

**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Audit and Standards Committee**

**Date of Committee**                      **21<sup>st</sup> September 2009**

**Report Title**                                **Update on Case File Recording**

**Summary**                                      This report updates the Committee on the Quarterly Case.  
  
File Audit together with more detailed commentary as requested by Audit & Standards Committee 28<sup>th</sup> May 2009.

**For further information please contact:**                      Di King  
Service Manager Performance & Quality  
Local Commissioning  
Tel: 01926 736430

**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 L Caborn, Councillor T May, Councillor F McCarney, Councillor R Dodd
- 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**

**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 – 28<sup>th</sup> May 2009

### Update on Case File Recording

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

#### **Recommendation**

It is recommended that the Committee:

1. Consider and comment on progress made in the auditing of case file records.
2. Consider and comment on the role of the Quality Assurance Officers in case file audit.

#### **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 December 08 and March 09 quantitative audits and January 09 qualitative audit (March 09 qualitative audit was in the process of analysing at time of writing this report).

#### **2. Performance Report – Quantitative Audit**

- 2.1 Appendix 1 gives a summary of the results of the December 08 and March 09 audits against the overall target of 90%. 131 cases were audited in December 08, 120 were audited in March 09.
- 2.2 December 08 saw considerable improvement in all 6 standards. March 09 has seen a slight dip below target on 4 of the targets which may reflect the changes in working practice through the introduction of tablet technology and mobile working to all teams. Staff are now more experienced in this and as a result June audit should show a return to previous good performance.
- 2.3 Appendix 2 gives full commentary on analysis.

#### **3. Outcomes of the Quality Assurance Panel**

- 3.1 The Panel has continued to meet on a quarterly basis. At time of writing, March 09 analysis was not available.
- 3.2 Appendix 3 highlights the outcomes of the December 09 Panel.

#### **4. Quality Assurance Officers**

- 4.1 To further improve the high quality of quantitative data, the Quality Assurance officers will take responsibility for the Case File Audit with effect from June 09
- 4.2 Quality Assurance Officers have the responsibility for checking the practitioners' compliance with the standards set to improve data quality in all teams.
- 4.3 The Quality Assurance Officers will spend one week visiting teams (adding extra data protection, avoiding the number of case files being transported) and will ensure all files are audited optimising the number of returns.
- 4.4 The Quality Assurance Officers will then provide on site feedback to Managers on any non-compliance issues with agreed actions which they will then follow up within two weeks where appropriate to ensure action has been taken and noted. The Team Managers for each operational team will continue to be accountable for the standards of individuals within their team and will maintain an oversight and act on poor Data Quality issues.

GRAEME BETTS  
Strategic Director of Adult,  
Health and Community Services

Shire Hall  
Warwick

August 2009

### Case File Recording Analysis

1.1 When cases are identified for audit purposes they are "on monitor" to teams and not allocated to an individual worker. They can, however, become "active" again necessitating re-allocation and a new Carefirst event. This can account for the fluctuating results on each quarter's analysis.

1.2 A customer or carer may no-longer be in need of social care support as a result of Continuing Health Care, Hospitalisation, FACS ineligible or Death. This will also account for minor fluctuations in each quarter.

1.3 131 Cases were audited in December 08 and 120 in March 09

1.4 Do the records identify ethnicity?

December 08	(97%)	March 09	(96%)
4 records did not identify		5 Records did not identify	
Ethnicity		Ethnicity	

The average for records identifying ethnicity since the audit began in 2004 is 94%

1.5 Is the assessment explicitly based on the department's eligibility criteria?

December 08	(90%)	March 09	(85%)
12 records did not reflect eligibility		18 records did not reflect eligibility	

There have been increasing numbers of requests for continuing Health Care Assessments. Risk under FACS is not required for these assessments which maybe reflected in the increase of cases not reflecting eligibility criteria.

1.6 Is there an activity to show that the individual is aware of the availability of self directed services?

December 08	(88%)	March 09	(87%)
15 Records did not have activity		15 Records did not have this activity	

1.7 Has a review activity been set?

December 08	(97%)	March 09	(96%)
3 records did not have a review set		4 records did not have a review set	

As peoples circumstances fluctuate, they return to the department for support. As highlighted in 1.1 cases audited may have become active and therefore no new review activity would have been set.

1.8 Is there an activity to show consent has been discussed?

December 08	(90%)	March 09	(85%)
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## Appendix A

12 records did not evidence consent

17 records did not evidence consent

As this analysis reflects 1.5 eligibility it is possible to assume that assessments undertaken for Continuing Health Care may affect this standard, particularly if someone is end of life.

### 1.9 Is there an activity that shows that a carer's assessment has been offered?

December 08 (89%)  
14 Records did not evidence that Carers assessment was offered

March 09 (86%)  
16 records did not evidence that carers assessment was offered

This may reflect assessments carried out for Continuing Health Care as carers would be supported in their own right. It is also possible to assume that the case audited had become active again and the carers at time of audit were not yet assessed.

### 1.10 If yes are carers details recorded?

December 08 (25%)

March 09 (14%)

This is an area of concern and currently being addressed by the Service Manager Performance and Quality.

### 1.11 Is the structure of the file in accordance with the guidance?

#### Front sheet

December 08 (92%)  
10 cases did not comply

March 09 (92%)  
9 cases did not comply

#### Closure Summary

December 08 (81%)  
25 Cases did not comply

March 09 (80%)  
13 Cases did not comply

#### Assessments

December 08 (91%)  
11 Cases did not comply

March 09 (91%)  
10 cases did not comply

#### A care Plan

December 08 (60%)  
51 Cases did not comply

March 09 (80%)  
24 Cases did not comply

#### Correspondence

December 08 (86%)  
17 Cases did not comply

March 09 (84%)  
19 Cases did not comply

### **Closure Summary**

Cases may have been "active" and therefore a summary would not be evidenced.

### **Assessments**

Cases may have been "active" and assessments incomplete and not ready for transfer to paper file

### **Care Plans**

Cases may have been "active" and care plans dependent on partners and agencies to supply e.g. disabled facilities grant.

This standard is audited by viewing paper files. If the case was "active" paper files would not have been fully completed and therefore would appear to be non-compliant.