

# **SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS - CHILDREN'S RESOURCES – QUARTER 4 - OCTOBER – DECEMBER 2010**

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## **1. Introduction**

This report provides a summary of the findings of the fourth quarter audit of Children's Social Care Records. This audit covers the period from October to December 2010.

The report is structured to address the individual standards with recommendations for improvement where necessary. As each individual standard does not specifically address the individualised audit and services within Children's Resources a summary has been completed.

## **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

## **The Audit tools**

- The audit tools consist of a list of questions based on the Quality Practice Standards.

## **File Selection**

- For the Fostering and Adoption Teams 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.
- Within residential care the following has been agreed. That 2 files per month will be audited at HCRC (Mulberry Parade), that 5 files per month will be audited at Charville Lane and that at Merrifield and Howlett's Lane each young person's file will be seen within a 3 month period

There is difference in the auditing schedule for the residential homes, as the homes are routinely and stringently audited and inspected and there are clear systems within the homes to manage the resources and the inspection regime. For instance the four children's homes are inspected by Ofsted twice a year. There is usually one full inspection, based on the five "Every Child Matters" outcomes and the management arrangements

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within the home, and one shorter inspection that focuses on the action plan from the previous inspection. There is an increased focus on internal audits and self-evaluation. The inspectors have the authority to apply a “lighter touch” inspection to homes that are deemed as performing well. The four gradings for inspections are inadequate, satisfactory, good and outstanding. These apply to each area of the inspection and homes are also given an overall rating. Following each inspection the Managers are sent requirements or recommendations regarding any improvements needed with actions and timescales.

In keeping with Regulation 33 of the Children's Homes Regulations 2001, the Authority arranges for monthly visits to be undertaken of its Children's Homes. The arrangements for these visits are that, each month, a nominated officer (Independent Reviewing Officer and a Service Manager) will visit each Children's Home. The visit should usually be unannounced but can be announced if it is necessary to arrange to meet a particular person for example the Registered Manager. The person undertaking these visits may decide which area's to check and are given access to any records they see fit and may focus on particular themes or issues. Following these visits monthly Regulation 33 reports are completed by the Independent Reviewing Officer and Service Manager which are sent to Ofsted.

The Residential Managers of the individual Children's Homes also undertake a monthly audit, which covers all the areas within their responsibility.

Children's File audits and a Care Practice audit (which focuses on one area of practice) are also undertaken on a monthly basis by Residential Workers. These are audited by the Service Manager on a quarterly basis.

### **File Selection this Q4 period**

For this period of audit see table below:

	<b>Oct 2010</b>	<b>Nov 2010</b>	<b>Dec 2010</b>		<b>Total</b>
Adoption	9	23	0		32
Fostering	3	4	2		9
Howlett's	4	1	1		6
Mulberry	2	2	2		6
Merrifield			23		23
Charville	0	6	2		8
<b>Total</b>	<b>18</b>	<b>36</b>	<b>30</b>		<b>84</b>

## **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 across fostering, adoption and residential placement services.

## **The Fostering Team**

There are eight workers in the Fostering Team (not including managers). The Fostering Team did not meet its target for this quarter. Managers in this team audit cases in supervision and holiday and sickness have impacted on this audit period.

Files audited were all generally in good order and contained basic information sheets which made information easily accessible. Case recordings were up to date as were statutory checks, although, one file noted that checks were due. Annual reviews were all taking place on time. Training profiles for carers were up to date. Financial expenditure sheets were evident on all files but one. In two cases, end of placement forms were not received or held on file. One file did not record unannounced visits.

The issue of end of placement forms not being received by the Fostering Team will be taken up with the area teams.

There were many examples of good practice.

## **The Adoption Team**

There are nine workers in the Adoption Team (not including the Managers). As the policy is to audit one file per worker, per month, the Adoption team met their target for October and November due to the amount of files audited in November in preparation for the audit. It was therefore agreed that an audit in December was not necessary.

The case files audited demonstrated a thorough audit by the Deputy Team Manager and Team Manager. In November team managers from the Placements Team and Disability Resources Team also audited cases and the Quality Assurance Team double audited cases in preparation for Ofsted's announced inspection of the Adoption service, which took place 9th November 2010 and the week commencing 15 November 2010. The files were in reasonable order and information was easily accessible. The running records were not current, most being a month out of date but two were 7 months out of date, one five months and one two months out of date. The supervision records were also out of date with most being filed a month or two late but one was three months, one four and one five months out of date. This has been an issue in previous audits and needs urgent follow up.

Panel decision sheets, letters and key documents were generally on file. Case notes were on Protocol but not all other recordings had been entered due to issues with the system. System and user issues are being addressed. Statutory checks were completed in almost all cases. Checklists, parental consent forms and minutes of selection meetings were missing from three files.

File audits showed disparity and inconsistent practice. Some files highlighted missing or late recordings but the majority were of a high standard and up-to-date.

## **Residential Children's Homes and Respite Units**

### Charville Lane

Charville Lane was opened by Hillingdon Council's Social Services Department in 1982. Initially, it was a reception/assessment centre for young people who were experiencing difficulties living at home with their birth families. In the late 1980's, young people began to arrive at Heathrow Airport, who were unaccompanied, and needing to claim Asylum in the U.K. In recognition of the needs of these young people, part of Charville Lane was designated to providing a short-term residential care service for these young people in 1990. In 1994 the needs of this particular client group was growing, and Charville Lane extended the residential care service for Unaccompanied Asylum Seeking Children to the whole of the house.

Currently Charville Lane provides care for up to nine months for 13 Unaccompanied Asylum Seeking Children and young people who are at risk of being trafficked from the Children's Asylum Team and the Referral and Assessment Team, aged 12 to 17 years.

Audits demonstrate that main files are not present and signatures are not routinely obtained on weekly planners and care plans. Some documents, such as legal recording sheets are not on file and some files have not been updated i.e. recording of social worker details. There was evidence of good practice and good work with young people.

### Hillingdon Children's Resource Centre (HCRC or Mulberry Parade)

Mulberry Parade is a six bedded resource for local young people and offers a range of services and residential placements in both planned and emergency situations. It is a local alternative to an out-of-Borough placement and assists in young people leaving the care system and returning home to birth parents. The main functions of the unit are assessment, family work/reunification, preparation for other types of placement/moving on and crisis work. HCRC's role is to return young people to live with their families wherever possible but if this is not in the best interests of the young person, HCRC will actively work with the young person to help them move to a more appropriate long-term placement. Staff at HCRC will assist young people to understand why they are accommodated, what past experiences have brought them to this point, and what needs to change to return home to family and community. The HCRC will support the department's efforts to reduce the care population by further developing its outreach service.

As part of the audit Mulberry included 1 Care Practice Standard audit covering the month of October 2010. The area of practice covered was Care Practice Standard 8: 'Promoting a Positive Living Environment'. This was thoroughly completed.

Audits show that files are generally in good order. Front sheets are up to date. Legal papers are filed correctly. Observations of young people are always recorded daily. Audits indicate that young peoples' ethnic needs are met. Some files appear to be missing Looked After Children documentation from area teams. Link sessions appear to be inconsistent. File audits, in many cases, appear to highlight action required on a case i.e.

follow up with Optician, Dentist, LACE Team, ring education for a follow up etc. These areas should be covered in supervision.

Generally files seem to be well maintained although there is some variable practice with occasional gaps in information. Managers demonstrated that they followed up on practice issues in supervision. Area teams need to ensure they pass Mulberry all LAC documents. This will be followed up with the area teams.

### Howlett's Lane

Howletts is a community-based bungalow which was purchased in 1989 and which has been specially adapted to provide care for children with physical disabilities. It is located in an ordinary residential street within an established local community. The staff team aims to get to know the young people in their care and their family and friends, so that suitable plans can be made and implemented, where the welfare of the young people is paramount.

Howletts is to close at the end of March 2011 and the children and young people who attend will in future receive a service from Merrifield House, which will begin to operate as an eight bedded unit, following recent building and development work, in April 2011.

Audits demonstrate that referral and information records, placement information records and care plans were in place on appropriate files. Assessment and progress records and PEPs were not on file in two cases. Front sheets were on files and internal care plans and general risk assessments were in place, although two needed parental signatures. Health matters were up to date. Legal matters were generally not applicable. Children and young people's ethnic needs were recorded on front sheets.

One file required a general tidy up and that the permission checklist be signed, two others that the night time guidelines and behaviour management plans needed parental signature, a parental signature was needed on a three monthly care plan. Link sessions do not appear to be recorded.

### Merrifield

Merrifield House is purpose built as a two-storey resource. The ground floor was developed as an overnight respite care provision for children with a broad range of disabilities covering complex physical needs and Autism/Behavioural issues following consultation with parents, carers, and partners. There are four large single occupancy bedrooms, all en-suite, with specially adapted bathing and toileting facilities. In addition there is an arts and crafts room, a sensory room, a kitchen which young people are able to access, a separate dining room and a big lounge. The resources at Merrifield House are used during the day by a number of young people, their families and carers and local community groups including the voluntary sector, health and education colleagues.

Since its opening in 2007 the ground floor resource has developed and expanded its service in line with local requirements, responding to the needs of children and young people, their carers, the local community, including the voluntary sector. The Aiming High for Disabled Children programme provided an opportunity to expand the service and utilise

the large empty space on the first floor of the property. Following consultation with parents and carers (undertaken by the Children's Society, March 2008), there was overwhelming support for the development of improved services for short breaks. This development is already completed and will be operational April 2011.

File audits demonstrated that files were maintained to a very good standard and judged to be in good order. The majority of files were complete and up to date. Although, eleven files required parental signatures on the care plans, four needed the care plans to be reviewed. Two files needed a front sheet, one needed a front sheet updating, one a risk assessment and a care package review, another needed all the essential information to be placed on file. Managers demonstrated that they followed up on practice issues in supervision.

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

This standard needs further work.

There is inconsistency in recordings practice, however the audits demonstrate that managers are picking up on these inconsistencies and monitoring through supervision and / or the audit process.

**Standard 2    The decision making is consistent with the eligibility criteria**

This standard is met.

There is consistency in decision-making and evidence of management oversight.

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

This standard is met.

There was evidence of risk assessments both in residential and in fostering and adoption.

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

This standard is met.

This standard is demonstrated appropriately in residential files. Link sessions did not always happen though.



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

This standard is met.

This standard is demonstrated appropriately in the residential files though not always applicable to adopters of foster cares if no child is placed.

**Standard 6** **The Care/Pathway Plan is informed by assessment findings**

This standard is met.

**Standard 7** **Issues of ethnicity and equality are addressed in the care plan**

This standard is met.

**Standard 8** **Clear outcome measures are established and agreed with the service user**

This information was generally evident in most files.

The Standard needs further work.

This standard is not clear or rather not able to be evidenced by the audit layout. This does not mean, though, that the work has not been done.

**Standard 9** **It is clear who is responsible for developing the plan**

This standard is met.

**Standard 10** **There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided**

Audit demonstrates that records have named allocated workers.

This standard is met.

**Standard 11** **Monitoring is carried out at regular intervals**

Often, though, plans or documents are not signed by parents.

Standard needs further work.

Compliance with monitoring visits is variable; some files still show gaps although this does not accurately reflect the work that is undertaken.

**Standard 12 The review decisions are clearly reflected in the care/pathway plan**

This standard is met.

This standard is clear in residential files but often LAC information or documents are missing from files. This is often to do with the area teams not forwarding the information.

**Standard 13 The review identifies both successes and weaknesses in meeting identified needs**

This standard is met.

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**

The Standard needs further work.

This audit did not review closed cases.

**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)**

This standard is met.

### 3. Conclusion

This report has been compiled to address the individual standards with recommendations for improvement where necessary. There are 15 standards, which have been applied across the areas of the audit tools. The audit tool demonstrates inconsistencies between workers regarding the standards of recording and also highlights common themes of good practice. The results of the whether the standards have been met in the last quarter are as follows:

	<b>October – December</b>	<b>%</b>
Standard Met	73	86.9%
Standard not met	0	
Standard needs further work	11	13.1%
<b>Total</b>	<b>84</b>	<b>100%</b>

This table highlights that Standards are in the main being met with a few areas for development. Particular areas that need to be addressed are:

- Consistency of recording within and across teams
- Ensuring children are seen and their views and wishes and feelings sought and recorded
- Desired outcome are established and agreed with the service users
- Signatures should be included in documents as appropriate
- Protocol should be used to support the business
- Care plans and risk assessments should be up to date and on file
- Area teams to ensure they provide information and documentation to residential units and the Fostering and Adoption Teams

#### **4. Recommendations**

The audit process demonstrates a commitment from Managers to undertake audits and improve the quality of the service. It does this by allowing managers and Service Managers to examine practice, identify areas of strengths and weaknesses and critically evaluate practice. It is recommended that case management feedback should be communicated not just 'up' to the leadership team but also 'down' to Social Workers to ensure comment, opinion and advice from audits regarding practice issues and case management is shared, considered and deliberated.

Auditors need to be canvassed about whether this is happening routinely. Feedback in the Children's Resources Service has indicated that auditors have found this to be a positive process in terms of allowing them to look at practice issues and discuss cases with staff members.

Managers will need to use supervision effectively to ensure that they clearly feedback to staff when standards are not met and follow up to ensure practice is developed.

The audit tool does not enable a clear picture of multi-agency working, views of professionals, communication and information sharing between professionals, social workers and foster carers or evidence the professionals have been involved in the care planning. It is recommended that the audit tool be amended to incorporate evidence of multi-agency working.