Equality and diversity

As part of our commitment to equality and diversity, and in line with the requirements of the Equality Act 2010, the county council will ensure that all customers of our services are treated with fairness, dignity and respect irrespective of any of the following protected characteristics: age, race, gender, disability, sexual orientation, gender reassignment, marriage or civil partnership status, pregnancy/maternity status or religion and belief.

Feedback:
West Sussex residents have high expectations of customer service and we aim to meet those expectations in Adults’ Services. We therefore welcome feedback about our policies and procedures. If you have any comments about this document please e-mail: as.webpagerequests@westsussex.gov.uk
### Contents

1. Our approach to supporting West Sussex residents 4
2. Quality assurance - why it is important 5
3. Quality Assurance Management Board 6
4. Excellent customer service 7
5. Annual business planning and performance 8
6. Key internal and external relationships 9
7. Checking that what we are doing is right 10
8. Case file audits 11
9. Annual observations of practice 14
10. Evidencing quality in case recording 14
11. ‘Good-enough’ practice 15

**Appendix 1 – Quality assurance in a diagrammatic format** 17

**Appendix 2 – ‘ENABLES’** 18

**Appendix 3 – Role of Internal Audit** 21
1. **Our approach to supporting West Sussex residents**

1.1 Our starting assumption is that West Sussex residents are expert in understanding their own needs and how best to achieve the social care and healthcare support they need – both within their own homes and/or within the wider local community. We call this approach ‘enablement’.

1.2 Our staff are based in a variety of settings ranging from community (fieldwork) teams to day services and specialist residential care settings. Some of these services are themselves regulated and inspected by the Care Quality Commission (visit [cqc.org.uk](http://cqc.org.uk) for more information). Wherever located, our staff in Adults’ Services will be ambassadors for health and social care practice. This is the case whether they are professionally qualified or not in their specific area of practice expertise.

1.3 There are specific registration requirements that apply to qualified staff in regulated professions. For social workers, occupational therapists and physiotherapists these are described in guidance produced by the Health and Care Professions Council (visit [hcpc-uk.org](http://hcpc-uk.org) for more information). Nurses working as care managers or care co-ordinators in integrated teams - for example, within the Learning Disability Service – will be registered and regulated with the Nursing and Midwifery Council (visit [nmc-uk.org](http://nmc-uk.org) for more information).

---

**Professionally qualified staff in Adults’ Services**

Knowledge and Skills Statements for all the disciplines represented in our workforce have now been produced. These can be found in the Professional Zone of the [West Sussex Connect to Support](http://West Sussex Connect to Support) website. They should be used to inform practice as well as discussions in professional and/or clinical supervision.

1.5 We expect all of our non-registered staff - such as day service and residential care home staff, assistant care managers, rehabilitation officers for the visually impaired, and occupational therapy assistants - to come under the influence of Skills for Care. Its Care Certificate - describing the skills, knowledge and values newly appointed care workers and managers should meet - is the key document in supporting the development of a capable workforce that is able to meet the challenges the care sector faces (visit [skillsforcare.org.uk](http://skillsforcare.org.uk) for more information).

1.6 The purpose of this document is to describe our Quality Assurance Framework and its components. The Framework provides the overall setting within which our staff operate on a day-to-day basis according to the policies...
and guidance we have developed to help them meet the care and support needs of adults, including carers.

2. Quality assurance - why it is important

2.1 There is no legal requirement (yet) for local social services authorities to establish and operate Quality Assurance Frameworks specifically for adult social care. We need a Framework to focus our attention on what needs to be in place to ensure that the experience of people who use our services meets or exceeds their expectations.

2.2 Quality assurance and audit also features in the work of the wider County Council (through, for example, its Internal Audit function) and in our major partner organisations - such as the NHS Clinical Commissioning Groups, NHS Trusts, and the Care Quality Commission.

2.3 West Sussex County Council has a duty to ensure that all its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for, and used economically and efficiently. The County Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in how its functions are exercised, having regard to economy, efficiency and effectiveness.

2.4 In discharging this overall responsibility, the County Council is also responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions including arrangements for the management of risk.

2.5 The County Council has approved and adopted a code of Corporate Governance, which is consistent with the principles of the CIPFA/SOLACE Framework: Delivering Good Governance in Local Government. The County Council’s governance framework comprises the behaviours values, systems and processes, by which the authority is directed and controlled and through which it accounts to, engages with and leads the community. It enables the authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services. For further information about this governance framework, visit westsussex.gov.uk and type ‘annual governance statement’ in the search engine.

2.6 Adults’ Services is a complex organisation with many different activities and a range of different ways of engaging with local residents. People in contact with Adults’ Services routinely have high expectations of customer service and we aim to meet those expectations. It is the way in which we
deliver quality social care that informs the level of trust they and their carers (both current and future) have in Adults’ Services. It is therefore fundamental to our organisational promise to West Sussex residents that we focus our efforts on ensuring that quality is a byword for the way in which we work.

2.7 Enhancing the way we work with customers and carers is at the heart of the Care Act 2014 and has been the driving force behind our work in recent years to redesign the way in which we conduct our own business.

2.8 The quality building blocks for making the whole system work better for all West Sussex residents, including those customers and carers who may need to access funded social care support services, are:

- Enablement – helping individuals to achieve wellbeing (a Care Act 2014 legal requirement) and to remain independent for as long as possible;
- Needs – focusing on what needs to be in place to enable customers and careers to achieve the wellbeing outcomes they want for themselves from social care support;
- Accessible information and advice – making information and advice available in formats that encourage and enable residents in West Sussex to make informed choices for themselves both for now and for the future;
- Building up an individual’s own expertise – utilising an ‘assets’ based approach, building on an individual’s existing capabilities and support networks – whether formal or informal;
- Listening to customers and carers - and to what matters to them;
- Efficiency and effectiveness - in the way we work; and
- Safety – being able to manage risks in a way that promotes customer choices as far as possible so long as others are not adversely put at risk by those decisions or actions.

Taken together, the first letter in each of the above building blocks spells the word ‘ENABLES’. What this means we (Adults’ Services) will do in terms of day to day practice is described in Appendix 2.

3. Quality Assurance Management Board

3.1 The Quality Assurance Management Board provides the strategic oversight and scrutiny of the professional and organisational culture in Adults’ Services. The Board meets monthly and is chaired by the Head of Adult Social Care. The Board’s membership includes all the senior operational managers in Adults’ Services together with the Head of Safeguarding and representatives from Corporate Resources and Services.

3.2 The Board provides a formal governance framework to the quality assurance process, overseeing and signing off Management and Professional
Instructions for staff in Adults’ Services and reviewing performance in relation to the implementation and use of these by practitioners and managers. Occasional workshops hosted by the Board share the key messages for professional challenge and learning across Adults’ Services.

3.3 Terms of reference for the Board itself were first agreed in November 2013 and are periodically reviewed. They have been published on the internet as Management and Professional Instruction number 03. The Board has an annual schedule of work to ensure that all parts of the work of Adults’ Services are kept under careful scrutiny.

3.4 The Board acts on reports received from external organisations (such as the Care Quality Commission and the Local Government Ombudsman) that require action planning for service improvement.

3.5 The work of the Board may be shared with elected Members and other interested or potentially interested parties. The Local Account, the annual published report of Adults’ Services, may be the best way of achieving this. (For more information, visit: westsussex.gov.uk/localaccount).

3.6 Discussions about quality are not just for the Quality Assurance Management Board. All our staff, wherever located, have a responsibility to offer and/or provide high quality adult social care services. It does not matter if the work is done by an instructor in a day centre, an occupational therapy assistant in a hospital-based social care team, a night worker in one of our residential care homes, a professionally qualified practitioner in a multi-disciplinary mental health or learning disability team, a manager or the Director of Adults Services. The onus is on all staff to think through and act on what this means for them in their own role within Adults’ Services.

3.7 Whilst staff members may work in many different settings (and those listed here are but a few examples) we all work for Adults’ Services and/or on behalf of the wider County Council. All our staff are ambassadors for Adults’ Services.

4. Excellent customer service

4.1 In parallel with the County Council’s corporate Customer Experience Programme, we expect our staff in Adults’ Services to show their commitment to excellent customer service by:

⊕ Being accessible, transparent, and consistent in the way people in contact with Adults’ Services are supported – and that they are placed at the heart of everything we do;
Recognising and ensuring that people who contact Adults’ Services do so for a reason: teasing out from them, with compassion and empathy, their own knowledge and understanding of their needs and the presenting situation – whether that situation relates to them or to someone else for whom they provide care or assistance;

Actively involving individuals and valuing what they tell us about themselves, recording this information as their story;

Supporting people to live independently and safely;

Working with individuals and carers to manage risks whilst respecting their right to make decisions about their own lives;

Ensuring individuals have the opportunity to consider all available options (including through offering and providing a face-to-face discussion if requested);

Reducing the duplication of information given to the individual;

Where the individual is unable to complete the assessment on their own, ensuring appropriate support is given to assist them from a family member, friend, advocate or other health and/or social care worker;

Ensuring that decisions around intervention are transparent and easily understood and proportionate to the presenting situation, thereby making an appropriate use of the resources available;

Being focused and committed to developing and improving our own skills and expertise, including making sure we learn from our own mistakes and we take up the opportunities for supervision and for learning and development that are made available to us; and

Treating our colleagues with respect for what they too are doing to improve the quality of their work.

Local practice guidance to support staff

All staff should be familiar with our local guidance on supervision for health and social care practice. This, and other practice guidance resources that have been written to support practice (including the application of social care statutes and national policy requirements), and covering a wide range of subjects, can be accessed in the Professional Zone on the West Sussex Connect to Support website.

The ‘business rules’ that have been adopted by Adults’ Services are referred to locally as ‘Management and Professional Instructions’.

5. Annual business planning and key performance indicators

5.1 Adults’ Services produces an annual Business Plan that confirms the direction of travel for the immediate financial year period. The Business Plan
also sets out the key performance indicators that need to be met during the course of the year. The indicators are primarily those relating to the annual (England-wide) Adult Social Care Outcomes Framework or ASCOF. Adults’ Services is particularly interested to compare its own performance, year on year, with that of 1) similar-sized local authorities, 2) other local authorities in the south east of England, and 3) England as a whole.

5.2 Our annual performance in relation to the ASCOF for the previous financial year is reported in the Local Account (visit: westsussex.gov.uk/localaccount).

5.3 For the financial year 2014-15, for example, the annual Business Plan’s key performance indicators were grouped into one of three themed areas: meeting need, promoting independence and personalisation, and customer satisfaction. Some of the headline key performance indicators within these themed areas were:

- Assessments are being completed in a timely way;
- Short term services are resulting in the maximisation of independence;
- Social care services are responding in a timely way to ensure that delays are minimised for those patients ready to leave hospital;
- Promotion of independence for adults in contact with mental health services;
- Customers receiving social care services are satisfied with the services that they receive;
- Carers report feeling that they are being appropriately supported.

5.4 The delivery of all the specific key performance indicators is monitored throughout the year by the Adults’ Services Quality Assurance Management Board at its monthly meetings. Action plans are put in place during the year to improve performance as required.

6. **Key internal and external relationships**

6.1 Quality assurance is not only central to the work of Adults’ Services. It is also a feature of all local authority commissioned care services in West Sussex and beyond. The work of the Adults’ Services Quality Assurance Management Board is therefore closely linked to the wider work of the county council’s Care Governance Board.

6.2 Adults’ Services works with a range of other internal governance groups including scrutiny or development boards for specific customers and carers (including the Adults Safeguarding Board, the Learning Disability Partnership Board and the Mental Health Programme Board) and democratic scrutiny arrangements that involve elected Members (particularly the Health and Adult Social Care Select Committee, and the quarterly County Council meeting).
6.3 There are a range of external organisations that have an interest in the work of Adults’ Services and/or expect to receive periodic updates on its performance and operations. These include the Care Quality Commission, the Department of Health’s Health and Social Care Information Centre, and Skills for Care.

7. Checking that what we are doing is right

7.1 Audit is a systematic process that provides a means of finding out whether a service is following guidelines or applying best practice in a particular area. It involves defining standards, collecting data and other information, recording what works well as well as what doesn’t, and implementing changes required as a result of identified areas for improvement.

7.2 Audits provide evidence of best practice and can demonstrate the quality of our work to external bodies and inspectors. The actual process of carrying out an audit can be as beneficial as the outcomes. Audits also provide staff, from all areas of Adults’ Services, a chance to actively reflect on their own working practice.

7.3 There are a number of ways in which the quality of interaction between the County Council and local residents is already checked, including through, for example:

- Mystery shopping – although not currently used by Adults’ Services, we are planning to do this;
- The corporate Customer Experience programme;
- Customer and/or carer satisfaction surveys (by telephone, online, or in printed format): the format, frequency and reporting of these being often determined by a combination of both internal and external requirements;
- Specific online surveys of staff in Adults’ Services with, for example, their usage of the Professional Zone on the West Sussex Connect to Support website;
- Direct observation of practice by individual practitioners;
- The annual survey of our workforce and service utilization for the National Minimum Data Set – Social Care;
- Specific themed audits of financial controls as undertaken by the Council’s Internal Audit team;
- The monthly review and discussion by the Quality Assurance Management Board of service performance in relation to the Key Performance Indicators as set out in the annual Business Plan;
- The scrutiny function provided by Healthwatch on behalf of West Sussex residents;
The scrutiny of the work of Adults’ Services offered by local residents through formal groups established and supported by County Council officers – such as the Adults’ Services Customer and Carer Group and the Learning Disability Partnership Board;

The work of the Select Committees and any Task and Finish Groups established by elected Members;

Multi-agency case file audit tools such as that promoted by the West Sussex Safeguarding Adults Board and the West Sussex Children’s Safeguarding Board (staff from the Adult Social Care Improvement and Quality Team are involved in regularly-scheduled multi-agency audit groups associated with both of these Boards);

Monthly auditing of one in five externally provided carer assessments (to be undertaken by staff from the Adult Social Care Improvement and Quality Team, from September 2015);

Formal inspection of regulated services by the Care Quality Commission.

7.4 The experience of having the work of Adults’ Services under scrutiny is not therefore a new development and nor should it come as a surprise to anyone. In addition, we all have a responsibility to ensure that our practice, wherever located in Adults’ Services, is of a consistent standard that meets the requirements of local residents. The auditing of practice therefore needs to involve everyone in Adults’ Services.

7.5 Adults’ Services has received research governance approval to work jointly with customers and carers to design a system for eliciting their detailed feedback at all stages in a person’s contact with Adults’ Services. The findings from this work will help inform our broader work on quality audit.

8. Case file audits

8.1 The Quality Assurance Management Board has agreed the development and use of a case file audit tool for Adults’ Services (Form AS021a) that can be used to analyse performance over a range of areas of practice. It is primarily intended to be used as a tool to analyse case records held on Frameworki, our electronic case recording and document management system, and to be completed in that arena. (For adult mental health cases it will also be necessary to cross-check with information held on eCPA by Sussex Partnership NHS Foundation Trust).

8.2 There are some automated tasks, such as grade calculation, that have been deliberately designed into the form when completed online. Ideally audits undertaken that relate to case practice will therefore be recorded on Frameworki even the evidence is held in, for example, a paper record (such as for example, an individual’s care plan at a specific day centre operated by Adults’ Services).
8.3 Regular reports can be generated within Framework showing the numbers of audits completed as well as more specific information including the names and locations of the staff doing the audit, the grades awarded and any actions required as a result.

8.4 This audit tool has initially been designed to be used in the following areas of practice:

Referral; Assessment; Care/ support planning; Reviews; Mental Capacity Act Deprivation of Liberty Safeguards assessment; Mental Health Act assessment reports; Safeguarding; and Transition from Children’s Services to Adults’ Services.

8.5 The form does not currently cover finance activities - such as service purchasing - and this is an area for development. A Practice Instruction, with step by step guidance to assist staff on using the audit tool – in any of the areas described above - can be found in the Professional Zone on the West Sussex Connect to Support website.

8.6 Any formal audit work must be undertaken with care. It requires the use of audit skills, knowledge and judgement (all of which are based on appropriate experience, training, ability, integrity and objectivity). It will therefore be service and team managers, social care professional leads (adult mental health services), senior practitioners, centre managers and their equivalent who will undertake audits using the audit tool that we have designed. Facilitation and support will be provided by the Adult Social Care Improvement and Quality Team at County Hall.

8.7 The Quality Assurance Management Board will determine which particular areas of practice will be audited and examined. Only one area of practice will be audited across the whole of Adults’ Services at any one time. The area of practice to be audited will be selected from the following:

‘referral’;
‘care/support planning’;
‘assessment’ (including Mental Capacity Act Deprivation of Liberty Safeguards assessment and Mental Health Act assessment*);
‘reviews/re-assessment’.

*Adults’ Services is already committed to auditing carer assessments that have been outsourced, from August 2015, to Carers Support West Sussex. From September 2015, one in every five externally-contracted carer assessments will be reviewed by members of the Adult Social Care Improvement and Quality Team, using the case file audit tool.
8.8 The Adult Social Care Improvement and Quality Team will liaise with local management groups across all of Adults’ Services and will initially arrange specific sessions to facilitate the undertaking of case file audit. The intention however is to get to a point where local management groups can take responsibility for themselves in meeting and reviewing case files.

8.9 The Adult Social Care Improvement and Quality Team will randomly identify and assign the themed cases to be audited using the tool that is available on Frameworki. Case file audit will be undertaken every three months in the first instance but will become more frequent over time.

8.10 The case file audit tool is based around seven quality statements or standards, all of which are linked to ‘ENABLES’ (see Appendix 2 of this Quality Assurance Framework). Each quality statement then has three areas of evidence that any auditor (who will usually be a manager or a senior practitioner) will be looking for in a case record.

<table>
<thead>
<tr>
<th>The seven ‘quality statements’ used in the case file audit tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>✌ The person’s well-being has been considered and they have been supported to be as independent as possible for as long possible.</td>
</tr>
<tr>
<td>✌ We focus on the person’s needs and the outcomes that are most important to them.</td>
</tr>
<tr>
<td>✌ The person has been given the right information and advice at the right time. This has enabled them to know what their options are and plan for the future.</td>
</tr>
<tr>
<td>✌ The person has been enabled to make the most of existing community resources and informal support networks.</td>
</tr>
<tr>
<td>✌ The person has had choice and control in decisions affecting their care and support.</td>
</tr>
<tr>
<td>✌ The person has received a proportionate, and least intrusive response, which has been well managed, delivered within agreed timescales, and utilised other specialist services or funding when required.</td>
</tr>
<tr>
<td>✌ The person has been kept at the centre of the risk assessment - we have treated family and friends as partners and focussed on what is important to the person.</td>
</tr>
</tbody>
</table>

8.11 The findings from local case file audit, including any service improvements required, will be presented to the Quality Assurance Management Board within one calendar month following the audit meeting being held. This means that local management groups will need to schedule time for their themed audits to be completed and the findings pooled into a report for the Quality Assurance Management Board. A template report will be made available.
8.12 The Board will agree the service improvement actions required at a local level. These service improvement actions will need to go somewhere and not just be left with the Board to manage. Our new overall approach to best practice groups, (including existing groups such as the Team Manager Forum), provide one such opportunity to share the lessons from case file audits as well as the learning from other work considered by the Quality Assurance Management Board as important for practice and service improvement. A diagram explaining this is shown in Appendix 1 to this Framework.

8.13 The Board will also decide which emerging issues from case file audit - and any other audits that are undertaken - are particularly pertinent for professional challenge and learning across Adults’ Services as a whole and therefore need to be shared with staff through specific workshops.

9. **Annual observations of practice**

9.1 Once a year, line managers are now expected to observe the practice of each of those whom they supervise. This was agreed by the Quality Assurance Management Board in August 2015.

9.2 The findings from this practice observation will be shared and discussed in the next supervision session, and accounted for in the supervision record. Practice will be observed either by:

- listening in on a telephone conversation with the customer or carer; or
- accompanying the supervisee on a visit to the customer or carer; or
- observing the supervisee at a meeting with the customer or carer and others.

9.3 The views of the supervisee should be sought following these observations and a copy of those views and the direct observation record will be kept on the person’s supervision file to inform their learning and development.

10. **Evidencing quality in case recording**

10.1 Recording information accurately is a key element when completing work with local residents and in the work that we do. We use a variety of methods to record information about our activity but the primary method is Framework, our electronic case recording and document management system.

10.2 A case record enables us to:
Capture a record of what is important to the individual – ideally in their own words;
Show how a member of staff has understood and analysed the needs and preferred outcomes for each individual;
Undertake and evidence risk assessment;
Provide appropriate information to colleagues such as support brokers who will develop a person’s care and support plan;
Capture decisions made by the member of staff and others at relevant / key points;
Provide evidence of the work undertaken or still needing to be done or have completed;
Produce reports and statistics in line with the requirements of current County Council policy, procedures and/or practice guidance, and legislation (such as the Data Protection Act and Freedom of Information Act requirements);
Audit the quality of the practice of a member of staff;
Provide evidence for the national statutory returns to the Health and Social Care Information Centre;
Save time and avoid duplication of effort – especially where recording is accessible, person-centred, useful and timely.

11. ‘Good-enough’ practice

11.1 In practice, our expectation of what ‘good-enough’ means is that:

The Initial Contact/ Assessment/ Eligibility Determination/ Care and Support Plan/ Review/ Safeguarding Enquiry is person-centred;
The intervention is well-structured with all the relevant information provided, collated, and analysed;
The individual’s own outcomes are clearly identified and expressed;
The case record is reliable and accurate - and written clearly and concisely;
Any interventions are timely and appropriate;
There is clear decision-making with rationale;
Evidence-based practice is demonstrated (including research evidence where relevant – accessed from, for example, the Social Care Institute for Excellence and/or the National Institute for Health and Care Excellence);
Action plans are established which clearly state what needs to happen, by whom and by when;
Contingency plans are established which clearly state who needs to be contacted, by whom, in what circumstances and with what outcome (s) in mind; and
Knowledgeable attention has been given to, and application of, local procedures.

11.2 We are aiming throughout to ensure that a local resident feels:
 They have been at the centre of the assessment;
 Their needs have been assessed proportionately;
 They have been listened to and been able to express their own views (with or without assistance from another person - such as a carer or an advocate);
 They have been able to identify their own outcomes and to focus on what works well for them;
 Any presenting or anticipated risks have been identified and discussed with them;
 Enabled to make an informed decision about risk-taking;
 That any decisions around Adults’ Services involvement with them have been properly explained and understood – and, if necessary, an independent advocate has been engaged to help them with their understanding; and
 They have been involved and kept informed throughout.
Appendix 1 – Quality assurance in a diagrammatic format

Quality Assurance Management Board

Internal Audit; Complaints; Safeguarding Boards; Market Oversight Board, etc.

Managers across Adults’ Operations

<table>
<thead>
<tr>
<th>Case file audit</th>
<th>Mystery shopping</th>
<th>Audits of contracted care – example: carer assessment</th>
<th>Carer survey (Sussex Partnership)</th>
<th>Observation and supervision</th>
<th>Multi-agency safeguarding audit</th>
<th>Customer experience survey (Adults’)</th>
</tr>
</thead>
</table>

Better practice identified for embedding in/by the workforce

Best Practice Groups/ Forums: sharing, reinforcing, learning about, and promoting better customer service

Members of the public get a better overall service
Appendix 2 – ‘ENABLES’

Adults’ Services is committed to ensuring that everyone who contacts Adults’ Services for help is supported in a variety of ways:

- to guide them to lead informed, active, fulfilling, and independent lives;
- to maintain their health and wellbeing;
- to support them where they are providing care for another person;
- to protect them from abuse or neglect;
- to uphold their legal rights and entitlements;
- to arrange care and support for them where they are unable or unwilling to do this for themselves.

The quality building blocks for making the whole system work better for all West Sussex residents are formed from the word ENABLES:

Enablement
In practice, we will:
- support individuals and communities to help themselves,
- focus on enabling people to prevent or postpone the need for care and support, and
- ensure prevention and enablement are available to all.

Needs
In practice, we will:
- work in a person-centred way and ensure support plans meet needs and outcomes,
- respond quickly to people’s needs when there is a crisis or change of circumstance,
- ensure assessment is proportionate and focuses on what is important to and for the individual and carer,
- take account of the well-being of the whole family, including young carers,
- support carers to sustain their caring role where they are willing and able, as well as to access a life outside of caring, and
- integrate care and support services with health where this will benefit West Sussex residents.

Accessible information and advice
In practice we will:
- provide support, information and advice for all including those who do not have eligible care needs,
- be clear, consistent and transparent about what people can expect so that they understand what’s on offer and are helped to plan for the future,
- where possible, enable peoples’ needs to be met through information, advice, preventative or universal services, and
make it easier for people to make their own arrangements for care and support by promoting self-service and information and advice.

**Building on an individual’s own expertise**

In practice, this means:
- supporting all individuals and carers to consider how they best use their resources and expertise and build on their support networks to achieve wellbeing,
- approaching assessment from the starting-point of self-appraisal,
- consulting with carers wherever feasible, and
- working with partners to build community capacity and make the most of existing community resources and informal support networks.

**Listen to people**

In practice, this means:
- recognising all residents as customers, ensuring their own knowledge and understanding of their needs and situation is central to their assessment,
- actively involving individuals and valuing what they tell us about themselves,
- ensuring individuals have opportunities to consider all available options,
- involving carers in decisions and support planning,
- making sure that people’s experience is central to how we measure performance, and
- taking a proportionate approach to the way we work with individuals from assessment through to review.

**Efficiency and effectiveness**

In practice, this means:
- ensuring people have access to the rights skills at the right time, making best use of our staff expertise,
- enabling staff to spend the time needed with people to develop quality assessments and support plans,
- ensuring peoples’ expectations are balanced with affordable solutions, care and support,
- actively valuing professional and multi-disciplinary expertise and judgement,
- monitoring and promoting quality standards,
- working with our partners to help everyone to feel safe and have confidence that we will be there when they need us, and
- responding to individuals and communities in times of crisis, such as fire.

**Safety**

In practice, this means:
- supporting people to live independently and safely,
- working with individuals to manage risks whilst respecting their right to make decisions about their lives,
- helping the most vulnerable to feel supported and safe,
identifying young carers who are carrying out an unreasonable level of caring, assessing their needs and working with Children’s Services to provide the necessary support,
• involving individuals, their carers and families in making decisions about balancing risk and safety, and in finding whole family solutions, and
• making safeguarding more personalised and less process-driven with a focus on outcomes and the safeguarding plan.
Appendix 3 – Role of Internal Audit

Internal Audit is a corporate function of the County Council. Each audit plan is put together after consultation with Directors and some Heads of Service. It is a mixture of their priorities, Internal Audit priorities based on perceived risk, and the need to accommodate significant changes which can come from a variety of sources - both local and national.

One element of any plan that is constant is compliance testing on core financial systems. Internal Audit therefore usually sets aside a number of risk-based audit reviews relating to Adults’ Services each year.

Internal Audit does not however undertake case file audit as this is seen as an operational responsibility – although it may check that the audit tools used are fit for purpose.