

## Audit and Standards Committee

12<sup>th</sup> February 2015

### Adult Social Care - Update on Case File Audits

#### Recommendation(s)

That the Audit and Standards Committee consider and comment on:

1. The outcomes and presenting themes from the case file audit analysis within Adult Social Care.
2. The implementation of the revised electronic Integrated Case File Audit tool for implementation in Adult Social Care in April 2015 and the proposal for this to be a single audit tool replacing others currently used.
3. The proposal for guidance on case file audit in the People Group including principles and a process for promoting a consistent approach to audit.

#### 1.0 Key Issues

- 1.1 Case file audit is part of the quality assurance framework within Adult Social Care. Case file audits have three objectives. First, they can improve social care practice through enabling constructive conversations between practitioners and their Managers. They can recognise good practice which can be shared to support individual and team learning. They can also identify areas for improvement so action is taken to address them. Second, they ensure customers are supported appropriately. This includes identifying if there are risks that have not otherwise been highlighted to prevent customers from 'falling through the net.' Third, they provide assurance of the quality of Adult Social Care practice including identifying key themes on strengths and areas for improvement to support organisational learning and development.
- 1.2 The quality assurance framework will be implemented in April 2015 and has five standards:
  - Standard 1: People Group services safeguard their customers and promote their welfare;
  - Standard 2: Customers have a positive experience of services;
  - Standard 3: Staff are valued and supported;

- Standard 4: Equality and Diversity is integral to services;
- Standard 5: Services make efficient and effective use of resources.

1.3 Adult Social Care has an electronic Integrated Case File Audit tool which uses 'Survey Monkey'. However, this is not yet widely used by teams. Case file audits have continued to be largely completed by Managers (Team Leaders, Lead Practitioners and Operations Managers) and the outcomes and action plans to improve quality and performance held locally within each team. The Professional Practice and Governance Business Unit is currently leading a number of improvements to the electronic tool. This includes strengthening the link between the tool and the standards in the Quality Assurance Framework, ensuring Care Act compliance, developing questions on quality and customer experience of People Group services, improving the scoring against standards in the tool and ensuring all questions are clear. This will enable the Business Intelligence Team to produce reliable data and reports to identify good practice and areas for development.

## **2.0 Case File Audit in Adult Social Care**

- 2.1 Case file audits were launched within Adult Social Care following the introduction and implementation of the SDS Assessment and Support Planning procedures during 2011/2012 and in recognition of the requirement to produce comprehensive audits for Adult Safeguarding Case Files. There are three main methods for carrying out case file audits in Adult Social Care. First, the auditors are Team Leaders who do not manage the practitioner involved in the case, but who are in the same service. Second, Team Leaders who manage the practitioner involved in the case. Third, Operations managers who are responsible for the team involved in the case.
- 2.2 National guidelines on good practice from the Care Quality Commission (CQC) on auditing of case files within Adult Safeguarding require a minimum of 10% of all cases open to Adult Social Care where a new assessment or review has been undertaken within a period of three months to be audited. This includes 10% of cases that have been through the Adult Safeguarding Assessment procedures locally estimated to be 80 cases per year. Therefore, the total number of audits to be completed is estimated to be around 400 cases per year (which equates to approximately 100 cases per quarter). The selection of case files should ensure that all workers have at least one of their case files audited during the year. Each Manager (Team Leader, Operations Manager and Service Manager) within Adult Social Care has approximately 4 cases to audit each quarter (which is a total of 16 cases per Manager per year). An estimated total of at least 99 case file audits were completed between January and December 2014. Some Team Leaders did not have capacity to undertake more case file audits particularly as a single audit takes up to two hours to complete. However, the estimated total does not include information from the Hospital Social Care, Mental Health and Reablement Teams.

2.3 Other Adult Social Care quality assurance activities in addition to case file audits include Quality Assurance Panels chaired by Senior Managers. The panels assess the quality and standards of case recording and practice on a weekly basis. The 'Back to the Floor' programme involves Managers to spend time on the front-line and look at 'what is happening in practice'. The visits are conducted quarterly and reports are generated from each visit and subsequently shared with the Senior Management Group. This means good practice and areas for development can be evidenced and action taken to improve practice and quality.

### **3.0 Key themes from Case File Audit**

3.1 Older People's Teams have completed one Self-Directed Support (SDS) case file audit for each practitioner per month using the SDS Case File Audit Tool. A spreadsheet is held which details the outcomes/actions from each audit and each case file audit is fed back to the Team Leader who line manages the practitioner. The audit document is shared with the practitioner in their 1:1 sessions. This exercise has highlighted good practice including evidence of person centred recording in many assessments and support plans, clear recording of carers' needs and risks are mainly evidenced. It has also identified areas for development including Team Leaders who sometimes sign off poor quality or incomplete assessments and support plans. The customers 'top three' outcomes are not always identified by the practitioners, how risks will be mitigated or reduced is not always apparent.

3.2 The Quality in Care team is responsible for carrying out review of customers' care and support. Quality in Care Team Leaders complete one SDS case file audit each month in 1:1 meetings with practitioners. These are taken to monthly management meetings to compare themes and for the Operations Manager to have an overview of team themes and consistency in practice between Team Leaders. Good practice includes the completion of a more robust annual review and provider concerns are being recorded. Improvements are needed in the recording of outcomes and provider concerns; actions taken and actions outstanding; and sharing information between the Quality in Care team and the CMT data base and Safeguarding Adults Short Term (SAST).

3.3 The Physical Disability and Sensory Services and Learning Disability Teams audit quality and ensure accountability in terms of quality monitoring through Quality Assurance Panels (QAP). All assessments, reassessments and reviews are presented to the QAP, thereby providing opportunity for feedback and discussion regarding the quality of assessment and support planning. A recent review of the QAP has resulted in changes to current processes including Team Leaders attending alongside their supervisees. It provides greater scope to address feedback and to monitor development trends particularly raising quality within the service and avoiding unnecessary delay.

3.4 The SAST conducts a management review of records by a Lead Practitioner for adults who have three or more safeguarding alerts, or two or more

safeguarding enquiries in a rolling 12 month period. Reviews are carried out if there are patterns of vulnerability arising from multiple referrals and to review if appropriate actions were taken. Each audit is signed off by the Operations Manager (Safeguarding Adults).

- 3.5 The areas for development and improvement are addressed in a number of ways. They include producing and implementing action plans. For example, the Learning and Physical Disabilities Service has an action plan to improve transition to adulthood which is informed part by case file audits. Performance management training is being provided to staff in Adult Social Care to help address areas for improvement. Good practice is shared between teams to encourage consistency.

#### **4.0 Timescales associated with the decision and next steps**

- 4.1 Professional Practice and Governance will complete work on the revised electronic Integrated Case File Audit tool for implementation in Adult Social Care in April 2015. This will ensure the tool is Care Act compliant and has robust links with the standards in the Quality Assurance Framework.
- 4.2 Adult Social Care will use only the single electronic Integrated Case File Audit tool from April 2015. It will replace those currently used and take less time. The Business Intelligence Team will have a key role in identifying cases for audit in each team and compiling data from audit.
- 4.3 Professional Practice and Governance will produce guidance on case file audit for the People Group in May 2015. This will include principles to underpin case file audits and a process for promoting a consistent approach to audit. This will provide assurance in Adult Social Care that case file audits are timely and carried out to a consistently high standard.

#### **Background papers**

None

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