

# Appendix 6 - Quality Assurance Audits

## Quarter 2 – Audit Overview Report

---

### *Quality Assurance Audits*

Quality Assurance Audits take place on a monthly basis within Children and Young People Services and Adult Services. This report gives an overview of the thematic audits reported on in quarter 3 of 2018, what is working well, what we will improve and by what methods. This report collates audit activity from across Social Services: Children and Young People Services, Adult Services, Hillside Secure Childrens Home.

Each audit tool devised is circulated to relevant stakeholders in Childrens Services, Adults Services and Hillside prior to audits being completed. Audit days usually take place once a month in the Quays IT room with team managers collectively auditing and analysing the themes arising.

### *Audits Completed*

During this quarter we have reported on five thematic audits:

<b>Audit Theme</b>	<b>Cases Audited</b>	<b>Service</b>
<b>Principal Officer Supervision Audits</b>	14	Joint Adult and Children Services
<b>Care and Support Plans</b>	35	Adult Services
<b>Assessments</b>	25	Adult Services
<b>Care Plan Reviews</b>	25	Adult Services
<b>Case File Content Audit</b>	All Young People Files (15)	Hillside Secure Childrens Home

### *What are we doing well?*

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

#### **In the Principal Officer Supervision Audit:**

- We have evidenced an increase from 80% to 86% of the cases audited where there was a current supervision agreement on file
- Supervision sessions were evidenced as being regular and within the guidelines of the supervision policy
- In all of the cases audited the personal supervision notes were stored securely
- In 83% of the cases audited progress towards achieving agreed objectives was discussed in supervision sessions
- In 85% of the cases audited each section of the personal supervision template was completed with clear identified actions, this is an increase of 10% from the previous audit
- In 91% of the case audited it was evident that the agreed actions of the previous supervision had been recorded and reviewed at subsequent supervisions, this is an increase of 36% from the previous audit
- In 86% of the cases audited current workload and capacity was discussed, this is an increase of 11% since the previous audit

- The supervision records were signed and dated by the supervisor **and** the supervisee in 86% of the cases audited, this is an increase of 6% from the previous audit
- There appears to be a balance of cases reflective of the staff member's experience in 92% of the cases audited, this is an increase of 7% from the previous audit
- We have evidenced a 19% increase to 69% where case actions agreed at previous supervision were reviewed, however there is still further room for improvement
- In 75% of the cases audited any new case actions were clearly recorded, this is an increase of 10% from the previous audit

**In the Care and Support plan audit:**

- In all of the cases audited there was a completed pen picture and over two thirds of these were evidenced to be of a good quality, this is an increase in both areas since the previous audit
- In 88% of the cases audited there were appropriate outcomes identified in relation to the individual, this is an increase of 10% since the previous audit
- In 88% of the cases audited it was clear what needs to happen to achieve the outcome, this is an increase of 25% since the previous audit
- 53% of the cases audit evidenced baseline and goal scores in all of the identified outcomes and 18% in some of the identified outcomes (total of 71%), compared with 14% in 2017 in all of the identified outcomes and 7% in some of the identified outcomes (total of 21%), this is an increase of 50% in 2018 compared with the audit in 2017
- All of the cases audited the plan detailed the date of the next review, this is an increase of 8% from the audit in 2017 (although 9% of these dates need to be looked at to ensure they are within 12 months)
- The length of visits is documented in the plan in 78% of the cases audited, this is an increase of 7% since the previous audit
- In 76% of the cases audited the plan indicated that it was shared with the individual

**In the Assessment audit we found that:**

- In 88% of the cases audited the assessment gives regards to the person's circumstances and also their personal outcomes (what matters to them)
- In 92% of the cases audited there are clear details on the barriers to achieving those outcomes
- Regard to the person's strengths and capabilities in 80% of the assessments audited
- It was evident in 88% of the assessments audited that the four separate conditions of the eligibility criteria had been applied to each outcome
- In 79% of the assessments audited, it was clear why certain outcomes could only be met through a care and support plan
- Mental capacity was considered as part of the assessment in 88% of the cases audited with no cases being identified from the 12% that it should have been, this is an increase of 30% from the previous audit
- In all of the cases audited where a lack of mental capacity was identified the appropriate steps were followed, this is an improvement of 24% of the cases audited
- In 87% of the cases audited the assessment detailed any individuals advocating informally on the individuals behalf
- In 78% of the cases audited where risks were identified, appropriate risk reduction strategies have been recorded

- In all of the cases audited the names of the individuals referred to in the assessment were consistent, this is an increase of 4% (previously at 96%)
- Auditors felt that overall the quality of assessment had improved from the previous audit undertaken in 2017

**In the Care Plan Review audit we found that:**

- In 80% of the cases audited the plan was person centred, this is an increase of 35% from the previous audit and was one of the areas we needed to improve
- In 77% of the cases audited there were clearly defined outcomes for the individual as opposed to service led, this is an increase of 17% since the previous audit
- A wellbeing category for each outcome was identified in 86% of the case audited, this is an increase of 33% from the previous audit
- Appropriate priority risks and strengths were identified in relation to outcomes in 91% of the cases audited, this is an increase of 41% from the previous audit
- Each outcome had been reviewed in 80% of the cases audited, this is an increase of 30% from the previous audit
- In 96% of the cases audited, a review date in the following 12 months had been set

**In the Hillside Case File audit we found that:**

- In all of the cases audited there was a completed basic information sheet and the appropriate referral paperwork
- In 93% of the cases audited the pre-admission checklist and the relevant care/Youth Custody Service paperwork was evident on the case file
- Monthly reviews were evident on 87% of the cases audited
- Recent key-working documents were evident in 93% of the cases audited
- In 86% of the cases audited there was a completed daily recording for AM and PM for the previous seven days
- In 80% of the cases audited the daily recordings provided sufficient detail on the physical health of the young person, auditors felt these were of a good quality
- In 87% of the cases audited the daily recordings provided detail around the emotional/mental health of the young person, again auditors felt these were of a good quality
- Young people were reported to have contact with family or professionals in 80% of the cases audited, 73% of these were with family members
- In 93% of the cases audited the daily recordings gave detail around lifestyle activities that the young person had taken part in
- In 71% of the cases audited the key-working gave detail of previous key-working sheets

***What will we improve?***

1. All supervisors to use the newly devised template in line with the supervision policy
2. System supervision report to be attached to all personal supervision notes
3. Case outcomes to routinely be discussed and documented in supervision notes
4. System reminders/outstanding supervision actions to be discussed routinely, case supervisions did not carry over actions from previous case supervisions
5. All care and support plans will include baseline and goal scores
6. More details to be included on the care and support plan where direct payments are in use
7. Signed copies of the care plan by the individual/carer to be scanned to the electronic file

8. We need to ensure that care and support plan outcomes are written in the words of the individual and not reworded by professionals
9. Assessment to give regard to the individual or other persons in not achieving identified outcomes
10. The analysis by the assessing worker to be developed further and scrutinised by managers during sign off of the assessment
11. Documents referred to in the assessment need to be scanned to the electronic case file
12. Baseline and goal scoring on care plan reviews to be routine
13. Evidence more clearly that risks identified are informed positive risk taking if applicable
14. Gain the views of the individuals/carers on the care plan review
15. Ensure that any best interest assessments are reviewed during the care plan review
16. Ensure that any signed documents are included on Hillside case files
17. All individuals completing the Hillside daily recordings need to clearly print their names
18. Ensure that the educational areas of the Hillside daily recordings give the appropriate information in regards to school attendance
19. Ensure that paperwork for Hillside is promptly filed in young people files
20. Clearly evidence any future Hillside key working sessions
21. Ensure the views of the young person in the Hillside daily recording logs
22. Consistency throughout the units in Hillside on the quality of the information in the daily recordings
23. Ensure all files are routinely checked for tidiness and loose papers

### *How will we do this?*

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Outcome Focussed, Quality Assurance and the Practice Improvement Groups
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

### *What have we learnt?*

In this last quarter we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this through various groups in the service areas. We have evidenced in the five completed audits on individual cases good working practices and embedded principles throughout Adult, Childrens Services and Hillside.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

### *Next Steps?*

Our effective auditing process is identifying key themes on good practice and areas we will improve. Post audit we have mechanisms in place for following through on actions identified. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Social Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed.

**Quality and Audit Coordinator – Mel Weaver**