

SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS ASYLUM SERVICE – QUARTER 4 OCTOBER – DECEMBER 2010

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1. Introduction

This report provides a summary of the findings of the quarterly audit of Children's Social Care Records within the Asylum Service. Individual feed back has been given to Team Managers where there has been a need for specific immediate action.

Overall this audit demonstrated that case records within the Asylum Service are maintained to a good standard and that there is continued evidence of improvement in standards overall and within individual teams.

There continues to be concerted effort by staff and managers to address issues and correct errors on Protocol. The Business Support Officer (BSO) and the Business Support Team provide Asylum Managers with monthly reports to identify the types of issues occurring and whether these are system or staff related. The presence of a BSO continues to prove invaluable in supporting staff to resolve ICS issues. Asylum Managers attend/contribute to the ICS Expert Group meetings where they are attempting to identify common problems & solutions with the aim of improving the accuracy of data held on Protocol and Controcc.

The impact of the restructure of the Asylum Service, coupled with a steady reduction in the number of service users, has for a short time resulted in the majority of cases being allocated. Increased evidence of consistent supervision of practice and improved quality of service provision is shown, particularly for care leavers where previously, high numbers received a duty service. However, the Asylum Service is currently in the process of being mainstreamed and the impact of reductions/changes in staffing on service provision & supervision will require close monitoring.

This report is structured to address the individual standards with recommendations for improvement where necessary.

1.1 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 Mangers 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

1.2 The Audit tools

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

1.3 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.

2. Performance Standards

The Quality Practice Audit Tool sets out the Quality Standards that will help the department to achieve Quality Practice. The standards are set out below, and the following is a summary of findings from audits within the asylum service social care casework service between October 2010 and January 2011.

Standard 1 There is enough information collected on which to decide further action

The quality of recording in files was overall of a good standard. The quality of recorded information for files transferring between teams within the Asylum Service has improved.

Standard 2 The decision making is consistent with the eligibility criteria

Most records demonstrate that decision making is consistent with eligibility criteria as UASC/Care Leavers.

Standard 3 The assessment adequately reflects all areas of risk to the service user, staff members and the public

Risk analysis is not always evident in relation to 18+ care leavers. In one file the analysis of risk was absent although risks were identified (this taken up with worker by manager)

Standard 4 There is evidence of the referred child being seen (Children's records)

Most files indicated that LAC have been visited within required timescales. There is clear evidence of regular contact including home visits to Care Leavers age 18+.

Standard 5 There is evidence of the needs of the referred child being clearly stated within an Assessment framework (Children's records)

The audit found that the needs of the child/young person were clearly recorded within the relevant assessments – Initial/Core and Needs Assessment/ Pathway Plan.

- Standard 6 The Care/Pathway Plan is informed by assessment findings**
Care & Pathway Plans showed evidence of being informed by assessments. Needs and outcomes are being more clearly recorded on Plans in Protocol
- Standard 7 Issues of ethnicity and equality are addressed in the care plan**
This information was evident in most records.
- Standard 8 Clear outcome measures are established and agreed with the service user**
Overall files indicate that children and young people are being consulted and being engaged in their Statutory reviews and their Pathway Plans
- Standard 9 It is clear who is responsible for developing the plan**
All files audited had named allocated workers and responsibility for developing plans was clear.
- Standard 10 There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided**
This standard was well met with evidence that significant others such as carers, professionals and where possible relatives are being involved in the planning/decision making process.
- Standard 11 Monitoring is carried out at regular intervals**
Compliance with monitoring visits remains consistently high
The majority of case recordings up to date. In the very few cases where this was an issue Managers have identified this and are addressing with individual workers.
Monitoring through LAC reviews/ Protocol/case records and supervision remains consistent and well met.
- Standard 12 The review decisions are clearly reflected in the care/pathway plan**
Care/Pathway Plan Review decisions were clearly reflected where plans were up to date and recorded on Protocol.
Evidence of improvement in Pathway Plan reviews completed on time.
Still some delay in Review decisions being entered on Protocol which in turn delays worker being able to update Care Plans (issue being addressed via Expert ICS User Group)
- Standard 13 The review identifies both successes and weaknesses in meeting identified needs**
This standard was assessed as met in most instances.
- Standard 14 The decision to close/transfer the case is related to assessments, care/pathway plans and reviews**
Transfer decisions and closures are being made appropriately and in keeping with assessment of need/eligibility.

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)
N/A

3. Conclusion

Overall the standard of case recording across teams remains good.

Regular reporting on protocol issues/errors both within SMT and within the Asylum Service is resulting in managers and staff being able to both identify and address problems more effectively.

Results of the audits carried out between October 2010 – January 2011

| STANDARDS | OCTOBER - JANUARY | % |
|------------------|--------------------------|-------------|
| Not Met | 1 | 2% |
| Met | 8 | 20% |
| Well Met | 31 | 78% |
| TOTAL | 40 | 100% |

- Overall the majority of standards were met/well met
- In the one case where standards were overall not met issues mainly related to poor recording and updating of information on Protocol which have been addressed with the worker

4. Recommendations/ Action Plan

4.1 Service Manager to continue to provide a summary report for all managers highlighting areas of good practice and any areas which need addressing

4.2 Continue SMT and internal regular reporting and monitoring of issues/errors on protocol

4.3 Effects of changes in staffing and managers as a result of the plan to mainstream the Asylum Service to be closely monitored.