Guidance for auditors on dip sampling audits of COVID 19,

Virtual Contacts and Management Oversight.

Dip sampling audits are used to check compliance with the agreed practice standards that have been implemented in response to the COVID 19 pandemic. The guidance below is to create a common approach and method of recording the findings from the dip sample audits.

The guidance for workers and managers on when to use the COVID 19 case note and the virtual contact case note and the expectations regarding management oversight during the period when virtual practice has replaced traditional face to face practice are all stored in the COVID 19 folder on Tri.X <https://www.proceduresonline.com/buckinghamshire/chservices/> .

Locally agreed practice standards require management oversight to be recorded on a child’s file as a minimum every 4 weeks, or more frequently if the risks for the child are escalating. In response to the Covid-19 pandemic, on 23rd March 2020 we made changes to the way we see and maintain contact with children and families. This is described in the virtual contact case note guidance. To evidence how risk is being managed with the introduction of virtual contact, all children should have an up to date management oversight recorded on LCS by 20th April 2020 reflecting this different way of working. The oversight should also detail how partner agencies are supporting us with managing the risks, and give direction to the worker on what level of contact should be in place.

Dip samples are randomly selected from worker’s caseloads with the focus initially on our highest risk children including unborns, children on child protection plans and care leavers. If an audit has been completed in the last 4 weeks please do not complete a subsequent audit. Please only add the case note to the child you have been allocated and not to the siblings records.

When completing a dip sample audit the following information needs to be recorded on the child’s record as part of the ‘QA Audit’ case note:

* Overview of findings and whether the required practice standards have been met. Be objective and evidence based, and provide feedback on positive practice alongside describing what actions need to be taken to meet the practice standards. For example, if the worker has used the communications case note when they should have used the virtual contact provide feedback on this.
* Recommended actions the worker or the manager should take where there are gaps in what they are expected to cover in relation to the COVID 19 case note, virtual contact, liaison with partner agencies and management oversight. Provide a clear explanation of what work needs to be completed and by when, with realistic timescales for all actions.

The social worker and their supervising manager should be alerted to the case note; and offered the opportunity to comment on the findings and recommended actions. If there are no queries from the team, the case note can be left to automatically finalise after 72 hours has lapsed.

If you are concerned about the risk of significant harm this must be escalated to the team manager/supervising manager. If you are unable to contact them via phone, please email them setting out what you are worried about and why; and asking them to respond within a specified and realistic timeframe. If you do not receive a response within the specified time or you have significant concerns for the child please escalate directly to the Head of Service for the team.

Actions from audits will be reviewed by the Practice Development Team after a 2 week period has elapsed.

Findings from audit activity (broken down by Team and individual worker) will be provided to the Senior Management Team on Tuesday and Thursdays and a weekly report will shared with the Service Director and Corporate Director of Children’s Services.

Sandra Carnall, Principal Social Worker April 2020