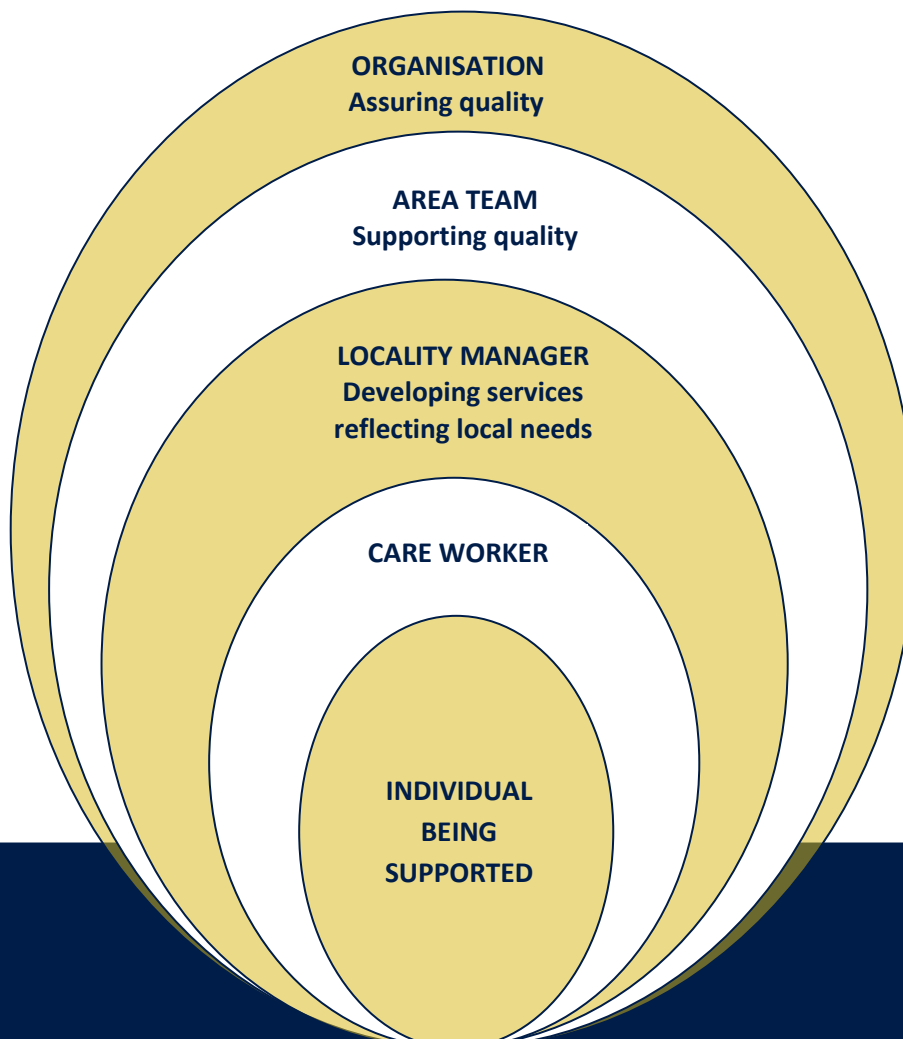# HQIP Case Study:
## Brandon Trust

## Quality improvement in social care

Brandon Trust is a UK charity working throughout the South West of England, supporting approximately 1500 people with learning disabilities to live the lives they choose. It employs nearly 2000 people and its services include Supported Living, Education, Work, Learning & Leisure, plus various types of registered Residential Services. Brandon Trust prides itself on centring on the needs of individuals and sees this as being at the core of what it means to be a high quality service.



ORGANISATION
Assuring quality

AREA TEAM
Supporting quality

LOCALITY MANAGER
Developing services
reflecting local needs

CARE WORKER

INDIVIDUAL
BEING
SUPPORTED

Brandon Trust has adopted three inter-linked approaches to improving quality, each designed to focus its work as closely as possible on the people it supports. These inter-linked approaches have involved: Developing tool s for care workers to support provision of a more personalised service; developing the structure of the organisation to be more locally focused; and developing an audit process that assures and promotes the quality of services.

## Developing tools to support a more personalised service

Brandon Trust believes that quality starts at the relationship between the individual and the person supporting them – they need to work together to understand what someone wants and needs and provide services for that person accordingly. To help achieve this, the organisation has developed the **'Plan for Life'**; this is the essential planning document for all clients.

The tool enables staff to take people through a guided discussion that starts with the outcomes that they want and helps them think through how they want to be supported to achieve them. It also includes a more functional assessment looking at their health, nutrition and other support needs and how they want them to be met. The **Plan for Life** is reviewed with the person being supported 6 monthly to yearly depending on the individual.

## Designing the structure of the organisation to support quality

The structure of the organisation is built up from the person the organisation is supporting. Individual workers are equipped with the *Plan for Life* to ensure the services they provide are developed around the needs and preferences of the individual they are working with. Those individual workers are then managed by locality managers, each managing about 20 staff.

The locality managers act like entrepreneurs – it's their job to understand what the different people they support locally need, and develop services accordingly – so each locality functions as an independent business unit, and services may look quite different in one area from another. The locality managers

report to an Area Director. Each Area Director has a team that includes leads for quality, performance, business development, finance and HR, who work with the locality managers to support them and ensure their services are performing well.

## Using quality systems and audit

The final part of Brandon Trust's approach is its quality systems and quality improvement cycle, which – as in the NHS – the organisation calls 'audit'.

Ensuring the quality of the service provided to each individual is very important to the organisation and every couple of months every single person receiving support from Brandon Trust is visited by someone who is not involved in their service to find out their experience of the service.

At a more systemic level, Brandon Trust carries out an annual quality audit of all its services to check that the organisation is doing what it says it does, ensure that it complies with the legal and regulatory framework and to help to identify areas that may need some attention. As an absolute minimum the audit ensures that Brandon Trust complies with the law, but the intention is to support the organisation to achieve **'excellence'** not just compliance.

## The audit standards and criteria

The audit uses 17 Outcomes derived from *The Essential Standards of Quality and Safety* as specified in the Regulations of the Health and Social Care Act. Each standard starts with a statement of what the service is trying to achieve for the individual using it i.e. the desired **'outcome'**.

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Each outcome is then underpinned by 5 **criteria** which describe what a service needs to be doing in order to achieve the specified outcome.  These criteria enable the organisation to determine the extent to which the specified outcome is being met.

## For example:

| Outcome 7 *Safeguarding people who use services from abuse*.  The criteria for meeting this outcome are as follows: |
| --- |
| ✔ Staff can demonstrate how they identify and prevent abuse from happening. |
| ✔ Staff can demonstrate how they respond appropriately when there is a risk of abuse or abuse has occurred. |
| ✔ National and local guidance about safeguarding people from abuse is accessible to all staff and put into practice. |
| ✔ Where restraint is necessary, it follows Brandon Trust policy and good practice guidelines. |
| ✔ Staff can demonstrate how people supported are protected from the negative effect of any behaviour by others. |
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## Engaging frontline workers in the process

Previously the locality managers used to carry out the annual audit.  More recently the organisation has developed a more sophisticated approach to the process, designed to embed an understanding of quality and how it's provided throughout the organisation, including amongst frontline staff.

Jon Minall, Director of Operations at Brandon Trust, explains:

> "Quality needs ownership throughout the organisation, and at every level.  People need to understand what quality looks like and their role in delivering it.  We realised that getting managers to carry out the audit meant that it was not owned by the people actually delivering the service.'  This year, instead of the managers doing the audit, staff received training and support from the quality manager in their area and each team of people working with an individual client undertook their own audit."

Jon sees the main benefits of this approach to be that staff are much more engaged in an understanding of the key elements in providing a high quality service, and that the questions prompt staff to reflect on their practice and consider, for example in the case of safeguarding:

Q: What do we do to ensure that the person we are supporting is safe?

## Collecting the data

The outcomes and criteria are set out in a template, which each team uses to complete a self audit.  The audit method is designed to provide material evidence that the organisation **meets and even exceeds** the required standards.  Therefore the team are asked to provide evidence for each of the criteria, as well as where the evidence can be found and who is responsible for it.

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E.g. evidence around safeguarding might be that a Safeguarding Officer from the Local Authority has visited the service and spoken to staff and all staff have been provided with an information leaflet.  The response to each criteria is then scored using a system where:

1 = do not comply,
2 = comply
3 = exceed compliance.
Where a particular criterion is 'not applicable' then it is scored as a 2.

By adding the scores against each criteria together, Brandon Trust is able to obtain an indication of how well (or otherwise) each individual service is meeting the necessary standards.  Where it is identified that a service is not able to demonstrate that it complies with a standard, the service is obliged to develop an **action plan** on how it will achieve compliance and provide this with its audit return.

The whole process and the template that supports it have been designed to be easy to use.  Jon Minall explains: "Our workers do an incredibly complex job, making judgements about and interventions in the lives of the people we support, but many of them have no training in completing a formal written assessment process such as the audit requires.  We need to acknowledge their skills, and make this process easy for them to engage with."

As far as possible, the process is **paperless**, and the evidence is entered into a central system. The senior support worker is usually the person who completes the audit. The locality manager or equivalent verifies the assessments and adds comments in order to confirm the integrity of the audit and support the action planning that follows.

## Using the evidence

The types and range of evidence that different services provide are wide and provide a rich picture of practice across the organisation.  These, in turn, contribute to the Trust's Quality Manual where the Trust tries to capture all the approaches that contribute to a high quality service.

When all returns have been completed, the Area Quality Managers then do a review of the findings in their area and distil the key themes locally, then work together to identify any themes that are common across the organisation.  Their report goes to the Executive Management Team and the Operations and Standards sub-committee of the Board.

Where there are common themes – for example this year the audit identified the need to focus on processes around the emerging 'best interests' requirements – plans can be developed on an organisation-wide basis.  More commonly the process identifies local issues and the Area Quality Manager works with locality managers to ensure that these are included.

"The audit findings are not normally a surprise, but help to triangulate what we have heard from other sources and provide the evidence to help us focus our response, for example through the training and development we provide."

—Jon Minall

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