**QUALITY DIP SAMPLE CASE TEMPLATE**

*(For individual children’s case records)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dip sample theme/scope** |  | | | |
| **Date (s) of sample** |  | | | |
| **Undertaken by**  *(Name and job title)* |  | | | |
| **mosaic ID** |  | | | |
| **Summary of findings** | | | | |
|  | | | | |
| **Analysis of practice including managing and reducing risk** | | | | |
|  | | | | |
| **Overall grade**  (Judgement made by Manager undertaking Dip Sample) | **Inadequate** | **Requires Improvement** | **Good** | **Outstanding** |
|  |  |  |  |

**Check List for Dip Sampling Manager:**

* Input recommended action(s) as required into table below
* Contact relevant Manager to discuss findings
* Send this form to relevant Service/Team Manager and submit to the Quality Assurance and Partnerships Team: [QAPaudits@dorsetcouncil.gov.uk](mailto:QAPaudits@dorsetcouncil.gov.uk)

**Check List for Manager of allocated worker:**

* Discuss and confirm recommendations and action with the Social Worker/practitioner
* **Follow up progress at next Supervision to confirm action(s) completed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RECOMMENDED ACTIONS TABLE** | | | | | |
| **mosaic ID** | |  | | | |
| **Date of dip sample exercise** | |  | | | |
| **Dip sample theme** | |  | | | |
| **Recommended action (s)** | | | | | |
| **No.** | **Action** | | **By who** | **By when (date)** | **Date action completed** |
|  |  | |  |  |  |
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**Check List for Social Worker/practitioner receiving recommendations:**

* Complete actions
* Copy and paste **Recommended Actions Table** (above) with the date actions completed into a case note on mosaic
* Return copy of the completed **Recommended Actions Table** (above) to the Quality Assurance and Partnerships Team: [QAPaudits@dorsetcouncil.gov.uk](mailto:QAPaudits@dorsetcouncil.gov.uk)