

Housing associations: quality assurance in care and support

Introduction

A self-assessment tool for housing association managers wishing to establish the quality of their housing, care and support services. Adapted from a model developed by Audit Scotland it is designed to help organizations, directorates and teams arrive at i) a consensus around their current levels of maturity across 6 themes ranging from strategy to skills and ii) establish where they wish to be in a given timeframe – usually a year.

Our evidence shows that best results are achieved when this is used in the context of a diagnostic and action planning workshop facilitated by a third party, such as HACT, who can help manage different perspectives and ensure that all perspectives are acknowledged. To make an enquiry about HACT running a Diagnostic and Action Planning Workshop in your organisation contact Thomas.allen@hact.org.uk.

Quality assurance in care and support

The Francis Report into events at Mid Staffordshire Hospital and the investigation into events at Winterbourne View will have an impact far into the future. They have significant implications for the providers of housing, care and support services - especially those that deliver services regulated by the Care Quality Commission.

The housing, care and support workforce is highly skilled in working in the community with people with highly complex needs through highly personalised ways of working. Much of this is at odds with a pattern of over specified, output focused commissioning. It would be much better if commissioning were more outcome focussed and allowed people to problem solve and use the assets available locally.

This paper is designed to help the boards of housing associations to understand the issues around the governance of quality and in particular the governance of quality between partners in the delivery of a particular service.

Housing Associations and Quality

Traditionally, the Boards of housing associations has been primarily focused on buildings and asset management and the contribution of services to the bottom line. Whilst, quality management systems within housing care and support organisations tend to reasonably well developed relying on a combination of performance data, user generated feedback and learning from incidents and complaints quality assurance systems are less so creating a situation whereby the Board can be reassured about the quality of services it is responsible but are not receiving appropriate levels of assurance.

As the requirements of regulators and in particular the Homes and Communities Agency and the Care Quality Commission change it may be that housing associations will want to undertake more regular self-assessments and seek independent assurance that their arrangements are fit for purpose.

There is strong evidence that a focus on quality at an organisational level is essential to delivering outcomes. In terms of making strong corporate governance a reality we would suggest there are number of things it would be necessary to focus on :-

- Measuring outcomes that matter most to service users.
- Creating a culture that challenges the normalisation of variance from required standards.
- It is essential that boards are informed about performance against key quality indicators, that the risks to the delivery of quality and the risks to reputation are given equal weight to financial risks.
- Ensure that managers are held equally responsible for the delivery of quality and financial outcomes.
- Ensure that independent insurance is available to test data and triangulate the results of different internal and external validated processes.

Does not meet basic requirements	An organisation may not yet demonstrate the basic practice level in any individual category.
Basic practices	Minimum acceptable standards have been achieved. This is sufficient for the organisation to demonstrate sound performance.
Better practices	The organisation has achieved a basic level of performance and can also demonstrate some elements of either good or best practice.
Advanced practices	The organisation consistently demonstrates good or best practice and is innovating in this area.

	Best Practice	Better Practice	Advanced Practice
IS QUALITY CENTRAL TO THE VISION AND STRATEGIC OBJECTIVES FOR CARE AND SUPPORT ?			
To what extent is the organisation's commitment to quality embedded in strategies and plans?	There is a commitment to quality evidenced in corporate plans with some measurable objectives and targeted actions for delivery.	There is a clear relationship between the organisation's objectives and how it will measure the quality of its services.	Clear quality objectives, KPIs and outcome measures have been set and are embedded in the organisation's strategies, policies and plans with appropriate resources allocated.
To what extent have leaders developed a culture of quality throughout the organisation?	Quality is a key part of staff induction, training and development. The organisation has begun monitoring the impact of this on performance.	The organisation has established a culture where quality is at the centre of day to day delivery. There is a culture of learning from experience.	Staff and service users report that they recognise that the delivery of quality services to the greatest number of vulnerable people is the primary driver of the organisation.
How effectively has the organisation responded to the changing expectations of quality from the public and regulators?	The organisation has developed a quality strategy in response to both the changing legislative and regulatory environment and changing public expectations.	The organisation has a clear action plan to respond to the changing regulatory environment with targets, resources and accountabilities agreed.	The organisation has ensured that all its strategies are focused on the delivery of quality and that there are clear actions, targets and outcomes identified.
	Best Practice	Better Practice	Advanced Practice
IS QUALITY EMBEDDED INTO THE ORGANISATION'S GOVERNANCE ARRANGEMENTS?			
Is there clear accountability for quality in governance and leadership structures?	The Board and the senior leadership show a strong commitment to quality.	The Board has set outcome measures and receives reports that triangulate data on service user experience, effectiveness and safety.	The organisation publishes both qualitative and quantitative data about the quality of its services. The organisation is open and transparent about the quality of its services.
Is quality impact assessment applied as a way of appraising all strategies and policies?	There are examples of quality impact assessments being made in decision making processes.	The organisation has identified when quality impact assessments need to be made as part of the decision making cycle.	Quality impact assessment is used both to inform decision making at all levels of the organisation and to review the outcomes of these decisions.
How well are quality issues embedded in decision making processes?	Reports to inform decisions highlight quality issues and how they link to the organisation's goals and objectives.	Quality is at the centre of all organizational decision making and this is based on good quality data and evidence.	The Board receives reports on where patterns of incidents and complaints impact on quality. The impact on
How well are risks identified, mitigated and gaps in assurance understood?	The risks to the delivery strategic goals have been mapped and controls are in place to mitigate them. The Board reviews the high level risks to the delivery of the strategy.	The organisation has clear processes for escalating risk. A Board Assurance Framework is in place and is regularly reviewed.	The Board is sighted on the high level risks, has agreed controls and receives reports on any gaps in assurance. Residual risks have reduced.

	Basic Practice	Best Practice	Advanced Practice
HOW DOES THE ORGANISATION ENSURE CONTINUOUS IMPROVEMENT?			
How does the organisation learn from incidents?	Incident reporting procedures are in place, monitored for quality and assessing the level of response required. Incident reporting is web-based.	Trends are analysed and trigger further audits / inspections using a range of methodologies including root cause analysis (RCA). The organisation has a team of independent assessors for high level serious incidents.	Incident data is triangulated with other forms of data e.g. complaints. The organisation can demonstrate that there has been a reduction in certain categories of incident.
How does the organisation learn from complaints?	The organisation has systems in place for encouraging service users to complain.	The organisation draws out the trends and themes from complaints and ensures that there are service improvement plans in place and that these are monitored.	Staff are empowered to respond to complaints. Complainants are surveyed on their satisfaction with the response and the way their complaint was processed.
How does the organisation ensure that it listening to the experiences of staff and service users?	Service user opinions are sought on a regular basis and inform quality reports.	Service users provide reality checks on quality reports and surveys of customer satisfaction are used to inform service improvement plans.	Customers are actively engaged in the development of quality services undertaking announced and unannounced visits, scrutinising quality reports and monitoring service improvement plans.
	Basic Practice	Best Practice	Advanced Practice
HOW DOES THE ORGANISATION PROMOTE QUALITY THROUGH ITS SUPPLY CHAIN?			
How effectively is quality embedded in the strategies of partners?	Delivering better outcomes at lower cost is a key driver in the development of partnerships and joint ventures.	The organisation seeks to develop new services and procure new systems that improve quality and outcomes.	Partners have demonstrated that outcomes have been improved and costs
How is the organisation assuring itself that services delivered in partnership are of the required standard?	There are commitments to quality in key partnership agreements e.g. memorandum of understanding, service level agreements. There are measurable objectives and actions in place.	The organisation has ensured that it has a shared understanding of quality and risk with its supply chain partners. Service improvement plans are developed and monitored through joint management arrangements.	The organisation has processes in place for sharing learning from incidents and complaints with partners. Where relevant investigations take place along the whole pathway.
	Basic Practice	Best Practice	Advanced Practice
HOW DOES THE ORGANISATION ASSURE ITSELF THAT ITS CARE AND SUPPORT ACTIVITY IS HIGH PERFORMING?			
Are we meeting regulatory and legislative requirements?	The Board receives a report on levels of compliance with regulatory and legislative standards for each service.	The organisation triangulates a broad range of data to assure itself that services are compliant. This includes inspections, announced and unannounced visits, surveys, real-time feedback etc.	A compliance tracker is in place that provides assurance within any three month period. It rag-rates the risk of a compliance notice being imposed.

Are we achieving our desired quality standards?	KPIs being achieved and plans fully implemented.	Action plans fully implemented and reflected in staff PDPs.	Effective implementation of quality standards and targets is delivering desired service transformation.
	Basic Practice	Best Practice	Advanced Practice
HOW ARE WE ENSURING WE HAVE THE REQUIRED SKILLS AND CAPABILITIES?			
How developed are systems for staff induction and training?	All staff have received training on the quality objectives and quality systems in the organisation.	Staff are aware of the different levels of incident and how they are investigated. Relevant staff have received training on carrying out visits and investigations.	Staff appraisals and objectives include quality issues and how they will contribute to achievement of quality objectives.
Do we have systems in place to provide for staff development?	Opportunities are provided for learning from experience and new models of services emerge from this.	A comprehensive learning and development programme is in place to support the delivery of quality outcomes.	Members of staff across the organisation seek innovative methods of improving quality.

This maturity matrix was written by Peter Molyneux from Common Cause Consulting (commoncauseconsulting.co.uk) for HACT. It is adapted from a model developed by Audit Scotland. HACT is grateful to One Support for their help with the production of this tool. This is part of a suite of materials that HACT has produced and which can be found at www.housingandhealth.org