

# Guidance on the use of the Self-assessment Framework in Supporting People Service Reviews

## 1 Introduction

Supporting People contracts are reviewed periodically using a set of review “tools”. These tools are intended to allow Administering Authorities to ensure that the services they commission meet local needs and are provided in a client-centred, cost-effective manner.

Accreditation is intended to provide Administering Authorities with a mechanism to ensure that the organisations that provide services funded through Supporting People are suitable (effective and robust financially and managerially).

Quality Assessment is carried out using an assessment framework that provides a description of the service objectives that define both service quality and effective organisation (these objectives are the same as the core objectives and supplementary objectives as described in the documents published by ODPM on March 2004).

This document provides guidance for the use of the Quality Assessment Framework (QAF) for HIAs.

The QAF comprises a series of assessment tables that relate to the Service Objectives, which are based on the Office of Performance Management (OPM) Support Service Framework. The assessment tables provide a means of objectively assessing service performance against the Service Objectives. Each table allows for the quality of performance to progress or mature as the evidence available demonstrates. This is known as a “maturity matrix”.

This document:

- Explains how the QAF is to be used, both in the course of assessment of HIAs and as a continual improvement tool
- Provides instructions for providers in using the QAF for self-assessment

The document refers to the assessment tables and the assessment summary.

## 2 Glossary

The following terminology has been used.

### Service

The Agency. This is also described as: The unit of service delivery being reviewed – e.g. a “project” or “scheme”, or the provider. Normally, for accreditation purposes, all the activities of your HIA would be included. In SP service reviews what this means will be agreed between the provider and the Administering Authority. As part of the SP supply mapping exercise service providers were required to identify the services they provide on SP3 forms and these have formed the basis of interim contracts for the supply and funding of services.

As a guiding principle when determining the unit of service to be reviewed, it is important to consider the extent of the variation of service quality within the proposed unit of service.

### **Service Objectives**

The standards set out in the Framework.

### **Standards**

The Service Objectives comprise “high level” descriptions of desirable practice. In the QAF these objectives are broken down into more detailed Standards – putting the “flesh” on the bones provided by the Service Objectives.

### **Performance Levels**

There are four degrees of performance against each Standard. These are denoted by the letters A, B, C and D where:

- A denotes excellence and is associated with agencies striving to be leaders in their field. These services incorporate mechanisms for delivering continual improvement.
- B denotes Good Practice and services at this level can be expected to be working towards achieving level A.
- C means that the agency meets the required minimum standard but there is scope for improvement.
- D means that the agency does not currently meet the required standard. Agencies will need to agree with the accrediting body an action plan for achieving level C within the minimum feasible timescale.

In the case of Service Objectives C1.3 and C1.4, performance at level D represents a potential risk to the safety of clients and/or staff and immediate steps must be taken to achieve level C.

### **Evidence**

Tangible evidence, usually written, which must be demonstrated by the agency to justify awarding itself any given performance level.

Evidence produced in the course of complying with other accreditation schemes (e.g. IIP, CLS, Chartermark, etc.) can be used where appropriate.

Preparing a “policy manual” that contains the relevant policies and procedures is useful and will save time when your assessment is validated. It should not be necessary to write new policies to meet the evidence requirements if the policies are already in place. For example, a policy that describes the professional boundaries of staff when working with clients may be included in staff conditions or staff code of conduct documents, so there would be no need to create a new policy document. To satisfy the evidence requirement, the relevant documents would have to be available and it must be apparent that staff are aware of and understand the policy.

Examples of other evidence (such as: personnel records, case notes, completed client record forms, completed satisfaction surveys) do not need to be “extracted”. You will need to be able to make these available for inspection when your assessment is validated.

### **Clients**

The term “clients” is used throughout to refer to the users of your services. This term might also be applicable to carers and/or advocates.

### **Staff**

The term “staff” refers to all people working to deliver the service both paid (employees or agency staff) and unpaid (i.e. volunteers and management committee members).

### **Advisory Group**

The term “advisory group” is used throughout the Framework. This term has been used to refer to the group of people that monitor and advise the work of the agency. The actual title of this group varies between agencies: Management Committee, Steering Group, Advisory Board are all terms that are used. The terms of reference and responsibilities of these groups varies depending on the management structure of the agency. For agencies that are managed by Local Authorities or housing associations the group may be just advisory as the responsibilities of corporate governance rest with these managers. For independent agencies the group may have more responsibilities and powers as defined by the governing instrument of the agency.

In all cases, it is good practice to include clients and client representatives in this group. Inclusion of clients in the group enables client participation in all aspects of the agency service to be readily evidenced. The advisory group provides essential evidence of client involvement in the running of the service as required in the strategic requirements stated by ODPM.

## **3 How to use the Quality Assessment Framework**

The assessment tables are intended for self-assessment by service providers and may be used in two ways:

- First and foremost, these tables are used to facilitate objective quality assessment in the course of accreditation and service review under Supporting People.
- Secondly, the tables are intended as a tool for providers to assist in the delivery of continuous improvement

### **3.1 Using the QAF for Service Review**

When used within the context of an SP service review, assessment will contribute to the Authority’s assessment of service quality and will usually assist the Authority in deciding that a more thorough review of service quality is not necessary.

- The agency must complete the self-assessments. The agency must complete an assessment of its performance against all the standards
- The Administering Authority will wish to conduct compliance auditing (validation) of the assessments. This will involve asking to see the evidence that has enabled the provider to assess its performance at a particular level for a given standard

The detailed steps that should be taken to complete self-assessment are described in section 4.

### 3.2 Using the QAF for Continuous Improvement

When using the QAF as an internal continual improvement tool, agencies may define for themselves the activity to be reviewed. The agency may choose to group activities into larger units or break them down into smaller units than those agreed with the Local Authority during an SP service review or those described on the SP3 form.

Internally, the agency may choose to assess services against a selection of standards in order to reflect internal priorities or concerns. There will normally be no external auditing of the provider's assessment unless it makes arrangements with a third party (e.g. a peer organisation) for this to happen.

To use the QAF as a continuous improvement tool the assessments must, of course, be carried out as objectively as possible. It is a good idea for them to be done by staff other than those who are closely involved in the day-to-day running of the activity concerned. In any case, the whole agency team should be involved in the process. Following completion of the assessments the provider should follow a number of steps to improve its service:

- i) Identify those areas of service delivery where its performance is weakest or where under-performance poses the greatest risks to the service, service users or staff
- ii) Record the actions, which will be needed in order to improve service delivery and enable the next performance level to be awarded
- iii) Consider any resource implications of the improvement plan (e.g. staffing or finance). If additional resources are needed, the securing of these resources should be added to the list of actions. If the Local Authority is unable to make these resources available through additional SP funding and the provider is unable to secure resources from elsewhere then the plan will need to be reconsidered
- iv) Set a realistic and feasible timescale for the completion of each action and, preferably, a number of intermediate milestones
- v) Agree who will be responsible for each of the actions
- vi) Start to implement the improvement plan and, most importantly, assess progress at sensible intervals
- vii) Once the required improvements have been delivered, begin again with the next most important items. If it has been some time since the assessment was first carried out (e.g. more than a year) it might be appropriate to re-appraise the service in any areas where there may have been changes

### 3.3 Involvement of Clients

In certain places throughout the assessment tables, evidence requirements include confirmation by clients that the service operates in particular ways. The nature and quality of that feedback will naturally vary, given the needs of the client group. However, agencies should demonstrate that they have made every effort to engage their clients, taking into account their particular needs. The link between client feedback and corporate policy-making will also vary according to the management structure of the agency. (See Advisory Groups)

## 4 Instructions for Self-Assessment

The process of applying the QAF is described in the following steps.

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|--------|--|
| Step 1 | Prepare a description of your agency and its services (this will form part of your evidence for service objective S3.1)<br>Identify the person responsible for Quality and Quality Improvement.  |
| Step 2 | Starting with the Core Objectives, ensure that you understand: <ul style="list-style-type: none"> <li>• the standard</li> <li>• the performance levels</li> <li>• the evidence requirements</li> </ul> and consider how these apply to your agency. Include your team in this process.   |
| Step 3 | <p>Progressing through each core objective in turn, consider the performance level and evidence requirements at performance level C. Tick in the final column in each table to indicate whether or not the performance level is met and the evidence is available. You must be able to provide evidence for validation purposes. You do not have to “extract” specimen examples, or copies of policy documents.</p> <p>If your agency operates in accordance with performance level C <i>and</i> is able to demonstrate this by providing the evidence listed then move on to consider performance level B.</p> <p>NB Only if <i>all</i> the requirements of level C are met can it be stated that level C is achieved.</p> <p>We have tried to ensure that all evidence requirements are relevant. If you believe that an evidence requirement is not applicable to your agency it is your responsibility to document the reason for this and to provide a copy to the accrediting body if requested to do so.</p> <p>If the HIA does not operate in accordance with performance level C <i>or</i> it does operate in accordance with level C but is <i>not</i> able to provide tangible evidence, then performance for that service objective should be graded D. You must accept the commitment to improvement (to level C) required in order to award a D grading. If this commitment is not accepted then no grading should be awarded.</p> |
| Step 4 | Repeat the process for levels B and A.   |
| Step 5 | Repeat steps 2 to 4 for the supplementary service objectives.  |
| Step 6 | Carry forward the assessment results from the performance assessment tables to the Assessment Summary (contained in a separate document).  |
| Step 7 | Record the actions required in order to achieve improvement in the service in those areas where performance is weakest. This is optional for organisations using the QAF for their own self-assessment. For service review, this will be essential in cases where a level D assessment is awarded.   |

It is important to understand that the performance levels operate *cumulatively*. That is, in order to achieve level B, all the applicable requirements of levels D and C must also be met. To achieve level A, all the requirements of levels D, C and B must also be met.

This may sometimes mean that the agency may readily progress, say, from level D to level B simply by properly documenting the Good Practice that it already has in place.

Following your self-assessment, you will have a validation visit from your local SP team. Your validated “score” is the score on the day of the validation visit. The evidence you make available to the Validator must be sufficient to allow your self-assessment to be confirmed. If the evidence is not available, your assessed performance level may be changed.

### Assessments at level D

Level D assessments are awarded when you are able to evidence that you are working towards the requirements of Level C in respect of specific standards. Level D is below the minimum requirements for accreditation for some service objectives and you should prioritise achieving level C as soon as feasibly possible.

In the cases of standards C1.3 and C1.4, performance at level D represents a potential risk to the safety of clients or staff. Providers of services achieving only level D in these standards *must* take *immediate* action to achieve level C. Unless level C can be achieved in a very short timescale continued funding of the agency by the SP commissioning body will be seriously at risk.

In the course of the review process the Administering Authority and the provider will agree timescales by which the service should achieve level C in areas where it is not already achieved.

***Agencies which are unable to certify compliance with level D are likely to be subject to immediate review or other scrutiny from their Administering Authority.***