

**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Audit & Standards**

**Date of Committee**                     **23<sup>rd</sup> November 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 23<sup>rd</sup> November 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)
- Other Elected Members               .....
- Cabinet Member                       .....
- Chief Executive                       .....
- Legal                                       .....
- Finance                                   .....
- 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  .....

**Audit & Standards Committee  
23<sup>rd</sup> November 2009**

**Update on Case File Recording**

**Report of the Service Manager, Performance & Quality  
Local Commissioning  
Adult Health & Community Services**

**Recommendation**

1. That the Committee note 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, March 09 and June 09 audits against the overall target of 90%. 131 cases were audited in December 08, 120 were audited in March 09, 162 were audited in June 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. June 09 audit was carried out by the Quality Assurance officers who dedicated days in teams interrogating both computer and paper records. All six standards have seen considerable improvement.
- 2.3 Appendix 2 gives the full commentary.

### **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 June 09 and September 09 Quality Assurance Panels.

### **4. To further improve the high quality of quantitative data, the Quality Assurance officers took responsibility for the Case File Audit with effect from June 09**

- 4.1 Quality Assurance Officers have the responsibility for checking that practitioner's compliance with the standards set to improve data quality in all teams.
- 4.2 The Quality Assurance Officers 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.
- 4.3 The Quality Assurance Officers provide on site feedback to Managers on any none compliance issues with agreed actions which they will then follow up within two weeks where appropriate to ensure action has been taken and noted.

### **5. Recommendations & Conclusions**

- 5.1 The Committee is asked to:
  - 1. Note the progress made in the auditing of case file records.
  - 2. Consider and comment on the role of Quality Assurance Officers in Case File Audit.

**Di King**  
**Service Manager, Performance & Quality**  
**Adult Health & Community Services**

23<sup>rd</sup> November 2009

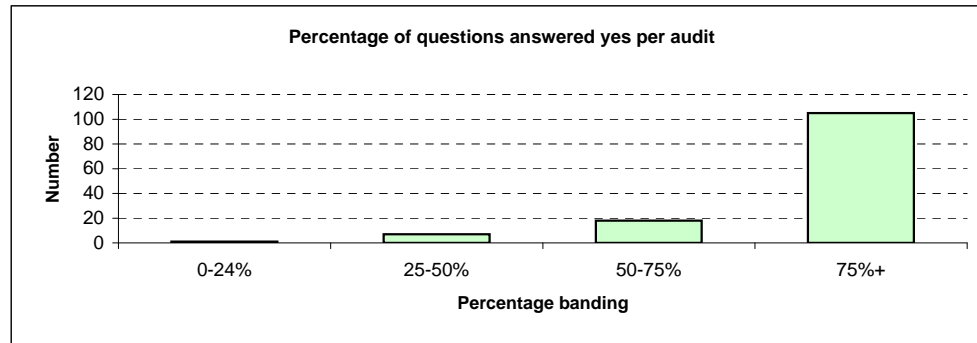
Key

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

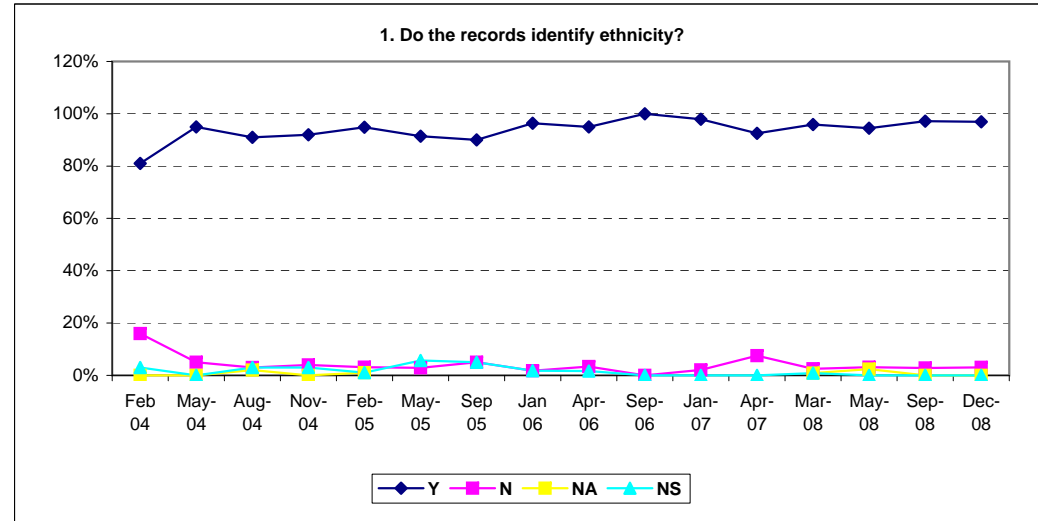
**Number of audits returned: 131**

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	1
25-50%	7
50-75%	18
75%+	105



	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%
Dec-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%
Dec-08	90%	7%	0%	3%

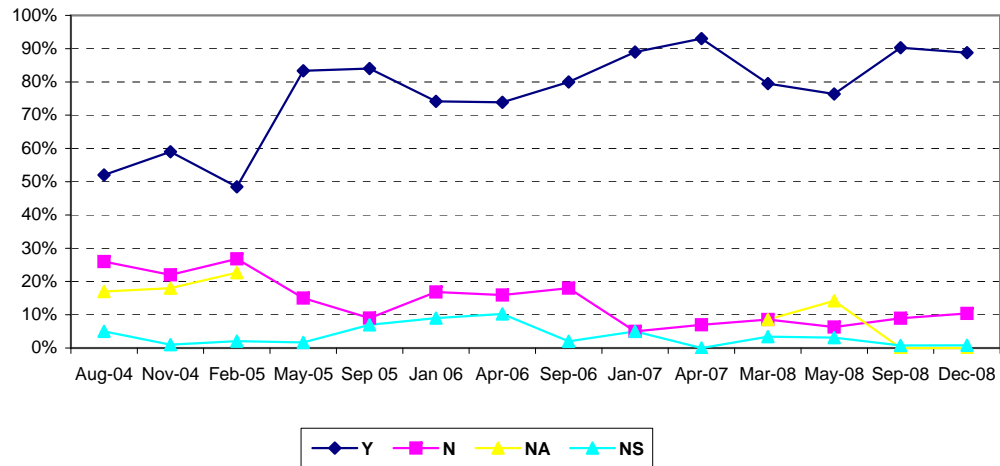
**3. Is there an 'activity' to show that a carer's assessment has been offered?**

	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%
Dec-08	89%	10%	0%	1%

**If yes, are the Carers details recorded?**

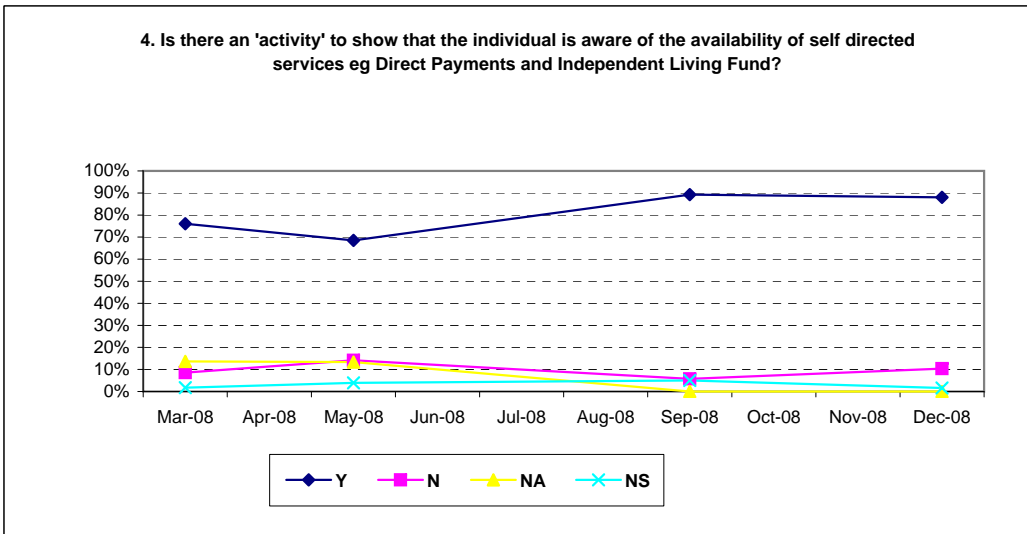
	Y	N	NA	NS
Mar-08	26%	3%	1%	69%
May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%
Dec-08	25%	6%	0%	69%

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



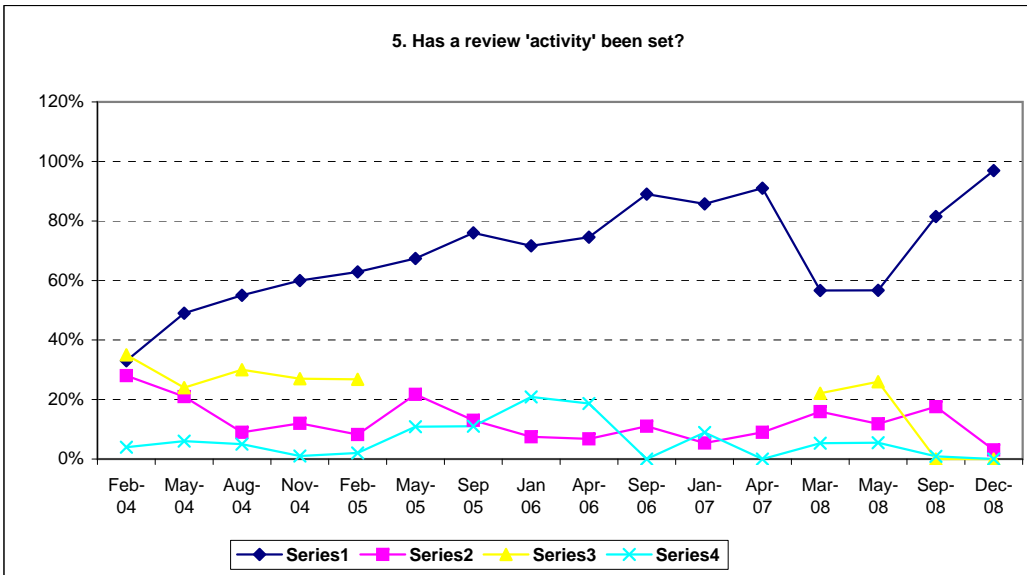
4. Is there an 'activity' to show that the individual is aware of the availability of self directed services eg Direct Payments and Independent Living Fund?

	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
May-08	69%	14%	13%	4%
Sep-08	89%	6%	0%	5%
Dec-08	88%	10%	0%	2%



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%
Dec-08	97%	3%	0%	0%

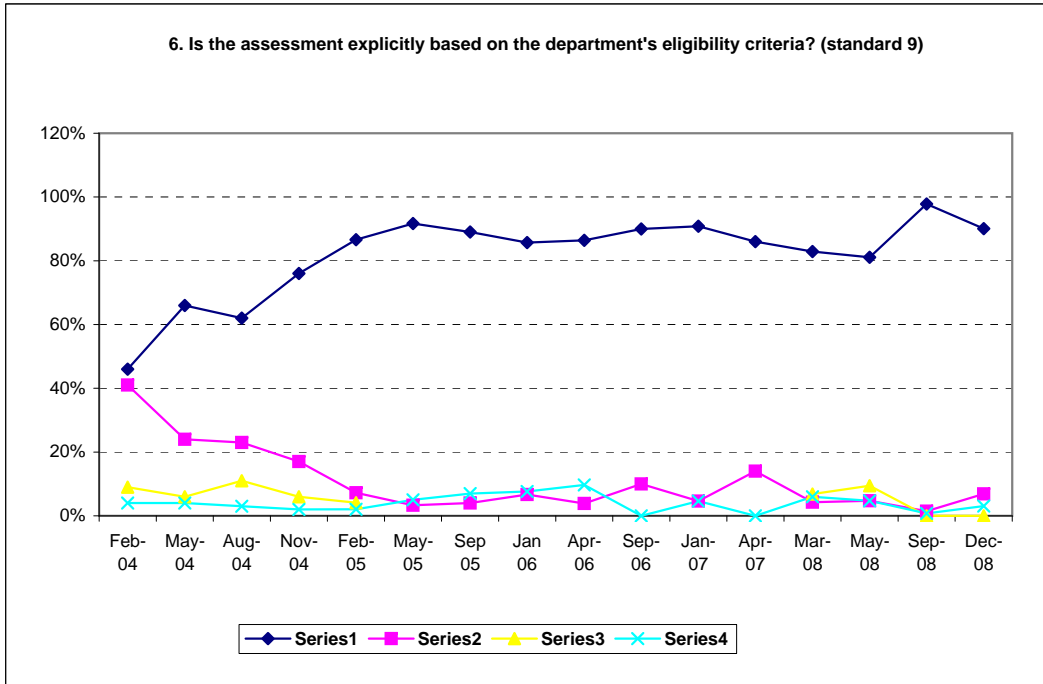






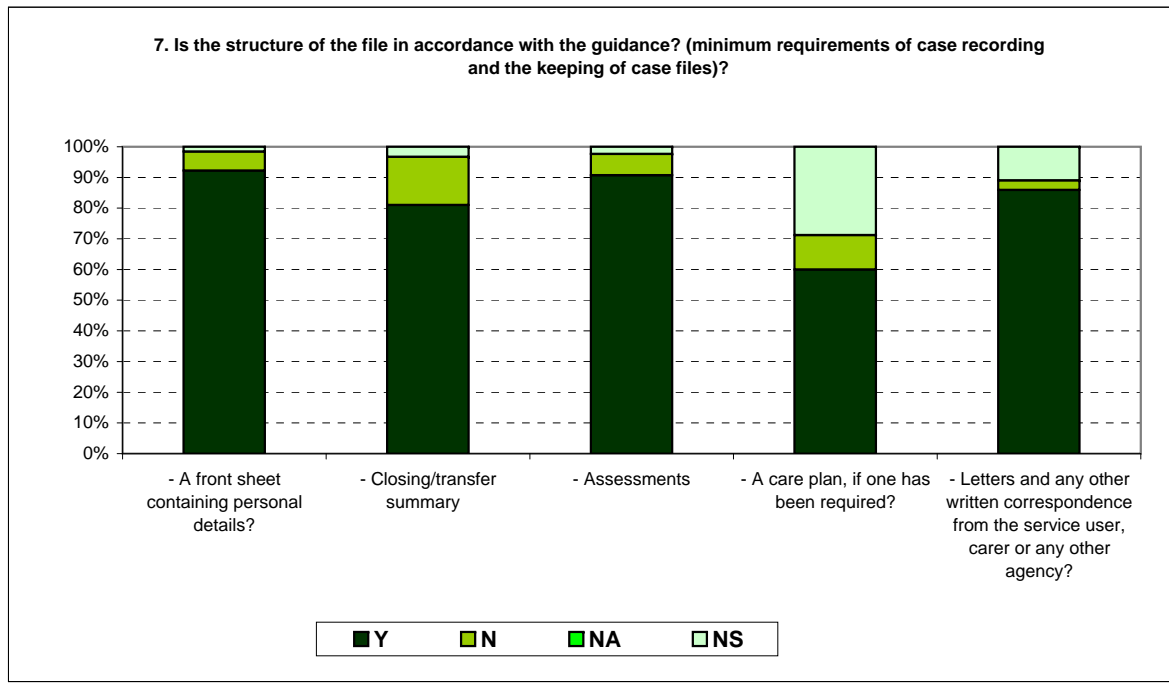
**6. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)**

	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%
Dec-08	90%	7%	0%	3%



**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
- A front sheet containing personal details?	92%	6%	0%	2%
- Closing/transfer summary	81%	16%	0%	3%
- Assessments	91%	7%	0%	2%
- A care plan, if one has been required?	60%	11%	0%	29%
- Letters and any other written correspondence from the service user, carer or any other agency?	86%	3%	0%	11%



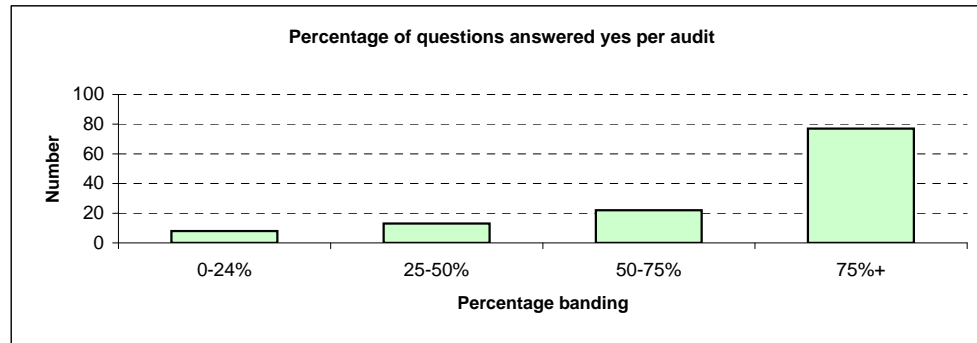
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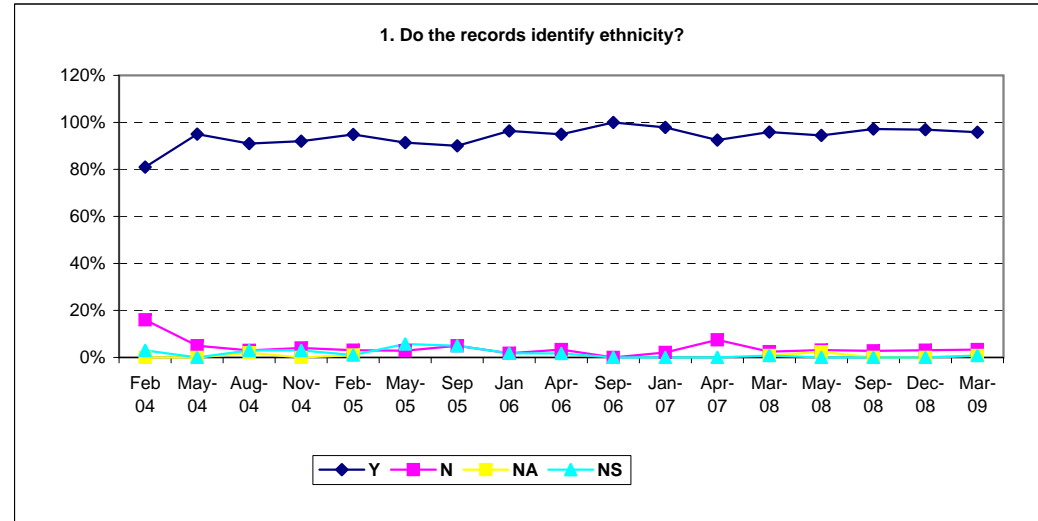
**Number of audits returned: 120**

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	8
25-50%	13
50-75%	22
75%+	77



	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%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%



**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%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%

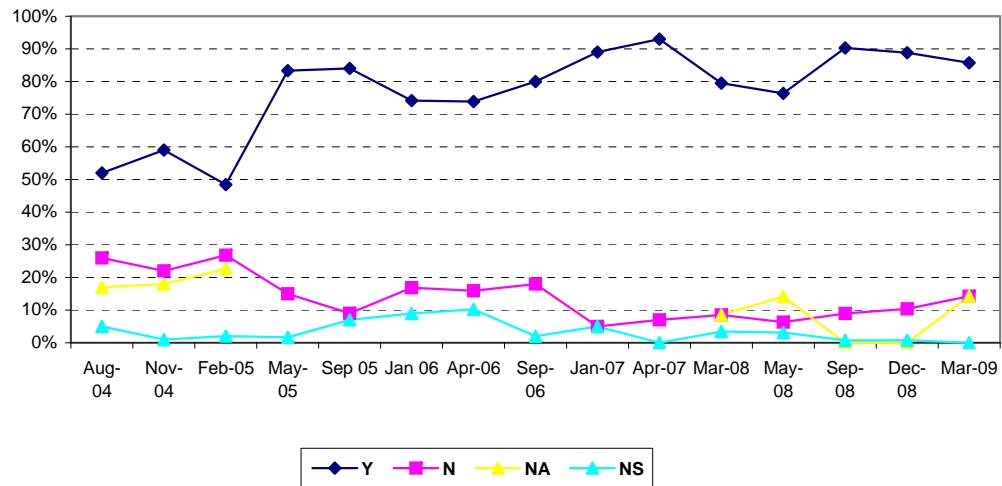
**3. Is there an 'activity' to show that a carer's assessment has been offered?**

	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%
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May-08	76%	6%	14%	3%
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Dec-08	89%	10%	0%	1%
Mar-09	86%	14%	14%	0%

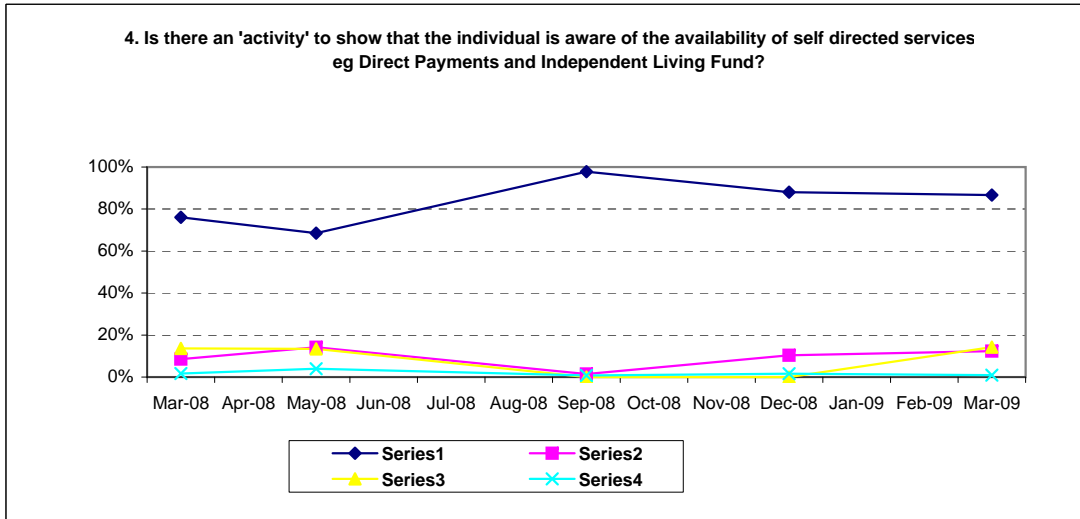
**If yes, are the Carers details recorded?**

	Y	N	NA	NS
Mar-08	26%	3%	1%	69%
May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%
Dec-08	25%	6%	0%	69%
Mar-09	14%	1%	35%	85%

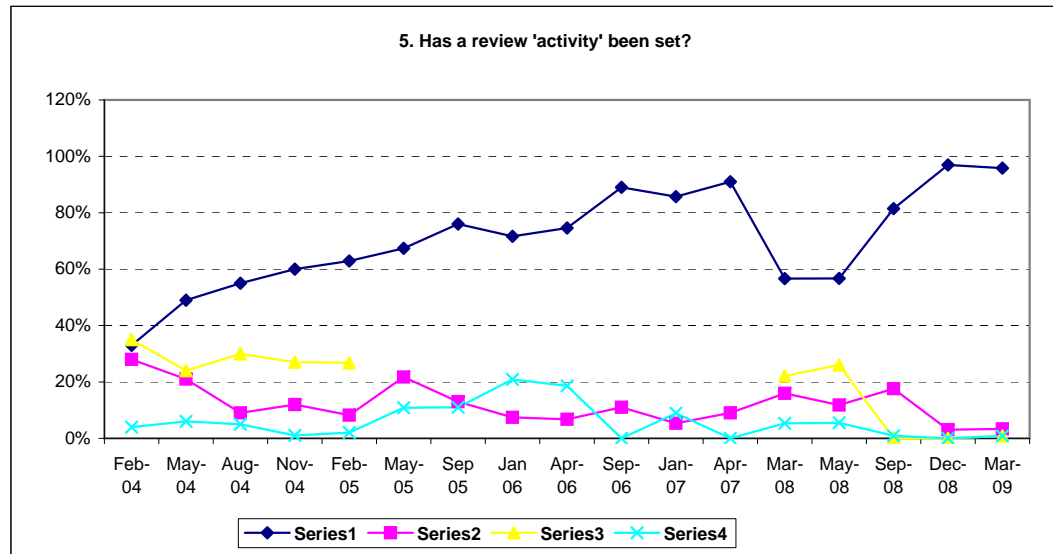
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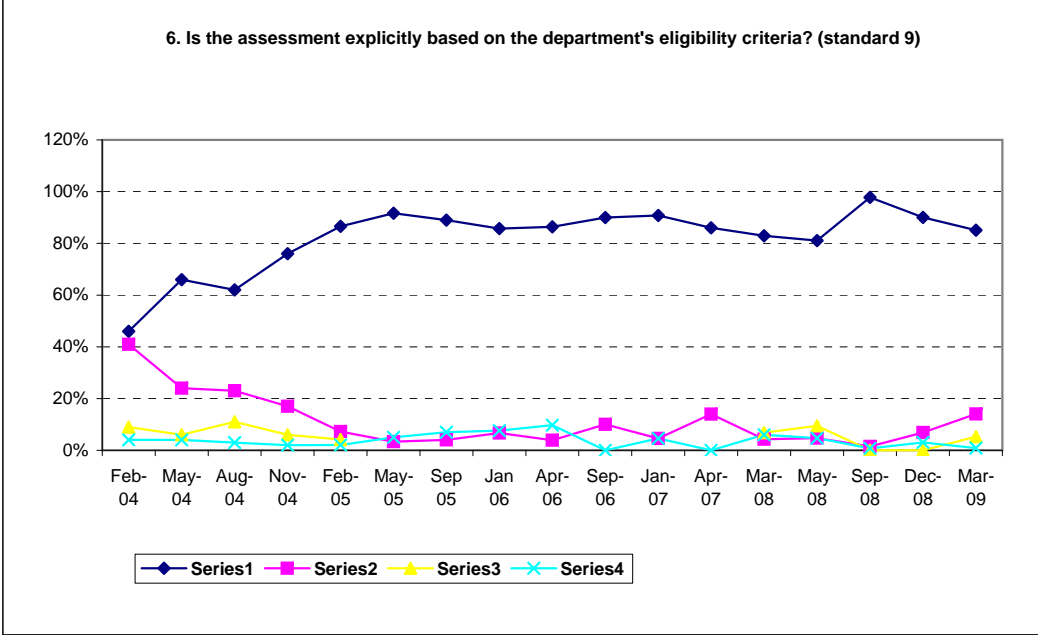
4. Is there an 'activity' to show that the individual is aware of the availability of self directed services eg Direct				
	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
May-08	69%	14%	13%	4%
Sep-08	98%	1%	0%	1%
Dec-08	88%	10%	0%	2%
Mar-09	87%	12%	14%	1%



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%
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Apr-07	91%	9%		0%
Mar-08	57%	16%	22%	5%
May-08	57%	12%	26%	6%
Sep-08	81%	18%	0%	1%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%



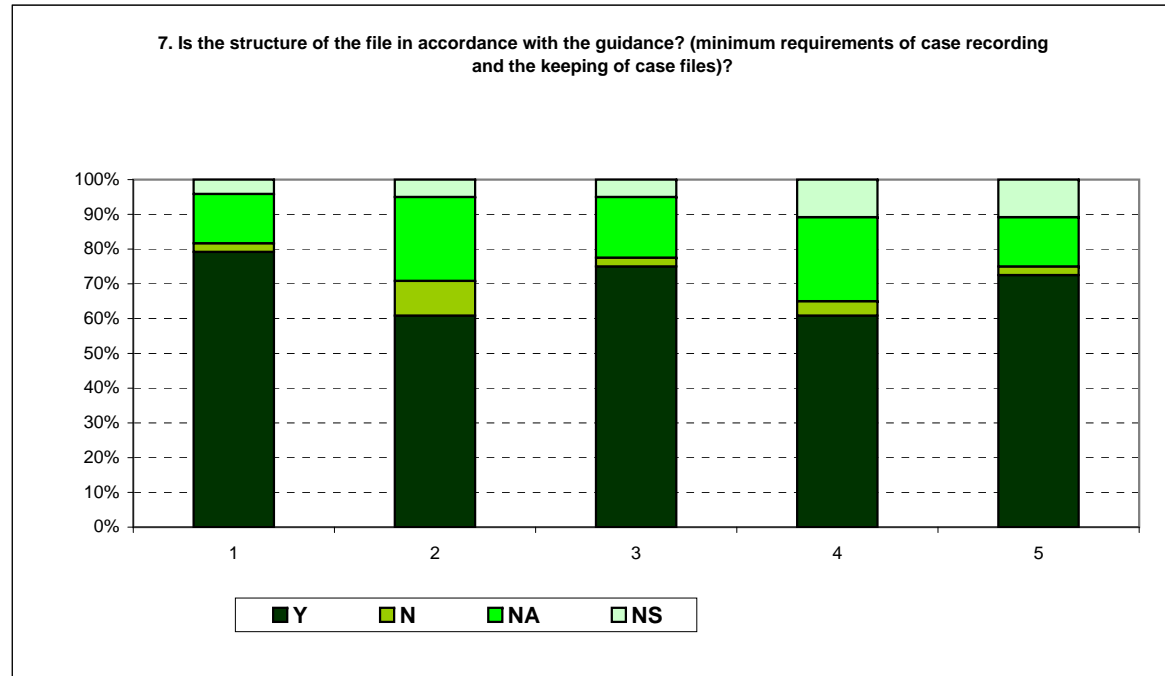
6. Is the assessment explicitly based on the department's eligibility criteria? (Standard 9)				
	Y	N	NA	NS
Feb-04	46%	41%	9%	4%
May-04	66%	24%	6%	4%
Aug-04	62%	23%	11%	3%
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Feb-05	87%	7%	4%	2%
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Jan-06	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%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%



**7. 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?
- Closing/transfer summary
- Assessments
- A care plan, if one has been required?
- Letters and any other written correspondence from the service user, carer or any other agency?

	Y	N	NA	NS
- A front sheet containing personal details?	92%	3%	17%	5%
- Closing/transfer summary	80%	13%	32%	7%
- Assessments	91%	3%	21%	6%
- A care plan, if one has been required?	80%	5%	32%	14%
- Letters and any other written correspondence from the service user, carer or any other agency?	84%	3%	17%	13%



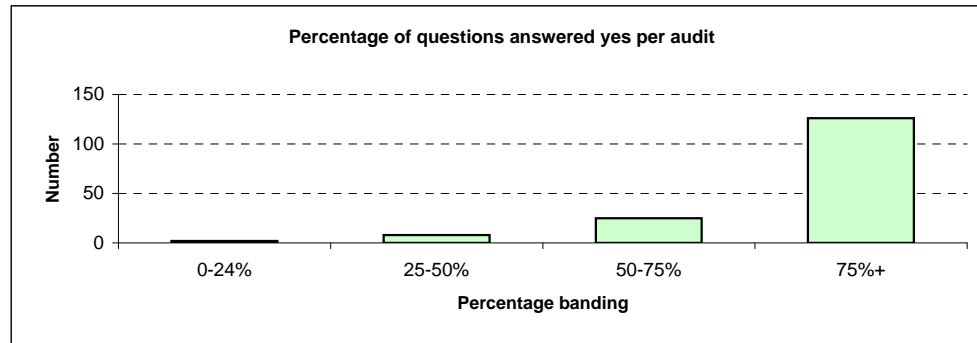
Key

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NA = Not applicable
NS = Not stated

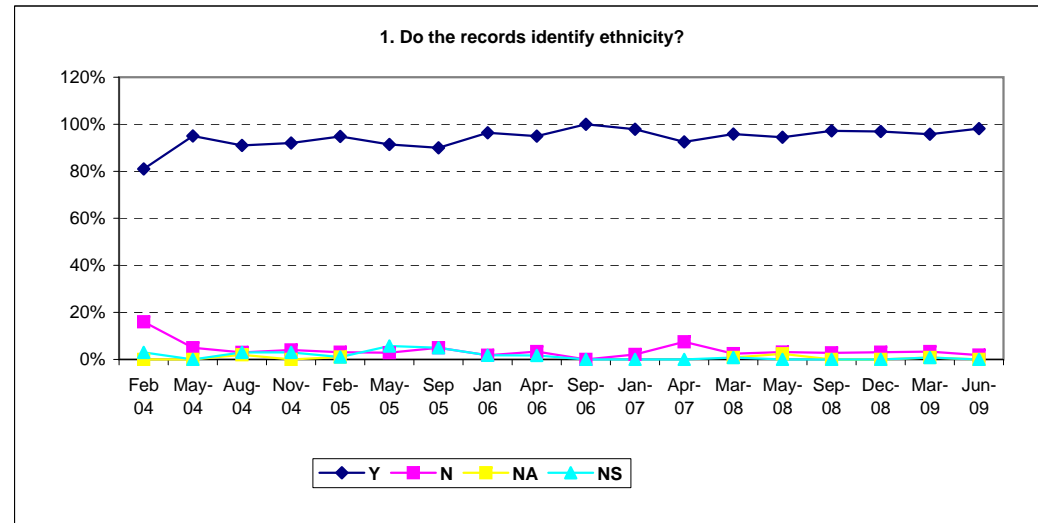
**Number of audits returned: 162**

Percentage of questions answered 'yes' per audit

Percentage	Number
0-24%	2
25-50%	8
50-75%	25
75%+	126



	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%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%
Jun-09	98%	2%	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%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%
Jun-09	91%	8%	1%	1%

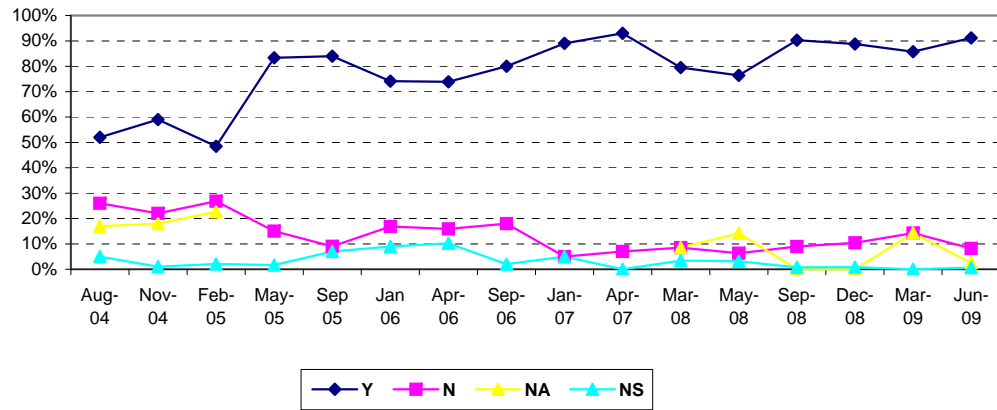
**3. Is there an 'activity' to show that a carer's assessment has been offered?**

	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%
Dec-08	89%	10%	0%	1%
Mar-09	86%	14%	14%	0%
Jun-09	91%	8%	3%	1%

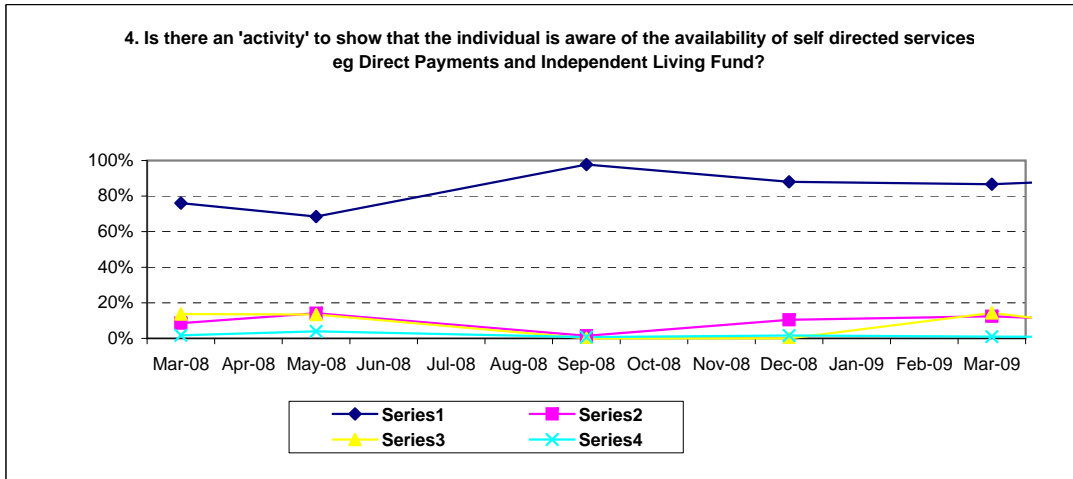
**If yes, are the Carers details recorded?**

	Y	N	NA	NS
Mar-08	26%	3%	1%	69%
May-08	22%	12%	15%	51%
Sep-08	79%	9%	0%	12%
Dec-08	25%	6%	0%	69%
Mar-09	14%	1%	35%	85%
Jun-09	39%	9%	26%	52%

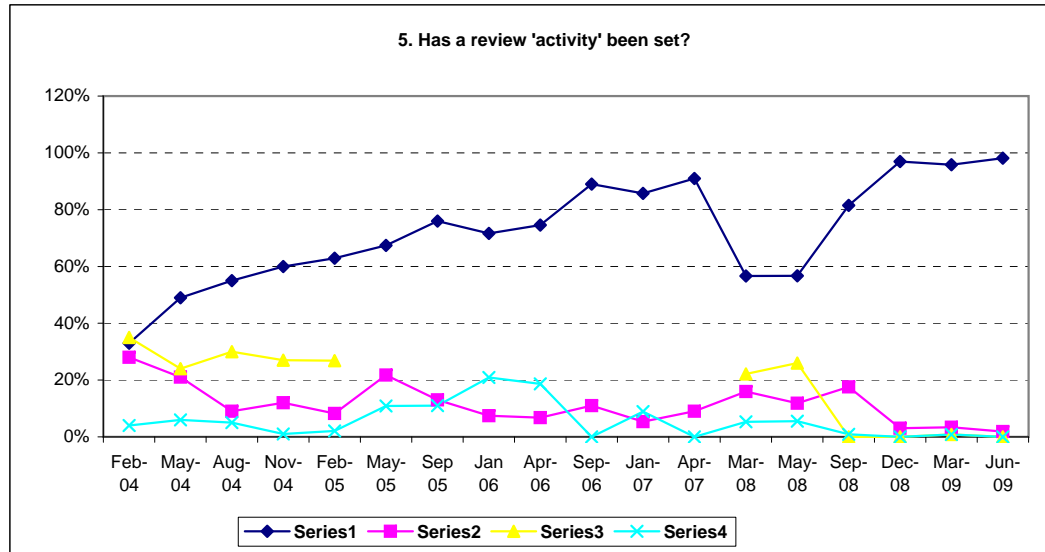
**3. Is there 'activity' to show that a carer's assessment has been offered?**



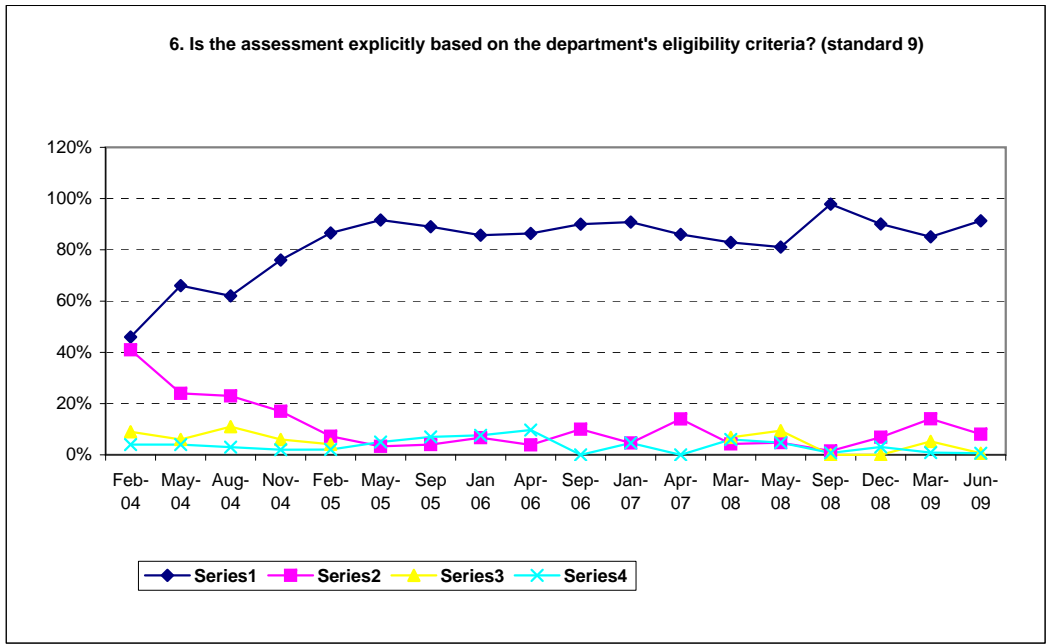
4. Is there an 'activity' to show that the				
	Y	N	NA	NS
Mar-08	76%	9%	14%	2%
May-08	69%	14%	13%	4%
Sep-08	98%	1%	0%	1%
Dec-08	88%	10%	0%	2%
Mar-09	87%	12%	14%	1%
Jun-09	91%	8%	1%	1%



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%
Dec-08	97%	3%	0%	0%
Mar-09	96%	3%	1%	1%
Jun-09	98%	2%	0%	0%

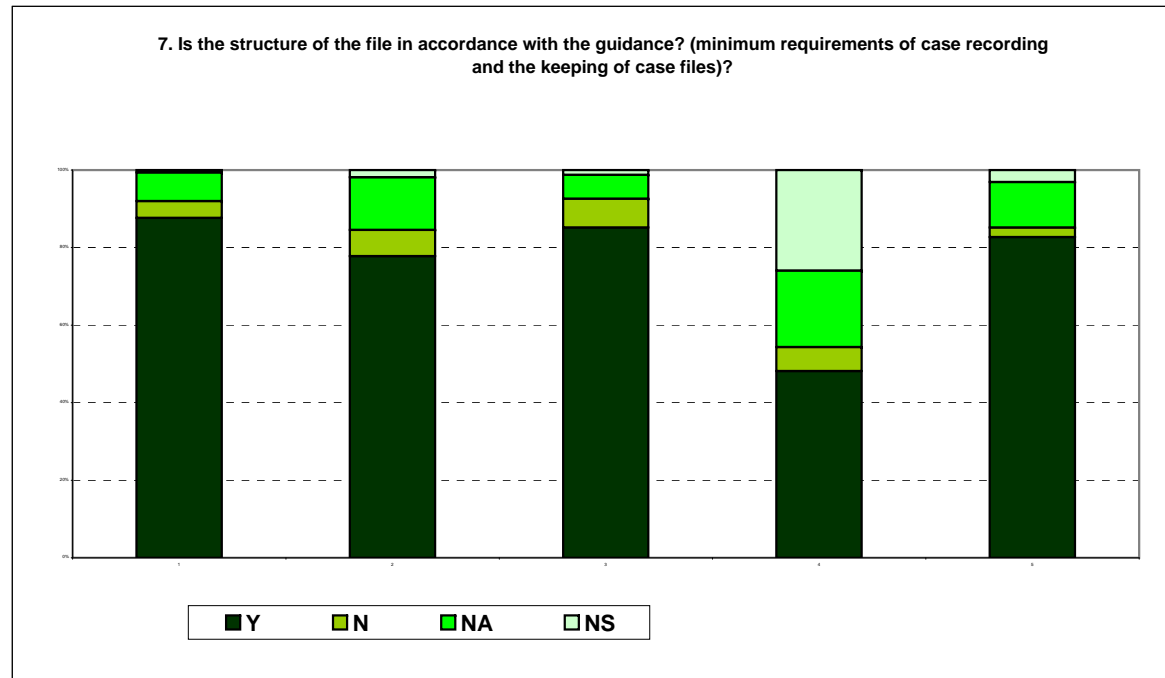


6. Is the assessment explicitly based on				
	Y	N	NA	NS
Feb-04	46%	41%	9%	4%
May-04	66%	24%	6%	4%
Aug-04	62%	23%	11%	3%
Nov-04	76%	17%	6%	2%
Feb-05	87%	7%	4%	2%
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Sep 05	89%	4%		7%
Jan 06	86%	7%		8%
Apr-06	86%	4%		10%
Sep-06	90%	10%		0%
Jan-07	91%	5%		5%
Apr-07	86%	14%		0%
Mar-08	83%	4%	7%	6%
May-08	81%	5%	9%	5%
Sep-08	98%	1%	0%	1%
Dec-08	90%	7%	0%	3%
Mar-09	85%	14%	5%	1%
Jun-09	91%	8%	1%	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
- A front sheet containing personal details?	95%	5%	8%	1%
- Closing/transfer summary	90%	8%	16%	2%
- Assessments	91%	8%	7%	1%
- A care plan, if one has been required?	60%	8%	25%	32%
- Letters and any other written correspondence from the	94%	3%	13%	3%

- 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



## Appendix 2

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, 120 in March 09 and 162 in June 09.

1.4 Do the records identify ethnicity?

December 08 (97%)	March 09 (96%)	June 09 (98%)
4 records did not identify Ethnicity	5 records did not identify Ethnicity	1 record did not identify Ethnicity

The average for records identifying ethnicity since the audit began in 2004 is 97%

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

December 08 (90%)	March 09 (85%)	June 09 (91%)
12 records did not reflect eligibility	18 records did not reflect eligibility	14 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%)	June 09 (91%)
15 records did not have activity	15 records did not have this activity	14 records did not have this activity

1.7 Has a review activity been set?

December 08 (97%)	March 09 (96%)	June 09 (98%)
3 records did not have a review set	4 records did not have a review set	3 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%)	June 09 (91%)
12 records did not evidence consent	17 records did not evidence consent	14 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%)	March 09 (86%)	June 09 (91%)
14 Records did not evidence that Carers assessment was offered	16 records did not evidence that carers assessment was offered	14 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%)	June 09 (39%)
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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%)	March 09 (92%)	June 09 (95%)
10 cases did not comply	9 cases did not comply	9 cases did not comply

Closure Summary

December 08 (81%)	March 09 (80%)	June 09 (90%)
25 Cases did not comply	13 Cases did not comply	16 cases did not comply

Assessments

December 08 (91%)	March 09 (91%)	June 09 (91%)
11 Cases did not comply	10 cases did not comply	15 cases did not comply

### A care Plan

December 08 (60%) 51 Cases did not comply	March 09 (80%) 24 Cases did not comply	June 09 (60%) 64 cases did not comply
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### Correspondence

December 08 (86%) 17 Cases did not comply	March 09 (84%) 19 Cases did not comply	June 09 (89%) 11 cases did not comply
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## 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.

### **Quality Assurance Panels**

The Quality Assurance Panel was introduced in February 2008 to consider the qualitative aspects of case file recording. It consisted of a range of professionals and service users. The role of the Quality Assurance Panel is to oversee assessments, care plans and reviews and evaluates the extent to which they are outcome focussed; evidence partnership working with service users and carers; promote choice, independence and empowerment; includes a risk assessment; identify what the impact of the intervention has been.

In March 2009 there was a review of the Quality Assurance Panel. During the life of the panel it became apparent that the service user representation was not satisfactory, one of the initial service user representatives resigned after the training and the other only managed to attend two of the four panel meetings. This presented an opportunity to review how we receive the views of service users. The outcome is that a Quality Assurance Panel (Customers) has been introduced. This is chaired by a Service Manager within Local Commissioning and is made up of ten service users and carers from different client groups and ethnic background. The Quality Assurance Panel (Professionals) continues to meet on a quarterly basis. Attached are the results from the June & September meetings. Overall the results are good with most elements being fully or partially met. 100% compliance has been recorded on the extent to which assessments are outcome focussed and the service user's views, preferences and feelings being central to the assessment and care plan.

### **Quality Assurance Panel Customers**

The Quality Assurance Panel (Customers) has met three times; the first meeting in March was an introduction meeting where discussions took place as to role of the panel how they would receive case files etc. It was agreed that all cases would be anonymised and that we would aim to discuss three to four cases at each panel meeting. Whilst the number of cases reviewed is small the panel is developing into another meaningful way of receiving service user's views.

Donna Rutter



**Case File Audit Quality Assurance Panel**

**15 completed**

Name of Auditor:.....Date of Audit: **June Audit**

File No: .....OPPD/LD/Hosp/OPMH.....

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

Did the file meet audit standards

<b>YES</b>
<b>2</b>

<b>NO</b>
<b>6</b>

<b>PARTIALLY</b>
<b>7</b>

**Version Aug 2008**

**Case File Audit Quality Assurance Panel**

**11 completed**

Name of Auditor:.....Date of Audit: **September 2009 Audit**

File No: .....OPPD/LD/Hosp/OPMH.....

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

Did the file meet audit standards

YES
<b>4</b>

NO
<b>4</b>

PARTIALLY
<b>3</b>

**Version Aug 2008**