

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 26TH JANUARY 2009

REPORT ON: CASE FILE AUDITING

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 65-2009

1.0 PURPOSE OF THE REPORT

1.1 To advise the Committee of new Social Work Operating Procedures that will improve the Case File Auditing Process and contribute to continuous quality improvement within the Department's performance management framework.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

2.1 Note the details of this report;

2.2 Instruct the Director of Social Work to fully implement the procedures and produce an annual departmental performance report on audit findings with identified actions to achieve continuous improvements.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Case recording is central to the process of social work assessment, decision-making, service planning and delivery. Case recording should evidence not only the documentation required in assessment and care management processes but also the quality of practice and work undertaken.

The overarching aim of case file auditing is to improve the quality of services and outcomes for people who use our services. This applies equally across all service areas.

4.2 The Social Work Inspection Agency's Performance Inspection of the Department in 2007 included an audit of 100 community care and children's services case files using a standardised audit tool and database. Their findings were positive and comparable with our internal findings and those from the other authorities inspected to date. Overall, case recording was judged positively and the type and level of assessments were found to be in keeping with the needs of the service users. There was evidence of multi-agency working and good examples of workers sharing information with the service users and inviting them to attend decision making meetings or reviews. In many areas the audit findings were at the higher end of the scale and in some instances were significantly better than the other authorities inspected. For example, we had the highest percentage (62%) of files containing timescales and action points and details of who was responsible for the action points (81%). There were however areas where the audit findings were at the lower end of the scale and

these were the subject of a report to the Directorate with recommendations for an improved case file auditing procedure to improve our monitoring arrangements.

- 4.3 An Operating Procedure and database for the collation of case file audits has been developed and these are now our vehicles for measuring the success of the improvement actions taken. Earlier this year staff in Community Care piloted the tool and database for 60 case file audits. Children's Services are currently using the same tools to audit child protection files, in preparation for the forthcoming Child Protection themed inspection. Using the same audit tools as SWIA (with minor modifications) will allow us to monitor trend over time performance information. The auditor is required in most cases to select from a pre-determined set of answers: some questions have straightforward yes/no answers, whilst others are more qualitative, e.g. rate the quality of the care plan on a given scale. The audit tool can be completed in either paper or electronic format, whichever is most appropriate for the auditor and his/her workplace.
- 4.4 The intention behind the development of the Operating Procedure is to develop and maintain a culture in which both quantitative and qualitative aspects of auditing are routinely carried out to ensure that all relevant practice and quality issues are identified and hence the best possible outcomes achieved for our service users.
- 4.5 To accompany the audit tool and database there is also a Remedial Action Sheet for the auditor to record any 'action(s) required' to meet the Department's case file quality standards. As the aim of an audit is to improve practice, it is the auditor's responsibility to identify where there are any issues and make recommendations for improvement action.
- 4.6 The Heads of Service have responsibility for file selection and for identification of auditors within their service.
- 4.7 Additionally, Heads of Service may decide to conduct one-off more in-depth case file audits of particular types of files. This may involve interviews with staff, service users and carers, as well as case file audits to gain a better understanding of the experience of individual service users and the factors that influence good or poor practice.
- 4.8 Auditing may take the form of a management/senior officer audit or delegate peer audit i.e. carried out by a worker in another team who has no responsibility or involvement with the case but is a critical colleague, someone that understands the issues and challenges.
- 4.9 Each Head of Service has determined an annual target number of cases to be audited in each service and a programme of auditing for their service area.
- 4.10 Auditors are responsible for judging that the required case recording principles and standards (see Operating Procedure xx) are met. This includes making a decision about the quality of the social work practice, decision making and recording and checking that the evidence which is required is on file.
- 4.11 Most significantly, the auditor is responsible for immediately bringing any significant issues/concerns resulting from a case file audit to the attention of the appropriate Service Manager.
- 4.12 The audit database into which the completed audit details will be recorded is also a replica of that used by the Social Work Inspection Agency (SWIA) during their performance inspection of the department in 2007. This allows the calculation of summary data on all the files audited and allows direct comparisons to be made with SWIA's findings. It will also allow the regular monitoring of progress against the baselines set at the inspection in 2007.
- 4.13 It is the case holder/care manager's responsibility in collaboration with his/her line manager to ensure that the necessary remedial action identified by the auditor is acted upon and the

remedial action sheet completed and filed in the appropriate case file.

- 4.14 A case file audit performance report will be presented to the Directorate on a 6 monthly basis. This will be prepared by an officer of the Strategy and Performance Service in collaboration with the Heads of Service. The Operating Procedure will be reviewed on an annual basis.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

6.0 CONSULTATION

- 6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

None.

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Director of Social Work

Date: 9th January 2009