

## **A provisional policy for the systematic auditing of children's social care records (Revised)**

### **1 Outline and status of the policy paper**

- 1.1 This paper outlines a policy for the auditing and quality assurance of children's case records stored within the Liquidlogic Children's System (LCS), the successor system to Liquidlogic Protocol ICS. LCS is an enhanced business process and data storage system, designed to support and record the key social care tasks of assessment, planning, intervention and review.
- 1.2 As with the first version of the audit policy, published in June 2013, this policy does not describe the final or ideal state for case file auditing within Children's Social Care. Alongside the technical and procedural developments reflected in successive upgrades of LCS since June 2013, two temporary auditor and quality assurance posts have been created. It is anticipated that audit activity will increase in volume and range and this will likely require new business processes, both for the storing of audit data and for the fulfilment and review of remedial actions.
- 1.3 Contact and work with children and young people referred for social care services are recorded within LCS. An auditing and quality assurance policy and supporting procedures are designed and applied with the intention of ensuring that case records are accurate, up-to-date and reflect practices likely to result in the best possible outcomes for children, young people and families.
- 1.4 The audit policy is relevant to all staff involved in recording the details of service users and the work undertaken with them. The policy is of particular relevance to staff involved in the management and review of social care interventions, and to those staff responsible for the management and maintenance of case records, whether in the course of case supervision or while undertaking audits.

### **2 Purpose**

- 2.1 The purpose of audit is to promote case recording that supports effective social work practice. Effective social work leads to beneficial outcomes for children; the audit policy describes a process through which to examine, question and test all aspects of case recording that are relevant to the achievement of beneficial outcomes. The results of case record auditing will be shared with practitioners and managers, so as to modify or improve individual case records and to develop optimal social work practice. Subject to the eventual accumulation of

a suitable and unbiased sample, the aggregation of audit results will also be used to estimate the characteristics of the whole social care case record population, to provide an indication of the state and potential for improvement in overall service performance.

### **3 Authority to sign off or vary the policy**

- 3.1 Once approved by the Children's Management Team (CMT) authority to sign off or vary the policy will be vested in the Assistant Director, Social Care and Safeguarding. Proposals for the variation in audit policy can also be brought through the monthly Children's Social Care Management Meeting (SCMT), chaired by the Assistant Director, Social Care and Safeguarding.

### **4 Introduction**

- 4.1 Case file auditing is a process for ensuring and improving service quality through the systematic examination of case records. During an audit a case record is evaluated against set criteria and an assessment is made about completeness, quality and the need for remedial action. The purpose of case file auditing is to improve outcomes for children, by promoting excellent social work and case management practices. Case file auditing is not an inspection and it should, ideally, be undertaken with the consent, understanding and support of all the social care staff with responsibility for a particular case.
- 4.2 The audit process will be subject to continuous review. The form, focus and volume of case record auditing will develop in response to the estimated state of case records at the point when systematic auditing begins, to current and emerging priorities and to the level of resources that can be assigned to the task. It is anticipated that there will be two complementary approaches to case record auditing: whole case record audits, in which a randomly selected sample of cases are examined each month, and 'thematic' auditing, in which case records of a particular type are examined as at a fixed date or over a longer time period to determine changes over time.

### **5 Outline of the audit process**

- 5.1 Among the issues for consultation and decision is where within the Children's Services structure should rest responsibility for the management of a case file auditing programme. The provisional location is within the Performance and Quality Assurance section, with lead responsibility assigned to the Consultant Head of Performance and Improvement and with accountability through the Assistant

Director, Social Care and Safeguarding to the Strategic Director, Children, Young People and Culture. (Since first introduced, and in the interests of independent interpretation and scrutiny, the audit programme was for a time managed in the Safeguarding Unit by the then Strategic Lead, Quality Assurance and Performance Management. This post is currently vacant.)

- 5.2 Audits will be undertaken by Consultant Quality Assurance Social Workers and by members of an 'audit pool', comprised of social work qualified managers and specialists within Children's Social Care, all of whom will be allocated and will complete as many case record audits in each calendar month as is feasible. As a general rule, members of the 'audit pool' should expect to receive at least one audit request each month. The Consultant Head of Performance and Improvement, Consultant Quality Assurance Social Workers and other nominated audit pool members will also review a random sample of audits undertaken by their peers, so as to achieve an acceptable level of consistency, particularly in the judgements made about case record quality.
- 5.3 The Consultant Head of Performance and Improvement will report each month to the Strategic Director, through the Performance Management Meeting (PMM); to the Assistant Director, Social Care and Safeguarding, through SCMT; and to the wider social care management group through the Extended Managers' Meeting (EMM). Where the results and findings of the audit process have a bearing on individual or general social work practice, recommendations or requirements for practice improvement will be communicated to the social care workforce through Strategic Leads and Service Managers, for matters particular to specific cases, or through PMM, SCMT and EMM on matters of policy.

## **6 Outline of proposed audit practice**

- 6.1 Case record audits will be based on a sample of all referrals open within LCS on a specific day each week. The base sampling frame is Annexe A and its constituent lists, published each Monday morning.
- 6.2 For random audits the case file population will be stratified and sampled by the Consultant Head of Performance and Improvement or other designated officer, as set out in an *Audit and Quality Assurance Sampling Guide*. The size of the sample will be determined by the estimated number of available auditors in the relevant audit period/month, based on the assumption that each 'pool' auditor will complete at least one audit.

- 6.3 Each audit will follow a pattern prescribed by an audit form and processes. The form currently in use, adopted in December 2015, is an adaptation of one used by Cheshire East Council; a copy of the form can be found in section 2.6.1. Audit pool members will be trained to access and complete the audit form as they might any other assessment document. It is intended that the audit form will eventually be incorporated within LCS, so that the assessment, record of activity and audit outcomes will all form an integral part of the child's case file. In the interim, and regardless of what 'off-system' audit forms have been used, once completed and verified each form will be saved, with an associated Case Note, into the 'Documents' section of the child's LCS record.
- 6.4 At the beginning of each audit period the audit pool members will be notified that they have been assigned an audit. Pending the integration of the audit form as an assessment form within LCS, which will provide for the creation and allocation of an assessment task, the notification will take two forms: an email to the auditor, containing the relevant details, and the creation of a Case Note in the child's file, with an attached alert for the attention of the auditor and the Allocated Case Worker. The audit should be completed within 20 working days. Auditors are encouraged to confer with the Allocated Case Worker and, where necessary, with the Team Manager, so as to develop the fullest and contextualised understanding of the case.
- 6.5 On completion of the audit the auditor should authorise it, and notify the Consultant Head of Performance and Improvement that the audit has been completed. One of two possibilities follow: either the audit is quality assured, based on prior selection by random sampling, or it is assigned to the worktray of the Team Manager in whose team the case is being supervised. Where remedial actions are required the Team Manager has 25 working days in which to authorise them as completed.

## **7 Responsibilities of Auditors**

- 7.1 Auditors have a critical place in Bury's programme for achieving service excellence, as the Council will rely on the accumulation of auditor judgements to assess standards, to highlight good practice and to identify areas for improvement. Achieving these outcomes depends on auditors being consistent in completing audits within timescale, in exercising good judgment and in framing clear recommendations for remedial action to case records, where necessary.
- 7.2 Auditors will have 20 working days in which to complete their audits. The performance reporting timetable means that any delays in audit completion will reduce the case record data for analysis and with it the

reliability of service standard estimates. Where auditors are assigned an audit that they cannot complete within 20 working days, for example because of annual leave commitments, it is the auditor's responsibility to request a deferment, dispensation or reallocation. The expectation is that all social work qualified managers and specialists will be members of the audit pool and will complete at least one audit in each audit period; any actual or anticipated difficulty in doing so should be notified to the Consultant Head of Performance and Improvement.

- 7.3 Auditors are expected to judge case records fully, fairly and critically; completing all the required sections of the audit form and detailing clearly the merits and deficits evident in the case record.

## **8 Reliability**

- 8.1 Case record auditing relies on the exercise of judgment. Without measures to promote consistency between auditors, as well as by individual auditors in their completion of successive audits, judgements might vary widely. Allocations will frequently be 'paired', so that two or even three auditors will independently examine the same case record and then come together to form a consensus view. The Consultant Quality Assurance Social Workers will also combine their findings in short review reports at the end of each thematic audit exercise. The Consultant Head of Performance and Improvement will periodically arrange an inter-rater reliability exercise, based on a sample of pool auditors completing an audit on the same case record. Variations between auditors will be discussed, so as to arrive at a common understanding on all significant criteria. Audit pool members are encouraged to work closely with the Consultant Quality Assurance Social Workers and with the Consultant Head of Performance and Improvement and, when necessary, to consult in the course of completing their audits.

## **9 Remedial Actions**

- 9.1 It is particularly important that auditors should evidence their judgements and that they state clearly whether remedial actions are required. Where there is any suggestion of practices or omissions relevant to child safety, the auditor must immediately notify the Strategic Lead for Safeguarding (A&A and Safeguarding case file audits) or the Strategic Lead for Placement Services (CYPIC) or, in their absence, the relevant Service Manager, any of whom will discuss the circumstances and will decide with the auditor how and by whom the issue(s) will be raised with the relevant Team Manager. In the event of the Team Manager not being available the issue(s) will be

- raised with the responsible Service Manager or, in their absence, the relevant Strategic Lead.
- 9.2 Regardless of when any case file omissions or errors identified in the audit process occurred, responsibility for completing achievable remedial actions will rest with the current Team Manager and Allocated Social Worker.
  - 9.3 From the creation of a remedial action 'activity', in the form of a Case Note within LCS, the Team Manager will have 25 working days, or as specified if fewer, to effect remediation. Although the nature of the required remedial action might necessitate work by the Allocated Case Worker, the responsibility for compliance remains with the Team Manager, who should sign off and authorise the action(s), as completed, within 25 working days.
  - 9.4 Some necessary remedial actions might not be achievable, for example where information is required from managers and social workers who are no longer employed in the authority. Where remedial actions cannot reasonably be completed for lack of information, Team Managers should provide an explanation using the LCS 'Management Decision' facility. Such Management Decisions should be authorised by a Service Manager or Strategic Lead before the audit remedial action activity is completed and the audit form is authorised by the Team Manager. If the need arises to make use of the 'Management Decision' facility, then reference to this should be made explicit by the Team Manager.
  - 9.5 On a related point, the policy will be that where the Allocated Social Worker is absent for a significant part of the time available in which to make remedial actions, responsibility for undertaking the remedial actions falls to the supervising Team Manager.
  - 9.6 Although audit samples are drawn from all cases open on a given date in each week (invariably Monday), it is possible that a case within the sample will have closed before the audit activity begins. No case should be closed with an uncompleted audit activity; an audit should be treated as no different to any other form of assessment, i.e. a case should not close while an audit is in progress. Where an audit has begun, closure will be contingent on completion of the audit and fulfilment of any and all remedial actions.
  - 9.7 Whenever a Referral is created and a case is reopened, the Team Manager must consider whether there are any relevant and/or unfulfilled remedial actions from previous case record audits. Where a case record has previously been closed prior to the completion of an audit, or without remedial actions having been completed, where feasible the remedial actions must then be fulfilled. Where this is not

possible a 'Management Decision' must be entered, as for non-achievable actions.

- 9.8 Where there is a disagreement between the auditor and the receiving Team Manager and/or social worker, as to the necessity or feasibility of the required remedial actions, in the first instance the responsibility for attempting resolution rests with the auditor, Team Manager and/or social worker. Disagreements relevant to safeguarding issues must be referred to the relevant Strategic Lead or, in their absence, to the Service Manager, Safeguarding, as also should be other disagreements that cannot be resolved. In circumstances where agreement cannot be reached the audit will be quality assured by the Consultant Head of Performance and Improvement; thereafter the issue(s) will be resolved in discussion between the auditor, the Team Manager and/or social worker, the Consultant Head of Performance and Improvement and the responsible Strategic Lead.

## **10 Post-audit compliance**

- 10.1 Among the provisions of the audit plan will be arrangements for the review of remedial actions identified during case record audits. A review of all remedial actions will be undertaken on a four month delay. The Consultant Head of Performance and Improvement will arrange for the examination of all case records in which remedial actions were required and will record whether the actions have been fulfilled (i.e. done), 'completed' (i.e. signed-off by a Team Manager) and authorised (i.e. confirmed by a Team Manager or Service Manager as fulfilled).
- 10.2 The Quality Assurance and Performance team will assemble a spreadsheet listing the state of remediation four months post-audit. The list will be broken down into teams and be distributed to the relevant Team Managers, with a copy to the responsible Service Manager and Strategic Lead. Responsibility for ensuring the completion of any outstanding activities rests with Team Managers. The Consultant Head of Performance and Improvement will report to SCMT and EMM on the number and nature of outstanding remedial actions identified during post-audit compliance reviews. The Consultant Head of Performance and Improvement will periodically undertake a further 'review of reviews', to determine whether improvements resulting or intended from remedial actions have been sustained.