# Internal Audit Procedure

# Westmorland and Furness Care Services

## Policy

The Quality and Assurance Team, work with all services to support them in delivering quality care and support.

The Quality and Assurance Team has an independent role in identifying where there are areas for concern and has a direct reporting mechanism to the Leadership Team to report on outcomes, findings from audits and support visits, along with the Manager of the relevant service area.

## Procedure

* The main objectives for the Quality Assurance Team are to: Conduct annual audits to offer an independent view on the quality of the service delivery and to provide additional support as and when required (please see Appendix A)
* Provide impartial feedback to the leadership team and service areas against the quality assurance framework.
* Keep engaged with the Care Quality Commission to ensure we are aware of fundamental standards of quality and safety.
* Ensure policy and procedures are always updated in line with best practice.
* A programme of audit visits to all service areas across Westmorland and Furness are scheduled annually.

### Methodology / Procedure

1. The Quality and Performance Team will conduct audits throughout the year, all audits are announced. These will be scheduled and arranged in advance. The Quality and performance team auditor will inform all services of their arranged audit date.
2. The auditor will be arranged over a number of days to produce a comprehensive, fair report of the service. The auditor will use a variety of information accessible to them:

person centred care plans, performance data, safeguarding data, training matrix, medication errors, observations, previous CQC reports, concerns complaints and compliments and any learning from incidents/ accidents.

1. In addition, the audit will include discussions with the manager, supervisors, frontline staff members and service users. Sampling to check documentation is being completed correctly. Observation of frontline staff undertaking their duties. Identifying any inconsistencies with management information and any patterns of not addressing previous CQC actions plans or internal audit issues.
2. At the end of the visit, the auditor will feedback any key findings from the audit to either the supervisor or the manager. This allows an opportunity to clarify any key points before the auditor leaves the building.
3. The audit report is compiled, with recommendations or requirements summarised at the end of the audit report. The auditor is given ten working days to write and issue the report from the day of the audit visit. The auditor must initial and date the approved report and then send a copy of the report via email to the manager / supervisor.
4. The manager or supervisor has ten working days to read the report and complete the action plan detailing how, when and by whom the requirements or recommendations will be fully completed. Deadlines for completion are set by the manager to a realistic timescale.
5. Comments must be added in the box provided at the bottom of the action plan, then signed and dated. When the manager is satisfied that the action plan is correct, the report must be dated in the “manager approved” section at the beginning of the document. The file must be saved. The manager/supervisor then needs to return the completed report to the auditor who will then record the receipt of the report and forward to the service manager.
6. The service manager must review the action plan within ten working days of the report being received to ensure it is complete and accurate. When the action plan has been reviewed, the service manager must add their comments in the box provided at the bottom of the action plan, sign, and date it.
7. The service manager must also rag rate (red, amber, green) the report by completing the box underneath the signature/comments. The service manager must then date the report the beginning of the document in the ‘service manager approved’ box, then send the report back to the auditor. The auditor must then add the report to share point so the manager can start to work on the quality improvement plan. The auditor must notify all parties that the report is now on SharePoint.
8. Managers of service areas along with the Quality Assurance Team/ report on their inspections and audits, presenting best practice and any learning to the Leadership Team. where improvement plans will be initiated (please see appendix B)
9. All reports go to the Leadership Team for sign off and further discussion. The Leadership Team will notify the Quality Assurance team when the report has been completed and signed off. The auditor will complete the report for sign off.
10. Monitoring of the improvement plan is the responsibility of the manager of the service and there is a requirement to provide the Leadership Team with monthly progress updates.
11. The service manager and the QA team will monitor the quality improvement plan and ensure full completion within 6 months of the final report as far as possible. It maybe that the service manager requests extra support from the audit team around the improvement plan which can be booked in.
12. The responsibility for monitoring the quality of services being delivered sits with the extended Care Services Leadership Team. Managers of service areas along with the Quality Assurance Manager are responsible for reporting on their inspections and audits, presenting best practice and lessons learned to the Leadership Team where improvement plans will be initiated.
13. Feedback will then be fed back to all managers at the manager meetings so best practice can be shared, as well as areas of improvement so managers can have wider discussions to be able to support with improvement actions.