Agenda No 3

AGENDA MANAGEMENT SHEET

Name of Committee	**Audit and Standards Committee**
Date of Committee	**19th November 2007**
Report Title	**Adult Social Care Case Recording**
Summary	This report updates the Committee on the progress that has been made since the formal audit in many of the self-auditing of case files.
For further information please contact:	Liz Bruce Head of Local Commissioning Tel: 01926 742962 ***lizbruce@warwickshire.gov.uk***
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees	☐	.....
Local Member(s)	☐	Not Applicable
Other Elected Members	☒	Councillor J Bridgeman, Councillor C Vereker
Cabinet Member	☒	Councillor C Hayfield, Councillor A Farnell – for information
Chief Executive	☐	.....
Legal	☒	Alison Hallworth, Adult and Community Team Leader
Finance	☒	Philip Lumley-Holmes, Financial Services Manager
Other Chief Officers	☐	.....
District Councils	☐	.....
Health Authority	☐	.....
Police	☐	.....

Warwickshire County Council

Other Bodies/Individuals	☒	Garry Rollason, Audit and Risk Manager Jane Pollard, Overview and Scrutiny Manager

FINAL DECISION YES

SUGGESTED NEXT STEPS: Details to be specified

Further consideration by this Committee	☒	Further updates if agreed – April and October 2008
To Council	☐	.....
To Cabinet	☐	.....
To an O & S Committee	☐	.....
To an Area Committee	☐	.....
Further Consultation	☐	.....

Agenda No 3

Audit and Standards Committee – 19th November 2007

Adult Social Care Case Recording

Report of the Strategic Director of Adult, Health and Community Services

Recommendation
That the Audit and Standards Committee considers and comments on the progress that has been made in establishing an improved methodology for evidencing quantitative and qualitative data in case file audits, and agrees to receive further updates at its meetings in April and October 2008.

1. Introduction

1.1 The Audit and Standards Committee considered a report at its meeting of 21 February 2007 from the Strategic Director of Adult, Health and Community Services, which presented the arrangements in place within Local Commissioning (formerly known as Adult Social Care) to monitor and improve standards of case file recording.

1.2 The Audit and Standards Committee requested that regular reports were submitted on case file recording and case file audits and on their continuous improvements.

1.3 Following a management restructure the Local Commissioning division is now established within Adult, Health and Community Services. Case recording is a core part of the provision of assessment and care management services and as such is the ultimate responsibility of the Head of Local Commissioning.

2. Case File – Statement of Minimum Requirements

2.1 Local Commissioning continue to use the guidance "minimum requirements of case file recording and the keeping of case files" published in February 2004. The guidance is available on the department's guidance and procedures on the intranet and is held by all social work teams and is included in every new member of staff's induction pack.

3. Case File Auditing within Local Commissioning

3.1 Adult Social Care Services have now completed a management restructure and the Senior Management Team for the newly titled Local Commissioning is now established.

The new Head of Local Commissioning post holder commenced at the beginning of October 2007. The restructure has ensured the shape of the Directorate is fit for taking forward the key national drivers the White Paper "Our Health, Our Care, Our Say" and the Green Paper "Independence, Well Being and Choice".

However it should be noted that the restructure brought an inevitable delay in some service developments and improvements. Providing an update to the Audit and Standards Committee on improvements to case file recording and case file auditing was interrupted by the restructure.

3.2 Periodic case file audits are undertaken within Local Commissioning and reported on within Adult Social Care services. The aim is to assist managers and staff in improving case recording, recognising progress and identifying areas for further improvement.

3.3 A case file audits report went to the Social Care Performance Improvement Board in July 2007 and via case file audits demonstrated continuous improvement in timeliness of assessment and service delivery over a range of selected dates. The latter is linked to the formal performance assessment indicators. In addition file audit outcomes also demonstrated real improvement over time in standards which reflect a person centred approach to assessment and care planning. These include categories such as: record of user's feelings and preferences; a story that flows; carers assessment offered. The main report which shows details of the improvement in outcomes is contained at **Appendix A1** along with the action plan from the Internal Audit which was undertaken in May 2007 at **Appendix A2**.

4. The Proposed Way Forward for Case File Auditing

4.1 The report to the Social Care Performance Improvement Board proposed that a revised process be developed to address the issues raised in the internal audit report. This has now been completed following a review of procedures for the auditing of Adult Social Care Case Records. The new proposals will be reported back to the Board in December 2007. The process seeks to address auditing both quantitative and qualitative data. It also seeks to respond to the view of joint inspection of Older People Services that we need to "ensure that assessments and Care Plans focus on improving outcomes for Older People".

The proposed procedure for auditing quantitative data is attached as an Appendix to this report.

The procedure includes purpose, frequency and standards and a standard checklist for closure or transfer of a case.

A quality assurance panel is being recommended as a method by which we can collect qualitative live data. A set of procedures which outlines the panels Terms of Reference and membership, purpose and frequency of meetings, reporting procedures is attached as an appendix to this report.

4.2 As the national and local agenda for modernising Adult Social Care Services develops it will impact on how we gather and record information. Some of the new ways of working will include the potential integration with health colleagues of some service areas. This will include a need to join up and share recording and information across agencies, the introduction of mobile working and electronic social care records will also impact on future requirements.

5. Recommendations and Conclusions

5.1 The Committee is asked to consider and comment on:

1. The proposed new process for case file auditing of quantitative and qualitative data which is to be recommended to the Social Care Performance Improvement Board for implementation across Local Commissioning and reviewed at six months stage (end of March 2008).
2. That, subject to the Board's approval, the process of quarterly case file auditing to these standards will be the methodology for continuing to improve case file recording and ultimately provide better outcomes to people who use services.

5.2 The Committee is asked to agree that further updates of this area of work be brought back for consideration at meetings in April 2008 and October 2008.

GRAEME BETTS
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick

October 2007

Adult, Health & Community Services

SOCIAL CARE PERFORMANCE IMPROVEMENT BOARD

Making it Real – Making it Happen

Making a Difference - Knowing we Have

19th July 2007

Case File Audits

Report of the OPPD Service Manager

Purpose of Report: Is to consider the main messages from Case File Audits and the recent adult case file audit report, the main improvement messages and actions to deliver them.

Recommendation to the Board: That the Board support the "suspension" of case file audits until the new audit process including the introduction of a moderating panel is developed and implemented in November 2007.

1. Background to the Issue:

1.1 The current case file audit process was introduced in February 2004. Since then a range of Managers across Adult Social Care have completed a random sample of cases every quarter. The Adult Commissioning Unit receive the completed audit tool and provide the analysis.

1.2 In May of this year Dennis Ovard Senior Auditor, Internal Audit and Risk Management completed an audit within Adult Social Care. The objective of the audit was to "ascertain, document, evaluate, and provide an opinion on the effectiveness of the arrangements within Adult Services for the self auditing of case files."

2. Performance Report:

2.1. Appendix one illustrated the findings from the last case file audit completed in April 2007.

2.2 Across all standards audited there have been continual improvement since audits began in February 2004 to the April 2007 audit. Below is an example of improvement in the timeliness standards

Table 1: File Audit Outcomes: Selected dates 2004, 2005, 2006 and 2007

Assessment & Delivery	August 2004 %	May 2005 %	September 2006 %	April 2007 %
Commenced in 2 days	45	77	71	89
Completed in 28 days	35	70	87	86
Service start in 28 days	30	74	77	86

2.3. This reflects the management emphasis and the improvement in the PAF indicators D55 and D56 both of which saw band improvement in 2006/07.

Table 2: File Audit Outcomes: Selected dates 2004, 2005, 2006 and 2007

Table 2 illustrates the real improvement overtime of standards which reflect a person centred approach to assessment and care planning.

Person Centred	August 2004 %	May 2005 %	September 2006 %	April 2007 %
Record of views, feelings & preferences	29	83	87	94
A story that flows	66	86	92	95
Assessment Signed	30	74	77	86
All Needs in care Plan	62	89	98	97
Carer's Assessment Offered	52	83	80	93

2.4 Appendix 2 is the full internal audit report and action plan

2.5 There were no recommendations in the “fundamental issues” category.

2.6 There was one recommendation in the “significant issues” category and the agreed action has been taken.

2.7 In terms of the “merits attention” category a number of recommendations have arisen as a result of the restructure of Adult Social Care and the changing roles of some managers. The internal audit has identified weaknesses that I believe would be best addressed through a complete review of the current audit process. The plan is for the quantative and the qualitative element of case file to be separated and measured differently.

2.8 There will still be quarterly reports which will ensure that quantative aspects that can be evidenced via CareFirst are adhered to e.g. do the records identify ethnicity, have the ministerial targets been met, is there an activity to show that an assessment and care plan have been given (core standards).

2.9 In addition a moderating panel is to be developed. The panel will consider the qualitative elements of the case file e.g. has the service user and carers views and feelings been included in the assessment, is the assessment written as a story that flows, has the assessment been signed. The panel will also enable peer reviews to take place, and will be able to monitor how outcome focused assessments and care planning is progressing.

3 Resource, Legal & Diversity Implications:
None

4. Benchmarking and Consultees in Preparing Report:
None

5 Background Papers & Previous Reports
Case File Audit Analysis April 2007 (Appendix 1) and Adult Case File Audit Report May 2007 (Appendix 2)

Report Author & Job Title	Donna Rutter, Older People and Physical Disabilities Service Manager
Contact Details	Tel: 01926 731183
Date	9th July 2007

TO BE COMPLETED BY PERFORMANCE IMPROVEMENT BOARD:

Decision Type	Performance Status	Continued Improvement	Timeframe Report Back
Sign off & closure **[Green]**	Improvement delivered to plan.	Good prospects	
Exception Reports **[Green]**	Improvement delivered or is expected to be by due date.	Some prospects	
Further report & scheduled monitoring **[Amber]**	Some further action, evidence or support needed to assure delivery of improvement.	Uncertain prospects	
Improvement Notice – enhanced monitoring & early report back. **[Red]**	Improvement not likely to be delivered without urgent review, action and/or support.	Uncertain or Poor prospects	

Board Action Requirements/Feedback:

Administrative Action:

Decision Notified to: Date:

Next Report Date:

ACTION PLAN

Key to Categorisation of Recommendations

Fundamental	Significant	Merits Attention
Action that is considered imperative to ensure that the County Council is not exposed to high risks. Major adverse impact on achievement of Authority's objectives if not adequately addressed.	Action that is considered necessary to avoid exposing the County Council to significant risks.	Action that is considered desirable and should result in enhanced control or better value for money. Minimal adverse impact on achievement of the Authority's objectives if not adequately addressed.

1. Fundamental Issues

Ref	Recommendation	Agreed Action	Responsible Officer	Implementation Date
	There are no recommendations in this category.			

2. Significant Issues

Ref	Recommendation	Agreed Action	Responsible Officer	Implementation Date
6.2	Clarify the minimum requirements as to whether or not signed assessments and signed care plans should be retained on file.	Issue a note to staff clearly identifying what should be on the Case File.	Donna Rutter, Service Manager OPCCS North.	30.06.2007

3. Merits Attention

Ref	Recommendation	Agreed Action	Responsible Officer	Implementation Date
7.2 & 7.3	To achieve the required target of case files to be audited: • Managers should be reminded to complete audits allocated timely; and • Introduce a mechanism for outstanding case file audit forms to be chased. To allow for this and to produce accurate statistics, ACU should be supplied with a list of case files that are going to be audited each quarter, so that they can ensure that when case file audit forms are returned, they are used to produce statistics for the correct period.	• Guidance issued to managers on the procedure for completing case file audits to be amended to reflect the new Departmental structure. • The revised guidance to be re-issued to the managers currently required to complete case file audits. • A process for chasing "outstanding audit tools" to be introduced. • ACU to be issued with a list of case files that are going to be audited each quarter.	Donna Rutter, Service Manager OPCCS North. Donna Rutter, Service Manager OPCCS North. Donna Rutter, Service Manager OPCCS North. Donna Rutter, Service Manager OPCCS North.	31.07.2007 31.07.2007 31.07.2007 31.07.2007

Ref	Recommendation	Agreed Action	Responsible Officer	Implementation Date
8.1, 8.2 & 8.3	To improve consistency: • Remind auditors and supervisors as to which forms they should return to ACU at each stage of the audit and review process; • Redesign the audit summary form; • Retain copies of all case file audit documentation on the paper case files; and • Consider introducing peer reviews to focus on key areas of weaknesses identified.	• The guidance for managers on the completion of audits to be re-issued to appropriate managers. • This audit has highlighted some fundamental issues which have led to the decision to review the whole case file audit process. The new process will include peer reviews.	Donna Rutter, Service Manager OPCCS North. Donna Rutter, Service Manager OPCCS North.	31.07.2007 30.11.2007

Ref	Recommendation	Agreed Action	Responsible Officer	Implementation Date
9.1 & 9.2	Follow up arrangements need to be improved by: • Supervisors ensuring that copies of all completed Part 2 summary forms are returned to ACU and to the auditors concerned; • ACU should comply with the formal procedure and analyse the Part 2 returns to highlight and report on any patterns / trends identified; and • Auditors should follow up cases for which they have not had the Part 2 summary form returned to them, to ensure that the non-compliances found have been discussed and rectified at supervision sessions.	• Ensure follow up arrangements are explicit in the guidance. • Remind managers of the guidance for completing audits and the follow up arrangements.	Donna Rutter, Service Manager OPCCS North. Donna Rutter, Service Manager OPCCS North.	31.07.2007 31.07.2007

Appendix C

The Procedure for auditing Quantitative data within Adult Case Records

Purpose – This procedure is necessary to ensure that the expected standard of case recording is met. They are intended for older people and physical disabilities service, older people mental health, learning disability services and hospital teams.

Frequency of audit - The audit should be completed four times a year.

Who should complete the audit :
Head of adults five per quarter,
Service Managers five per quarter,
Locality Resources manager five per quarter,
Performance Manager ten per quarter,
Service Delivery Manager five per quarter,
Team Managers ten per quarter (five OPPD, one LD, two Hospitals, one Deaf Team, one PHILLIS, and one Reviewing Team).
There should be a total of 152 cases audited per quarter resulting in 528 audited annually (approximately 12% of completed assessments).

Which cases are to be audited - Information Strategy will provide the sample of cases to be audited based on the following parameters:

- One case randomly selected per practioner within OPPD, Learning Disabilities, Hospitals, Older People Mental Health and Deaf Team.
- Cases that have been closed or moved to monitor within the last two months.

Process

1) At the beginning of the audit month each Manager will receive a sample to be audited. If for whatever reason an auditor finds that one or more of their sample has been audited before, files can't be located etc they must contact the person who sent out the sample and request a replacement. This is to ensure that we adhere to a maximum amount of cases to be audited per quarter. Management information is provided on a quarterly basis to indicate how many cases each Manager has audited.

2) Strategic Commissioning and Performance Management will be supplied with a list of case files which are going to be audited each quarter. This is so that they can ensure that when case file audit forms are returned they are used to produce statistics for the correct period.

3) One week before the deadline for returns Managers will be reminded of the deadline. If a Manager has genuine difficulties in prioritising the auditing of their allocation agreement must be sought

from their Service Manager who in turn must set a new date and advise Strategic Commissioning and Performance Management accordingly.

4) Each case should be audited using the newly revised audit tool – Version Nov 07 (Appendix 1a).

5) The completed audit tool should be copied with one copy being sent to Strategic Commissioning and Performance Management and the other left on the case file. SC and PM will compile a report having analysed the returns outlining performance against each standard and identifying any trends

6) The auditor completes part one (Appendix 1b) of the audit summary form and sends it to the Team Manager who in turn raises the non compliance with the appropriate Team leader /Lead Practioner for discussion during their next supervision with the practioner in question. If an auditor is not confident about whether there is real non-compliance they should indicate this either in writing on the summary form or by having a discussion with the supervisor to eliminate any misunderstandings or false accusations.

7) Part two of the audit summary form (Appendix 1c) is to be completed by the supervisor. The expectation will be that any non compliance will be rectified immediately following the supervision. Two copies of the audit summary form part two should be taken, one should be sent back to the auditor so that they can be assured that their comments have been acted upon. The second copy should be sent to the information team within SC and PM. Twice a year they will analyse the returns and provide a brief report highlighting and patterns/ trends.

8) At the start of the next quarterly audits auditors should ensure that they have received all the part two's from their previous quarterly audits. In order to complete the process they must contact the relevant TM to raise any non compliance with the process.

9) In an attempt to move towards one file per service user if more than one file is presented to an auditor on completion of the audit the files should be returned to the Team Administrator with a request for them to merge the files into one. The files should be structured in the following way:-

- front sheet stapled to front cover
- closure/transfer summary
- assessment
- care plan
- reviews
- IPA's
- Correspondence

in chronological order

- restricted information

10) The closure transfer checklist (Appendix 1d) gives the practitioner an opportunity to ensure for themselves that the case recording meets the standard prior to them closing a case file; this should be used in all teams.

11) Appendix 1e demonstrates the process in a flow chart.

Case File Audit Quantitative Audit Tool **Appendix C1**

Name of Auditor:……Date of Audit:…….

File No: ……..OPPD/LD/Hosp/OPMH…….

QUALITY STANDARDS	Where is the evidence found	
1. Do records identify ethnicity?	C	
2. Have the Ministerial targets been met a) Assessment started within 2 days of contact b) Assessment completed within 28 days of contact c) All services provided within 28 days of completion	 C C C	
3. Is there an 'activity' to show that an assessment & care plan have been given (i.e. core standards)?	C	
4. Is there an 'activity' to show that a carer's assessment has been offered?	C	
5. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)	C	
6. Has a review 'activity' been set?	C	
7. Are there any issues or concerns that would suggest abuse or neglect? If No proceed to No. 8. If Yes, has the CareFirst POVA event been opened? Has the POVA specific client classification (all eight elements) been fully recorded?	C C	
8. Is the structure of the file in accordance with the guidance (Minimum requirements of case recording and the keeping of case files)? • A front sheet containing personal details • A care plan if one has been required • Assessments, letters and any other written correspondence from the service user, carer or any other agency • Closing / transfer summary	 F F F F	

Did the file meet audit standards? YES NO

Version Nov 07

Audit Summary (Part 1) **Appendix C2**

To be completed by auditor and sent to Team Manager

Auditor's name:…….. Date of audit:……

Practitioners name:……. Case file Number:……..

Did the file meet the audit standard (i.e. no non compliance) Yes / No

List below areas of non compliance:

Audit Summary (Part 2) **Appendix C3**

To be completed by supervisor in duplicate – 1 copy to original auditor 2nd copy to SC & PM

Case File Number: ……

Date non compliance discussed: ……..

Date of follow up of non compliance
(no later than date of next supervision) ……

Does the file meet the standard?
If no please indicate reasons why Yes /No

Practitioner's signature: …… Date:……

Supervisor's signature: …… Date:……

CLOSURE/TRANSFER CHECKLIST AppendixC4

To Be Completed By Social Workers/OT's/Reviewing Staff/Community Care Staff/OTA's Prior to Closing/Transferring

CASE NAME ..... CAREFIRST ID.....

All activities completed on Carefirst	YES/NO
Personal Details Screen front sheet checked and completed	YES/NO
Ethnicity/Client Group Recorded on Personal Details Screen? ("Not seen" is unacceptable for Ethnicity)	YES/NO
Date of Birth completed	YES/NO
Team Details completed	YES/NO
Client Role entered appropriately (every individual receiving a service should have a role of "client")	YES/NO
Known personal relationship/main carers detail on screen	YES/NO
Known professional relationships details (inc. GP) on screen	YES/NO
Next of Kin identified on Carefirst	YES/NO
Are all observations entered?	YES/NO
Is the Assessment/Care Plan signed?	YES/NO
Has a review activity been set?	YES/NO
Core standards - give statement/care plan) Offer carers assessment) Invoke Assessment complete) Procedures Services fully provisioned)	YES/NO
Are all letters, contracts financial forms pertinent to case completed and on case file?	YES/NO
Comprehensive Service Package Closed/Amended if/as needed	YES/NO
Any other worker/service involved - Who?	YES/NO
All other workers/agencies informed via Carefirst, so that can be furthered on by Admin	YES/NO

Recommended ..... Closure/Further Event Priority .....

NOTES:

Name of Practitioner ..... Date .....

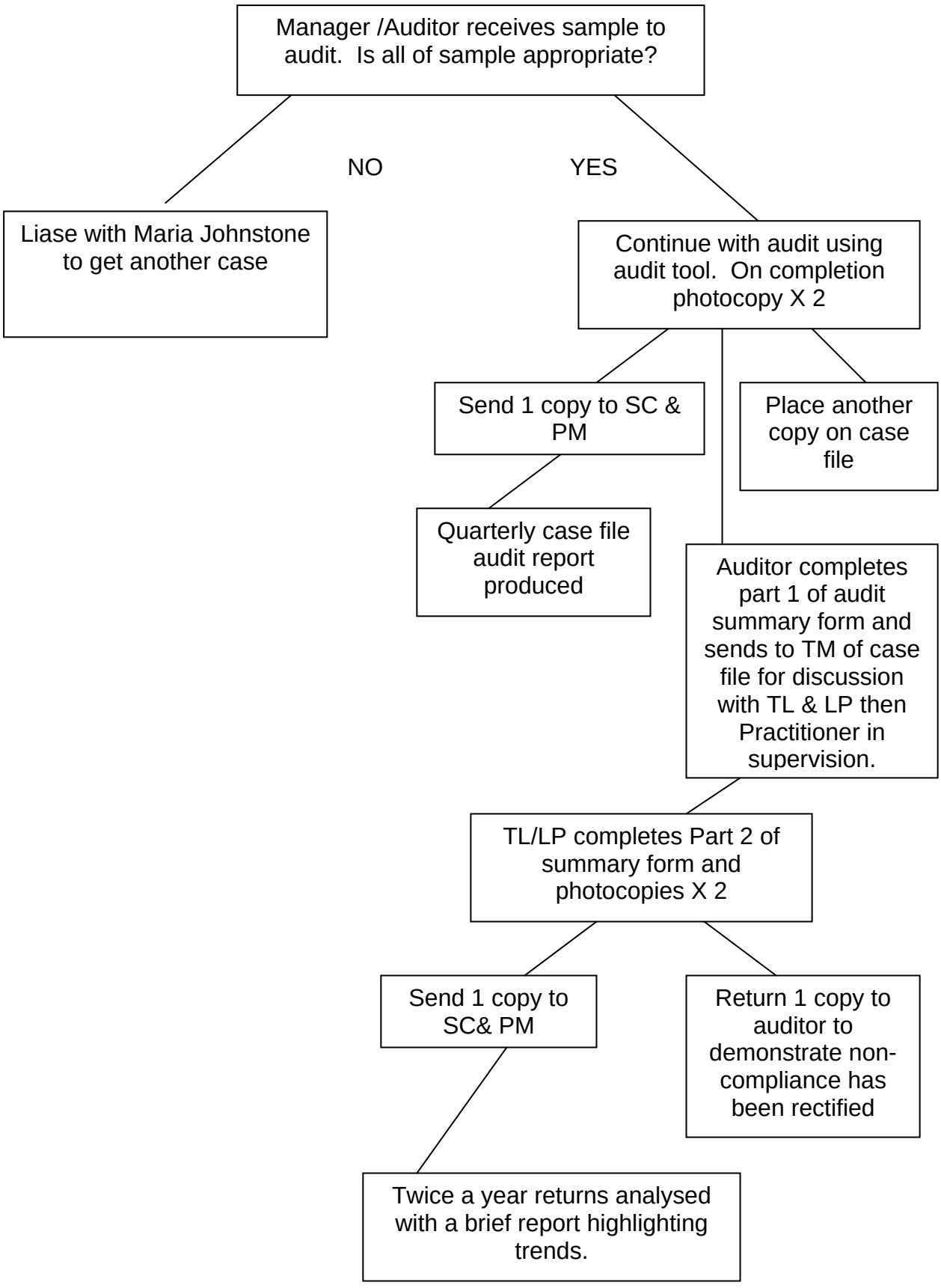
Authorised by Senior ..... Date .....

For Completion by Admin

Allocation Sheet: Closed to Worker Closed to Unit/Team (Deceased)	YES/NO
Further (other worker/unit) if applicable	YES/NO
File Details Box	YES/NO

Signed by Admin ..... Date ..... YES/NO

Case File Quantitative Audit Flow Chart **Appendix C5**



Appendix D

Procedures for the auditing of Qualitative data within Adult Case Records

The Quality Assurance Panel

Terms of Reference

Purpose – As part of ensuring quality the newly established Quality Assurance Panels will be introduced to review case files within Adult Social Care. The Panel will oversee assessments, care plans and reviews and evaluate the extent to which they are;

- outcome focused
- evidence partnership working with service users and carers
- promote choice, independence and empowerment
- includes a risk assessment
- identifies what the impact of the intervention has been

Membership –
Chair SM OPPD
TM or Lead Practitioner OPPD
TM or Lead Practitioner Specialist Service
TM or Lead Practitioner Learning Disabilities or Services for the Deaf
2 X experienced practitioners
2 X Service User
A representative of a non social work background (e.g. Health or Housing)

Role of Chair
The role of the Chair will be:-

- to ensure that participants receive the relevant papers two weeks in advance of the meeting
- to chair the meeting in such a way that everyone has the opportunity to feed back on all cases
- to record themes that have emerged and ensure where necessary changes are integrated into practice
- to undertake where issues are identified that they are addressed outside of the Panel
- to report back to the Panel the outcome of any actions agreed as necessary at the Panel

Frequency of Meetings
The Quality Assurance Panel will meet 4 times a years. To be quorate there needs to be a minimum of 1 SM Chair, 1 TM/LP, 1 Practitioner, 1 Service User and 1 non-social care representative. It is therefore crucial for individuals to be committed to the Panel and to be prepared to send a representative if they cannot attend.

Length of meetings
The meetings will take place on a Wednesday commencing at 1 pm and ending at 5 pm and to include lunch.

Process
Members of the Panel will receive the relevant papers and the audit tool (Appendix 2a) two weeks in advance of the Panel meeting. Each Panel member will be expected to audit 2 cases and complete the tool. At the Panel all 20 cases will be discussed.

Administration
Information strategy will provide assessments completed within the last three months from OPPD, OPMH, Learning Disabilities, Reviewing, PHILLIS and Services for the Deaf to be audited. The most recent assessment and care plan will be sent to Panel members. The Panel meetings will be minuted.

Confidentiality
All participants will need to sign a confidentiality agreement (further advice to follow from Penny Hill).

Reporting
Quarterly reports will be presented to LCMT together with the outcomes of the quantitative audit.

Review
The terms of reference to be reviewed in 12 months time.

Case File Audit Qualitative Audit Tool **Appendix D1**

Name of Auditor:……Date of Audit:…….

File No: ……..OPPD/LD/Hosp/OPMH…….

QUALITY STANDARDS	
1. Have the self perceived needs been completed at the start of the assessment?	
2. Do the self perceived needs include what the service user wants to achieve and/or change in their life?	
3. Is the printed assessment written as a story that flows?	
4. Does the assessment indicate that consideration has been given to the individual's • Religious /spiritual needs • Cultural needs	
5. Have issues of risk been addressed?	
6. Is there evidence to show that the carer's views, preferences & feelings have been considered?	
7. Does the summary at the end link the individual's outcomes, the practitioner's analysis and the proposed actions?	
8. Have all eligible needs been used as the basis for the care plan?	
9. Do you think that the service user's views, preferences and feelings have been central to the assessment and care plan?	

Did the file meet audit standards? YES NO

Version Nov 07