



Quality · Safety · Innovation

# TSA Quality Standards Framework

# AUDIT REPORT



10482

## Audit Report

### Organisation

Bield Housing and Care

### Main contact name(s)

Catriona Dougall, Gary Baillie, Victoria Wilson

### Address

Craighall Business Park

7 Eagle Street

Glasgow

Lanarkshire

G4 9XA

### Audit date

18 February 2025

### Audit type

3-Year Full Audit

### Auditor

Sharon Le Corre

## Audit Report

### Scope of Audit

The TEC Services Association Quality Standards Framework audit will cover - a review of any improvement needs since the last audit (if any), the Common Standards and Service Delivery Modules listed below:

- User and Carer Experience (Version 4.2 - UE)
- User and Service Safety (Version 4.3 - US)
- Effectiveness of Service (Version 3.3 - ES)
- Information Governance (Version 4.2 - IG)
- Partnership Working & Integrated Services (Version 3.1 - PW)
- The Workforce (Version 3.4 - TW)
- Business Continuity (Version 3.4 - BC)
- Ethics (Version 3.1 - ET)
- Performance & Contract Management (Version 3.1 - PM)
- Continuous Improvement & Innovation (Version 3.2 - CI)
- TEC Monitoring (Version 4.4 - TM)

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. This report provides a summary of the audit findings, highlighting any areas for improvement, or non-compliance, but will also show any areas of particular "Good Practice" that the auditor may find. The tables in the report show the improvement areas, but where modules are omitted, it can be assumed that the organisation has demonstrated, "Compliance" with the criteria audited in that module.

## Audit Report

### Introduction

Bield Response 24 (BR24) monitor around 18,000 connections, making it the largest ARC in Scotland. The service has grown its business over the last 12 months, utilising a new Pricing Methodology, winning five new contracts, and adding 4,000 connections.

At the time of the audit, BR24 were still using their digital Answerlink platform. However, they were gearing up to switch to the new Scottish shared ARC platform (Sky Response) within a few weeks of the audit.

As well as Monitoring BR24 also deliver other support services such as Out Of Hours Repairs, Fire Alarm Monitoring, a Medical Reminder service, and a Safe Walking GPS monitoring system. It operates from a large self-contained floorspace within Bield Housing, with room for further expansion, and currently has 58 staff.

Over the two days of the audit, the Auditor spoke with The CEO, Director of Customer Experience, Head of BR24 & Assistive Technology Development, the Head of Assets, Commercial and Partnership Officer, Operational Service Co-ordinator, two external partners and Emergency Call Advisors.

The auditor reviewed a suite of documents sent as evidence prior to and post-audit including:

- Bield Complaint Policy
- Operational Risk Register
- Training Matrix
- Safeguarding Adults Policy
- Data Protection Policy
- Information Security Policy
- TAPPI Projects Information
- Recruitment and Selection Policy

## Audit Report

- Employee Handbook
- Bield BCP
- BR24 DR Plan
- Service Downtime Compliance Tracker
- Standard Operating Procedures
- KPIs

The Auditor also listened to a selection of voice calls to check call quality. These were found to be compliant.

## Audit Report

### Summary of Evidence Reviewed/Key Findings

#### Standards and Service Delivery Modules

##### User and Carer Experience (Version 4.2 - UE)

Total Number of Criteria in this Module	8
Number of Criteria Compliant	7
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	1
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

##### User and Service Safety (Version 4.3 - US)

Total Number of Criteria in this Module	13
Number of Criteria Compliant	13
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

##### Effectiveness of Service (Version 3.3 - ES)

Total Number of Criteria in this Module	7
Number of Criteria Compliant	7
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0

# Quality Standards Framework



Quality - Safety - Innovation

## Audit Report

Number of Criteria Inadequate	0
-------------------------------	---

### Information Governance (Version 4.2 - IG)

Total Number of Criteria in this Module	17
Number of Criteria Compliant	17
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

### Partnership Working & Integrated Services (Version 3.1 - PW)

Total Number of Criteria in this Module	8
Number of Criteria Compliant	8
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

### The Workforce (Version 3.4 - TW)

Total Number of Criteria in this Module	15
Number of Criteria Compliant	14
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	1
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

## Audit Report

### Business Continuity (Version 3.4 - BC)

Total Number of Criteria in this Module	12
Number of Criteria Compliant	11
Number of Criteria Improvement Observation	1
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

QSF Reference	BC11
QSF Requirement	<p>Provide evidence and risk mitigation that the end to end system design is documented and reviewed by the Design Authority as a minimum every 6 months, or where there is a change within the system design or from analysis of a system failure or incident.</p> <p>This shall include but not limited to:</p> <ul style="list-style-type: none"> <li>• Avoidance/mitigation of single points of failure</li> <li>• Risk mitigation of single communication components.</li> <li>• A change management process that requires Design Authority risk review and approval for any significant changes</li> </ul>
QSF Rating	Improvement Observation
QSF Feedback	<p><b>The service provided good evidence of the current end-to-end system design, though these are covered over a number of different documents. The Auditor asked if they had completed the Design Authority Planning Document (DAPD) but they had not as yet as they were about to move platforms. This would be a useful document to complete prior to moving to the new Sky Response platform as it would give an overview of the structure and design all in one place.</b></p> <p><b>Complete the DAPD prior to moving to the new Sky Response platform. This would also be a good document to include as a version controlled review of the system following any incident, where applicable.</b></p> <p><b>N.B. The DAPD was completed by day two of the audit but is included here for fullness.</b></p>



## Audit Report

### Ethics (Version 3.1 - ET)

Total Number of Criteria in this Module	11
Number of Criteria Compliant	11
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

### Performance & Contract Management (Version 3.1 - PM)

Total Number of Criteria in this Module	13
Number of Criteria Compliant	12
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	1
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

### Continuous Improvement & Innovation (Version 3.2 - CI)

Total Number of Criteria in this Module	7
Number of Criteria Compliant	7
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	0
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

### TEC Monitoring (Version 4.4 - TM)

## Audit Report

Total Number of Criteria in this Module	30
Number of Criteria Compliant	28
Number of Criteria Improvement Observation	0
Number of Criteria Not applicable	2
Number of Criteria Requires improvement	0
Number of Criteria Inadequate	0

### 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.
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 Report

### Audit summary

The Auditor began the meeting with a discussion around current industry issues, including:

- Recruitment – The service has recruited in significant numbers over the last 12 months, mainly due to growth. To aid this it has changed the advertisement used and produced a recruitment flyer. It has concentrated on using the experiences of current employees ('a day in the life of a call handler') to give prospective candidates a taste of what the role is about before they apply. This has been successful, and it has not had any difficulty in filling any posts. The service currently has 58 staff.
- NHS issues – longer ambulance waiting times have impacted on the service and it has sought advice and support from TEC Quality and the Scottish Digital Office on one particular difficulty (Scottish Ambulance Service not providing updates on callouts, citing GDPR as a reason). At the time of the audit this was ongoing.

And asked for an update on industry good practice that was passed on last year:

- RAG-rating clients – this was suggested as good practice last year so that in the event of an outage, the organisation would know who its most vulnerable clients were. This has been implemented and built into scheme contingency plans (with external partners responsible for RAG-rating their own clients). In addition, the service has introduced a 'good neighbours' category within the new Sky Response system.

The Auditor also passed on important industry information:

- Open Reach has announced a delay to moving vulnerable customers onto the digital network with a new deadline of 31.1.27. TSA are working closely with network providers on next steps and has instigated a series of webinars to keep Members updated and to answer any questions. It is important to engage with these but also to continue to pursue original deadlines for completion of work around Analogue to Digital (A2D) as the old analogue networks are presenting considerable challenges.
- A new directory of information has been published by TSA which lists each call handling platform and the makes of peripherals that have been successfully tested to them (both by manufacturers and customers). This directory will grow over time and be updated periodically. It is available on the TSA website.
- Virgin Media O2 (VMO2) has announced the withdrawal of global inbound roaming services on its 2G/3G networks from 1st October 2025. TSA has issued guidance around the next steps for those with 2G-only devices.
- The newly published Telecare National Action Plan (TNAP) developed by the Department for Health and Social Care (DHSC) and the Department for Science, Innovation and Technology (DSIT) is designed to ensure that telecare users remain safeguarded throughout the transition from analogue to

## Audit Report

digital and can be found at [www.gov.uk/government/publications/telecare-national-action-plan-protecting-telecare-users-throughout-the-digital-phone-switchover](http://www.gov.uk/government/publications/telecare-national-action-plan-protecting-telecare-users-throughout-the-digital-phone-switchover).

- TEC Quality will be introducing new Training packages covering Monitoring, Assessment and Installation, and Response from June 2025. All elements will be mandatory for all staff undertaking any TEC roles as part of the QSF certification process. BR24 has been part of the group developing and testing the e-learning modules

This was followed by a presentation and discussion of the previous 12 months by the Director of Customer Experience and the Head of BR24, including:

- Background – Bield has 4,616 units across 21 Local Authority Areas and over 6,000 tenants. It also delivers around 3,500 care and support hours per week.
- BR24 is now the largest ARC in Scotland with 18,000 connections and 56 external partnerships.
- Five new tenders have been won over the last 12 months, and it is the quality of the service that is being taken into account most in the tenders.
- To complement the work on quality the service has worked hard on its new methodology for pricing.
- Overview of the organisational structure. This had been reviewed and two new roles introduced into the service – the Operational Leader (who manages the day and night shifts); and the Commercial and Partnership Officer (who manages the Business functions and the Admin Team).
- Projects, including:
  - o Bield's TAPPI Experience - this work has led to four strategic areas being embedded in the overall Corporate Strategy and Business Plan (Strategic Asset Management Strategy; Digital Strategy; Co-production Strategy; and the Independent Living Model).
  - o Interoperability & Sustainability
  - o Bield's Digital Hub – equipment showcased at the Digital Hub and the visitors who have experienced it.
  - o A summary of current projects including the Independent Living Offer, Bield's Standard Design Brief, and collaborative working with partners.
- The work done in preparation for the migration to the Shared ARC solution from Sky Response.

During the Audit, the Auditor spoke with other key people about the service, including:

- The CEO

## Audit Report

- o The organisation has revisited its strategy over the last 12 months and developed the Independent Living Offer, which brings all of the different aspects together of how we support someone, not just BR24 in isolation.
- o Have visited 15 developments over the last six months and discussed with tenants how supported they feel – this is a key part of our offer.
- o Have developed a key innovative partner in Sky Response/Chubb. It is important that this is a partnership and not just procuring a new ARC.
- o We think the TEC offer should grow and expand and are already exploring new partnerships and opportunities.
- o There's much more strategic focus about where we want to go as an organisation and the new 5-year business plan coming out soon will be clearer in how this is to be achieved.
- o Have worked with Managers on performance and risk management, with a new Performance Matrix in place and a new Risk Management Framework.
- Head of Assets
  - o Is leading on a pilot project around Healthy Homes, Healthy Tenants.
  - o Using technology in partnership with Archangel (who are also certified to the QSF). The environmental sensors will aid better facilities management e.g. If air quality is registering as low, may not have the correct fans in place; if there's a high moisture reading, can the windows be opened? Are able to get a four-hour warning of a boiler failing so are able to head it off.
  - o There has been an 80% uptake by tenants across three sites so far and they 'love it'.
- Corporate Partner at Inverclyde
  - o There is a partnership of many years standing. This included a short contract with someone else, but they came back to BR24.
  - o BR24 take all the activations from their 2,000 alarms.
  - o The service helped them with their A2D transition – “we couldn't have done it without them.”
  - o There are regular meetings with the contract team; six week catch-ups with the Head of BR24; and 4-week operational reviews.
  - o The service performs very well against its service specification and KPIs – “everything we expect is being delivered.”
  - o When asked to name three of the service's strengths she said, “the call handlers...the management team...their innovative approach.”

## Audit Report

- o And what could be done to improve the service, “the monitoring of our DMP.”
- o Do they deliver services which improve outcomes for Service Users? “Yes – that comes from the really skilled call handling. Some of the reassurance calls have been really important.”
- o They also support the strategic planning for Inverclyde – “we have a common aim and vision that makes it really work.”

The Auditor also reviewed the 10 Commons Standards with Managers.

Survey results demonstrate a high satisfaction rate from customers, and it is evident that regular communication and consultation with corporate customers and tenants is paramount to the way the organisation functions.

Customers are made aware of how to complain (Bield Complaint Policy – V2.0, 25.3.21) and there are procedures in place to deal with any complaints (held on Sharepoint). These are analysed for trends at a departmental and corporate level utilising Power BI.

Managers confirmed there had been 10 complaints over the last 12 months - none of them serious.

The work done on the TAPPI2 project provided good evidence of co-production and that service users are fully involved in decision making at every step of the process.

There is a comprehensive framework for managing risk in place (Board Assurance and Risk Management Policy), including an Operational Risk Register; Business And Health Risk Register; and Strategic Risk Register.

There is a policy and procedure in place to prevent staff from personal benefit when working with customers, service users and carers (Entitlements, Payments and Benefits Policy; Bield Values Framework Guide), as well as good evidence around Adult Protection (Safeguarding Adults Policy and training).

## Audit Report

Discussions with staff verified that they are aware of policies and procedures concerning Health & Safety – both their own and that of customers – and demonstrated familiarity in how to recognise and report incidents and any Safeguarding matters.

Managers confirmed there had been no serious incidents over the last 12 months.

The service has completed its own A2D journey having migrated to a digital platform in 2019 and all of its schemes are now digitally enabled. It has worked with its 56 corporate customers to educate and advise on their digital preparedness and only two are now left to make the switch - these are also being supported by the Scottish Digital Office. BR24 were set to move to a new digital platform following the audit as part of their strategic plans (see above).

Discussions confirmed that policies and procedures are reviewed regularly at a Corporate level and procedures are in place to facilitate this (Policy Development Policy). A recent issue around version control spotted during a review of documentation had been rectified prior to audit and all policies were verified as being available on Sharepoint. TEC standard operating procedures (SOPs) are managed at a service level and there are regular reviews.

The service mainly adopts a reactive approach to service provision, but some additional services are available to support prevention and more pro-active services such as medication reminders and reassurance calls. The parameters for the service have been well defined and communicated with service users and carers as demonstrated in the F.A.Q.s document which tenants receive prior to signing their tenancy agreement.

Evidence demonstrates that a framework for Information Governance is in place (Data Protection Policy – 2022; Information Security Policy - 2024) and that staff are trained to recognise their responsibilities in ensuring that data is accurate; is kept secure; and not to be shared, except where an official agreement is in place. Staff demonstrated their knowledge of Data Security during discussions where they were presented with scenarios to confirm that they followed procedures.

Managers confirmed there had been no data breaches over the previous 12 months and procedures for reporting breaches were confirmed as being in place.

The service uses the Answerlink platform, and the Auditor verified that servers are kept secure. The

## Audit Report

new Sky Response platform was also discussed. Sky Response has four data centres across the UK and Europe and is a secure platform with 24-hour support. The ICT Team have been heavily involved in the procurement and onboarding of the new system and are on the Programme Board where Sky Response give updates on progress every six weeks.

Bield submitted evidence of Cyber Essentials Certification (giving them a grading of 'Compliant' for resilience) and plans are in place to advance to Cyber Essentials Plus certification.

Evidence of strong partnership working was submitted via the DAP, including:

- TAPPI
- ITEC Awards Entry
- Meeting Minutes with Corporate Clients

Evidence demonstrates that there are policies and procedures in place covering safer recruitment, training, and staff performance, including supervision and the appraisal process. This was evidenced through a review of training files and conversations with staff, who also confirmed that they felt supported, and able to raise any concerns that they may have. The support in place to help staff includes Mental Health First Aiders, an Employee Assistance Programme and Support Leaflets.

BR24 demonstrated that staffing levels are continually monitored to make sure they are able to meet people's needs. There is a resource meeting each Friday to plan the next 9 days. Managers look at the Rota, any gaps, any pressures (such as weather etc). The service is currently putting a Resource Request Paper together for more staff for the nightshift as this has been identified as a pressure point that needs to be addressed.

There are written guidelines in place which describe expectations around the professional conduct of staff (Code of Conduct for All Employees) and formal written procedures in place for dealing with staff disciplinary issues (Disciplinary and Dismissal Procedure – in the Staff Handbook). There is currently no lone working in the Monitoring Centre, but part of the Service Plan is to look at more Home Working and lone working should be factored in to this going forward.

The Auditor reviewed the BR24 Disaster Recovery Plan and the Bield Business Continuity Plan prior to audit and discussed events that had happened during the last 12 months and response to them.



## Audit Report

Evidence was provided that demonstrates key members of staff have received awareness training in relation to the Business Continuity Plan and that comprehensive on-call arrangements are in place which ensure that a senior member of staff is available 24/7/365 to deal with any escalation issues or for support and advice.

The Head of BR24 along with the ICT Team have been identified as the Design Authority. And information within the contract with Legrand outlines the key operational parameters, which ensure that the service is fit for the intended purpose.

The Auditor discussed the completion of the Design Authority Planning Document (see observation above) which was done prior to the start of Day Two of the Audit. The information for completion already existed in other documents but the Head of BR24 found it useful to have all the information in one document and will be updating this, and ensuring it is version controlled, going forwards.

Discussions with Managers and staff confirmed that services are person centred; that where an individual has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, has been made in their best interests; and that conflicts of interest are managed in an open and cooperative way (this is laid out in the Charter of Rights for Service Users).

Conversations with the Head of BR24 and the CEO confirmed that a comprehensive Governance Framework is in place (Strategic Performance Framework Measures) which details the service KPIs reported on a monthly basis. Good analysis of KPIs was demonstrated in the KPI spreadsheet, and there are Monthly Management Meetings where the service KPIs and any improvements are discussed. Individual performance is closely monitored and picked up, where necessary, in 121s.

The Auditor discussed improvements and innovations that have been made within the service over the last year including:

- Winning new contracts on the back of a review of the Pricing Methodology.
- TAPPI2
- The Digital Hub

The service has a suite of procedures in place which support the monitoring process which were reviewed as part of the audit process and include:

## Audit Report

- passing calls to the emergency services
- signposting to other services and agencies
- ensuring a service user's welfare when they cannot be contacted.
- checking for deterioration (every 20 minutes) where a call has been passed to a responder.
- ensuring that frequent callers are identified and that there is an escalation process in place.
- authorising access to service user premises and confirming identity.
- where fire service attendance is required, all fire alarm calls are passed to the fire service within the time parameters specified within BS 9518.
- A process to deal with handshake failures.

Discussions with staff demonstrated that they were familiar with the processes; that they were happy with the level of training given; and that they felt supported by managers.

The Auditor discussed two outages with the Head of BR24. The first was an outage in Renfrewshire affecting 10% of the area and BR24 received the voice call but no data. They were still able to deal with the calls using a work around and also co-ordinated with Renfrewshire staff to do outbound calls as a precaution. The next outage was both voice and data but again, Bield were unaffected. This involved random Reach IP Units. Again, the service instigated its planning and any critical service users were contacted as a precaution.

Evidence for annualised and single incident platform downtime on the Downtime Compliance Tracker demonstrate that there were 41 minutes of downtime across the year giving a grading of Outstanding Compliance for the service.

The KPIs for the Monitoring module have been met except for two occasions in November (due to recruitment issues and bad weather which resulted in record breaking call volumes) and January 2025 (again, due to bad weather). Fire calls are evidenced as being closely monitored – sampling takes place, and the procedure is for all calls to be answered within 30 seconds.

The Auditor completed the audit with a round-up for Managers which included:

## Audit Report

- This had been a good audit, and it was interesting to see how the service was developing.
- There had been thorough evidence presented in advance of the audit, which made for more interesting conversations whilst on site.
- Its been good to see the service is not resting on its laurels. It has already completed its A2D migration but is already pushing for the next level via its change of platform.
- The feedback from the partner in Renfrewshire had been very positive. She was complimentary about the Management Team, the call-handlers, and their triaging of calls.
- The CEO was also complimentary, and it is evident from the discussion that there is a clear strategic vision for the service that fits in with the wider organisational plans.
- Haven't found any improvement needs and am confident that the service is being well managed; that risks are being well managed; and that performance is scrutinised. "You are clearly looking to see how you can improve all the time and are not afraid to take risks provided the right checks and balances are in place."

**The Auditor recommends that BR24 is granted continued certification to the Quality Standards Framework.**

The Auditor recommends that Bield Housing and Care is granted certification to the Quality Standards Framework. For surveillance audits, certification can continue.

## Audit Report

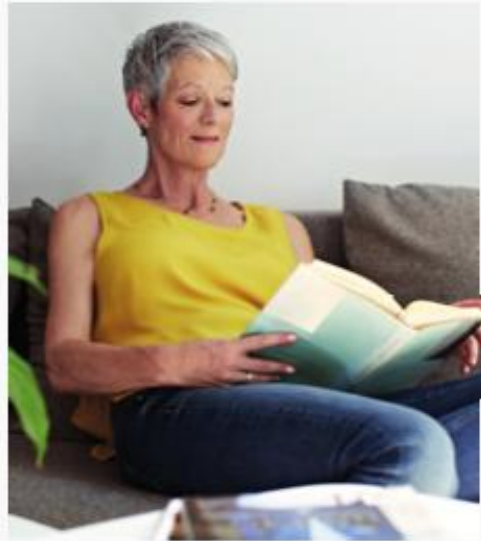
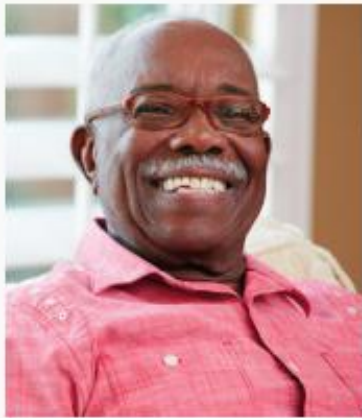
Auditor signature

Sharon Le Corre

Auditor on behalf of



Quality - Safety - Innovation



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](http://www.tecquality.org.uk)

Quality • Safety • Innovation