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Quality Practice Assurance Review: Policy and Practice Guide.

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**Who does this apply to?**

The Quality Practice Assurance Review (QPAR) is intended to be used as a measurable assurance tool for case holding practitioners in the Adult Social Care directorate. This particular guide applies to Adult Frailty and Long-Term Conditions, Hospital, Learning Disability, Occupational Therapy and LPFT s.75 social care teams.

It is the overall responsibility of the Lead Practitioner (or covering manager) to ensure reviews are completed for practitioners in their team. QPARs are allocated to the practitioner’s supervisor to complete within supervision, with both parties responsible for contributing and engaging with the review.

Newly Qualified Social Workers who are enrolled into the Assessed and Supported Year of Employment programme (ASYE) will still be expected to complete QPARs. This continues to provide assurance to Lincolnshire County Council as well as provide evidence for their portfolio and continued professional development.

**Why is this important?**

Quality assurance is how we know we’re getting it right, and what we need to do to get it even better.

The emphasis of the review is to support practitioners critically reflect on the quality of their practice and recording. It provides a safe space to have a conversation, to recognise and celebrate the good work they do, but also to consider situations which may have brought challenge, allowing time to stop and think about any learning and development needs.

The review process is an opportunity to encourage ownership and accountability of practice and recording, demonstrating continuous practice development. Most importantly, it ensures that we are critically reflecting on the impact of what we do, to the people it affects.

**How often does this take place?**

The QPARs will take place twice a year in supervision sessions. The reviews will be allocated evenly throughout the year, to allow time for progression in-between allocations.

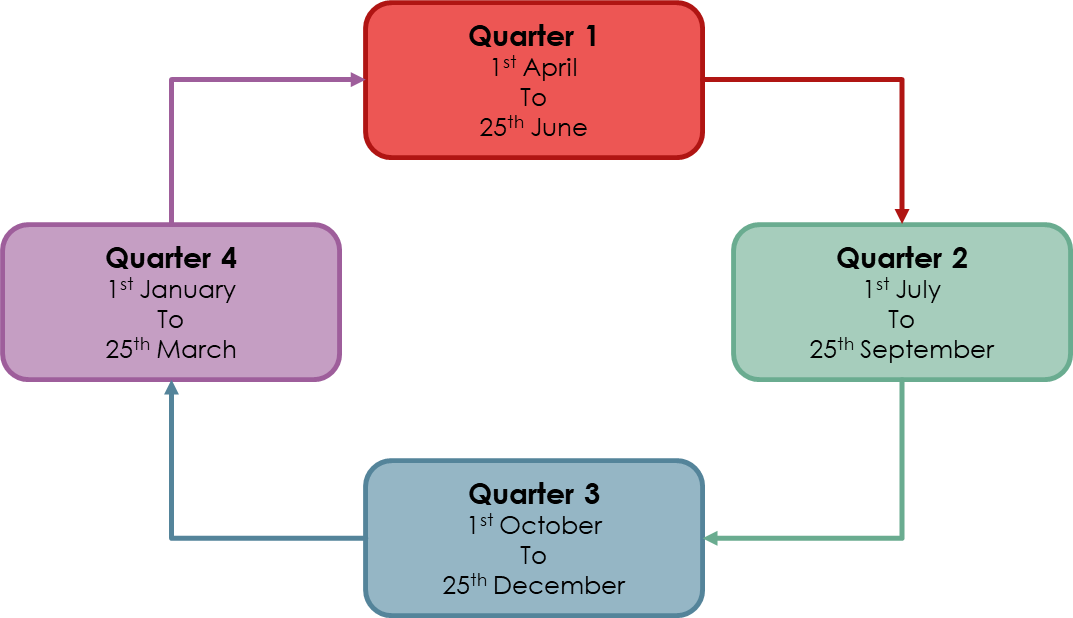
Example:

* *Practitioner X – reviews allocated in quarter 1 and quarter 3.*

For supervisors who review more than one practitioner, the Quality Assurance team will do their best to allocate fairly across the year.

Example:

* *Practitioner X – reviews allocated in quarters 1 and 3.*
* *Practitioner Y – reviews allocated in quarters 2 and 4.*



*\*Quarter start and end dates. The quarters close on the 25th of the month in order for reporting deadlines.*

**Staffing lists and allocations:**

The Quality Assurance (QA) team will email Lead Practitioners each quarter to obtain updated staffing lists regularly throughout the year.

If there are any changes in-between the quarters, which would impact on this process, it is expected that managers will directly contact the QA team to ensure details are up-to-date and correct, as this ensures that accurate allocations are made. If an allocation has been made that is incorrect, please contact the Quality Assurance team as soon as possible so remedial action can be taken.

The QA team will send an email directly to supervisors who have allocations for the upcoming quarter. This will include details of who they will be reviewing, the start and deadline date, and a link to submit the final QPAR on Microsoft Forms. The email will also include the Word Preparation Document and a link to a feedback form, so we can continually review and ensure this assurance method is fit for purpose.

As soon as a supervisor has received an allocation email from the QA team, it is their responsibility to book the QPAR in the practitioner’s next supervision session within that quarter. It is important that this is not left to last minute, and diligence is carried out to ensure a meaningful review is completed.

**Case selection:**

It is the supervisor’s responsibility to select a suitable case to review. The practitioner can suggest a case, whether this be something they are proud of or something they found more challenging, but ultimately the decision lies with the supervisor.

Considerations:

* The practitioner needs to have recent involvement (within 12 months, but something more recent would be preferable).
* The practitioner being reviewed, needs to have completed a workflow on Mosaic. This may be an assessment, care and support plan or annual review etc. It is best practice to have something that the practitioner has had significant involvement as this creates more opportunity to review work.
* In the case of Initial Conversation workers, case selection and completed workflow will be proportionate to the interaction activity completed.

**Preparation:**

Prior to the QPAR taking place in supervision, both parties need to take time to prepare for the review. This ensures that a meaningful and reflective discussion takes place.

The supervisor should inform the practitioner when their QPAR will take place and confirm what case they will be reviewing.

The supervisor and practitioner should both use the Word Preparation document to write down their findings and reflections prior to supervision.

The Word Preparation document is also required because Microsoft Forms does not allow you to save work as you go. It is therefore important that the Preparation document is used to record your conversations during the review.

The practitioner should forward their Word Preparation document to their supervisor before the final QPAR is submitted on Microsoft Forms.



|  |  |  |
| --- | --- | --- |
| **Section of preparation form** | **Reviewer** | **Practitioner** |
| Details of the review: Reviewer / Practitioner / Service Area / Customer details | Checkmark with solid fill | Checkmark with solid fill |
| Documents and case notes reviewed | Checkmark with solid fill | Checkmark with solid fill |
| Scoring of the 8 individual standards | Checkmark with solid fill | Checkmark with solid fill |
| Radio buttons relating to statutory requirements | Checkmark with solid fill | Checkmark with solid fill |
| Reflection of positives found within the review | Checkmark with solid fill | Checkmark with solid fill |
| Identification of learning and development found within the review | Checkmark with solid fill | Checkmark with solid fill |
| Free text box of the Practitioner’s reflections | Close with solid fill | Checkmark with solid fill |
| Scale to identify the impact the practitioners work has had on the customer | Close with solid fill | Checkmark with solid fill |
| Additional comments | Checkmark with solid fill | Checkmark with solid fill |

**How to Complete the QPAR:**

A new QPAR form will be provided each quarter.

Each service area has a bespoke form. This will be distributed by the QA team and can only be accessed by the link in the current quarter’s allocation email.

The form needs to be completed and submitted in one session as it will not save any progress made.

All sections of the QPAR form are mandatory and therefore must be completed for the form to be submitted. All standards and radio buttons are applicable to all practitioners in a proportionate manner depending on their role within Adult Care.

Practitioners are required to fill out the practitioner feedback sections and therefore must be present and participate in the supervision meeting.

The completed document should flow with the scoring and radio button reflected in the positive comments and learning section as appropriate.

**During the QPAR:**

The supervisor (reviewer) and practitioner will have reflective conversations throughout the review, including discussing positives and learning, scoring of standards and selection of radio buttons.

It is the supervisor’s ultimate responsibility to make professional judgements on the selection of scoring within the review. If there are disagreements, this can be recorded in the Practitioner’s Reflections.

**Scoring:**

Each of the eight standards are separately scored. It is the supervisors (reviewers) responsibility to consider the evidence found and score each standard. The practitioner can make comment about this in “Practitioner Reflections”.

It is expected that practice will be “Good”, with “Outstanding” showing practice that has gone above and beyond what is expected.

**Outstanding: Meets the standard to a comprehensive level.**

Thorough analysis and evaluation of information and Care Act compliance. Consistently delivers superior performance by exceeding all objectives and job accountabilities. Work is person-centred and strengths based. Exemplary practice, going above and beyond to be a role model to others.

No learning and development identified.

**Good: Meets the standard to a high level.**

Sufficient analysis and evaluation of information of Care Act compliance. Clear, concise recording. Stands up to legal scrutiny. Work is person-centred and strengths based.

There may be one or two areas of learning and development to strengthen work further, to go from ‘good’ to ‘outstanding’.

**Requires Improvement: Partially or not consistently meeting the standard.**

Limited analysis and evaluation of information and Care Act compliance.

Several areas of learning and development identified.

**Inadequate: Fails to meet the standard.**

Areas of evidence not completed or insufficient. Poorly organised record with little to no analysis and evaluation of information and Care Act compliance.

Significant areas of learning identified.

**Learning and development opportunities:**

If there are learning and development opportunities found within the review, these should be monitored and followed up in on-going supervision sessions, until they have been resolved. This responsibility lies with the supervisor to ensure this happens.

If the person who reviewed the work is not the practitioner’s supervisor, they need to feedback to the person who will be providing that ongoing supervision.

It is imperative when identifying learning and development opportunities, that the person is clear about what the learning is, what needs to happen to address any issues and concerns, and how and when this will be reviewed. It is expected that this will be evident in ongoing supervision records.

**After the QPAR:**

It is the responsibility of the supervisor to submit the final QPAR onto Microsoft Forms, being sure that the Practitioner’s Reflections have been accurately recorded.

The Quality Assurance team will return a PDF document of the completed QPAR within 5 working days, to both supervisor and practitioner.

This is required to be stored in the practitioner’s supervision file.

**Cancellation Process:**

There may be on occasion, the requirement to cancel a review once it has been allocated. The cancellation request will need to be authorised as outlined below, and an email sent to the QA team to confirm who the practitioner it concerns and the reason for it.

|  |  |  |
| --- | --- | --- |
| **Reason for Cancellation:** | **Who can request:** | **Approval confirmed by:** |
| Practitioner on Long Term Absence (LTA)  *(Sickness, Maternity Leave etc).*  *(Correct staffing lists will prevent these counting as cancellations).* | Locality Leads / Area and General Managers. | Quality Assurance / Lead Professional Team. |
| Practitioner left role  *(Correct staffing lists will prevent these counting as cancellations).* | Locality Lead / Area and General Managers. | Quality Assurance / Lead Professional Team. |
| Practitioner on placement / secondment  *(Correct staffing lists will prevent these counting as cancellations).* | Locality Lead / Area and General Managers. | Quality Assurance / Lead Professional Team. |
| Operational pressures | Heads of Service. | Quality Assurance / Lead Professional Team. |
| Other extenuating circumstances | Heads of Service. | Quality Assurance / Lead Professional Team. |

**Other cancellation requests:**

|  |  |  |
| --- | --- | --- |
| **Reasons:** | **Who can request:** | **Approval confirmed by:** |
| Supervisor on long term absence (SLTA)  *(In these instances, the review should not be cancelled. The covering supervisor should complete the review with the practitioner. These arrangements need to be managed locally).* | Locality Leads / Area and General Managers would need to agree these cancellations in exceptional circumstances. There would need to be evidence that covering managers and all other options have been explored. This is important to ensure that practitioners receive protected time to have their review twice a year for their CPD. | Quality Assurance / Lead Professional Team. |
| Review not completed within deadline. | N/A  . | Quality Assurance / Lead Professional Team.  This information will be passed onto the respective Head of Service and will be included in reporting data. |

**Transfer Process:**

There may be on occasion the requirement to transfer a review once it has been allocated. A transfer may be requested and overseen by Locality Leads (or a manager as agreed locally).

Examples of when a transfer will need to be requested:

* Change in supervisor within the quarter,
* Supervisor (reviewer) left post within the quarter,
* Supervisor (reviewer) on long term absence,
* Supervisor (reviewer) workload pressures.

It is the responsibility of the Locality Lead (or covering manager) to inform the person who will be completing the review instead and the practitioner that it will be affecting. They will also need to inform the QA team of any changes, who will then provide the appropriate documentation to the new reviewer.

It is a priority that reviews are completed for every practitioner. This is their safe space to look at a case in detail and reflect on their work to inform future practices. A transfer must be explored if the original supervisor is unable to complete the review, rather than being cancelled altogether.

**Breakdown of the QPAR form:**

Questions 1- 4 (admin).

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Rationale for Question** |
| 5. | Please record the documents you have used as evidence including dates, so information can be crossed referenced for Quality Assurance purposes. | This provides the practitioner the location of evidence for the justification of your scoring.  It will also enable the Quality Assurance process to be completed. |
| 6 – 13. | Please score the Quality Assurance Practice Standards based on your findings during the review process. | Each of the standards require scoring against the four-point scaler *(Outstanding, Good, Requires Improvement, Inadequate)* using the radio buttons. All standards are applicable in a proportionate manner. |
| 14. | Has the practitioner considered and recorded the person’s mental capacity to make decisions as part of their interaction? | The radio button questions have been created to enable the consistent reporting of statutory requirements across all service areas.  It is expected that supervisors (reviewers) and practitioners can expand and reflect on any of these areas within Q.21, 22, 23 and 25, as applicable. |
| 15. | Has the practitioner considered and recorded if the person would require the use of an advocate / representative? |
| 16. | Has the practitioner considered, provided recorded rationale and completed necessary steps as part of the NHS continuing healthcare process? |
| 17. | Has the practitioner considered and recorded if the person has regular contact with children and / or young people? |
| 18. | Has the practitioner recorded and taken appropriate action, if any immediate children and / or young people safeguarding concerns have been identified? |
| 19. | Has the practitioner recorded and taken appropriate action, if any immediate adult safeguarding concerns have been identified? |
| 20. | Has the practitioner considered and recorded the needs of any informal carers? This also includes young carers |
| 21. | Identified strengths: Please comment on the strengths you found of the practitioner’s interaction with the person. | This needs to be reflective of the above scoring of the standards. It should inform the practitioner of their strengths and areas to celebrate within their work. Be specific in your feedback to enable the practitioner to reflect on this to continually inform best practices. |
| 22. | Learning and development needs: Please comment on any learning and development opportunities identified within this QPAR. | This needs to be reflective of the above scoring of the standards. It should provide clear guidance of any learning and development identified, and how this will be measured. Be specific in your feedback to enable the practitioner to reflect on this to continually inform best practices. |
| 23. | Do you feel that the practitioner’s interaction meets the need of the person in a proportionate manner? | The supervisor (reviewer) should consider the person and if their outcomes were met by the practitioner. Did the practitioner understand the situation and give appropriate (proportionate yet sufficient) response? |
| 24. | Practitioner reflections: What does the practitioner feel they did well? What are they proud of? What was difficult / challenging about the work? | This gives the practitioner the opportunity to express their thoughts of the work completed. |
| 25. | Practitioner reflections: How would the practitioner rate their effectiveness on a scale of 0-10 where 0 was their practice had no impact and 10 is where their practice demonstrated maximum impact. | This gives the practitioner the opportunity to express their thoughts of the work completed. |
| 26. | Any other comments? | Both the supervisor (reviewer) and practitioner can provide any additional comments. This could be a summary, linking to appraisal objectives, direct observations or feedback from working with the person/carers or other professionals. |

**Guidance for completing the QPAR:**

Please note this is not an exhaustive list.

|  |  |  |
| --- | --- | --- |
|  | **Title** | **Rationale** |
| Close with solid fill | Copy and pasting information from Mosaic. | Doesn’t tell the practitioner anything. You have signposted to where you have located the evidence. The rationale is the most important form of feedback. |
| Checkmark with solid fill | Signposting to where information is found and providing rationale. | Provides evidence of future learning for the practitioner. |
| Close with solid fill | Full stops and N/A used within qualitative text boxes (Q.21,22,23,25). | Doesn’t tell the practitioner anything and the review becomes meaningless. In these instances, feedback would be provided directly by the Quality Assurance/ Lead Professional Team to provide support and address these issues. |
| Checkmark with solid fill | Detailed comments regarding rationales for scoring and judgement made. | Provides details of what the practitioner has done well and consolidates learning. |
| Checkmark with solid fill | Explanation as to why there may be no learning. | Provides an explanation of what the practitioner has done well and consolidates practice. |
| Close with solid fill | Standards scored as “Requires Improvement” or “Inadequate” with no learning and development recorded in qualitative text boxes (Q.21,22,23,25). | The practitioner doesn’t have clear guidance on what they need to do to improve their practice. |
| Checkmark with solid fill | Documents used are from the most recent period of work completed. | The work being reviewed is timely and shows the practitioner’s current practice. |
| Close with solid fill | Documents used are over 12 months old. | Doesn’t reflect the practitioner’s current practice. |
| Close with solid fill | All standards scored as “Outstanding”. | “Outstanding” is for exemplary practice, going above and beyond and to be used as a role model for others. |

**Continuous Practice Development:**

QPARs are a cornerstone of demonstrating Continuous Professional Development (CPD). It is a way that provides assurance that you are providing the best possible service to the people you work with. It allows you maintain or expand your skills and knowledge, which in turn can increase confidence and morale for you and the people around you.

Furthermore, it can be used to:

* Evidence appraisal objectives,
* Be a safe place for critical reflection,
* To demonstrate professional standards and registration,
* Identify learning and development opportunities,
* Celebrate successes and
* Support progression.

**Progression:**

Inline with the Adult Care Practitioner Career Progression and ASYE Policy, reviews will form part of the evidence for progression opportunities.

Two reviews will be required as evidence. It is expected that these reviews will demonstrate progression between each review.

Example:

Review One: Completed in Q1

Review Two: Completed in Q3 = Evidence for progression pathway.

In exceptional circumstances, as requested by managers which have been authorised by Heads of Service, reviews may be requested earlier to gather evidence for progression.

**Feedback on the QPAR Process:**

The Quality Assurance team will be collecting feedback from supervisors (reviewers) and practitioners regarding the QPAR process, to ensure it is fit for purpose.

The feedback form will be sent to with allocation emails, and a further copy will be sent with the completed QPAR (PDF) document, allowing both the supervisor (reviewer) and practitioner to complete.

The feedback will remain with the Quality Assurance and Lead Professional Team, and there may be times where we will contact you for further discussions to aid development of the ongoing QPAR process. The findings and any potential changes will be reported alongside the quarterly report to the Quality Safeguarding Board.

In the first two quarters of the new QPAR process, all supervisors (reviewers) and practitioners will be contacted to provide their feedback. This will only be a maximum of twice a year (April to March).

In 2024/2025 onwards, up to 25%\* of supervisors (reviewers) and practitioners across all service areas will be sent a feedback form, to provide their thoughts and views on the QPAR process. This will be sent with the allocation email and then again with the PDF QPAR document. This will only take place once a year.