**Optimum Members Internal Audit Workshop**

Record of discussions – 20th October 2017

|  |  |  |
| --- | --- | --- |
| **INTERNAL AUDIT** | **CHALLENGES** | **OPPORTUNITIES** |
| **MANAGING AUDITS** | Too many different audit requirements from different Inspectorates as they do not understand the homes/businesses they are monitoring | Establish excellent working practices to attract staff as an ‘Employer of Choice’ by word of mouth  Develop our own Good Press news stories. Eg #Celebrate Good Care in Notts  Encourage integrated (NHS and Social Care) recruitment campaigns |
| Too many different templates and formats required for the information to be presented in |
| Different criteria for evidencing compliance |
| Lack of consistency in information and guidance received from different contacts within the same organisation |
| Outcomes from audits as to requirements for improvement are not clear |
| Auditing procedures vary across geographical areas |
| Too many metrics for a small family organisation to have to comply with |
| Not enough hours in the day to do the paperwork and reflect on how to improve |

|  |  |  |
| --- | --- | --- |
| **INTERNAL AUDIT** | **WHAT DO WE MEASURE** | **HOW AND WHY?** |
| **DATA COLLECTION AND MONITORING** | Recruitment and retention (Staff turnover) | Quantitative – collect through surveys, recording number of incidents. Can be used to populate spreadsheets and identify trends that need to be evaluated and action taken recorded. Must be accessible and available to audits to tell your story.  Qualitative – collect through surveys completed by residents, families, staff and other professionals, verbal and written communication, observations.  Valuable documents include:   * Review documents * Running records * Supervisions * Training evaluations * Induction records * Disciplinary reports * Team meeting notes * Suggestion schemes * Staff reports * CQC, CCG and local authority reports * Medication reports * Hospital admission data * Falls records – where, who, cause * Risk assessments * Self-reflective practice * Computer systems   **Good practice suggestions:**   * Story telling from admission to now. Improves quality of life. * Optimum Workforce Leadership Internal audit visual tool – Included in mailout and available from [istraining@nottscc.gov.uk](mailto:istraining@nottscc.gov.uk) |
| Care and support planning – MCA and DoLS |
| Weight and nutrition |
| Medication audits |
| Information about clients and families |
| Satisfaction: Relatives, Staff, Residents and Visiting professionals |
| Staff absence levels |
| Health and safety – Fire, Premises and Equipment |
| Infection control, hygiene |
| Safeguarding referrals |
| Hours against contract requirements |
| Quality |
| Training – Learning and Development - Competence |
| Compliments, concerns and complaints |
| Accidents and incidents |
| Effectiveness of policies and procedures |
| Environment |
| Investors in People and other quality marks |
| Staff performance through supervision and appraisal |
| Staffing levels and ratios |
| Quality of response to call outs (homecare). No of missed visits |
| Information governance – errors, ommissions etc. |
| No of Non-conformances |
| Room and equipment checks |
| Electronic logs – Live Drive – 24 hour access |

|  |  |  |
| --- | --- | --- |
| **INTERNAL AUDIT** | **GOOD PRACTICES IDENTIFIED** | **OPPORTUNITIES** |

|  |  |  |
| --- | --- | --- |
| **WHAT WE DO WITH THE INFORMATION** | Collate findings in to an action plan and develop Key Performance Indicators to set goals and measure our performance | Promote good news stories using social media  Develop good relationships with inspectors, auditors and other external partners, who you can ask for information and guidance about any areas of change or service development. |
| Feedback to clients, families, auditors, inspectors and partners using the ‘You said, we did’ format |
| Put together a KLOE (Key Line of Enquiry) folder for each of the 5 KLOEs |
| Develop a case study folder outlining the journeys of service users and how they have been supported |
| An evidence folder – Link from action plans and added to from reviews |
| Competence matrix to identify when competence is due to be reassessed |
| Review findings at management meetings |
| Collate finding into reports for Trustees/Directors, Staff and relatives |
| Publish and promote findings from information collection through website, newsletters to external audience and memos and notice board for employees |
| Use findings to inform business and workforce plan |
| Use as evidence for CQC, CCGs, LA |
| Use information to develop and provide refresher training |