



Case Recording File Audits

Quick Guidance

This guidance applies to all staff within Adult Services, including managers, who are involved in the recording of service user's information in case files and/or have responsibility for the quality of information recorded. This guidance does not apply to Mental Health Services, which are currently using a slightly different auditing tool "*Guidance on the use of Integrated Case Record in Haringey Adult Mental Health Services*".

Each team must audit two case files per month. Case Files; refer to both electronic and paper files. Therefore, both the paper file and Framework I need to be audited. For Services that do not have Framework I but use any other electronic information recording system, that system should also be audited as part of this process.

The case files should be chosen randomly, either by a service manager or a competent person nominated by the service manager for that team. The teams should be auditing different cases each month. The Service Manager or competent person chosen by the Service Manager, can choose in advance a list of cases that will be audited for a 6 month period. If this method is preferred, a list should also be sent to The Performance Team for their records.

The auditor should be a team manager/unit manager or Deputy Manager/Practice Manager, or equivalent for that unit. In order to ensure the quality of services, auditors need to have line management responsibility within that team/unit and should not be below the grade of a Deputy Manager/Practice Manager.

The case audits are not a replacement for effective supervision. Supervision itself is a form of auditing and line managers should be checking case files during the supervision process. The authorisation of work, such as assessments by a line manager, is also an auditing process, which is crucial to maintaining the quality of the service. The Audit tool can be used as a self assessment, practitioners can self audit their own files prior to supervision to ensure they are meeting the quality standards expected by Haringey Council.

The auditor must make a judgement about whether the evidence on file meets the required standards. This judgement should be in line with all local and national protocols. Enough information is deemed to be, that which allows any professional accessing the recorded information (available on electronic and paper files), to make an informed decision about further action. In other words there is evidence which can be used for decision making.

If an auditor identifies gaps in a file, for example an assessment not evidencing any cultural needs, the case worker should not go back to Framework I or the assessment and make direct changes. This will have a negative impact on Adult Services Performance Indicators and is not in line with good practice requirements. If the auditor highlights deficiencies in an assessment, care plan etc the auditor needs to make a decision whether the case should be reviewed and the care management process followed. This decision should be clearly marked on the file and on the audit tool.

If the auditor identifies that a worker needs to obtain information/evidence that is not part of the assessment/episode process, then that information should be clearly noted on the audit tool and the file. The Auditor and Line Manager have the responsibility for ensuring this information is followed up and the file contains all the necessary information. The worker has 5 days to update any information required on the file. An extension can be negotiated locally in certain situations by the line manager/service manager. This should be clearly marked on the file and audit tool, clearly evidencing the reasons for the extension. Once the file had been updated with all outstanding tasks the auditor/manager should complete the last section of the audit tool, clearly marking that the file is now updated with all information required.

The file should clearly indicate that it has been audited, with a record by the Auditor on the file indicating the date the file was audited. A copy of the completed audit form should also be placed on the file or uploaded onto Framework I. For services that use Framework I, the system will be reconfigured so staff can access the audits directly from Framework I. Until Framework I has been reconfigured to allow for this process, the audits should be used electronically and then uploaded onto the system.

All completed audits must be sent to The Performance Team, by the last week of each month. Wherever possible this should be emailed to The Performance Team electronically, or once Framework I is reconfigured to reflect this new process, through Framework I. The Performance Team's email is: Adults.QualityAssuranceTeam@haringey.gov.uk

Should a team audit the same file twice in 12 months The Performance Team will not accept this and ask that a different file is audited. The ultimate responsibility for ensuring that files are audited in line with this guidance lies with Adult Services and the respective Service Managers.

The Audits will be used as a continuous improvement in the quality of Haringey's service delivery. The Performance Team will include any performance activity in the Balance Score Cards and monthly performance call overs. Any issues identified as a result of the case audits should be discussed with the line manager of that member of staff and resolved locally. Where there are any major concerns highlighted, these will need to be brought to

the Service Manager's attention, who has the overall responsibility for the quality of that service.

Once a case has been audited it should not be audited again within 12 months.

This guidance should be cross referenced with the care management manual, the case recording policy, supervision policy and other legislative requirements.