HQIP
Healthcare Quality Improvement Partnership

Social care audit in practice
Summary guide

April 2017

About us

The Healthcare Quality Improvement Partnership (HQIP) was established in 2008 to promote quality improvement. HQIP develops and promotes tools, resources, skills, methods, and guidance to support a culture of reflective practice and continuous quality improvement.

We work in partnership with both health and social care stakeholders – including people who use services and their representatives, professional staff, clinicians, and management staff – and specialise in leading and promoting data-rich or evidence-based programmes of quality improvement, where high value qualitative or quantitative information is collected and used to drive quality improvement and better care outcomes.

The relationship between people who use services and those who deliver them is at the heart of high quality health and social care. We encourage staff to work closely with service users, to actively collaborate, listen, and share information to implement effective quality improvement initiatives.

HQIP is led by a consortium of professional bodies: the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices – the national coalition of health and social care charities that works to strengthen the voice of patients, service users, carers, their families, and voluntary organisations.

HQIP Healthcare Quality Improvement Partnership

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Overview

Purpose of this guide

This guide sets out a step-by-step approach to social care audit using the quality improvement cycle, involving people who use services.

Why care audit?

The aim of social care is to improve, or maintain, the quality of people's lives, and their wellbeing, through personalisation and empowerment. To understand how successful social care practice is, and to improve upon it, we must measure outcomes using care audit, to check that services are effective for people who use them.

Who is this guide for?

This guide is written for frontline leaders who oversee the day-to-day care provided to those using their services, and the teams and individuals who work directly with them, such as volunteers, students, ancillary staff, and practitioners,[i] who may be carrying out a care audit for the first time, or who wish to develop their knowledge and skills.

Consultation process

A series of workshops and national seminars were held to ensure this guidance reflects the experiences, achievements and challenges of the many organisations, services, and disciplines within the social care sector.

Further guidance

This guide forms part of a suite of guidance developed to support social care professionals to undertake care audit, including our more detailed guide, *Social care audit in practice (HQIP, 2017a)*, of which this summary guide is an abridged version, and *Social care audit for leaders (HQIP, 2017c)*, which provides an overview of the care audit process, and the role of operational and strategic leaders in implementation within their organisations.

Note on terminology

Due to the vast range of organisations, services and disciplines within the social care sector, there are some differences in terminology used. For consistency, in this document we refer to those who use social care services, whether in their own home, a care home, supported living, or other environment, as 'people who use services'. We have used the term 'manager' for the individual responsible for leading and running an organisation, whether a single home or service, or an organisation with multiple services and sites.

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i. Based on the National Skills Academy for Social Care Leadership Qualities Framework: www.skillsforcare.org.uk/documents/leadership-and-management/leadership-qualities-framework/leadership-qualities-framework.pdf

Contents

Introduction

This summary guide provides an introduction to social care audit for frontline leaders and teams, and sets out, step-by-step:

- What care audit is and how you can use it to improve the quality of your services
- The four key stages of the care audit quality cycle
- The importance of involving the people who use your services

For more details around how to design and carry out local care audit, please see our guidance *Social care audit in practice (HQIP, 2017a)*, of which this guide is an abridged version.

Why care audit?

Fundamentally, the aim of social care is to improve, or maintain, the quality of people's lives, and their wellbeing, through personalisation and empowerment.

To understand how successful social care practice is, and to improve upon it, we must measure outcomes to check that services are effective for people who use them. Care audit involves measuring of practice against agreed and proven standards for high quality care, and taking action to align practice with those standards to improve service quality and outcomes.

The care audit approach described in this guide offers a simple method to continually improve quality and demonstrate the effectiveness of care provided.

Using a unified, cross-sector approach to measuring quality against common standards enables comparison of performance and highlights best practice to be shared peer to peer and through case studies. It also supports people who use services, their family members, carers, and advocates, to make meaningful choices regarding care based on clear and transparent performance data.

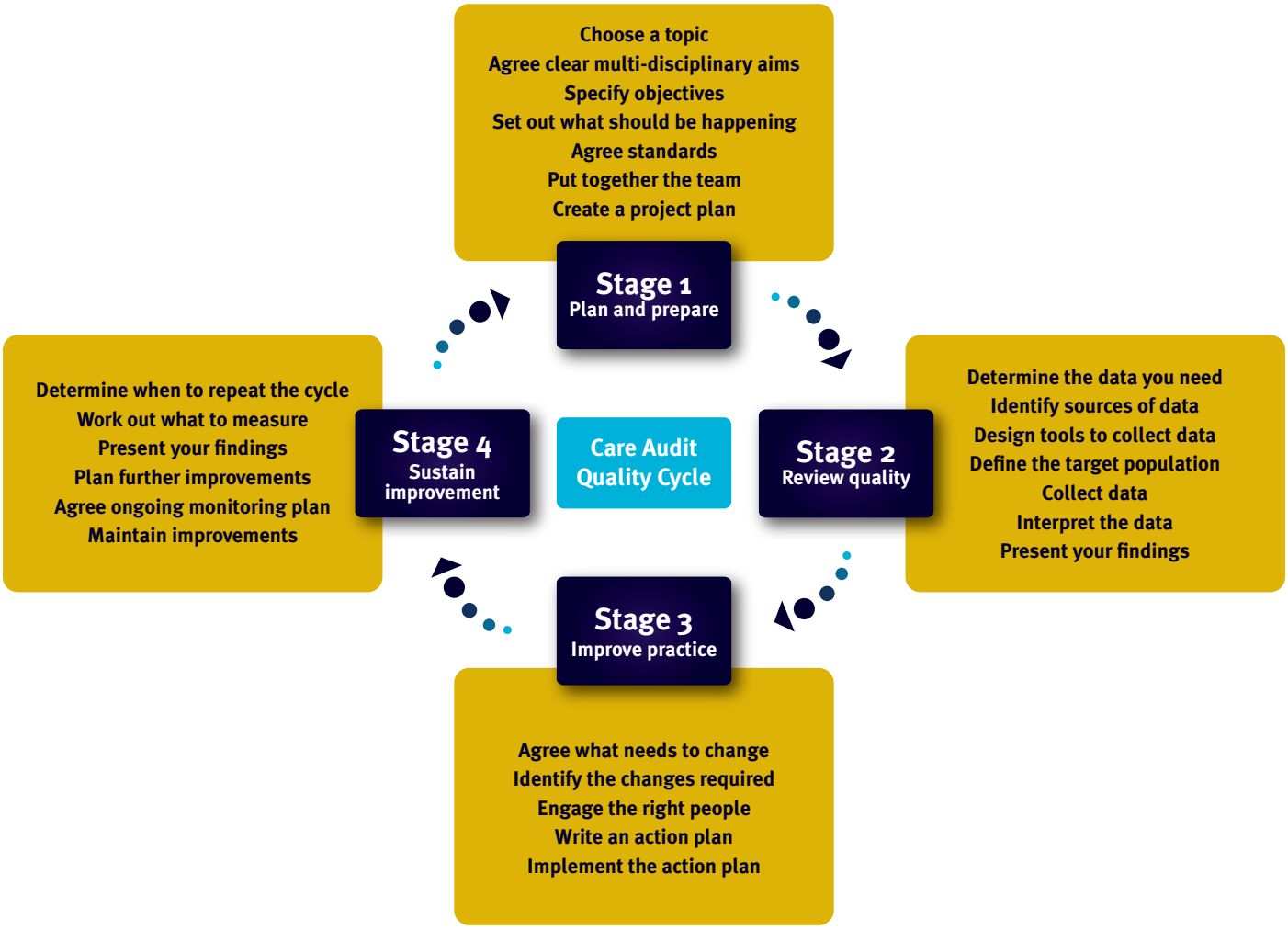
As social care strives for a personalised system, approaches to quality improvement must actively support the development of services with the people who use them at their heart. Care audit benefits from the involvement of people who use services at every stage of the improvement cycle.

Care audit is a simple process to help you to become better at what you do, to understand how your role helps maintain and improve the quality of services, and to identify any training and development needs you or your team may have. The care audit process facilitates team-working and collaboration to solve problems and implement change, and highlights where resources are best spent to support your professional expertise.

We hope that this guide will help you to build on your existing successes.

Care audit – an overview

The care audit quality cycle provides a system for checking how well the services you provide meet evidence-based standards, highlights how services might be improved, and ensures, through robust action-planning and further audit, that you implement the changes needed to improve care and outcomes for people who use your services. It has four stages:



The care audit quality cycle

Benefits of care audit

Care audit can bring a range of benefits to people who use services, and to staff, and can improve business performance:

Benefits of care audit for people who use services, staff, and performance

The care audit quality cycle enables providers to demonstrate whether care and treatment meet agreed standards, and where to make, and manage, changes to improve quality. Care audit is simple and flexible enough to be used in any social care environment, irrespective of organisation size, from a single home, to a large national provider organisation. It requires no external input and is most effective when carried out by existing staff as part of reflective practice.

Challenges to undertaking care audit – and solutions

Challenge	Solution
Lack of expertise	Care audit can be undertaken by existing staff who already have many of the skills required. As more audits are undertaken, individuals and organisations also develop expertise. This guide provides comprehensive support to enable you to work through a care audit. We have also recommended other sources of information and guidance that will help you to build your expertise.
Lack of management support	You will be more likely to gain management support for care audit if you can demonstrate that the topic you have chosen to study is locally relevant, with clear and achievable objectives.
Lack of data	Sometimes you will be interested in an aspect of the service where data is not routinely collected. Sometimes you can use proxy measures, and sometimes you will need to design a new tool to collect data. This guide will help you to develop ideas when there is no obvious source of data.
Fear the findings will be used negatively – e.g. to blame people	Throughout this manual we emphasise the importance of care audit as a transparent process undertaken in partnership between staff and people who use services. In this way, staff should own the findings of care audit, and take responsibility for implementing solutions. Care audit is not about blaming, but about sharing responsibility to improve services before harm occurs.
Perception that it is mundane	Care audit may be perceived only as collecting data, yet it is about engaging team members across disciplines, and people who use services, to change practices for care quality improvement. We challenge anyone to find that mundane.
Perception that it will not make a difference	The difference that care audit makes is through collecting and analysing data specifically to implement changes required to improve the quality of services delivered. Improvement is fundamental to the exercise.
Problems identifying or agreeing what is best practice	Where there are no national standards of best practice from which to devise audit criteria, managers, people who use services, their carers, staff, and community groups, can work together to agree their own standards and criteria for measurement.
Concern that it is expensive to carry out	Care audit can be undertaken by existing staff, who may need to be released to undertake the work, or it can be built into day-to-day practice to minimise disruption, though those leading may initially need training and support. Continual quality improvement is essential to safe, effective, and efficient care, and with improvements made, is in the long term an investment.
Concern that it will lead to additional costs to the service	Many changes that improve services can be made at little or no cost, and may save money. However, care audit may well identify training needs or other developments required to support high quality services. Investment in such developments is likely to be offset by improvements to service delivery, leading to better outcomes and potential cost savings with enhanced business performance.
Confusion over care audit, performance monitoring, and research	Care audit focuses purely on making specific improvements to services for and with the people who use them. Improvements might be small changes that make a big difference. Performance monitoring, however, ensures compliance with targets, often imposed by external agencies, while research sets out to test a scientific hypothesis.

Stage 1: Plan and prepare

1.1 Choose a topic

A care audit will run more effectively if you spend time planning and preparing.

Key points: Choosing a care audit topic

1. **Consider whether there are any factors that make a particular topic a priority; a topic might be a local priority because:**
   - It involves high cost, volume, or risk to people using the service or staff
   - There is evidence of a (serious) quality problem, for example complaints
   - You believe there is significant scope for improvement
   - There is the potential to improve outcomes for people using the service
   - There is the potential to improve efficiency
   - The topic is of key professional or stakeholder interest
   - There is NICE guidance, or a NICE quality standard, relevant to your work
   - There is associated legislation or a regulatory requirement
2. **Consider the practicalities of reviewing the topic you are proposing; it will help if you choose a topic where:**
   - There is good evidence available about the standards your services should meet, for example, the evidence underpinning a NICE quality standard
   - There are reliable sources of data readily available for data collection purposes
   - Data can be collected in a reasonable time period, which should be scheduled to ensure it is achievable
3. **Ask people using your services, and stakeholders, which topics they think you should look at:**
   A vital step in choosing a topic is consulting people who use services, their carers, professional staff, support staff, managers and those of linked services. In this way you may identify areas of concern that have not been picked up through other mechanisms, such as complaints processes, but which are worth looking into.
4. **Make sure the topic you choose is genuinely a local priority:**
   Don't just choose a topic because it looks easy to study, there are existing criteria to review against, or it's a big national issue – these factors may not make it right for you. If you are confident, for example, that an area of national interest is one in which you deliver well, but there are other issues of concern to you and the people who use your services, review those first.

1.2 Set explicit criteria and standards

In care audit you need to review your performance against clearly defined, measurable criteria that:

- Act as quality standards, which state what should be happening for the people who use your services
- Determine to what extent you are meeting the performance level or standard you have set

Where possible, criteria should be based upon best practice taken from the current evidence.

Key terms

There are many different definitions of the terms 'standards' and 'criteria', none of which are necessarily right or wrong. Here are some you might find helpful:

Criteria:

A **criterion** is a measurable outcome of care. **Criteria** (plural) specify required resources and activities that help to achieve a standard of care, and act as measurable statements of what should be happening.

Tip: It is important that criteria are specific, measurable, and achievable. For example:

'People who use services are fully involved in their own risk assessment, as are any other people they may want to be involved, such as a family member or independent advocate/representative', or 'People who use services receive a copy of their risk assessment report'.

Standard/performance level/target:

An **overarching standard** might be a broad quality objective, for instance: 'NICE quality standards consist of a set of selected statements and corresponding measures that together provide markers of high-quality care'.

A **descriptive standard** might look something like the statement below, and will be supported by measurable criteria. For example: 'Feeling safe and secure: people who use services take responsibility for their own actions, secure in the knowledge that the service has proper systems in place to protect their interests'.

Explicit and quantifiable **performance levels** or **targets**, often expressed as percentages, show the degree of compliance you are expected to meet with specific criteria. For example:

Criterion:
'People who use services are told by staff about the need for insuring their personal belongings'.

Performance level/target:
100%

Tip: Sometimes only the term 'standard' will be used to mean the criterion, performance level, or target, for example: '100% of people with special dietary needs will have their care plan updated within a 12-month period'.

1.3 Stages in setting your criteria and standards

Where a standard is essential to safety and wellbeing, for example, safe medication storage and availability, infection control processes, equipment maintenance, etc, both professional and legal duties can dictate the need for 100% compliance with standards.

Key points: Stages in setting your criteria and standards

Working with criteria and standards means goals must be set that are measurable. Of course, standardisation needs to be balanced with diversity and flexibility.

1. **Look for existing criteria:**
   You can find criteria in guidelines, research, national standards frameworks, commissioner specifications and user charters.
2. **Involve people who use your services in defining and prioritising criteria:**
   As experts by experience people who use services, and their carers play an important role in determining care audit criteria. They bring their unique perspective, which is central to the care process, present aspects of a service that are important to them, and through first-hand experience describe where a service excels or needs improvement. They can identify the criteria to use, prioritise these to reflect levels of importance, and ensure that you use person-centred terminology that is meaningful to them.
3. **Ensure the criteria you create are measurable:**
   Make sure that the criteria you use enable you to measure how well you are doing.
4. **Consider factors influencing the ability to meet criteria when setting performance levels:**
   Setting performance levels means defining the degree of compliance you expect against criteria. This means quantifying a level that becomes the target degree to which your service aims to meet the criteria. You need to ensure you set the performance level or target at the right level, as setting it too high or too low can cause problems.
5. **Seek advice from those with specialist knowledge:**
   This is especially important when standards do not exist nationally, where the topic is emerging, or requires contribution from those with specific awareness or a perspective on complex issues.

1.4 Put together an audit team

As with all successful projects, every care audit needs a lead or coordinator, with knowledge of the care audit process, and the ability to motivate others.

Key points: Developing a care audit team

1. **Keep the team as small as possible:**
   Small teams – of those who are 'on the ground' providing the service – make the best teams for carrying out care audit. By keeping the team small you minimise the amount of organisation and coordination required, minimise disruption, and are more likely to achieve consistency in audit approach.

2. **However, ensure you have the stakeholders you need on the team:**
   Particularly in a larger organisation, team members should be representative of all key relevant and associated groups. They can help you plan the care audit, collect information, communicate your findings and make improvements. They might include:
   - People who use services
   - Professional staff
   - Support staff such as receptionists and administrators
   - Managers
   - Commissioners

   If you work in a care environment with nurses or other healthcare professionals, they should be familiar with the audit processes we describe here, especially where your review covers matters of healthcare within the services you provide – for example, covering medication, or wound management. Involving them in a care audit is therefore useful and will bring additional expertise.

3. **Consider the support team that members will need:**
   Team members need training to help them understand how to carry out care audit. This might comprise training sessions of different types, including basic training, practical workshops, and small group or team sessions, possibly built into team meetings. Training need not be onerous – care audit is a simple process, but staff must understand the process in advance of taking part, which may require careful scheduling over a period of time.

4. **Include and support people who use services, and their carers, on the team:**
   People who use services are valuable members of the care audit team, providing a unique user perspective on the care audit. You need to ensure that people who use services are supported and enabled to fully participate. This includes setting out clear roles and expectations, providing any necessary training, and enabling their involvement – for example, through paying expenses – and providing support as required.

1.5 Supporting and enabling people who use services to be involved

People who use services involved in the process of carrying out a care audit need particular support beyond that provided to those involved only as consultees. Without the appropriate support their involvement will be tokenistic and may lack focus, they won't feel valued, and their skills and experience won't be utilised effectively.

Key points: Supporting and enabling people who use services to be involved

1. **Set clear roles and expectations:**
   People who use services and their carers who are involved in care audit need to know what their role is and what they are being asked to do, including what is expected of them in terms of participation, commitment, and workload. This role needs to be widely understood by and agreed with other care audit team members.

2. **Provide training:**
   People who use services who are members of the care audit team should receive any training required to enable them to contribute effectively to the process. Training might include:
   - Assertiveness and 'speaking up' courses
   - Disability equality training
   - Equal opportunities training
   - Confidence-building courses run by service-user trainers
   - Information governance training covering data protection and confidentiality
   - Guidance on purchaser and provider decision-making structures
   - Training in committee procedures and negotiating skills
   - Information about what has and hasn't worked in other care audits
   - Legal issues and rights training in community care and other legislation

3. **Enable people to be involved:**
   There are a number of ways in which you may need to support people to be involved, including:
   - Practical support to get involved: you may wish to provide refreshments, and remunerate people in recognition of the time and work they give to care audit, covering their costs and expenses, including travel
   - Support to play an active role: you may need to provide support to enable people to play an active role, for example, avoiding the use of jargon, or providing other communications support; often, people feel more confident participating when there is more than one person who uses services in their group
   - Working together in different ways: you might involve people in a variety of ways, such as setting up online forums, or giving people the opportunity to participate remotely via email or video-conferencing, rather than only by attending focus groups
   - Support through advocacy groups where appropriate: to assist people who use services to actualise their voice and ensure their views are listened to

4. **Protect client confidentiality:**
   By law you have a duty to keep client information confidential. Where people who use services are involved, you need to ensure processes are in place so there are no breaches of your legal duties to protect confidentiality, or of your own internal guidelines. Access to data about other people who use services must be restricted, and HQIP's guide, *Information governance in local quality improvement (HQIP, 2017d)*, provides useful information on this. Information governance training is required, and signed confidentiality agreements should be retained to protect personal identifiable data.

5. **Ensure sensitivity:**
   You need to be sensitive to, and open about, the differences between the values, incentives, and perceptions of people who use services, staff, and other stakeholders.

1.6 Create a project plan

As with all project plans, the plan for a care audit needs to include:

- **Who is involved in completing each task:**
  Allocate roles to individual members of the team to share work fairly and ensure clarity of responsibility
- **What the key tasks are:**
  Break down and clarify each step of the care audit, and associated tasks
- **When each task is due to start and finish:**
  Timetable steps to ensure that all team members know what is expected of them, and help them to schedule tasks into their routine

Key points: Creating a care audit project plan

1. **Availability of staff:**
   It is often a challenge for social care professionals to find sufficient time for care audit, and managers have a responsibility to ensure that time is provided in both large and small organisations.
2. **Predicted costs and savings:**
   You will need to analyse costings, which may include staff time, training, and equipment, and you should also try to identify costs associated with implementing changes to improve practice, and potential savings, for example, returns on investment through increased efficiency.
3. **Time for reviewing performance:**
   Remember to include time for reviewing performance after the team has implemented changes, to ensure sustained improvement.

Stage 2: Review quality

2.1 Determine the data you need

In the planning stage you will have identified clear audit criteria and standards that focus on particular aspects of care. This preparation should help you to define the data you need to collect, to check whether you are achieving the standards you have set.

Key points: Determining the data to collect

1. **Collect only the data you need:**
   It is tempting to gather data the team finds interesting or informative, but which do not relate directly to the standards set, making data collection more laborious, and findings harder to analyse to identify the required improvements to practice. Collecting only the data you need is more efficient and effective.
2. **Collect the demographic data of people who use services only if you really need it:**
   Teams often collect extra data on demographics, such as age and gender, to provide a profile of the population who use the service. However, unless you need this information, e.g. to ensure there are no differences between any particular service-user groups, this is unnecessary.

2.2 Identify data sources

It is worth spending time considering whether the data you need are already collected, and if so, how best to access this. It could be that the data is held on several databases, on paper, or electronically, in different departments, or not collected at all.

In an ideal world, if an aspect of care is important enough to be reviewed, then associated data would be routinely collected and readily accessible. Where this is the case, you can review existing records to see if you are compliant with standards. However, where data is not collected, you will need to create data collection forms.

Potential data sources	
• Care/case notes • Direct interviews • Surveys/questionnaires • Admission records • Unscheduled visits by professionals (e.g. social worker, GP, district nurse) • Nutrition records • Medication records • Discharge records • Direct observation	• Meeting notes • Shift/staffing records • Incident reports – falls, etc • Cleaning schedules • Training records • Visit logs and diaries • Equipment maintenance records • Representative interviews • Emergency admissions

2.3 Design tools to collect data

If the data you need are not routinely collected, you will need to develop a data collection system as part of your care audit.

Key points: Designing effective data collection tools

1. **Look online for existing surveys or questionnaires before developing new tools:**
   Audit tools related to aspects of care you may want to review may already be available online to download. Whilst there are some generally agreed criteria for quality of care and quality of life, it is possible that suitable instruments to audit these criteria have already been produced, or can be easily constructed. There are a number of resources available on the HQIP website that can be adapted for use in different care settings: *www.hqip.org.uk/resources/*.
2. **Make sure any tools or data collection forms you develop are clear and easy to use:**
   If you are designing data collection tools, remember they need to be clear and easy to use for consistency in implementation. This means thinking about:
   - Layout, so the tool is simple to follow and flows well
   - Font size, so it is easy to read
   - Terminology, so it is clear and readily understood
   - Length, so people are not deterred from completing it once they have started
3. **Comply with local and national data protection requirements:**
   When designing data collection tools, ensure you anonymise data and do not collect any information about people using your service that enables a particular individual to be identified, such as:
   - Name
   - Date of birth
   - Address
   - Postcode (although the first part of a postcode is acceptable as it allows some analysis of socio-economic grouping)
4. HQIP's guide, *Information governance in local quality improvement (HQIP, 2017d)*, is available on the HQIP website: *www.hqip.org.uk*.
5. **Pilot test any data collection forms, surveys, or questionnaires, before use:**
   The best way to find out if people can understand your data collection form, survey, or questionnaire, and whether they are likely to complete it, is by pilot testing it, requesting feedback on wording, layout, and length, and reviewing data collected for consistency.

2.4 Define the group whose care will be reviewed

You may find that the large number of people who use your services precludes the audit of everyone's records. Sampling is a useful way to reduce the amount of data collection you need to do, using a representative sample of units (such as care homes, people who use services, or records) from the services you provide, to generalise your results back to the wider group from which they were taken.

Key points: Working out your sample for care audit

1. **Ensure sample size is manageable but representative:** If you decide to use a sampling technique, you need to strike a balance between the amount of time and energy it will take to collect the data, and ensure your sample size is sufficient to accurately reflect your entire target population.
2. **Avoid a sample that may skew results:** There is of course no such thing as a perfect sample, so a practical approach is required, for example, if your 'most difficult' or least busy day is a Thursday, it's probably unrepresentative to choose that day alone to audit your practice. Similarly, days after Bank holidays, Friday afternoons, weekends, and records of only women, or only men, can skew a sample. Query whether a sample seems right from your service, team, and user perspectives.

   HQIP's guide, *An introduction to statistics for local clinical audit and improvement (HQIP, 2015)* covers techniques for sample size selection, and is available on the HQIP website: *www.hqip.org.uk*.

2.5 Collect data

Key points: Supporting your data collection

1. **Brief the team:** It is helpful to hold a meeting with everyone involved in collecting data to explain why they will be collecting it, what will be involved and how they will complete the task. You may have identified some pitfalls or discovered useful techniques from the pilot that can be shared with the team.
2. **Ensure appropriate confidentiality:** You will need to ensure your processes adhere to legal and organisational requirements relating to data protection, confidentiality and consent. There should be no issue if you don't share the data outside of your care setting, and if data is not identifiable to an individual person. Any other releases will need checking carefully, and HQIP's guide, *Information governance in local quality improvement (HQIP, 2017d)*, is available on the HQIP website: *www.hqip.org.uk*.
3. **Make sure you get consent:** You should ensure that people give informed consent before completing any surveys or questionnaires. Because social care services are often provided to vulnerable people, they may have limited capacity to give informed consent. HQIP's *Guide to managing ethical issues in quality improvement or clinical audit projects (HQIP, 2017e)* is available on the HQIP website: *www.hqip.org.uk*.
4. **Remember interviewer bias:** Where surveys or interviews are used, avoid leading questions that might skew responses.

2.6 Interpret your findings

Once all data have been collected, you need to review it to:

- Determine how close you are to achieving the standard for each of the criteria you set
- Identify where you are not doing well, and decide why this might be

Your analysis will determine if practice needs to change, and if so, how. Analysis can range from a simple calculation of percentages – for example, the percentage of records in which a particular criteria has been met – through to the use of relatively sophisticated statistical techniques. In most cases, it is better to use simple methods to analyse and present your findings so that everyone involved in the care audit process can understand, including those who use services. HQIP's *An introduction to statistics for local clinical audit and improvement (HQIP, 2015)* covers techniques for local data analysis and presentation, and is available on the HQIP website: *www.hqip.org.uk*.

Key points: 'Reality check' your data

Sometimes results may look odd or fall below the standard you expect; reasons for this include:

- The sample was in some way unrepresentative
- The way the audit standard was written led to the wrong data being collected
- Care is being undertaken as it should be, but it is not being recorded properly

Review of results requires a sense check on reliability. Once you think, objectively, that the results present a true picture of actual adherence to standards, or otherwise, you can make plans to address any shortfalls in care identified to improve the quality of your services.

2.7 Present your findings

To keep momentum you should communicate care audit findings as soon as possible after you have finished collecting data.

You will probably have a broad mix of people interested in the results – including people who use your services and their families, as well as managers and possibly your commissioners – so your findings need to be presented clearly and effectively and in the best format for the audience, to ensure they are accessible to everyone. This will develop a collective understanding of challenges identified, and highlight the changes you need to make (covered in the next section of this guide).

Your audience is likely to include:

- People who use services and their carers
- Care staff within your organisation
- Support staff such as receptionists and administrators
- Managers
- Staff from associated linked services
- Commissioners

Key points: Presenting your findings

1. **Use different formats to present the findings to different audiences:**
   Different ways of presenting your findings include developing a full written report, giving presentations at meetings, and providing posters that can be displayed in staff and client areas.

   It will help your audience if you present the data clearly, using graphs and charts, backed up with tables using percentages to summarise raw data.

2. **Include stories from people who use services, and from staff:**
   Individual accounts from people who use services and staff are fundamental to understanding experiences and engaging people in improvement action.

3. **Check proposed feedback materials with people who use services on your team:**
   People who use your services, and their carers, can help ensure that your feedback on audit findings is easy to understand. For example, by reviewing written materials they can advise whether these are written clearly, with data and conclusions presented so that they are easy to understand.

4. **Make it clear that your findings are only the starting point for improvement:**
   State that your findings provide the information and context required to plan the changes needed to make improvements to services, e.g. 'this is what we found, and this is how we are going to improve things'.

Stage 3: Improve practice

3.1 Develop a consensus on what needs to change

Through discussion with people who use services, their carers, your team, and others, based on the findings of the care audit review you need to agree which shortfalls are to be addressed, and how. Identifying areas for improvement from the audit findings should be fairly easy – the real challenge comes in identifying why the problems exist, in order to introduce measures to prevent them.

Key points: Possible reasons for not meeting a standard

- Staff do not have a consistent, shared understanding of agreed processes, or how service values – such as promoting equality – should be put into practice
- Staff are not aware of the care that should have been offered
- Failure in training, induction or supervision
- Structural or physical issues with your building or organisation
- Lack of time or resources
- Reduced performance by specific staff
- Inappropriate or restrictive value systems

Wherever possible, you should identify care and service delivery problems collaboratively, rather than simply imposing management judgement. Teams need to collectively 'own' problems and feel accountable for developing and implementing solutions, leading to a greater sense of what needs to be improved in terms of processes and systems, as opposed to blaming individuals. Staff can also find it hard to let go of current and often long-standing customary practices, though this can be encouraged by ensuring they are involved in identifying which practices need to change, why, and how.

3.2 Identify specific improvements required

It is incredibly frustrating for staff and others involved in care audit when they identify care or service delivery problems and potential solutions, but nothing is done to bring about improvements. Therefore, identifying changes required and implementing them is important not only to improve the quality of care you provide, but also to show staff that their review was worthwhile, to keep them engaged with the quality improvement agenda, and lift morale with positive transformation for everyone as a result of their care audit work. There is a clear role for management and leadership here, and research has shown that changes are more likely to be successful when they are:

- Non-threatening
- Perceived as being beneficial
- Compatible with current beliefs and practices
- Implemented incrementally

Key points: Changes often made through care audit

Often the required changes identified through care audit fall into the following categories:

1. A new or revised protocol
2. A new or revised checklist
3. Changes to care plan and assessment forms
4. Introduction of stickers or labels
5. Further training, mentoring or supervision
6. Changed shift patterns and team skill mix
7. Clearer service access points
8. Physical changes – layout, design alteration

Although solutions often fall into the categories above, try to think of others to specifically address the issues arising. Sometimes issues lie with a lack of staff confidence or morale, which can lead to team members feeling unable to make suggestions for improvement. For example, staff may need more opportunities to share ideas and agree supportive ways to work together, therefore changes to team meetings may be required.

Not all quality issues are straightforward when searching for solutions – sometimes problems are more deep-rooted and part of a wider organisational culture – for example, failure to show enough empathy or warmth to people who use services. This is a typical finding from surveys of people using services and their relatives, but it cannot be solved by a checklist, and may be the result of entrenched issues for some staff who need more support, supervision and mentoring. Long term solutions might be associated with recruitment and development packages, improved working hours and shift patterns, remuneration and bonuses, organisational structural change, and supportive management processes.

Key points: Identifying the changes required

1. **Involve everyone who will be affected in identifying changes you need to make:**
   Clinical, administrative, and managerial staff experience different stages of a process and are able to offer their individual insights. People who use services and their carers bring another perspective. Involving a wide range of people will help you to identify a broad selection of possible solutions, and will also increase ownership of changes agreed and the likelihood of support to implement them.
2. **Consider how changes proposed might affect people differently:**
   Some changes may affect specific groups of people differently, for example, because of their age, health, disability, gender, race, religious beliefs, or sexual orientation. If this is the case, involve those groups to consider how you can mitigate such effects, and find practical and feasible solutions.
3. **Combine long-term, strategic changes with 'quick wins' to build momentum:**
   Sometimes you will identify long-term, more strategic changes that you and your team need to make. In this case, it is useful to have some quick wins you can implement easily in the short-term, to get the improvement process started. These help to build momentum and demonstrate that the care audit process is worthwhile. Even modest changes implemented regularly can have a significant impact on care quality improvement.
4. **Don't only propose changes that are obvious and easy:**
   Sometimes problems are complex and deep-rooted, and the real solutions are long-term, such as how you recruit staff, or whole-system deficits in organisational culture. Addressing such problems can be as or more important than making simpler, small-scale changes, requiring realistic goals and timeframes.
5. **Design changes that are 'built in' not 'bolt on':**
   Your changes are more likely to stick if they are 'built in' to or replace current systems and processes, rather than 'bolt on' changes that work outside of, or in addition to, current processes.

3.3 Engage the right people in making the changes

In order to implement changes proposed through care audit, you need to make sure you have the right senior support for the process, a coordinating project lead, and people to actually make change happen.

Roles that need to be performed:

- **Senior sponsor:**
  You need a senior sponsor with both the authority and the enthusiasm to lead change; he or she is not necessarily responsible for the day-to-day management of the process, but will be accountable for the successful implementation of the changes and will ensure that the work is supported at all levels; this person must be able to ensure that the resources you need are available, and must give those implementing change the power to act
- **Change manager:**
  This is the person who manages the improvement process, planning and coordinating the work and monitoring and reporting on progress
- **Change team:**
  This is the group of staff responsible for implementing change; you need to ensure that this team has the confidence of both management and other members of staff and that it has the optimum skill mix; there may be a need to work with external advisors to achieve this, for example, in relation to advocacy for specific user groups, in order to ensure commitment to changes in practice that may challenge deep-rooted values

3.4 Write an action plan for improvement

Once you have agreed the changes to be made, you will need to develop an action plan to achieve them.

Key points: Effective action plans

Many action plan templates exist, but to be effective they must comprise:

1. **A live document:**
   That can be updated as tasks are completed, or altered when unexpected issues arise so that these can be incorporated into the plan
2. **SMART objectives:**
   Those which are **S**pecific, **M**easurable, **A**greed, **R**ealistic and **T**ime-bound
3. **Details:**
   The more detail the action plan contains, the better chance of success in achieving and sustaining change

Your action plan should include the following:

- **Recommendations:**
  The requirements for change that were identified following analysis of the data collected
- **Objectives:**
  Definite statements that describe what the change project is trying to achieve – written in a way that can be evaluated at the conclusion of the project to check whether objectives were met
- **Constraints/barriers:**
  These need to be identified clearly so that they may be mitigated; your data analysis will have highlighted some of these, but areas of concern such as bottlenecks in the system should be addressed before and during the implementation of changes required

- **Likely cost implications:**
  Include both positive and negative costs
- **Actions required:**
  The activities the team will undertake to make improvements
- **Timescales:**
  Timeframe in which each action will be undertaken
- **Responsible individuals:**
  Names and job titles of key individuals responsible for each action
- **Outcome measures:**
  Need to refer directly to objectives and recommendations, and describe the desired end result, or target, to evaluate how effectively the change has been implemented
- **Monitoring:**
  Identifies who will monitor each specific action; in most cases this will be done either during change team meetings, or by the change manager

An example of a summary care audit action plan can be found overleaf.

Project Number:

KEY (Change status)

1. Recommendation agreed but not yet actioned
2. Action in progress
3. Recommendation fully implemented
4. Recommendation never actioned (please state reasons)
5. Other (please provide supporting information)

EXAMPLE: Care audit action plan

Project title:	

Action plan lead*:	Name:	Title:	Contact No:

*This column identifies who will monitor each specific action. In most cases this will be done in the change team meetings, by the change manager.

Ensure that the recommendations detailed in the action plan mirror those recorded in the recommendations section of the audit report. 'Actions required' should specifically state what needs to be done to achieve the recommendations. All updates to the action plan should be included in the 'Action status' section.

Recommendation	**Actions required** (Specify 'None', if none required)	**Action by date**	**Person responsible** (Name and title)	**Action status** (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendations have not been addressed, costs, etc.)	**Change stage** (See Key above)
The requirements for change identified following the analysis of the original data collection, SMART objectives, and any outcome measures.	*The activities the team will undertake, and any constraints, barriers, or costs.*	*The timeframe in which each action will be undertaken.*	*The names and job titles of key individuals responsible for each action.*	*Include constraints/barriers to improvement to be addressed or circumnavigated.* *Also include the likely cost implications – positive and negative.*	

3.5 Implement the action plan

Implementing change is a challenge – reshuffling resources to achieve improvements, introducing new ideas to increase quality, and ensuring people stick to agreed plans. Some might feel they lack the specific skills to implement major change, and consider using outside consultants, however the simplicity of care audit as an improvement method means that external support is rarely required. If you are a confident senior practitioner or manager, you will already have the skills you need to implement change as part of care audit. Change management requires leadership and engagement, devising improvement strategies, providing space for people who use services, and staff, to agree improvements required – and supporting teams to share the task of implementing them.

Key points: Approaches to implementing improvements

1. **Involve people who use services:**
   People who use services are often keen to help develop improvement strategies if you invite them to. Their stories and perspective are powerful in convincing people of the need for change.
2. **Ensure continuous two-way communication with those implementing the action plan:**
   You need to keep the team briefed as the change process is rolled out, and to be readily available to answer queries and provide advice to staff as they adapt to any changes.
3. **Give the responsibility to change things to all members of staff:**
   Ask your entire team to identify issues, devise solutions, and consider how to implement them. When people buy into the need for change, and potential solutions, they happen, so giving ownership is important – new responsibilities feel lighter to individuals who have helped to create them, and such responsibility builds confidence, developing individuals as well as teams.
4. **Involve managers from other teams in designing and implementing change:**
   In larger organisations, where improvements from one setting are often applied to others, teams may feel that changes are imposed and not reflective of the care they provide. Here, the care audit sample you use is important to demonstrate the validity of your findings to a range of services, and all staff should be involved in designing solutions to share ownership of required change. Involving people from other organisations, for example, advocacy groups, user groups, or resident associations, can also assist.
5. **Keep track of the impact of the changes beyond your team:**
   In larger organisations, changing practice in one team or department may impact upon other teams and departments, and even partner organisations. It is possible that the improvements you make have unexpected effects that are beneficial, but you also need to know if they are causing problems.
6. **Monitor progress to ensure things are getting done:**
   It's crucial that the care audit action plan is monitored, to check that people complete the actions assigned to them to the deadlines given.
7. **Run a forum for staff affected by changes:**
   This can be a regular session where staff can comment on how changes are progressing, share any concerns, and identify ways to improve systems and processes.

Stage 4: Sustain improvement

4.1 Determine when to repeat the care audit cycle

A complete care audit cycle involves collecting data on compliance, implementing changes to address shortfalls identified, and reviewing changes over time to see whether improvements have been made. However, re-measurement, or collecting data on an ongoing basis, is not necessarily the same as repeating Stage 2 of the care audit cycle in its entirety to review quality of practice.

Re-measurement might simply entail monitoring to ensure that changes implemented and revised expectations are adhered to, and that previous practices do not inadvertently recur. To keep practice on track further basic changes may be made, for example, amended shift patterns, extra training, reminders about new protocols, etc. For clarity of communication, you should only re-emphasise necessary adjustments.

However, a large and complex organisation with a number of teams, care homes, or services, might prefer the reassurance associated with repeating Stage 2 of the care audit cycle in its entirety.

Key points: Planning a repeat data collection

1. **How long will it take for the changes you have made to impact upon people using the service?**
   Where the changes you make will immediately affect every person using the service on a daily basis, it may be reasonable to measure their impact after one month; where the changes take effect more gradually, you may prefer to wait between three and six months. However, it can be important not to wait too long, and lose momentum. When results show that changes made are fully embedded and effective on an ongoing basis, after several episodes of data collection, your action plan may be signed off as complete.
2. **How many people have been affected by the changes you have made?**
   When changes have been implemented, you need to plan to collect enough data from across the population to identify how many people, from whichever groups may be relevant, have been affected, and measure the true effect of those changes.
3. **What are the other pressures and demands within the service?**
   It can be helpful to avoid holiday periods that may affect staffing levels, and other times of demand on a service such as annual appraisals or collating year-end statistics, etc., to ensure data collection findings are relevant. However, it can be useful or indeed important to a particular study to ensure services are reviewed at times of pressure, to ensure relevancy, for example, when testing staffing rota efficacy, or the impact of annual appraisals on care provided.
4. **Have the circumstances that led to the initial review process changed completely?**
   At the time of planned repeated data collection the aim of the original review process may have changed, or the processes under review may have stopped for reasons outside of the control of the audit. Therefore, the circumstances that led to the initial review process should be checked to ensure they are still relevant, with adjustments made where required.
5. **Is there enough concern about practice to plan a repeat of the whole care audit cycle?**
   For example, have the triggers for the first audit cycle gone away, such as complaints, or feedback from people who use services, or have they continued?

4.2 Work out what to re-measure

Care audit supports repeated testing and evaluation of small scale changes:

- You should re-measure all criteria where your original analysis showed standards not met to the level set, and where you implemented change or improvement mechanisms
- If new issues or challenges have emerged since your initial review, these can be reviewed alongside the original criteria

For true repeat data collection as part of a care audit cycle, you should use the same processes for sample selection, data collection and analysis as were used originally. In this way, the second or subsequent data sets you collect can be compared with those collected originally, to determine how much things have improved, or otherwise. Although you can't immediately compare data with any new criteria added, you can at least do so in your next cycle.

4.3 Present your findings

Present results to enable comparison of repeated data collections against the standards you have set. The way you present your findings should enable your audience to have a robust discussion about improvements made, or any decline in compliance with standards set, over time, and to make recommendations around what should happen from this point onwards. Discussion of findings as part of a team-building exercise ensures all stakeholders are engaged in the process of making changes for improvement, rather than feeling subject to changes made by others.

4.4 Plan further improvements

If you are exceeding the performance levels you set, you may consider raising them to ensure your performance improves year-on-year. Setting such challenges ensures continual practice development – as long as expectations are realistic, and supported by true cultural engagement.

However, you may not achieve the level you set, and this requires further evaluation and adjustment to practice, as part of the improvement cycle, until desired levels are reached. Benchmarking practice with other organisations or services can help to determine what might be a reasonable performance level to aim for, and what is achievable, while sharing best practice through a variety of local and national forums can also foster improvement on a wider scale.

Key points: Performance levels

1. **Benchmark with other organisations or services:** This will help you to determine whether the level you have set is reasonable and achievable.
2. **Identify and implement further changes:** If you are confident that the performance level you have set is appropriate, implement further changes to help you achieve it.
3. **Revise the performance level:** If it is agreed that no further change can be implemented, or if you feel that the performance level originally set is not achievable, you may agree revised performance levels (unless these have been set at a statutory or mandatory level).

4.5 Agree ongoing monitoring arrangements

Once your team is satisfied with the performance levels achieved against standards set, agree monitoring arrangements to ensure that improvements made are maintained. Arrangements might, for example, comprise an annual review, or ongoing snapshot checks. Routine care data collections, or the care records themselves, can be adapted to ensure continuous monitoring systems are in place.

4.6 Maintain the improvement cycle

You want to ensure that hard-won improvements are maintained and reinforced successfully over time, and there are a number of ways to do this:

1. **User-friendly systems and processes:**
   Ensure changes implemented fit with preferred practices, and complement effective procedures and processes already in place.
2. **Incorporate routine review into meeting agendas:**
   Change is more likely to be sustained where care and services delivered are subject to audit and discussed and revisited at regular intervals, such as through follow up as standing meeting agenda items. Regular review provides the opportunity for staff and other stakeholders to raise issues, and to share positive feedback, motivating staff, and acknowledging efforts to improve care.
3. **Make changes visible:**
   Change often involves updating or re-writing documentation such as policies, procedures, and protocols that support the delivery of care. However, these important aids to effective practice often sit on a shelf without routine use, so ensure they are visible during care delivery, and turn them into action with reminders throughout routine care recording to help ensure change is sustained over time.
4. **Induction of new staff:**
   Ensure that new staff, or those returning to work, are trained to use new or updated policies, procedures, and protocols, and make sure documentation that supports the delivery of care is visible, accessible and in routine use.
5. **Fine-tune changes made:**
   Initially, changes might appear successful, but after a while, issues can become apparent. It is all too easy to revert back to previous ways of working when problems arise. Staff affected by changes are ideally placed to suggest adjustments, and should be encouraged to report issues and propose solutions to iron out teething problems.
6. **Lead by example:**
   Much of the responsibility for sustaining change lies with managers and leaders who can oversee that change and observe daily practice to ensure that lapses into previous ways of working do not happen. This involves reminding staff of revised practices and the reasons for these, and motivating them to adhere to changes agreed as a result of quality improvement work.
7. **Showcase care audit:**
   Throughout the year, running events at which teams showcase their care audit work, both locally and nationally, promotes an improvement culture, acknowledges successes and reinforces changes made.

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Further information is available at: www.hqip.org.uk

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