**Adult Social Care Case File Audit**

**Guidance April 2020**

As part of our commitment to continuously improve our practice and as part of Adult Social Care’s Quality Assurance Framework, Team Leaders, Specialist Lead posts and Senior Social Workers, Senior Adult Practitioner agree to undertake bi-monthly case file audits on identified cases.

The case file audits will be identified by Service Delivery Managers for their respective team(s). The auditor will be independent of the case being considered, therefore the Service Delivery Manager will ensure the identified audits are sent to another team/senior worker as detailed below:

* **Lakeside Locality** to audit **Wrekin Locality**
* **Wrekin Locality** to audit **TICAT**
* **Hadley Locality** to audit **Learning Disability & Autism**
* **Assistive Technology/Sensory** to audit **Lakeside Locality**
* **Safeguarding** to audit **Assistive Technology/Sensory**
* **Occupational Therapy** to audit **Safeguarding**
* **Mental Health** to audit **Occupational Therapy**
* **TICAT** to audit **Hadley Locality**
* **Learning Disability & Autism** to audit **Mental Health**

The audits will be identified from a number of sources including:

* Active cases
* Received Complaints
* Received Compliments
* Safeguarding cases
* Cases identified through legal gateway
* Practice Decision Forum

The audit will reflect a period of up to 12 months recording including: case notes, Care Act Assessments, Support Plans and/or Reviews. Deprivation of Liberty Safeguards, Mental Capacity and Mental Health Act Assessments will also be included within the audit. Consideration will be given by the auditor to extend the 12 month time frame if appropriate.

Each case file audit will be shared with the worker involved and documented discussion within the workers supervision. Any recommendations from the audit will also be documented within the workers supervision record. These will be **SMART** actions and followed up through informal and formal supervision.

Each question in the file audit identifies an overall level of professional intervention by Adult Social Care.

The auditor must identify for each question the level of intervention they felt most represents the question.

Team Leaders will be responsible to feed this information back into the Adult Social Care Finance and Performance Meeting as part of their monthly feedback.

**Once the audit is completed this should be sent to the PPQ Team email address:** [**PPQteam@telford.gov.uk**](mailto:PPQteam@telford.gov.uk)

**Adult Social Care File Audit Tool**

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| --- | --- | --- | --- |
| **Date of Audit:** | Click here to enter a date. | **Worker Name:** |  |
| **Person’s LAS No:** |  | **Senior/Team Leader undertaking audit:** |  |
| **Is this audit the result of a complaint?** |  | **Team:** |  |

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| --- |
| 1. **Has the practitioner evidenced that they have built a relationship with the individual, their Carer and/or the people important to them? Ensuring their voice is heard throughout the case file, with them fully involved in the assessment, decision making and support planning?** |
| * ***How do you verify? – Evidence of a copy of the assessment/support plan/review sent to the person/Carer.*** * ***Has the worker identified if person was involved and who else involved?*** * ***Is the person’s voice present throughout the record? (‘I’ statements used, quotes to illustrate the person’s story)*** * ***What are the circumstances leading to this intervention, what is their view of this?*** * ***Is the Carers voice in the assessment – has a separate Carers Assessment been completed?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Does the assessment promote and reflect the person’s individual strengths, their network any community assets that have been explored?** |
| * ***Is there a direct reference to the Well-being Principle?*** * ***Does the person understand their health condition and how does this impact their day to day life?*** * ***How does the person want to maintain their independence?*** * ***What is the person able to do and has this been recorded, rather than focusing on what they cannot do?*** * ***How does the person want to manage their own care needs?*** * ***How much have the person’s family been involved?*** * ***Does the record reflect what the person’s family are able to do?*** * ***Does the person want their family to be involved?*** * ***What local resources have been considered? (Neighbours, groups, signposting)*** * ***How might a community response rather than service provision been more helpful?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Is it clear what outcome the person wants and how this is going to be achieved?** |
| * ***Do outcomes relate to the person’s needs in their assessment?*** * ***Are outcomes Specific, Measurable, Achievable, Realistic, Timely (SMART)?*** * ***Is it clear to the person what their personal budget is to be used for?*** * ***Does the person’s outcomes/support plan meet the aspirations of the person?*** * ***Has a Direct Payment been offered?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Does the assessment provide a sound analysis of risk and work with the individual to demonstrate positive risk taking?** |
| * ***Was the person provided with information to address the risks themselves?*** * ***Is there evidence of informed decision making, rather than just managing a risk?*** * ***Is there evidence of clear positive risk taking, context of discussion?*** * ***Is there evidence that there were options discussed for managing the risk?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Has the practitioner gathered information to support their decision making and rationale in the intervention, is this clearly documented? (Including professional curiosity and skepticism, evaluation, reflective practice and analytical thinking within the case file.)** |
| * ***Is it explicit and/or implicit that evidence-based approaches were used e.g. restorative approaches, enablement, person centred?*** * ***Is there evidence of consultation with a manager, discussion and reflection, oversight?*** * ***Are worker supervision/discussions documented?*** * ***Is Peer review and/or PDF clearly documented?*** * ***Is there a rationale for decision(s), which is based on information available?*** * ***Is there evidence of the process of weighing things up and potential outcomes and consequences?*** * ***Is there a justification for decision making?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Is it clear which legislation has been applied to the intervention?** |
| * ***Which legislation has been applied and why?*** * ***How has the application of legislation supported the person?*** * ***Has an advocate been considered?*** * ***6 safeguarding principles*** * ***Well-Being Principal*** * ***5 principals in the Mental Capacity Act*** * ***Least restrictive options explored***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Is there evidence of multi-agency working and appropriate contributions by partners?** |
| * ***Which other agencies have been involved and contributed to the overall support?*** * ***Is there an agency(s) that should have been considered but was not? (OT, physio, memory clinic, LD services etc.)*** * ***Were there missed opportunities?*** * ***Is there a clear multi-disciplinary process for agreeing decisions?*** * ***Is there clear joint agency decision making with clearer identified role and responsibilities?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **Does the case file reflect good professional practice?** |
| * ***Is the record clear to understand?*** * ***Is the sentence structure and grammar presented professionally?*** * ***Is the record up to date, timely and well presented?*** * ***Is legal rep recorded for finances?***  |  |  |  |  | | --- | --- | --- | --- | | **Please delete as appropriate:** | | | | | **Excellent** | **Good** | **Adequate** | **Requires Improvement** |   **Comments:** |
| 1. **What was really good about this case?** |
| ***Overall comment to feedback to worker*** |
| 1. **Actions/Recommendations:** |
| |  |  |  | | --- | --- | --- | | Action/Recommendation: | Timeframe for Completion: | Who is responsible for completion: | |  |  |  | |  |  |  | |  |  |  | |