

January Update on File Auditing and Achieving Arrangements

Service Area: Education and Children's Services

Introduction

The purpose of this report is to provide further details on the arrangements for auditing and archiving case records.

1. Procedure for auditing case records

The file auditing procedure outlines the process for auditing case records across Children and Families Services, this procedure has been in place since October 2008 and records are now audited on a quarterly basis (Appendix A). The audit tool includes a set of 15 standards which apply to all records and there are a further set of customised audit materials which are specifically designed to cover the practice requirements of regulated services such as fostering and adoption records, an example for the audit format for Child Protection and Looked After case records is at Appendix A.

Supervising managers audit a minimum of one file per team member each quarter, the last audit was undertaken in September 2009 and over 200 records were audited non were judged inadequate. The scheduled audit for December did not take place due to the announced Ofsted inspection which independently audited over 100 case records of which 20 were in reviewed on a multi-agency basis with Health records, no records were identified as inadequate. The inspection judged Hillingdon to be Good in both Safeguarding and Looked After Children's services. However, internal and external scrutiny has identified an issue of timeliness of recording which is being addressed.

2. Security of the storage facility

The building is fitted with CCTV equipment and entry is tightly monitored, All personnel who handle Hillingdon data are subject to Criminal Records Bureau checks. Certain specific information is stored in high security cages and access to these areas is even further restricted to a more limited number of personnel. The building is fitted with specialist fire detection equipment and linked directly to the fire station. Currently there are no issues relating to files not being available when requested.

3. Access to historical records

With changing legislation and regulation council policy is updated to ensure that records are retained for the required statutory timescales for example adoption records are retained for 100 years following an adoption. The current requirements are set by the Children Act 1989 with subsequent amendments introduced by new childcare legislation. Pre 1989 the statutory requirements for maintaining childcare records were less rigorous. Historical records have been requested particularly relating to adoption services for example a case relating to records dating back 1944 have been accessed.

4. Random file auditing

Random auditing is undertaken by the Head of Safeguarding and active file reading on the electronic system is undertaken by the Chief Executive. The recent Ofsted inspection commented that practices of senior managers:

“reflects the ownership and recognition of the importance of this work within the local authoritya review of a sample of cases each month in order to keep in touch with practice developments in children’s social care.”

Practice supervisors and managers regularly access records in case management and supervision activity, which ensures that files are regularly reviewed. Arrangements for independent review of case planning conducted by the Quality Assurance and Reviewing Service provide additional independent scrutiny of records.

Recommendations

1. Quaterly reporting arrangements are agreed for 2010/11.
2. Standards for case recording to include expectation for the timeliness of recording.
3. Procedure for auditing case recording is reviewed and reported to this committee.

Children and Families Case Recording Auditing Procedure

PURPOSE

This document provides guidance in the auditing of Children's Services case files both electronic and manual. The Auditing Policy and Procedure ensures that electronic and paper files are audited routinely to assure social care practice and decision-making. It includes auditing tools to ensure compliance with recording practices set out in National Minimum Standards for regulated services and Private Fostering.

The overarching aim of the audit is to improve the quality of services and outcomes for users. Case files will be examined to ensure that all relevant practice and quality issues are captured. The information gained will be used for continuous quality improvement within the performance management framework.

SCOPE

The contents of this document apply to all staff, including managers, who are involved in the recording of service users information in case files and/or have responsibility for the quality of the information recorded.

1. Introduction

- The aim of the policy and procedure is to develop and maintain a culture in which both quantitative and qualitative aspects of recording are routinely examined in order to ensure the best possible outcomes for users as identified in the Children Act 2004: "Quantitative audits consider whether the file is up to date, contains all the relevant documentation and that the documentation has been properly completed. Qualitative auditing considers the quality of the recording on file, and whether it reflects good practice. Although these can be conducted independently both are necessary. The record may be up to date and contain all the relevant documentation, but the quality of the recording may be poor or inappropriate to the needs of the child similarly, the record may be of a high standard, but out of date." ("Write Enough" – Steve Walker, David Shemmings and Hedy Cleaver in "Effective Recording for Children's Services", DoH 2003)
- The audit involves the participation of all workers in Children and Families Services and is intended to encourage continuous improvement of outcomes for users and ensure the spread of good practice right across the system.

2. The Audit Process

- The audit process will be undertaken quarterly and will identify evidence, which meets the standards set out in the audit tool.
- A service manager will be responsible for ensuring the audit is carried out. The

supervising managers will undertake the audit of a minimum of one case record/file of each member of staff.

- Service managers will provide a summary report quarterly, which will detail performance against the standards.
- The audit will be evidence based and require making a judgement as to whether the evidence meets the standards set out in the audit tool

3. The Audit tools

- The audit tool consists of a list of questions based on the Quality Practice Standards.

4. File Selection

- Each month one file per worker must be selected and put forward for audit.
- The file selected should be one in which the worker has recorded information.
- A different file should be selected each month.

5. Performance Standards

- The Quality Practice Audit Tool sets out the Quality Standards, which will help the department to achieve Quality Practice. The standards set out below are:

| | |
|-------------|--|
| Standard 1 | There is enough information collected on which to decide further action |
| Standard 2 | The decision making is consistent with the eligibility criteria |
| Standard 3 | The assessment adequately reflects all areas of risk to the service user, staff members and the public |
| Standard 4 | There is evidence of the referred child being seen (Children's records) |
| Standard 5 | There is evidence of the needs of the referred child being clearly stated within an Assessment framework (Children's records) |
| Standard 6 | The Care/Pathway Plan is informed by assessment findings |
| Standard 7 | Issues of ethnicity and equality are addressed in the care plan |
| Standard 8 | Clear outcome measures are established and agreed with the service user |
| Standard 9 | It is clear who is responsible for developing the plan |
| Standard 10 | There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided |

- Standard 11 Monitoring is carried out at regular intervals
- Standard 12 The review decisions are clearly reflected in the care/pathway plan
- Standard 13 The review identifies both successes and weaknesses in meeting identified needs
- Standard 14 The decision to close/transfer the case is related to assessments, care/pathway plans and reviews
- Standard 15 The record complies with National Minimum Standards for regulated services (This standard applies to all regulated services as defined by the Care Standards Act 2000)

▪ **Appendix 1 Audit Tool**

**CHILDREN AND FAMILIES SERVICES QUALITY PRACTICE
(CASE RECORDING) CHECKLIST**

Name of Team

Allocated worker

Team Manager

Name of user

Ref No

Service Manager/Auditor

| LONDON BOROUGH OF HILLINGDON – CHILDREN AND FAMILIES FILE MANAGEMENT MONITORING SHEET | | | |
|--|---|---------------------------|--|
| NAME OF THE CHILD | | Date monitored | By whom |
| 1. | File Management | Present Yes/No | Action Required By whom / by when |
| 1.1 | Up to date Personal Information Sheet Including: <ul style="list-style-type: none"> • Child’s full details, address • Family Details such as language, racial, origin • GP, School etc. | | |
| 1.2 | Chronology | | |
| 1.3 | Recording up to date | | |
| 1.4 | Three Monthly summaries | | |
| 1.5 | Evidence of Management Decisions | | |

| | | | |
|-----------|---|---------------------------|--|
| 1.6 | Clarity of recording | | |
| 1.7 | Transfer / Closing Summary | | |
| 1.8 | File Modulated | | |
| 1.9 | Stat Reviews | | |
| 2. | Looked After Children/Care Leavers | Present Yes/No | Action Required By whom / By when |
| 2.1 | EIR 1 | | |
| 2.2 | EIR 2 | | |
| 2.3 | PP1 + 2 | | |
| 2.4 | Planning Meeting Notes | | |
| 2.5 | Stat Reviews | | |
| 2.6 | Stat Medical + Health Action plan | | |
| 2.7 | Personal Education Plan | | |
| 2.8 | Care Plan/Pathway plan | | |
| 2.9 | Statutory visits to young person / Child in placement and Child seen | | |
| 2.10 | Evidence of Liaison with Carers | | |
| 2.11 | Chronology – not CATs | | |
| 2.12 | Assessment and Progress Records | | |

| 3. | Children with a Protection Plan/ Subject to S47 | Present Yes/No | Action Required By whom / by when |
|-----------|--|---------------------------|--|
| 3.1 | CP Module completed | | |
| 3.2 | S47 completed / risk Assessment | | |
| 3.3 | CP conference Notes | | |
| 3.4 | CP Planning Meeting Notes | | |
| 3.5 | CP Plan | | |
| 3.6 | Core Assessment | | |
| 3.7 | Recording up to date | | |
| 3.8 | Incident sheet up to date | | |
| 4. | Cases in Care Proceedings | Present Yes/No | Action required By whom / By when |
| 4.1 | Care Plan | | |
| 4.2 | Contact Arrangements | | |
| 4.3 | Record of Contact with GAL | | |
| 4.4 | Evidence of contact with Legal Department | | |
| 4.5 | Assessment for Court by Social Worker | | |
| 4.6 | Planning meeting Notes | | |
| 5. | Family Support Cases | Present | Action Required |

| | | Yes/No | By whom / By when |
|-----|------------------------|---------------|--------------------------|
| 5.1 | Initial Assessment | | |
| 5.2 | Core Assessment | | |
| 5.3 | Family Support Meeting | | |
| 5.4 | CIN Plan | | |

Appendix 2 Quality Practice Audit Tool – Children and Young Peoples Records

When assessing against the standards the supervisor should evaluate if a standard is Not Met, Met or Well Met

| Stages of the case management process both at referral and transfer | Quality practice criteria | What evidence is available on files (to be completed by supervisor and worker)? | Does the Service Manager judge that the standard is met? (Service manager to delete those that do not apply and comment) | Not/Met/Well/met |
|---|--|---|--|------------------|
| Screening/Referral or Initial point of contact with the team | 1. Is there enough information collected on which to decide further action? | | Yes No N/A | |
| | 2. Is the decision making consistent with the eligibility criteria? | | Yes No N/A | |
| Assessment or Reassessment | 3. Does the assessment adequately reflect all areas of risk to the service user, staff members and the public? | | Yes No N/A | |
| | 4. Is there evidence of the referred child being seen? | | Yes No N/A | |
| | 5. Is there evidence of the needs of the referred child being clearly stated within an Assessment framework? | | Yes No N/A | |
| Planning | 6. Is the Care/Pathway/In Need Plan informed by assessment findings? | | Yes No N/A | |

| Stages of the case management process both at referral and transfer | Quality practice criteria | What evidence is available on files (to be completed by supervisor and worker)? | Does the Service Manager judge that the standard is met? (Service manager to delete those that do not apply and comment) | Not/ Met Met Well /met |
|--|---|--|---|-------------------------------|
| | 7. Are issues of ethnicity and equality addressed in the Care/Pathway /in Need Plan? | | Yes No N/A | |
| | 8. Are clear outcome measures established and agreed with the service user? | | Yes No N/A | |
| Implementation of The Plan | 9. Is it clear who is responsible for developing the plan? | | Yes No N/A | |
| | 10. Is there evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided? | | Yes No N/A | |
| Monitoring the Plan | 11. Is monitoring carried out at regular intervals? | | Yes No N/A | |
| Reviewing The Plan | 12. Are the review decisions clearly reflected in the plan? | | Yes No N/A | |
| | 13. Does the review identify both successes and weaknesses in meeting identified need? | | Yes No N/A | |
| Closure/Transfer | 14. Is the decision to close/transfer the case related to assessments, care plans and reviews? | | Yes No N/A | |

Service Manager's / Auditor's comments about the file overall

Date of Audit & Signature

Team/Unit Manager's Comments / Actions

Recommendations of Report

State if there are links to other plans/strategies and briefly explain how?

(eg. Comprehensive Performance Assessment, Best Value, Public Service Agreements)

Any Implications?

(eg. Financial, Training, Legal, E-Services, Diversity, Hillingdon Improvement Programme, Customer Care, Property, Community Safety etc)