-based approach and see what's strong (not what's wrong). I aim to support people to improve their wellbeing.

I show my commitment to developing myself and others, sharing knowledge and expertise with my colleagues.

I critically reflect on my practice with peers, managers, and partners.

I make good and emotionally intelligent use of supervision and support.

I acknowledge the person's hopes, aspirations, and outcomes.

I listen to and learn from feedback.

I challenge poor practices and processes and try to improve them in constructive ways.

I make evidence informed interventions with people and their carers to improve lives.

I develop and innovate to promote people's independence.

I learn from my experiences to improve how I practice.

I make sure I complete all mandatory training required.

I take responsibility to meet the required professional standards.

# Efficient & Effective

I build constructive and influential working relationships with people, professionals and partner organisations.

I co-produce intervention and support with the person.

I provide the person with a copy of their assessment.

All my practice is consistent with the principles of dignity, fairness, equality and respect.

I can assess and balance risk, providing clear rationale for decisions.

I record the work I do factually, proportionately, sensitively and in a timely manner, using our IT systems.

I act responsibly when using public funds.

I protect people's information and share only on a need-to-know basis.

I work with partners to make sure there are options for high quality support.

I am honest about what we can and cannot do to support people, promoting their right to complain and provide feedback.

I am helpful and responsive, reducing handoffs and work together in the background to provide timely support.

I know my legal responsibilities.

# Connected & Engaged

People are at the centre of my practice. I have an active role in the neighbourhoods and communities of Sheffield.

I encourage open and honest conversations.

I consider how informal Carers voices can be recognised.

I listen to the person, and anyone they ask me to include to help them.

I check with the person how they want us to communicate with them.

I use communication aids, allowing time, and going at the person's pace. I recognise the person as the expert in their life.

I get help from independent and informal advocates, interpreters and culturally sensitive support when required. I use plain language to communicate, and record information accurately and

I do not pre-judge or make assumptions based on diagnosis, heritage, age, or any other factors.

# Feedback & Suggestions

succinctly.

We welcome your feedback and suggestions. Please email: adultspractice@sheffield.gov.uk.

# Appendix 2 – Regulated Standards

Standard	Information About the Standard	Link to Regulation
General	A registered person must comply with regulations 9 to 20A in carrying on a regulated activity.	Regulation 8: General - Care Quality Commission (cqc.org.uk)
Person Centred Care	The intention of this regulation is to make sure that people using a service have care that is personalised specifically for them.	Regulation 9: Person-centred care - Care Quality Commission (cqc.org.uk)
Dignity and Respect	The intention of this regulation is to make sure that people using the service are treated with respect and dignity at all times while they are receiving care.	Regulation 10: Dignity and respect - Care Quality Commission (cqc.org.uk)
Need for Consent	The intention of this regulation is to make sure that all people using the service, and those lawfully acting on their behalf, have given consent before any care is provided.	Regulation 11: Need for consent - Care Quality Commission (cqc.org.uk)
Safe, Care and Treatment	The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.	Regulation 12: Safe care and treatment - Care Quality Commission (cqc.org.uk)
Safeguarding	The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.	Regulation 13: Safeguarding service users from abuse and improper treatment - Care Quality Commission (cqc.org.uk)

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Page 70	Meeting Nutritional and Hydration Needs	The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.	Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission (cqc.org.uk)
	Premises and Equipment	The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly.	Regulation 15: Premises and equipment - Care Quality Commission (cqc.org.uk)
	Receiving and Acting on Complaints	The intention of this regulation is to make sure that people can make a complaint about their care and treatment. To meet this regulation providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly and any necessary action taken where failures have been identified.	Regulation 16: Receiving and acting on complaints - Care Quality Commission (cqc.org.uk)
	Good Governance	The intention of this regulation is to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A). To meet this regulation; providers must have effective governance, including assurance and auditing systems or processes.	Regulation 17: Good governance - Care Quality Commission (cqc.org.uk)

Staffing	The intention of this regulation is to make sure that providers deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements described in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	Regulation 18: Staffing - Care Quality Commission (cqc.org.uk)
Fit and Proper Persons	The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity.	Regulation 19: Fit and proper persons employed - Care Quality Commission (cqc.org.uk)
Duty of Candour	The duty of candour requires registered providers and registered managers (known as 'registered persons') to act in an open and transparent way with people receiving care or treatment from them. The regulation also defines 'notifiable safety incidents' and specifies how registered persons must apply the duty of candour if these incidents occur.	Regulation 20: Duty of candour - Care Quality Commission (cqc.org.uk)
Requirement to display performance assessments	This regulation will apply to all providers when they have received a CQC performance assessment for their regulated activities. Providers must ensure that their rating(s) are displayed conspicuously and legibly at each location delivering a regulated service and on their website (if they have one).	Regulation 20A: Requirement as to display of performance assessments - Care Quality Commission (cqc.org.uk)

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