Agenda No 5

AGENDA MANAGEMENT SHEET

Name of Committee	**Audit and Standards Committee**
Date of Committee	**16th June 2008**
Report Title	**Adult Social Care Case Recording**
Summary	This report updates the committee on the progress made within adult social care in the area of case recording.
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 F McCarney, Councillor R Dodd, Councillor Mrs J Compton, Councillor M Singh
Cabinet Member	☒	Councillor C Hayfield
Chief Executive	☐	.....
Legal	☒	Alison Hallworth, Adult and Community Team Leader
Finance	☒	Chris Norton, Strategic Finance Manager
Other Chief Officers	☐	.....
District Councils	☐	.....
Health Authority	☐	.....
Police	☐	.....

Other Bodies/Individuals ☐ .....

FINAL DECISION YES/NO

SUGGESTED NEXT STEPS: Details to be specified

Further consideration by this Committee ☐ .....

To Council ☐ .....

To Cabinet ☐ .....

To an O & S Committee ☐ .....

To an Area Committee ☐ .....

Further Consultation ☐ .....

Agenda No 5

Audit and Standards Committee – 16 June 2008

Adult Social Care Case Recording

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

Recommendation

The Committee is asked to:

1. Consider and comment on the implementation in February 2008 of the revised audit process to monitor qualitative and quantitative performance in case recording.
2. Consider that remedial action has been taken where following the audit compliance has not been achieved.

1. Introduction

1.1 Since February 2004 there has been an audit process within adult social care that is completed every quarter. In October 2007 following a review of the audit process new procedures were presented to the Local Commissioning Management Team. Following a number of workshops and training the new process formally commenced in February 2008. The new process separates out the auditing of quantitative data via Care First and qualitative data via a Quality Assurance Panel

2. Performance Report – Quantitative Audit

2.1 Appendix 1 illustrates the findings from the quantitative audit that took place in February 2008. 124 cases were audited by Managers throughout LCMT.

2.2 A target of 90% was set for each standard within the quantitative audit

A number of the standards have exceeded or narrowly missed the target as follows:-

- Do records identify ethnicity 96%
- Is there a front sheet containing personal details held on the file 94%
- Is there an activity to show that an assessment and care plan has been given i.e. core standards 87%
- Is the assessment explicitly based on the Departments eligibility criteria 83%

One result in particular appears poor (below 60%) and that is “has a review

activity been set".

2.3 These results were shared with Managers in April with a requirement to cascade to their teams highlighting the areas where good progress is being made and discussing those areas e.g. review activities where we must do better.

3. Outcomes of the Quality Assurance Panel

3.1 As this was the first meeting of the Quality Assurance Panel it was very much operated as a "dummy run". In future any good practice that is highlighted will be circulated to Lead Practitioner's for sharing within Teams and any specific concern will be referred back to the relevant Team Manager.

3.2 The panel audited twenty cases out of a possible twenty two (one member of the panel was unable to attend the meeting and did not complete forms). In terms of question one 'have the self perceived needs been completed at the start of the assessment', it was strongly felt that the printed assessment that had been received by Panel members was not the assessment layout that Practitioners had intended for the file. To counter this difficulty in the future Team Managers will be requested to supply the copy of the assessment, care plan and review from the file when requested.

3.3 The role of the Quality Assurance Panel is to oversee assessment, care plans and reviews, and evaluate the extent to which they are outcome focussed; evidence partnership working with service users and carers; promote choice and independence and empowerment; includes a risk assessment; identify what the impact of the intervention has been.

In terms of being outcome focussed as already mentioned we do not feel that the panel had the right information to make this judgement. This will be monitored at future panel meetings. With respect to evidence in partnership working with service users and carers the question "do you think that the service users views preferences and feelings have been central to the assessment and care plan" of the cases audited 75% felt this was fully or partially met. In terms of issues of risk in 85% of the cases audited this was fully or partially met.

It was disappointing to see that in terms of individuals' religious / spiritual and cultural needs this was not recorded at all in 70% of the cases audited.

3.4 These results were shared with Managers in April with a requirement to cascade to their teams highlighting the areas where good progress is being made and discussing those areas e.g. the recording of religion/cultural needs where we must do better.

4. Internal Audit Report

4.1 Periodically the Internal Audit Team review case files held by Adult Services as part of their plan. Appendix 3 gives the detail of the most recent Internal Audit report with its recommendations. Five Adult Teams were audited South

Disability, Services to Deaf People, North Disability, St Cross Hospital and Warwick Hospital. These teams were specifically identified by the head of Local Commissioning. It should be noted that the audit was completed using the old self-auditing tool (December 2005 version). A sample testing of 50 service users was undertaken. By way of summary the report concludes that;

> *"In the auditors opinion only fourteen service user files examined were totally compliant both in Care First and paper files, although twenty one of the fifty paper files examined were satisfactory. The report further concludes that although progress has been made since the last review in 2005 common errors still occur i.e. activity records were missing from Care First to identify whether carers assessment had been offered and not all paper files contained a copy of the service users current assessment and care plan".*

Following the audit an Action Plan has been agreed (Appendix 2) and is currently being implemented.

5. Recommendations and Conclusion

5.1 The Committee is asked to:

1. Consider and comment on the implementation in February 2008 of the revised audit process to monitor qualitative and quantitative performance in case recording.
2. Consider that remedial action has been taken where following the audit compliance has not been achieved.

GRAEME BETTS
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick

May 2008

Appendix A

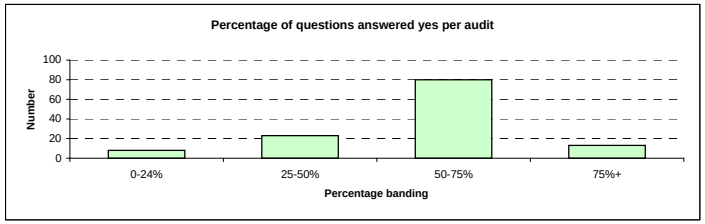
Key

Y = Yes
N = No
NA = Not applicable
NS = Not stated

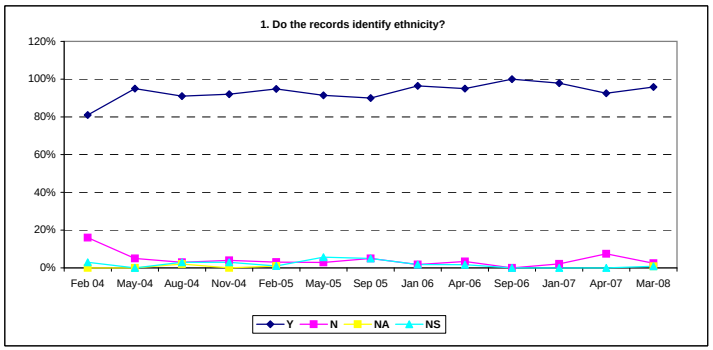
Number of audits returned: 124

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	8
25-50%	23
50-75%	80
75%+	13

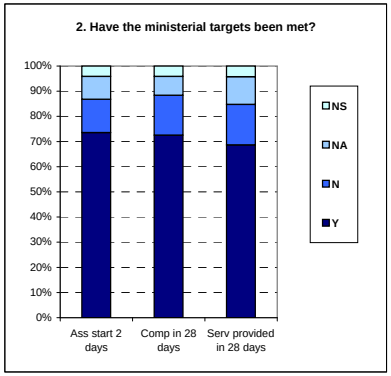


	1. Do the records identify ethnicity?			
	Y	N	NA	NS
Feb 04	81%	16%	0%	3%
May-04	95%	5%	0%	0%
Aug-04	91%	3%	2%	3%
Nov-04	92%	4%	0%	3%
Feb-05	95%	3%	1%	1%
May-05	91%	3%		6%
Sep 05	90%	5%		5%
Jan 06	96%	2%		2%
Apr-06	95%	3%		2%
Sep-06	100%	0%		0%
Jan-07	98%	2%		0%
Apr-07	93%	8%		0%
Mar-08	96%	2%	1%	1%



	2. Have the ministerial targets been met?			
	Y	N	NA	NS
Ass start 2 days	89	16	11	5
Comp in 28 days	87	19	9	5
Serv provided in 28 days	81	19	13	5

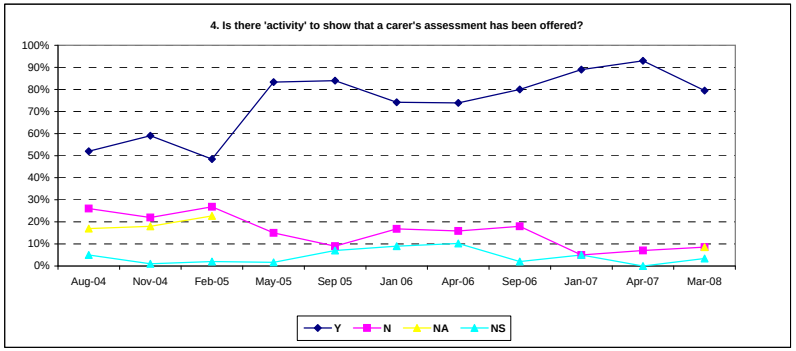
Y %	Aug-04	Nov-04	Feb-05	May-05	Sep-05	Jan-06	Apr-06	Sep-06	Jan-07	Apr-07	Mar-08
Ass start 2 days	45%	58%	65%	77%	81%	77%	76%	71%	88%	88%	74%
Comp in 28 days	35%	50%	65%	70%	76%	73%	83%	87%	83%	86%	73%
Serv provided in 28 days	30%	47%	65%	74%	71%	76%	76%	77%	86%	85%	69%



	3. Is there an 'activity' to show consent has been discussed?			
	Y	N	NA	NS
Mar-08	85%	9%	5%	1%

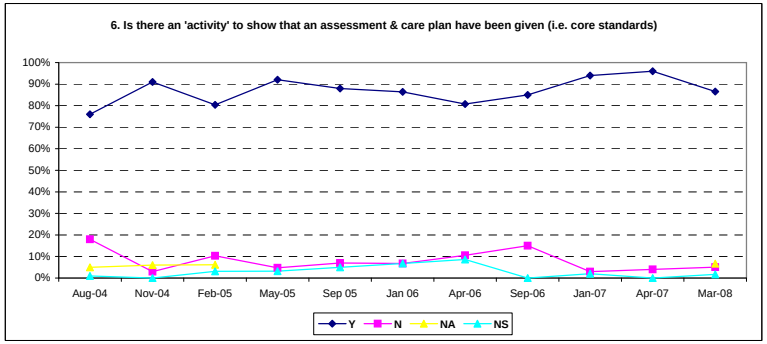
	Y	N	NA	NS
Aug-04	52%	26%	17%	5%
Nov-04	59%	22%	18%	1%
Feb-05	48%	27%	23%	2%
May-05	83%	15%		2%
Sep 05	84%	9%		7%
Jan 06	74%	17%		9%
Apr-06	74%	16%		10%
Sep-06	80%	18%		2%
Jan-07	89%	5%		5%
Apr-07	93%	7%		0%
Mar-08	79%	9%	9%	3%

	Y	N	NA	NS
Mar-08	26%	3%	1%	69%

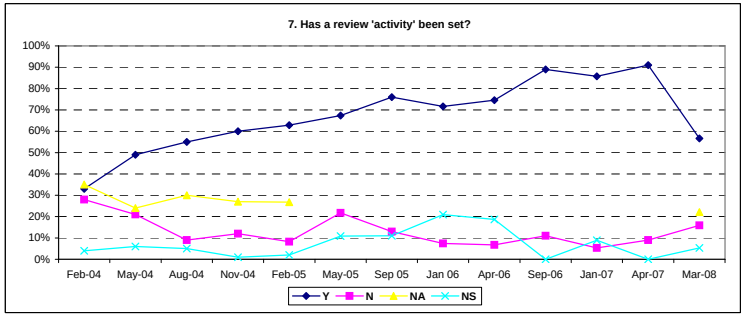


	Y	N	NA	NS
Mar-08	76%	9%	14%	2%

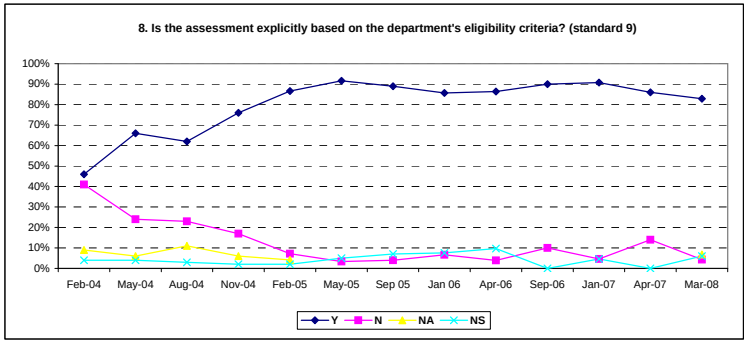
	Y	N	NA	NS
Aug-04	76%	18%	5%	1%
Nov-04	91%	3%	6%	0%
Feb-05	80%	10%	6%	3%
May-05	92%	5%		3%
Sep 05	88%	7%		5%
Jan 06	86%	7%		7%
Apr-06	81%	11%		9%
Sep-06	85%	15%		0%
Jan-07	94%	3%		2%
Apr-07	96%	4%		0%
Mar-08	87%	5%	7%	2%



	Y	N	NA	NS
Feb-04	33%	28%	35%	4%
May-04	49%	21%	24%	6%
Aug-04	55%	9%	30%	5%
Nov-04	60%	12%	27%	1%
Feb-05	63%	8%	27%	2%
May-05	67%	22%		11%
Sep 05	76%	13%		11%
Jan 06	72%	7%		21%
Apr-06	75%	7%		19%
Sep-06	89%	11%		0%
Jan-07	86%	5%		9%
Apr-07	91%	9%		0%
Mar-08	57%	16%	22%	5%



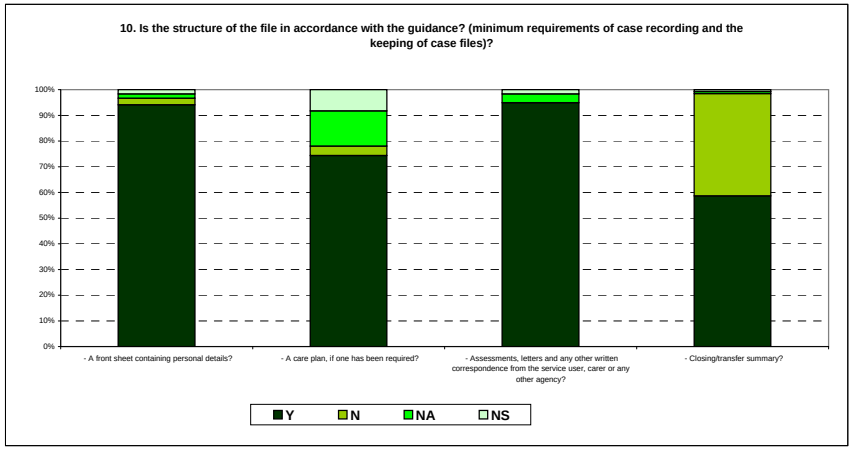
	8. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)			
	Y	N	NA	NS
Feb-04	46%	41%	9%	4%
May-04	66%	24%	6%	4%
Aug-04	62%	23%	11%	3%
Nov-04	76%	17%	6%	2%
Feb-05	87%	7%	4%	2%
May-05	92%	3%		5%
Sep 05	89%	4%		7%
Jan 06	86%	7%		8%
Apr-06	86%	4%		10%
Sep-06	90%	10%		0%
Jan-07	91%	5%		5%
Apr-07	86%	14%		0%
Mar-08	83%	4%	7%	6%



	9. Are there any issues or concerns that would suggest abuse or neglect?			
	Y	N	NA	NS
Mar-08	9%	75%	4%	13%

	If Yes, has the CareFirst POVA 'event' been opened? Have the POVA specific client classifications (all eight elements) been fully recorded?			
	Y	N	NA	NS
Mar-08	24%	5%	0%	71%

	10. Is the structure of the file in accordance with the guidance? (Minimum requirements of case recording and the keeping of case files)?			
	Y	N	NA	NS
- A front sheet containing personal details?	94%	3%	2%	2%
- A care plan, if one has been required?	74%	4%	14%	8%
- Assessments, letters and any other written correspondence from the service user, carer or any other agency?	95%	0%	3%	2%
- Closing/transfer summary?	63%	43%	1%	1%



Appendix B

Audit Report
Adult Services – Review of Case Files
March 2008

“Providing assurance on internal controls”

Warwickshire County Council

ADULT HEALTH AND COMMUNITY SERVICES

ADULT SERVICES – REVIEW OF CASE FILES

AUDIT REPORT

CONFIDENTIAL

CONTENTS

EXECUTIVE SUMMARY

1. Introduction

1.1 This audit, which is included in the audit plan for 2007 / 08 is a review of case files held by Adult Services. It is a follow up to the audit of case files undertaken in July 2005, where we examined a sample of electronic and paper case files together with the self-audit process. We also reviewed the self-auditing arrangements within Adult Services in May 2007.

1.2 In November 2007, Liz Bruce, Head of Local Commissioning presented a report to the Audit and Standards Committee identifying the progress that Adult Services have made in establishing an improved methodology for evidencing quantitative and qualitative data in case file audits. New proposals for revising the self-auditing arrangements were subsequently reported to the Social Care Performance Improvement Board in December 2007.

1.3 The findings of the audit have been discussed and an action plan agreed with Liz Bruce, Head of Local Commissioning and Donna Rutter, Service Manager Older People and Physical Disability Services.

1.4 A summary of this report will be included in the next quarterly internal audit report to the Audit and Standards Committee. Progress on implementing recommendations will also be reported periodically to the Committee.

2. Objective of the Audit

2.1 The objective of this audit is to ascertain, document, evaluate and provide an opinion on whether the minimum requirements of case recording and the keeping of case files in Adult Services is being complied with.

3. Scope of the Audit

3.1 This audit examined the procedures, controls and supporting documentation held in relation to clients data held both electronically on CareFirst and in paper files. To carry out the audit, we visited a small sample of Adult Teams, where we discussed the arrangements for keeping files and tested a sample of their clients electronic and paper files.

3.2 As the self-auditing arrangements have only recently been revamped, we did not look at them again as part of this review. Instead, we examined a sample of case files against the standards included in the old self-auditing tool (See Appendix 2).

4. Summary

4.1 As a result of our sample testing of 50 service users files we conclude that the minimum requirements of case recording and the keeping of case files are not always being complied with.

4.2 In our opinion only 14 service users files examined were totally compliant both in CareFirst and paper files, although 21 of the 50 CareFirst files examined and 21 of the 50 paper files examined were satisfactory. Although progress has been made, common errors, as also found in our review of case files in July 2005, included:

- Activity records were missing from CareFirst to identify whether carers' assessments had been offered; and
- Not all paper files contained a copy of the service users' current assessment and care plan. Evidence was not always found on file to confirm that they were sent to the client for signing and return.

5. Audit Opinion

5.1 The level of assurance provided by controls for this audit area is moderate, as described below.

Level of Assurance	Definition
Full	There is a sound system of control designed to address relevant risks with controls being consistently applied.
Substantial	There is a sound system of control but there is evidence of non compliance with some of the controls.
Moderate	**Whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some of the controls.**
Limited	The system of control is weak and there is evidence of non compliance with the controls that do exist.
No	There is no system of control in place.

DETAILED FINDINGS OF THE REVIEW

6. Minimum Requirements Publication

6.1 The Minimum Requirements of Case Recording and the Keeping of Case Files (SSDL93) was published in February 2004. It provides staff with guidance for gathering and retaining client data both on CareFirst and in paper case files. It is important therefore that all staff are aware of this document and that they can access it via the Publications Database from the AH&CS Homepage on Lotus Notes.

6.2 We visited 5 Adult Teams: South Learning Disability; Services to Deaf People; North Learning Disability; St. Cross Hospital; and Warwick Hospital. We confirmed that all staff have access to the browser to view the minimum requirements publication, although not all staff have been issued with paper copies. Due to the poor overall results of our examination of a sample of fifty case files, we recommend that the location and importance of the Minimum Requirements publication is reiterated to all relevant staff.

7. Data Security

7.1 During our visits to the 5 teams, we discussed the arrangements for file security with the respective Managers or Team Leaders and found that they are generally satisfactory. All staff have the ability to access CareFirst electronic files using their own individual IDs and secret passwords. Paper files are stored securely in a variety of lockable filing cabinets.

7.2 Paper files are usually transported between teams by staff visiting the other team. Some teams, but not all, keep a record of where their files have been taken to, and when returned:

- South Learning Disability - files are transported between teams by car (team do not transfer many but are more likely to receive files), although there is no booking out system in place;
- Services to Deaf People - files transported by staff between teams are controlled by movement slip SS141 and return slip SS140 held either by the Social Worker concerned or by the Team Manager;
- North Learning Disability - files are transported between locations by workers visiting the location concerned although no booking out system is used;
- St Cross Hospital – files are transported locally, via admin, by staff visiting the other teams; and
- Warwick Hospital - transportation of files is arranged by the Team Administrator, who maintains records of where the files are sent to.

It is good practice for the movement of files to be controlled and we recommend that, for consistency, all teams should have a formal booking out system in place.

8. CareFirst

8.1 We examined a sample of fifty service user's case files, both on CareFirst and their paper files, to determine whether they complied with the appropriate standards of case file recording, as included in the old self-auditing tool (December 2005 version), used by Adult Services. In our opinion, only fourteen cases in total complied to both the CareFirst and Paper standards. However, the data held on twenty one of the case files examined on CareFirst proved to be satisfactory. See the Audit Test Results in Appendix 1.

8.2 The quality standards for which more than 5 CareFirst records were not compliant include (See Appendix 1):

- Standard 3b (assessment completed within twenty eight days of contact) – six assessments had not been completed within the required timescale;
- Standard 5 ('activity' to show that a carer's assessment has been offered) – thirteen cases did not have this 'activity' recorded;
- Standard 9 (all eligible needs used as the basis for the care plan) - 9 cases where this could not be confirmed;
- Standard 10 (action taken agrees to care plan) - 6 cases did not identify the action taken; and
- Standard 13 (review 'activity' set) – 8 cases did not include a review 'activity'.

9. Paper Files

9.1 As for CareFirst, only twenty one of the fifty paper files examined complied with all of the appropriate standards. The standards for which more than 5 files were not compliant include (See Appendix 1):

- Standard 14 (assessment signed by the service user) – sixteen files did not include either a signed assessment or a letter confirming that the assessment had been sent to the service user for signing and return;
- Standard 15 (care plan signed by the service user) – seventeen files did not include a signed care plan or evidence of the care plan being sent to the user for signing and return; and
- Standard 16c (care plan if one is required) – nineteen files did not contain a care plan.

9.2 The overall test results, especially those highlighted in sections 8.2 and 9.1 above are disappointing. The full test results for each team visited are attached to this report in Appendix 1. Action needs to be taken to inform all staff that they need to take more care with case recording to ensure that the minimum standards of case recording and the keeping of case files are complied with.

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
7.2	For consistency of approach, all teams should control the movement of paper case files by having a formal booking out system to identify where the files have been taken to and when they are returned.	A formal booking out system to be established and agreed across LCMT and implemented.	Donna Rutter, Service Manager Older People & Physical Disability.	30 September 2008.

3. Merits Attention

Ref	Recommendation	Agreed Action	Responsible Officer	Implementation Date
6.2	Remind all staff where the minimum requirements leaflet can be accessed.	Advise and inform staff to locate and use minimum requirement leaflet. Ensure that advice forms part of induction process.	Diana King, Performance Improvement Manager.	30 April 2008.
9.2	Remind all staff that more care needs to be taken with case recording to ensure that data held complies with the minimum standards of case recording and the keeping of case files.	Item to be added to agenda for Bi-monthly Service Manager / Team Manager meeting. Give feedback and remind all managers to cascade to teams.	Donna Rutter, Service Manager Older People & Physical Disability.	30 June 2008.

Appendix 1 – Results of audit testing.

Table 1 – Overall test results.

Team	No. of files tested	All standards met	One standard not met	Two standards not met	Three or more standards not met
North Learning Disability	10	3	3	1	3
South Learning Disability	10	3	1	2	4
Services to Deaf People	10	0	2	1	7
St. Cross Hospital	10	2	1	2	5
Warwick Hospital	10	6	4	0	0
Total	50	14	11	6	19

Table 2 – CareFirst Data– No. of cases examined with all appropriate standards complied with.

Team	No. satisfactory
North Learning Disability	4
South Learning Disability	4
Services to Deaf People	0
St. Cross Hospital	5
Warwick Hospital	8
Total	21

Table 3 – Paper files – No. of files examined with all appropriate standards complied with.

Team	No. satisfactory
North Learning Disability	6
South Learning Disability	3
Services to Deaf People	2
St. Cross Hospital	2
Warwick Hospital	8
Total	21

Table 4 – Standards not met. (CF = CareFirst / P = Paper File)

Team	Standard 1 CF	Standard 2 CF	Standard 3a CF	Standard 3b CF	Standard 3c CF	Standard 4 CF	Standard 5 CF
North Learning Disability	0	0	1	1	0	0	1
South Learning Disability	0	0	1	2	0	0	2
Services to Deaf People	0	0	2	3	4	2	10
St. Cross Hospital	1	3	0	0	0	0	0
Warwick Hospital	0	0	1	0	0	0	0
Total	1	3	5	6	4	2	13

Team	Standard 6 CF	Standard 7 CF	Standard 8 CF / P	Standard 9 CF	Standard 10 CF	Standard 11 CF	Standard 12 CF / P
North Learning Disability	0	0	0	1	1	0	1
South Learning Disability	0	0	0	2	2	0	0
Services to Deaf People	2	1	1	4	1	1	0
St. Cross Hospital	2	1	3	2	2	2	0
Warwick Hospital	0	0	0	0	0	0	1
Total	4	2	4	9	6	3	2

Table 4 Cont'd

Team	Standard 13 CF	Standard 14 P	Standard 15 P	Standard 16a P	Standard 16b P	Standard 16c P	Standard 16d P
North Learning Disability	6	1	2	0	0	3	1
South Learning Disability	0	4	3	1	0	3	1
Services to Deaf People	1	5	5	0	3	7	0
St. Cross Hospital	1	6	6	0	2	6	1
Warwick Hospital	0	0	1	0	0	0	0
Total	8	16	17	1	5	19	3

Team	Standard 16e P
North Learning Disability	0
South Learning Disability	0
Services to Deaf People	0
St. Cross Hospital	0
Warwick Hospital	1
Total	1

Appendix 2 – Quality standards as shown in the AH&CS case file audit tool (version Dec 05)

Standard No.	Description
1.	Do records identify ethnicity?
2.	Has the contact screen been completed appropriately?
3.	Have the ministerial targets been met?
a)	Assessment started within two days of contact
b)	Assessment completed within 28 days of contact
c)	All services provided within 28 days of completion
4.	Is there an 'activity' to show that an assessment and care plan have been given (core standard)?
5.	Is there an 'activity' to show that a carer's assessment has been offered?
6.	Is there any evidence to show that the carer's views, preferences and feelings have been considered?
7.	Is the assessment explicitly based on the department's eligibility criteria, including the identification of risk?
8.	Is the printed assessment written as a story that flows?
9.	Have all eligible needs been used as the basis for the care plan?
10.	Does action taken relate to the agreed care plan?
11.	Is there any evidence to show that the service user's views, preferences and feeling have been considered?
12.	Is there evidence on file that team managers and other managers have read records and recorded their decisions?
13.	Has a review 'activity' been set?
14*.	Has the assessment been signed by the service user?
15*.	Has the care plan been signed by the service user?
16.	Is the structure of the file in accordance with the guidance (Minimum Requirements of Case Recording and the Keeping of Case Files)?
a)	A front sheet containing personal details
b)	A copy of current assessment if one has been required
c)	A care plan if one has been required
d)	Assessments, letters and any other written correspondence from the service user, carer or any other agency
e)	Closing / transfer summary

* If there is a letter on file evidencing that the assessment and / or care plan has been sent to the service user with a prepaid envelope to return, this standard should be ticked as met.