

AGENDA MANAGEMENT SHEET

Name of Committee **Audit and Standards Committee**

Date of Committee **18th November 2008**

Report Title **Update on Case File Recording**

Summary This report provides an update 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 742963

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 C Vereker, Councillor S Boad, Councillor J Bridgeman, 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 NO

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee Update reports on a six monthly basis

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Audit and Standards Committee – 18th November 2008

Update on Case File Recording

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

Recommendations

It is recommended that the Audit and Standards Committee consider and comment on the progress made in the auditing of case file records, and acknowledge the efforts of staff and managers in achieving improvements.

1. Introduction

- 1.1 The qualitative and quantitative auditing of case files within Adult Social Care has continued to take place on a quarterly basis. This report updates Committee on the results of the audits that took place in May and September 2008.

2. Performance Report – Quantitative Audit

- 2.1 Appendix A gives a summary of the results of the May and September audits against the overall target of 90%. 142 cases were audited compared with 127 in May and 124 in February.
- 2.2 Three of the standards have exceeded the target, one has met the target and two are slightly below target.
- 2.3 The outcome of the September audits is that all the standards have seen vast improvements from the May audits. Recognition needs to go to staff and Managers for the focus on this area of work to obtain this achievement. Teams now need to ensure this improvement is sustained.
- 2.4 Appendix B gives the full analysis.

3. Outcomes of the Quality Assurance Panel

- 3.1 The panel has continued to meet in May and September 2008. It is important to recognise that the panel is made up of different professionals from Health and Social Care including one Service User representative. The panel discussed eighteen cases in May and fifteen in September.
- 3.2 Appendix C highlights the outcomes of September's meeting.

3.3 It is clear from the judgement of panel members that there is a high level of compliance with regards to most of the standards which are fully or partially met.

4. Recommendations

4.1 It is recommended that the Audit and Standards Committee consider and comment on the progress made in the auditing of case file records, and acknowledge the efforts of staff and managers in achieving improvements.

GRAEME BETTS
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick

October 2008

Summary Report

QUALITY STANDARDS	Target	Sept 08	May 08	Feb 08
Do records identify ethnicity?	90%	97%	94%	96%
Is there an 'activity' to show consent has been discussed.	90%	91%	78%	85%
Is there an 'activity' to show that a carer's assessment has been offered?	90%	90%	76%	79%
Is there an 'activity' to show that the individual is aware of the availability of self directed services e.g. Direct Payments and Independent Living Fund	90%	83%	69%	76%
Has a review 'activity' been set?	90%	81%	57%	57%
Is the assessment explicitly based on the department's eligibility criteria?	90%	98%	81%	83%

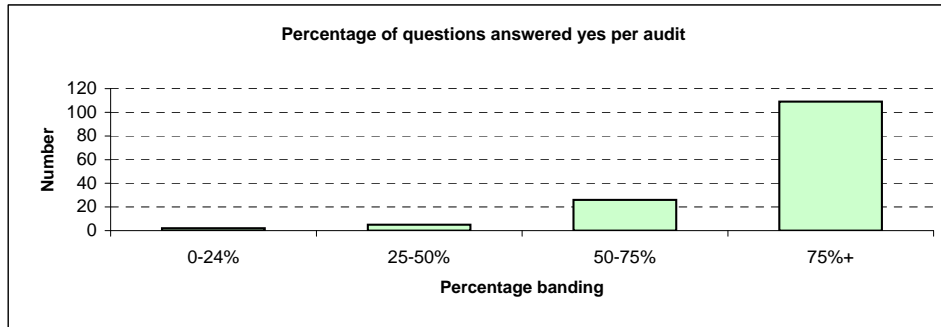
Appendix B

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

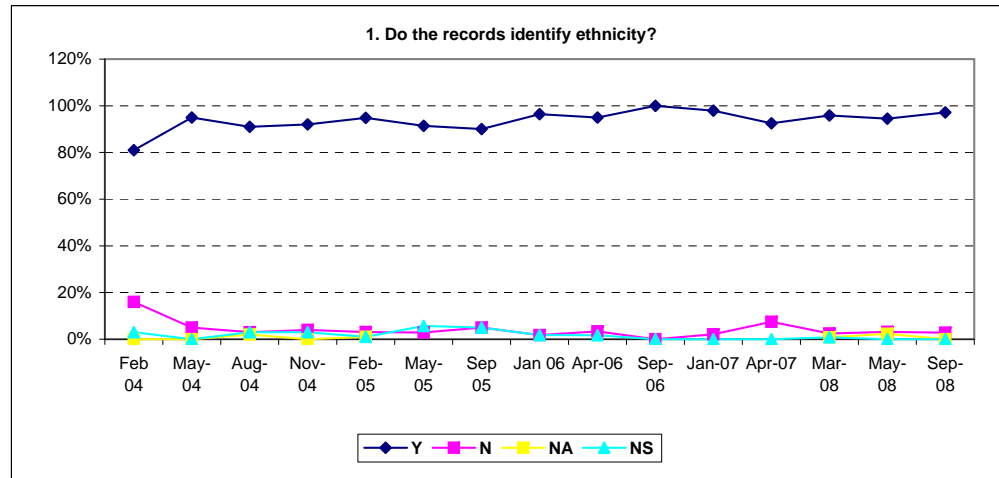
Number of audits returned: 142

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	2
25-50%	5
50-75%	26
75%+	109



	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%
May-08	94%	3%	2%	0%
Sep-08	97%	3%	0%	0%



2. Is there an 'activity' to show consent has been discussed?

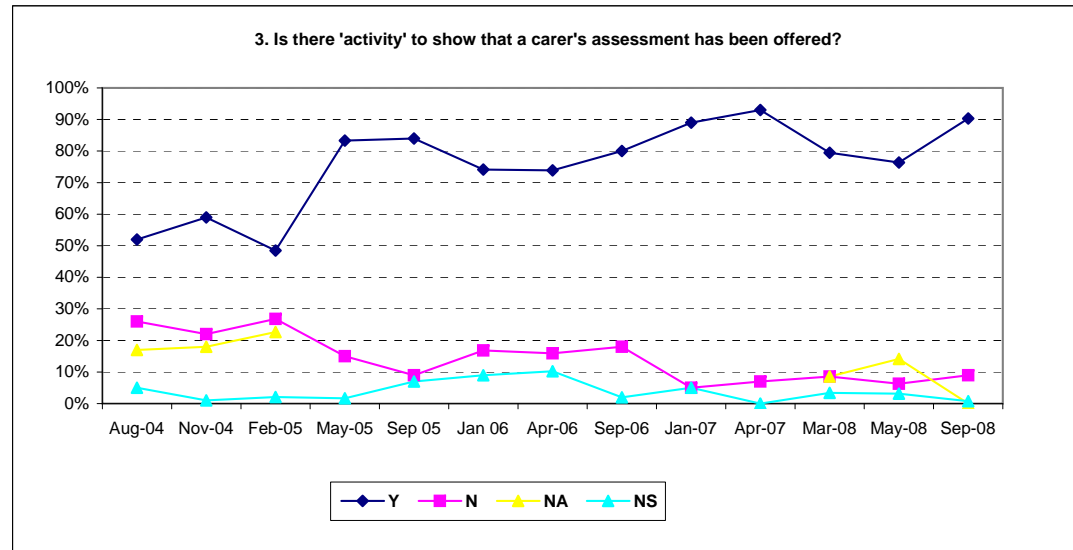
	Y	N	NA	NS
Mar-08	85%	9%	5%	1%
May-08	78%	10%	7%	5%
Sep-08	91%	8%	0%	1%

3. Is there an 'activity' to show that a carer's assessment has been offered?

	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%
May-08	76%	6%	14%	3%
Sep-08	90%	9%	0%	1%

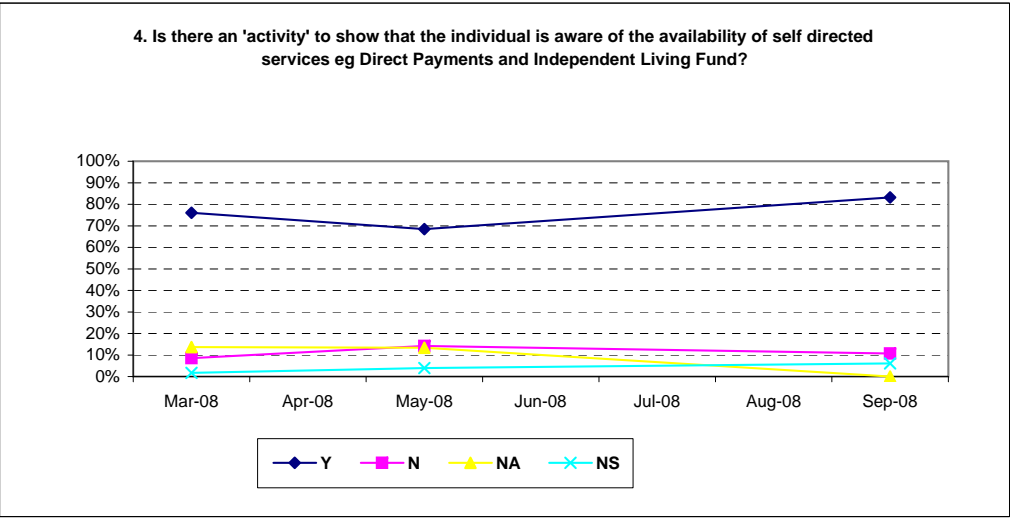
If yes, are the Carers details recorded?

	Y	N	NA	NS
Mar-08	26%	3%	1%	69%
May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%



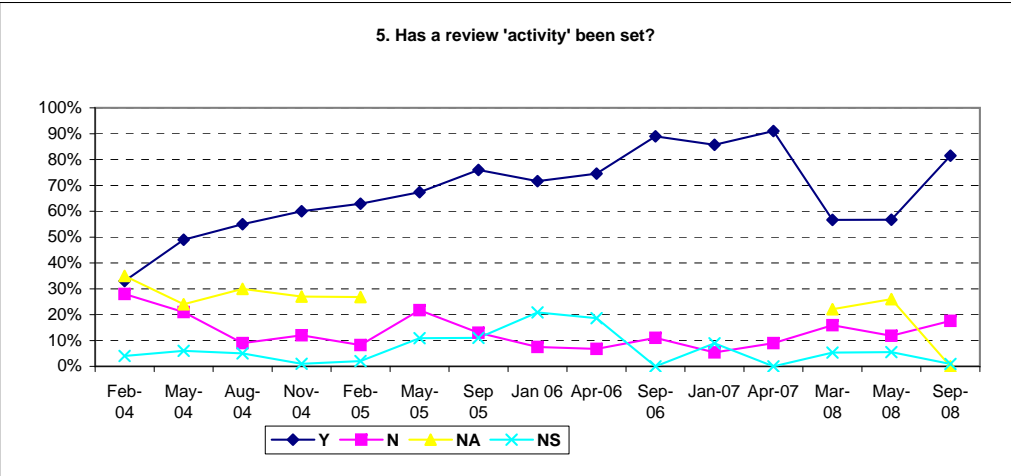
4. Is there an 'activity' to show that the individual is aware of the availability of self directed services eg Direct Payments and Independent Living Fund?

	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
May-08	69%	14%	13%	4%
Sep-08	83%	11%	0%	6%



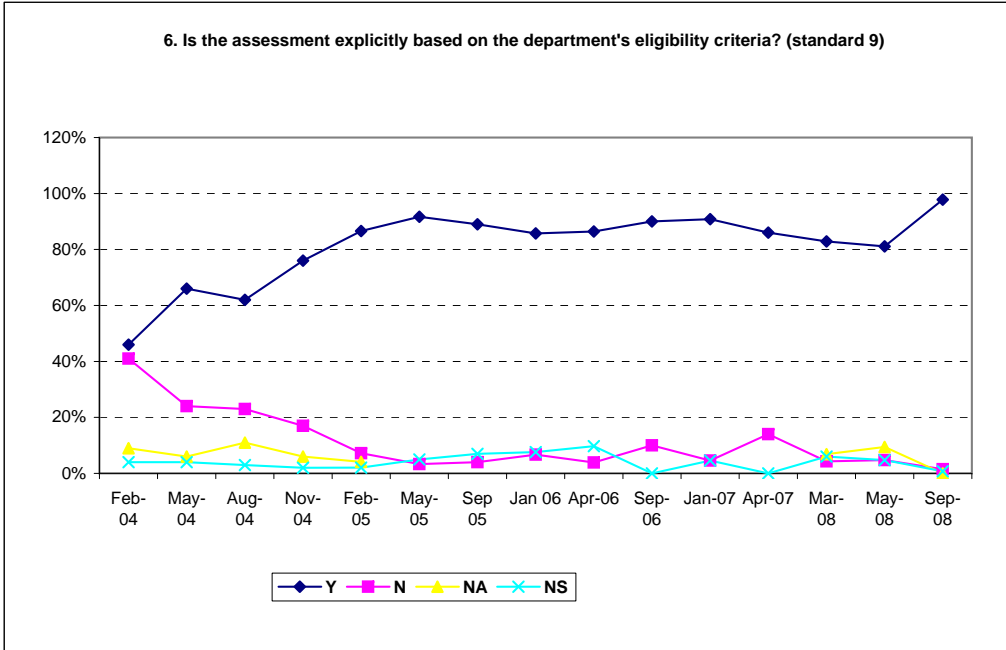
5. Has a review 'activity' been set?

	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%
May-08	57%	12%	26%	6%
Sep-08	81%	18%	0%	1%



6. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)

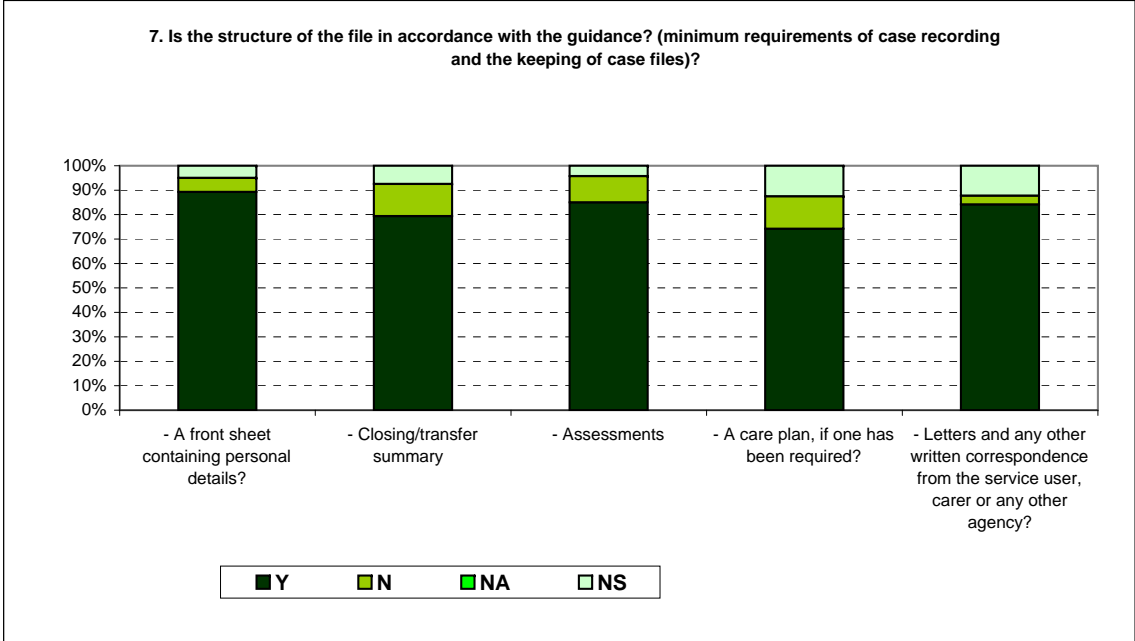
	Y	N	NA	NS
Feb-04	46%	41%	9%	4%
May-04	66%	24%	6%	4%
Aug-04	62%	23%	11%	3%
Nov-04	76%	17%	6%	2%
Feb-05	87%	7%	4%	2%
May-05	92%	3%		5%
Sep 05	89%	4%		7%
Jan 06	86%	7%		8%
Apr-06	86%	4%		10%
Sep-06	90%	10%		0%
Jan-07	91%	5%		5%
Apr-07	86%	14%		0%
Mar-08	83%	4%	7%	6%
May-08	81%	5%	9%	5%
Sep-08	98%	1%	0%	1%



7. 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
89%	6%	0%	5%
79%	13%	0%	7%
85%	11%	0%	4%
74%	13%	0%	13%
84%	4%	0%	12%

- A front sheet containing personal details?
- Closing/transfer summary
- Assessments
- A care plan, if one has been required?
- Letters and any other written correspondence from the



Outcomes of Quality Assurance Panel – September 2008

QUALITY STANDARDS	Fully	Partially	Not at all	N/A
1. Have the self perceived needs been completed at the start of the assessment? Notes	10	2	3	
2. Do the self perceived needs include what the service user wants to achieve and/or change in their life? Notes	7	7	1	
3. Is the printed assessment written as a story that flows? Notes	10	5		
4. Does the assessment indicate that consideration has been given to the individual's <ul style="list-style-type: none"> • Religious /spiritual needs • Cultural needs Notes	2	6	5	2
5. Have issues of risk been addressed? Notes	15			
6. Is there evidence to show that the carer's views, preferences & feelings have been considered? Notes	7	4	2	2
7. Does the summary at the end link the individual's outcomes, the practitioner's analysis and the proposed actions? Notes	10	3	2	
8. Have all eligible needs been used as the basis for the care plan? Notes	12	1		2
9. Do you think that the service user's views, preferences and feelings have been central to the assessment and care plan? Notes	8	3	3	1
10. If a separate Carers assessment has not been taken up is there a clear reason as to why. Notes	2	2	3	8
11. With reference to review is it clear that identified outcomes have been met. Notes	2			13
12. Is there evidence of an assessment of capacity having been carried out, if appropriate. Notes	5	1	2	7