

Quality Matters!

Quality Assurance and Performance Management Framework



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Related Policies & Procedures:

Supervision and Appraisal
Customer Involvement Strategy
Carers Strategy
Lessons Learned

Policy Statement:

In order to ensure that our principles of delivering quality services and our ambition to continuously improve, it is our policy to:

Establish a set of interlinked activities that are carried out which set standards and monitor activity in order to improve performance.

Quality Matters! is the mechanism by which we can be assured that we are focusing our resources effectively to deliver improved outcomes to the people we support and by which we can be assured our services are safe, effective, caring, responsive and well led.

It is the process by which we can make sure that we are making a positive difference to the lives of the people we support.

Accountability:

All **Managers** must ensure that staff understand and implement this procedure.

All **Staff** must ensure that they ALWAYS:

- Work in a person centred way.
- Follow the specific guidance and instructions that are in a customer's individual support plan and risk assessments.
- Challenge behaviour and speak up if you witness anything that could cause harm or injury to our customers, colleagues or others.
- Speak up and challenge behaviour that discriminates against an individual you are supporting.
- Act in the best interests of Aspire.

Responsible Person: **Chief Executive**
Date of First Issue: **1st August 2015**
Person to Review: **Chief Executive**
Last Reviewed: **March 2019**
Next Review: **March 2022**



Procedures

Section 1 Background

Quality Matters! has been developed to ensure that we focus energy, time and resources at the areas of practice that have the greatest impact to delivering quality services that meet all areas of statutory compliance. The list of inter related activities set out below in sections 4 and 5 are focussed around the people we support, staff and resources and are linked to delivering improved outcomes in relation to our values and CQCs key lines of enquiry. The purpose of this policy is to ensure that staff understand their responsibilities and implement the procedures.

Section 2 Responsibilities

The following staff have these responsibilities

Chief Executive & Operations Director	To develop appropriate performance measurements and stretch targets and to disseminate this policy and monitor performance at a city wide level.
Senior Area Managers	To ensure managers understand and implement the measures to capture the data, to carry out spot checks and to monitor performance.
Managers & Supervisors	To carry out supervisions and appraisals and to undertake data capture and to monitor performance for their own service area. To attend and undertake staff meetings.
Frontline staff	To carry out support planning and reviews, customer meetings, engage with supervision & appraisals and attend training.

Section 3 How this relates to our regulatory, statutory or legislative framework

Eleven of the performance indicators are monitored at an individual service level – with the remaining 4 being monitored at a pan service level. Each indicator is linked to one of the 5 CQC key lines of enquiry:

- Safe
- Effective
- Caring
- Responsive
- Well led

These areas relate closely to the Local Authorities QSA core objectives:

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Assessment, Planning and Review
Security, Health & Safety
Safeguarding and Protection from Abuse
Fair Access, Fair Exit, Diversity and Inclusion
Autonomy, Involvement, Choice and Empowerment

Section 4 Performance Indicator Measurements

Central to Quality Matters! is a set of performance indicators (LDQM02) that have been developed following consultation across Aspire. We believe these will have the greatest impact in delivering a consistently high standard of service. The 15 performance indicators are grouped into 3 categories:

- Outcomes for customers
- Engagement of staff
- Use of resources

4.1 Data capture

These data capture fields are hosted on the database and are filled in upon completion of activities and provide a live position statement regarding the level of service that has been delivered in the previous rolling twelve months.

4.2 Embedding quality

The systems for live data capture described above provide a mechanism to collect data on activity that we believe makes the difference between delivering good services and delivering excellent services.

The challenge is to ensure that there is real quality in the activities that are being measured. Within Quality Matters! there are 2 main proactive mechanisms to ensure that this quality is embedded across the service. These are:

- Engagement with staff
- Engagement with the people we support

4.3 Proactive engagement with staff

The supervision and appraisal process is the key means by which we can be clear with staff about how they contribute to the delivering improved outcomes for customers. The supervisory process is a key aspect of Quality Matters! It is the forum in which quality checks can be undertaken at an individual level.

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The supervisory records for Support Leaders through to Senior Area Managers are aligned to the performance indicators described above and provide an opportunity to ensure staff are clear about how they are contributing towards performance improvements.

Active engagement of staff to help them understand their capacity to contribute to the continuous improvement in performance is also undertaken through staff meetings and thematic service development groups on Technology Matters, Diversity Matters, Health, Safety & Environmental Matters, Future Matters and the development of our Annual Plan.

Senior managers also meet with each staff group on at least an annual basis to ensure staff can provide direct feedback into the quality loop.

At an organisational level key senior managers have champion roles in relation to safeguarding and whistleblowing. At an individual service level we have local champions for Health & Safety, Nutrition, First Aid and wheelchair handling.

4.4 Proactive engagement with customers

The Customer Involvement Strategy outlines the commitment of the service to embed customer involvement and empower them to share their unique perspective across the service. The Customer Council provides a forum for customers to formally engage with senior managers to ensure that their voice is heard and that they can feed into the quality loop.

Section 5 Monitoring and Review

Quality control is delivered through 3 specific mechanisms. These are:

- External inspection
- Feedback
- Internal checks

5.1 External inspection

Most of our services are subject to inspection by the Care Quality Commission. These inspections are reflected within the key performance indicators described previously and these external inspections provide an independent assessment of the quality of the service. We apply the same quality standards to both regulated and non-regulated services. Additionally, one off audits are commissioned from a range of organisations such as Healthwatch and health & safety specialists to enable independent quality checks to take place. We also have a service level agreement in place with Leeds City Council to undertake a range of audits throughout the year.

5.2 Feedback

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Feedback is provided through annual satisfaction surveys that are undertaken with the people we support, families, staff and other key stakeholders. We also undertake an annual staff survey. The service receives regular feedback from Compliments and Complaints. These are fed into the team meeting structure as part of the services' commitments to the Lessons Learned process.

5.3 Internal checks

Senior Area Managers undertake spot checks to all services on at least an annual basis. Following the introduction of the Quality Matters! data capture fields – these visits are increasingly focussed on the measurement of quality rather than quantity. Area Managers, Service Managers and Support Leaders undertake a range of more regular checks to assure the quality of the services being delivered to people.

5.4 Public Commitment

As an organisation we take the opportunities that arise to make public commitments to quality through on a range of issues such as being a Mindful Employer and signing up to the Leeds Commitment to Carers.

5.5 Networks

We make use of a number of local, regional and national networks to ensure that we are aware of emerging and best practice. These networks include LCC's provider Forum, TENFOLD (the learning disability forum for third sector organisations in Leeds), Skills For Care's Registered Managers network, Forum Central Leaders in Health and Social Care network, Voluntary Action Leeds, Leeds Learning Disability Partnership Board, Mindful Employer network, Yorkshire & Humber Social Enterprise network and Social Club North.

Section 6 Impact

The outputs from the engagement, monitoring and review mechanisms are then triangulated and, where appropriate, make their way onto the following years' Annual Plan, which provides feedback on the impact of the previous year's priorities, as well as articulating the coming year's targets.

The Annual Plan is published in the first quarter of each financial year and distributed to all staff and all the people we support, as well as key stakeholders. The Annual Plan is also available on our website.

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QUALITY MATTERS!
Aspire
Performance Indicator Measurements (LDQM 02)
1st April 2019

No.	Performance Area	Measure	Red	Amber	Green	CQC key lines of enquiry
Items 1 – 12 will be measured at an individual service level						
LDPI 1	Person centred information	Percentage of people we support who have up to date support plan including one page profile produced or reviewed within the previous 12 months	Less than 75% of people we support have in date support plans reviewed in the last 12 months	Between 75% and 95% of people we support have in date support plans reviewed in the last 12 months	More than 95% of people we support have in date support plans reviewed in the last 12 months	Caring
LDPI 2	Person centred goals	Percentage of people we support who have up to date outcomes identified in their support plan	Less than 75% of people we support have in date outcomes identified in their support plan	Between 75% and 95% of people we support have in date outcomes identified in their support plan	More than 95% of people we support have in date outcomes identified in their support plan	Caring
LDPI 3	Compliance with Mental Capacity Act	Percentage of people we support who have up to date capacity assessments, inc. best interest decisions where applicable in line with the Mental Capacity Act	Less than 75% of people we support have in date capacity assessments, inc. best interest decisions where applicable	Between 75% and 95% of people we support have in date capacity assessments, inc. best interest decisions where applicable	Over 95% of people we support have in date capacity assessments, inc. best interest decisions where applicable	Effective
LDPI 4	Customer Annual reviews (or 6 week review if new to service)	Percentage of people we support who have had an annual review which is compliant with our carers strategy	At current rate less than 75% of people we support will have had an annual review in the current year which is compliant with our carers strategy	At current rate between 75% and 95% of people we support will have had an annual review in the current year which is compliant with our carers strategy	At current rate over 95% people we support will have had an annual review in the current year which is compliant with our carers strategy	Responsive
LDPI 5	Customer Meetings	Frequency of minuted group customer meetings held	On target to undertake less than one every two months	On target to undertake less than one per month but more than one every two months	On target to undertake at least 11 customer meetings per year	Well led

LDPI 6	Staff supervisions and appraisals	No. of planned supervisions or appraisals undertaken in month (the target is a minimum of bi-monthly supervisions including an annual appraisal and appraisal review in every 12 month period). Where applicable, the observational assessment should include a medication competency assessment.	At current rate all staff will have had less than 4 planned supervisions or appraisals in the year (including an appraisal and an appraisal review)	At current rate all staff will have had at least 4 planned supervisions in the year (including an appraisal and an appraisal review)	At current rate all staff will have had at least 6 planned supervisions in the year (including an appraisal and an appraisal review)	Safe
LDPI 7	Staff development	Percentage of staff whose statutory and mandatory training is in date	Less than 75% of staff have compliant training in place	Between 75% and 95% of staff have compliant training in place	More than 95% of staff have compliant training in place	Responsive
LDPI 8	Staff Meetings	Frequency of minuted staff meetings held	Less than one every two months	Less than one per month but more than one every two months	On target to undertake at least 11 staff meetings per year	Well led
LDPI 9	Health & Safety	Compliance with health and safety checks (1 x annual, 3 x quarterly & 8 x monthly) and associated actions in the year	Less than 12 health and safety checks have been carried out in the year	All health and safety checks have been carried out but there are outstanding actions from those checks that have not been completed within the target date.	All health and safety checks have been carried out and all actions from those checks that have been completed within the target date.	Safe
LDPI 10	Staffing budget	Effective rota management	Use of more than 2FTE over budget in the deployment of permissible hours	Use of more than 1FTE over budget in the deployment of permissible hours	Use of agency and overtime hours within permissible hours limit	Responsive
LDPI 11	Controllable non-staffing budget	Effective resource management	Projected to be over budget at current rate of expenditure	Projected to be on budget at current rate of expenditure	Projected to be under budget at current rate of expenditure	Effective
Items 11 – 14 will be measured across the whole service						
LDPI 12	Staff Engagement	Level of satisfaction from annual staff survey	Less than 75% of staff would recommend Aspire to a relative	Between 75% and 95% of staff would recommend Aspire to a relative	Over 95% of staff would recommend Aspire to a relative	Caring
LDPI 13	Attendance	Number of days lost per employee	More than 15 days per employee per year	Between 12 and 15 days per employee per year	Less than 12 days per employee per year	Effective

LDPI 14	Safeguarding	Percentage of people we support who feel safe in annual Customer Survey	Less than 90% of people we support feel safe	Between 90% and 95% of people we support feel safe	More than 95% of people we support feel safe	Safe
LDPI 15	Staff Involvement	Frequency of minuted Matters meetings	Less than 3 in a quarter	3 of the 4 meetings taken place in the quarter	All 4 meetings taken place in each quarter	Well led