**Croydon, Health, Wellbeing and Adults, Case File Audit Grading and Analysis**

This Croydon case file audit programme is designed to provide a broad focus on standards and compliance, as well as the quality of social work practice and its impact on the adult who has care and support needs. These audits will take stock of our performance across all areas of social work intervention at regular intervals. They focus on the journey and experience of the adult through services, as well as the rationale for decisions being made on their behalf. They allow us to identify if the help that has been offered is planned, purposeful and undertaken in a timely manner. Crucially, these audits go beyond the marking of compliance, and seek to generate qualitative data about our practice and its impact on the adult. This includes how the system and organisation supports good practice and where areas of development are highlighted. A culture of challenge and learning is promoted. It is essential that the grading of audits completed in Croydon is transparent, thorough, and standardised in line with the London Principal Social Workers Network Adult social care case file audit questions template and guidance, ADASS endorsed in October 2022.

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## Grading the audits

Grading of audits is determined by the options selected for how well each audit criteria has been met or not. The different audit outcomes are as follows:

* Outstanding
* Good
* Requires improvement
* Inadequate

**Areas of Best Practice the auditor will be looking into during the Audit process and grading**.

1. There is timely identification, response and reduction of risk and need.
2. Assessments are timely, comprehensive, analytical, of good quality.
3. Plans and reviews drive progress towards positive outcomes.
4. Adult’s voices, wishes, feelings and lived experience are at the centre of everything we do.
5. Families are appropriately engaged in the work.
6. Practice shows professional curiosity considers local guidance and shows evidence of legal literacy.
7. Management oversight ensures decision making is effective, proportionate, and timely, and standards of work are good.
8. Case records are correct and up to date.
9. Impact: how have we made a difference to the Adult’s (receiving care and support from Croydon) life?

**Overall Grade**

* Refer to the grade descriptors described below to inform your overall grade.
* The overall grading must reflect all your findings. Some areas will be stronger than others, but if there is one significant concern this must be reflected in your overall grade.
* It is not usually appropriate to give an overall grade that is more than one grade higher than your lowest section grade i.e., if one section is graded ‘requires improvement’, the overall grade cannot be higher than ‘good’.
* Grade the information in the case file on the strength of evidence and not your knowledge of the practitioner.

**Reasons for grading**

* Use a strengths-based approach: endeavour to identify at least one area of good practice.
* Avoid bland phrases and be clear regarding what was done well and what the learning is from the piece of work undertaken.
* If immediate safeguarding has been identified, be clear what was done and how this was managed and whether the right Safeguarding process was followed as per the Pan London guidance.

**Recommendations**

* Ensure you summarise your findings and use evidence from the case file.
* Ensure your recommendations are in line with Croydon’s values : One team, Proud to serve, Honest and open, Taking responsibility and Valuing diversity.
* Organisation learning points are a valuable way of raising areas of practice that need work and issues raised in this section will be included within the audit report.

**The table below provides a guide on what evidence can be used to demonstrate meeting the different outcomes.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outstanding Standard** | **Good standard** | **Required Improvement Standard** | **Inadequate Standard** |
| Clear evidence ofempowerment of people and carer/s and connected to advocacy where appropriate.  Case work and recording to an excellent standard.Clear evidence of compliance with Care Act duties and other legislation.  Evidence of good application of policy and procedures. Mental capacity considered and decision making clearly documented.  The persons outcomes have been identified, central to decision making and revisited throughout.  Excellent evidence of involvement of stakeholders and partnership working. Information shared appropriately.  Excellent evidence of practice that appropriately weighs up the risks and protective factors to person and others.Informed choice and positive risk taking has been enabled and reflected, where appropriate.  There is evidence of highly skilled communication and person- centred engagement and decision making.  | Evidence of involvement and empowerment of people and carer/s.  Case work and recording are of a high standard.  Compliant with Care Act duties and other relevant legislation.  Evidence of good application of policy and procedures.  Mental capacity considered and decisions documented. The persons outcomes have been recorded. Good evidence of involvement of person, carer/s or other relevant stakeholders. Information shared appropriately. Evidence of appropriate weighing up of risks and protective factors to person and others including positive risk taking, where appropriate.  Sound demonstration of person and carer/s being central to and/or involved in decision making.   | Some evidence of involvement and empowerment of person and carer/s.  Insufficient evidence of timely case management and/or gaps in information captured and recorded. Some evidence of compliance and application of legislative duties.  Some gaps in application of policy and procedures. Mental capacity has not been considered and decisions not documented. The persons outcomes have not been fully explored. Partial or delayed involvement of person, carer/s or other relevant stakeholders. Information shared appropriately.   Some evidence of appropriate weighing up of risks and protective factors to person and others including positive risk taking, where appropriate. Person and or carer not consulted / involved.  | No evidence of involvement of person and or carer.   Evidence of poor planning or serious gaps in information.  Non-compliance with Care Act or other relevant legislation Absence of evidence of correct application, and adherence to policies and procedures.  Mental Capacity is not explicitly referenced.  No evidence of attempts made to gather information pertaining to the person’s outcomes.  Missed opportunities, and or no evidence of engagement with person, carer/s or other relevant stakeholders.  Risks not acknowledged or managed.Disempowering practice to person or carer/s.  Not met legal duty to provide an advocate. |