# TEC Quality

Quality · Safety · Innovation

## TSA Quality Standards Framework

## AUDIT REPORT

UKAS PRODUCT CERTIFICATION

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# TEC Quality
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# Horsham Community Link Audit Report

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# Quality Standards Framework

# Audit Report

**TEC Quality**

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## Organisation

Horsham Community Link

## Main Contact Name

Kerry Killner (Quality & Contracts Officer)

## Address

Horsham District Council
Parkside
Chart Way
Horsham
West Sussex
RH12 1RL

## Audit Date

25th May 2022

## Audit Type

Year 2 Annual Audit

## Auditor

Judith Allen

## Scope of Audit

**The Audit will cover TEC Services Association Quality Standards Framework including:**
- 10 Common Standard Modules
- Service Delivery Modules
  - Assessment of & Installation of TEC

The Audit Scheme has been established to provide independent external audit of an organisation against the requirements of the Quality Standards Framework. TEC Quality confines its requirements, evaluation, review, decision and surveillance (if any) to those matters specifically related to the scope of certification unless an extension of scope has been agreed with the organisation concerned.

## Methodology

The Audit has been conducted using a document sampling process and in discussion with Senior Management and Staff. TEC Quality are not therefore responsible for any issues present but not identified at the time of the audit.

# Quality Standards Framework

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As part of Horsham District Councils, Environmental Health and Licencing Department, Community Link provide a support, assessment and installation service to disabled and vulnerable people of all age groups within Horsham. They have been serving the local community since 1986 and have over 1,721 customers.

The 24-hour Call Monitoring element of the service is subcontracted to Mole Valley who are a QSF Certified Monitoring Centre.

The Service works in line with Horsham District Councils Corporate Plan, whose vision and values are:
- To be recognised as a Council that provides high quality, easily accessible and value for money services.
- One team working together to provide services that make Horsham District a great place to live, work and visit.

Community Links main objective is to assist customers to live independently in their local community, by providing affordable access to a range of assistive technology. The service ensures customers are at the centre of decisions about their own treatment and care.

To maintain QSF certification, an annual audit was conducted off-site and included a teleconference call with the Community Link Management Team.

The Audit discussions focused on the following areas:
- Evidence of any amendments and updates to policies and procedures
- BCP plans in light of Covid-19
- Performance data for all service delivery areas
- Future development plans
- Details of Incidents / complaints and any improvements made as a result of findings.
- Details of any Safeguarding issues
- Progress on Digital switch
- Workforce plans e.g., recruitment, resource planning, training, communication etc

The Auditor was provided with supporting relevant documentation, policies and procedures which were reviewed prior to audit. The document review included:
- KPI's
- A2D Incident Report
- Skills Training Matrix
- Survey Results
- Community Link Service Review
- Policy & Procedural Update
- Business Growth Plans 2022-23

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**Summary of Evidence Reviewed/Key Findings**

**Standards Modules**

### User & Carer Experience

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| Total Number of Criteria in this Module | 8 |
| Number of Criteria Compliant | 8 |
| Number of Criteria with Improvement Needs | 0 |
| Number of Criteria Not Applicable | 0 |

### User and Service Safety

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| Total Number of Criteria in this Module | 15 |
| Number of Criteria Compliant | 15 |
| Number of Criteria with Improvement Needs | 0 |
| Number of Criteria Not Applicable | 0 |

### Effectiveness of Service

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| Total Number of Criteria in this Module | 7 |
| Number of Criteria Compliant | 7 |
| Number of Criteria with Improvement Needs | 0 |
| Number of Criteria Not Applicable | 0 |

### Information Governance

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| Total Number of Criteria in this Module | 17 |
| Number of Criteria Compliant | 17 |
| Number of Criteria with Improvement Needs | 0 |
| Number of Criteria Not Applicable | 0 |

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### Partnership Working & Integrated Services

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **8** |
| **Number of Criteria Compliant** | **8** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **0** |

### The Workforce

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **16** |
| **Number of Criteria Compliant** | **15** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **1** |

### Business Continuity

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **11** |
| **Number of Criteria Compliant** | **11** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **0** |

### Ethics

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **11** |
| **Number of Criteria Compliant** | **11** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **0** |

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## Performance & Contract Management

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **13** |
| **Number of Criteria Compliant** | **13** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **0** |

## Continuous Improvement & Innovation

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **7** |
| **Number of Criteria Compliant** | **7** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **0** |

## Service Delivery Modules

## Assessment of and Installation of TEC

From the evidence reviewed prior to and during the audit by the Auditor, the Service appear COMPLIANT with all the criteria for this module.

| | |
|---|---|
| **Total Number of Criteria in this Module** | **32** |
| **Number of Criteria Compliant** | **31** |
| **Number of Criteria with Improvement Needs** | **0** |
| **Number of Criteria Not Applicable** | **1** |

## Rating Definitions

| Rating | Definition |
|---|---|
| **COMPLIANT** | An organisation that has demonstrated compliance with all the QSF outcomes and minimum criteria. However, there may be some development observations found during the audit, which can be worked upon for the next audit. |
| **REQUIRES IMPROVEMENT** | An organisation that does not meet the minimum criteria and requires corrective action before certification can be granted, but which is not considered to be safety related. A three-month window is allowed for this improvement. |
| **INADEQUATE** | An organisation where safety concerns have been identified, which need to be corrected prior to certification being granted. A one-month period is allowed for this corrective action. |

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| | |
|---|---|
| **IMPROVEMENT OBSERVATION** | Is an improvement that the auditor has identified, that may improve the service offering, but is not a requirement of the QSF, or is a mandatory improvement area. |

### Audit Summary

There were no Improvement Needs identified during the previous QSF Audit.

**Business Continuity and Covid 19 Update**

A review of the Community Link Business Continuity Plan (V1 26/11/2021) demonstrated the service has developed appropriate ongoing plans in relation to the pandemic and developed new ways of working that have proved successful throughout, including:

- Prior to installation a discussion of full-service provision is carried out over the phone to reduce prolonged contact and if required new users have the opportunity to ask further questions at the visit
- The service database has been adjusted to record all actions associated with the service user file, including separate "Enquiry, Triage Call and Installation" actions and associated KPI's.
- The Team will continue to wear PPE, test regularly and socially distance in Service User houses were possible
- Infection Control Procedures have been updated to reflect Covid 19 best practice

**The Workforce**

The Community Link team has evolved over the last 12 months and has adapted to the growing need of TEC.

Due to the impending A2D switch, Horsham District Council has agreed a position for a third advisor to enable smooth implementation of digital systems and to provide increased resilience for potential business growth.

A four-week induction programme has been developed to ensure new members of staff are given appropriate information and training prior to going live in the field.

The staff training matrix demonstrated ongoing staff development mandatory training and bespoke training.

**Complaints Serious Incidents and Data Breaches**

There have been no serious complaints, or data breaches in the past 12 months. However, the Management Team advised the Auditor of a potentially serious 'data packet incident' which took place during the Analogue to Digital implementation.

The network monitoring system identified an issue with their Tele2 connectivity. This was escalated to Tele2 who confirmed a problem with their Packet Data Network Gateway (PGW) which is a core network element routing all the services IP/data traffic.

A very detailed report of the incident was submitted as evidence and which was discussed with the Management Team. The Auditor is satisfied that appropriate actions and measures have been taken

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and in conjunction with their monitoring centre and 'M2M' sim provider a 'Collaborative Mitigation in Packet Data Network Gateway Errors' has been developed should the issue occur again in the future.

**Analogue to Digital**

The switch from Analogue to Digital has been one of the main focuses of the team to ensure a smooth transition for all existing service users.

The Auditor was provided with Community Link's plans for the switch, which has been supported by Stakeholders and Cabinet Members. It is envisaged that funding for the next 3 years will not immediately affect service users and with a strategy to introduce incremental increases in cost in the future.

The service has conducted an in-depth analysis and established a preferred equipment supplier.

Following the switch, the service intend to carry out a full evaluation of their strategy to identify any deficits in service delivery, budget control, expenditure and income to continue purchasing new equipment. The outcome of this will be used to shape future projects of the Community Link Service.

**Partnership Working**

There is a commitment to establish active partnerships and as a service recognise the value of maintaining effective communication with their partners. Business relationships and communications between internal and external stakeholders are well managed and extensive details were made available of working relationships with many organisations as this is seen as pivotal in the development of the service and particularly during the pandemic.

**Business Growth**

Community Link is committed to providing the highest quality service and with feedback being used to improve services. The 2022-23 Business Growth Plan states '*The team value input and opinions from both its existing service users and members of the public to gauge if business growth concepts would be viable and helpful within the community. All business growth concepts include survey's, feedback from the user group and analysis to better understand the future of TEC within the Horsham District*'.

The team is proactively working towards their objectives to grow and develop the service which includes:
- Partnership Growth -Officers are focusing on communicative relationships in both the health and social care sectors and raise awareness on the value of TEC within a community setting
- Mixed Media Updates - During 2021, the team used its marketing plan and meetings with communication professionals to make important updates to mixed media publications. These updates have included making the process easier for partners to make referrals into the team
- The team plan to expand the service with the aid of wearable TEC and will be reviewing all wearable TEC options in May 2022, including watches that can monitor vital signs as well as falling detection and an SOS button

- VR for Health Service- Due to the pandemic and following risk assessments this is currently suspended but new headsets are being researched for the service to potentially resume late 2022
- Personal Safety Project - This project has the potential for partnership working across several sectors to coordinate a plan to try and mitigate the risks of being alone in the community when carrying out day to day activities
- Research into a Falls Service

With the evidence provided and through conversations during the teleconference, Horsham Community Link demonstrated that significant progress has been achieved and that the service has continued to develop and provide a safe service.

**The Auditor recommends that Horsham Community Link is granted continued certification to the Quality Standards Framework.**

**Auditor Signature**

*J. A. Allen*

Judith Allen
Auditor on behalf of

**Telecare**

**Wellness Devices**

**E-health**

**Self-care Apps**

**Telemedicine**

**Telecoaching**

**Telecare Call Monitoring**

**Telehealth**

**Telecare Response Services**

TEC Quality is the organisation set up to develop and run the Quality Standards Framework (QSF) - a set of outcome based standards developed in partnership with key stakeholders across the TEC sector. TEC Quality audits and certifies organisations against these standards.

Whilst QSF is the intellectual property of the TSA, TEC Quality has full autonomy and sector-wide support to administer the QSF standards. TEC Quality has a team of independent auditors, who have all been trained to ISO 19011 standards.

www.**tecquality**.org.uk

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