



# PRACTICE GUIDANCE: COLLABORATIVE CASE FILE AUDIT

APPROVED BY .....WORKFORCE & PRACTICE BOARD....

APPROVAL DATE.....2<sup>ND</sup> MARCH 2023....

PRACTICE GUIDANCE APPLIES TO: ALL PRACTITIONERS, AND MANAGERS  
WITHIN ADULT SOCIAL CARE'S OPERATIONAL TEAMS

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ADVANCED PRACTICE LEADS

## **Version control**

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## **PLANNED REVIEW DATE**

This practice guidance will be reviewed every two years unless the service delivery requires more immediate amendments due to a change in guidance from any appropriate body.

## 1. INTRODUCTION

1.1. The purpose of this document is to provide a guide on completing an Adult Social Care collaborative case file audit to enable a consistent strength based and transparent approach to completing case audits across the service area and to achieve the best outcomes for people in Cumbria.

1.2. O'Rourke (2010) advocates that recording is important for three main reasons:

- Evidence policy, process and practice have been followed appropriately, demonstrating professionalism and competency.
- Provide the rationale behind professional judgement, making it clear how a decision was arrived at and being accountable for why a particular course of action was taken (or indeed not taken).
- Give a clear picture of the person's story, their wishes, views and preferences which can be used by them and/or others to empower and better understand their situation and any care or support needs

1.3. The audit document links to the Care Quality Commission's Assurance Framework and Think Local Act Personal's (TLAP) Making It Real 'I statements'. Making It Real was co-produced with people with lived experience of accessing services, TLAP and the Coalition for Collaborative Care. Each 'I' statement describes what good looks like from an individual perspective, with a focus on personalised care and support that is founded on a belief that, "**PEOPLE WANT TO HAVE A LIFE AND NOT A SERVICE**" (TLAP, 2018).

1.4. Aiming to meet the 'I statements' guarantee's that a practitioner will provide a quality person-centred service, that promotes choice and control for the person/people involved.

## 2. AIMS OF THE COLLABORATIVE CASE FILE AUDIT

2.1. The aim is to provide opportunity for learning and improvement to practice so as a Local Authority we are providing the best service possible to the people we support in Cumbria.

2.2. To gain service user feedback to improve the service we provide for the people in Cumbria.

2.3. The expectation that the knowledge and skills gained through case file audits is consolidated and that specialist knowledge and skills are developed in relation to their employment setting and service user group.

2.4. To identify development themes within Adult Social Care; this will help inform and identify appropriate learning opportunities for practitioners across the service.

### 3. PRINCIPLES

- 3.1. All parties must adhere to the professional standards required by both their professional bodies and Cumbria County Council.
- 3.2. All parties should learn from audits and endeavour to complete good quality case recordings.
- 3.3. All parties should complete audits to achieve best outcomes for the people we support in Cumbria.

### 4. ROLES AND RESPONSIBILITIES

4.1. Please see roles and responsibilities detailed below:

Principal Social Worker and Senior Managers	<ul style="list-style-type: none"> <li>• Have overall responsibility for ensuring that audits are being completed within Adult Services at Cumbria County Council.</li> <li>• The Principal Social Worker (Adults) will be responsible for co-ordinating the establishment of a policy for Audits within Adult Services, and to ensure it is reviewed each year through the Workforce and Practice Board.</li> <li>• To identify development themes within Adult Social Care; this will help inform and identify appropriate learning opportunities for practitioners across the service.</li> <li>• Will moderate one audit that has been moderated by a service manager in their service, quarterly to ensure there is a consistent approach across the county.</li> </ul>
Service Managers	<ul style="list-style-type: none"> <li>• Will moderate one collaborative audit completed by a team manager in their service monthly to ensure there is a consistent approach within the service area they manage.</li> </ul>

<p>Team Manager &amp; Advance Practice Leads</p>	<ul style="list-style-type: none"> <li>• Complete monthly collaborative audits with Adult Social Care practitioners.</li> <li>• Provide supportive environment within the collaborative audit to facilitate learning and reflection with Adult Social Care practitioners to achieve the best outcomes for the people in Cumbria.</li> <li>• Identify areas of strength within the collaborative audit.</li> <li>• Prepare 2 case studies per month that identify good practice and refer these to the Serious Success Review.</li> <li>• If appropriate, develop a Practice Improvement Action Plan with the practitioner.</li> <li>• If the auditor is not the Team Manager and the outcome of the audit has been identified as 'requires improvement', the auditor has the responsibility to inform the Team Manager of the practitioner the outcome of the audit.</li> </ul>
<p>Practitioners in Adult Social Care</p>	<ul style="list-style-type: none"> <li>• Engage in the collaborative audit process.</li> <li>• Work collaboratively with the auditor to learn and reflect on their own practice to achieve the best outcomes for the people in Cumbria.</li> <li>• If the overall score of the audit has been identified as 'requires improvement', work collaboratively with the auditor and/or their team manager to create and adhere to a Practice Improvement Action Plan.</li> </ul>

## 5. METHADODOLOGY OF AUDIT

5.1. This audit has been designed to be a reflective process to completed collaboratively between the auditor and the practitioner.

5.2. A case will be allocated from the practitioner's current case load so any development can occur immediately. Feedback should also be gained from the person/carer or their representative as part of the audit journey and suggestions for questions to be asked can be found at the end of this document.

5.3. Following the audit, feedback and suggestions should be communicated to the practitioner’s supervisor and these should be followed up in the next supervision to ensure both suggestions for improvement are implemented and also to highlight what is going well.

**6. TIMESCALES FOR COMPLETING AUDIT**

6.1. One audit monthly will be given to Team Managers and Advance Practice Leads at the beginning of the month. The audit should be completed collaboratively with the practitioner and submitted by the last working day of the month.

**7. AUDIT FORM AND GUIDANCE NOTES**

7.1. Guidance notes are written below each question to provide further clarification on the questions being asked through the audit if necessary.

7.2. When submitting the collaborative audit all identifying information of people with whom you have worked must be deleted or fully anonymised or so that it would not be possible to identify any individuals on the Microsoft Forms audit document.

Auditor Name	
Persons IAS ID	
Practitioner	
Team Name	
Team Manager	
Service Area	

**Feedback from the Person/Carer or Representative**

“Without the service users voice, how can you know you’ve got it right?” (Hughes, 2017). To promote coproduction and enable service user feedback the following questions have been developed to be asked of the person or their carer the auditor should make efforts to contact the to person or their representative. We recognise this may not always be practicable. If this has not been achieved please document what barrier to this so this can be reviewed to develop future person involvement.

Have you been able to make contact with the person or their representative?	
Yes	No
If yes, please use the following questions as a guide if not please proceed to question 7.	
1. Did the practitioner clearly explain who they were and what their role was?	

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
2. What can you tell me about their involvement in your life?				
3. Did the practitioner listen to you and give you the time to tell them the things you wanted to?				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4. How did you feel as a result of their involvement?				
5. Do you think the practitioner understood your needs?				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6. If they didn't do this well, how could they have done it better?				
7. Did the practitioner explain the options available to you and your rights alongside this?				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
8. You have a better understanding of your situation following this practitioner's involvement?				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
9. If so, how? If not, why not?				
10. If you had a friend or family member in the same situation would you recommend the practitioner to them?				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Any other comments?				

11. What was the barrier to contact the person or their representative? (only answer this question if you could not contact the person or their representative)
<b>Thank you for your contribution to our aim of improving of the quality of service we provide to the people of Cumbria.</b>

## Care Act Assessment

### 'I' Statements

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
- I feel safe and am supported to understand and manage any risks.
- I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.
- I can live the life I want and do the things that are important to me as independently as possible.
- I am treated with respect and dignity.
- I can get information and advice that that is accurate, up to date and provided in a way that I can understand and helps me think about and plan my life and how I can be as well as possible, physically, mentally, and emotionally.
- I know what my rights are and can get information and advice on all the options for my health, care, and housing.
- I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school, or college.

The following questions cover the content of the assessment process.

Has a Care Act assessment been completed for the person?			
Yes		No	
If yes, please complete the following questions. If no, please move to the support planning section of the audit:			
1. Has confidentiality and consent to share information been considered with the person?			
Is it clear that confidentiality has been discussed with the person and their family? Have any restrictions to these been clearly documented? Is consent (or lack of) to share information been recorded? To provide informed consent 'A person understands the nature (what) + purpose (why) + consequences (risks) of a health or social care intervention or action and they are not coerced' (Richards and Mughal 2018). Where P cannot consent, the Mental Capacity Act 2005 should be applied.			
Outstanding	Good	Requires Improvement	Inadequate
2. Have the person's communication requirements been documented and appropriate methods identified and used?			
The auditor and others looking at the assessment should clearly know how to communicate with the person and should include any aids or adaptations required to do			

this. Consideration should also be made regarding the best time and place to communicate with the person.				
Outstanding	Good	Requires Improvement	Inadequate	
<b>3. Have appropriate specialist assessments or referrals been requested (eg. Nurse, Doctor, OT, ROVI, Social Worker, Safeguarding, ect.)?</b>				
Where appropriate the assessment should be paused for specialist assessment in line with the Local Authority's duty to reduce, prevent and delay needs. This information should be used to inform a robust evidenced based assessment. If a specialist assessment is uploaded the author of the assessment should be asked for permission before any part of the assessment is used.				
Outstanding	Good	Requires Improvement	Inadequate	
<b>4. Has the practitioner identified any other areas the person may experience inequality so we can tailor care and support to enable the person to live as they want to, seeing them as a unique person with skills, strengths and goals?</b>				
The practitioner should seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We should have identified if the person has any protected characteristics such as but not limited to, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation to ensure they receive care and support tailored to meet their needs as an individual.				
Outstanding	Good	Requires Improvement	Inadequate	
<b>5. If appropriate, has advocacy been referred to and consulted with to inform the assessment?</b>				
Where someone is unable to fully participate in these conversations or has substantial difficulty and has no one to help them, local authorities will arrange for an independent advocate. This should have been considered at the assessment and throughout all interventions with the person.				
Not Appropriate	Outstanding	Good	Requires Improvement	Inadequate
<b>6. Does the assessment show the person was fully involved and clearly state the views, wishes, feelings and beliefs (past and present) of the person? Is their voice clear?</b>				
The assessment should provide a good picture, history and context of the person, their life, needs and wants, which should include past and present wishes. If the person has difficulty engaging in the assessment process this should be gathered through appropriate informal/formal advocacy. The assessment should include the persons voice, and this should include any direct quotes about their life and needs.				
Outstanding	Good	Requires Improvement	Inadequate	

## 7. Is the use of language non-judgmental, respectful and empowering?

To be empowering the analysis should be about the person or to help the person understand their situation better and to be able to demonstrate what that situation means for their wellbeing. The analysis must be clear to the person being assessed and anyone else who requires it to support them effectively. The assessor should respect the persons wishes and the way they choose to live their life, any professional judgment or opinion should be evidenced based and non- discriminatory.

Outstanding	Good	Requires Improvement	Inadequate
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## 8. Have the relevant people been involved in the assessment?

Section 9 of the Care Act 2014 states that the assessment must include the individual, any person providing care to the individual and any other person the individual asks to be involved. Where the person lacks capacity to advise on who to involve, the assessor must include anyone they deem necessary.

Outstanding	Good	Requires Improvement	Inadequate
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## 9. If inadequate, please tick who should have been consulted?

The person		Health Professional	
Family Member		Unpaid Carer	
Advocate		Police	
Occupational Therapist		Social Worker	
Care Provider		Other	

## 10. Is the assessment proportionate to the person's needs?

A proportionate assessment will be as extensive as required to establish the extent of a person's needs, will always be person-centred and based on their individual circumstances. Needs may well differ in their breadth and depth; additional exploration of underlying needs may be required, or an individual may have needs only within some aspects of their lives. For example, individuals who have a clear understanding of their existing complex needs may require a less intensive assessment than someone who has recently developed needs and has newly approached the local authority.

Outstanding	Good	Requires Improvement	Inadequate
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## 11. Are all appropriate wellbeing principles been considered for the person?

The practitioner should have worked with the person to clearly identify the person's own outcomes, goals and wellbeing and recorded this within the assessment. No hierarchy should be given to the wellbeing principles, and all should be considered of equal importance when considering 'wellbeing' in the round.

The practitioner should have adopted a flexible approach that allows for a focus on which aspects of wellbeing matter most to the individual concerned. Considering the person's views and wishes is critical to a person-centred system. Local authorities should not ignore or downplay the importance of a person's own opinions in relation to their life and their care. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into

account. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.			
Outstanding	Good	Requires Improvement	Inadequate
<b>12. Are the person's strengths and networks clearly identified?</b>			
<p>An assessment utilising a strengths-based approach or perspective is one that should underpin good social work systemic practice. The assessment should centre on having meaningful conversations with the person who may be in need of care and support. The assessment meeting should be based on the dialogue that takes place and the assessment conversations should draw out and explore the inherent strengths of the person. The aim of the assessment dialogue is to identify what the persons strengths are at various levels by;</p> <ul style="list-style-type: none"> <li>• Identifying their own strengths, wishes and priorities</li> <li>• The "strength" of the person's supporting network such as their family or friends and neighbours</li> <li>• Their wider network of support for example local groups, voluntary organisations, corner shops, the local café or library</li> <li>• This may need to take place over more than one "assessment visit"</li> </ul> <p>For the person being assessed, it may be a challenge to identify their own strengths or resilience. They may not recognise what we mean when we talk about identifying "strengths" The conversations during assessment, review or support planning intervention should enable the person to identify their own "strengths" and/or supporting network.</p>			
Outstanding	Good	Requires Improvement	Inadequate
<b>13. Have further assessments been identified (eg. mental capacity; risk; deprivations of liberty)?</b>			
<p>The assessment should show that the person is assisted to identify any risks to themselves and ways to manage them which could include independent risk assessments.</p> <p>Any deprivations to the person's liberty should be appropriately authorised by the Court of Protection.</p>			
Outstanding	Good	Requires Improvement	Inadequate
<b>14. Does the assessment identify and consider carer's needs/offer a carers assessment?</b>			
<p>The Care and Support Statutory Guidance (2014) outlines that where an individual either provides or intends to provide care for another adult (this includes young carers) the LA must consider whether to carry out a carers assessment or refer to a carers association to do so. Consideration must also be given to both the current and future ability of the carer to provide care in addition to whether the carer is willing to provide care now and in the future. The assessment should document that this has been considered and appropriate action taken.</p>			
Outstanding	Good	Requires Improvement	Inadequate

15. Is there evidence of facts being documented, weighed up and professional opinions clearly stated?			
<p>Guidance Note: it should be clear within the assessment what is fact and opinion, and it should be clear where and how this information has been gathered. Any professional opinion or decisions should be evidenced based and demonstrate critical thinking. There should be a record to show how decisions that affect a person's life were reached. That means that in assessment we need to record:</p> <ul style="list-style-type: none"> <li>• what information we gathered, from whom and why</li> <li>• what we thought it meant and why</li> <li>• our judgement based on what we thought it meant</li> </ul>			
Outstanding	Good	Requires Improvement	Inadequate
16. Is there a clear conclusion for identified eligible needs?			
<p>As per the Care and Support statutory guidance '6.103:  <i>In considering whether an adult with care and support needs has eligible needs, local authorities must consider whether:</i></p> <ul style="list-style-type: none"> <li>• <i>the adult's needs arise from or are related to a physical or mental impairment or illness</i></li> <li>• <i>as a result of the adult's needs the adult is unable to achieve 2 or more of the specified outcomes (which are described in the guidance below)</i></li> <li>• <i>as a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing</i></li> </ul> <p><i>An adult's needs are only eligible where they meet all 3 of these conditions.'</i></p> <p>The conclusion reached should evidence <i>why</i> the person does/does not meet the above conditions.</p>			
Outstanding	Good	Requires Improvement	Inadequate

## Support Plan

### 'I' Statements

- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I have care and support that is coordinated, and everyone works well together with me.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.
- I know how much money is available to meet my care and support needs and I can decide how it's used.
- I have a place I can call home, not just a 'bed' or somewhere that provides me with care.
- I live in a home which is accessible and designed so that I can be as independent as possible.
- I have opportunities to learn, volunteer and work and can do things that match my interests, skills, and abilities.
- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity, and culture.

- I have considerate support delivered by competent people.
- I am supported to plan ahead for important changes in life that I can anticipate.
- I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.

**The following questions cover the content of the support planning process.**

Has a support plan been completed for the person?			
Yes		No	
If yes, please complete the following questions. If no, please move to the Mental Capacity Act 2005 section of the audit:			
1. Is the support plan person-centred?			
<p>The support plan should clearly show the person, or their representative, was involved in decision making and regard to their views, wishes, feelings and beliefs were considered to ensure that their needs were met in a way that works best for the person.</p> <p>The Statutory Guidance outlines that a person should be provided with opportunity to either lead or strongly influence the development of their care plan, primarily because it is <i>their</i> plan.</p> <p>Information should be provided to the person in a manner that is accessible to them, along with clear explanation of the options available.</p>			
Outstanding	Good	Requires Improvement	Inadequate
2. Does the support plan clearly state the person's views, wishes, feelings and beliefs (past and present)?			
Outcomes within the support plan should reflect the person's wishes and feelings, regardless of the extent to which they wish to, or able to, engage in the process of support planning.			
Outstanding	Good	Requires Improvement	Inadequate
3. Does the support plan show the relevant people were involved?			
The Care Act 2014 states that ' <i>In preparing a care and support plan, the local authority must involve any carer that the adult has, and any person whom the adult asks the authority to involve or, where the adult lacks capacity to ask the authority to do that, any person who appears to the authority to be interested in the adult's welfare.</i> '			
Outstanding	Good	Requires Improvement	Inadequate
17. If inadequate, please tick who should have been consulted?			
The person		Health Professional	
Family Member		Unpaid Carer	
Advocate		Police	
Social Worker		Occupational Therapist	
Care Provider		Other	

4. Does the support plan show personal preferences about how care and support is provided, both formally and informally?

Any needs being met by a carer must be taken into consideration with due regard being given to whether the carer is willing and able to continue in a caring role. In the cases where the carer is, a clear contingency plan should outline what the person would want to happen if this support was to no longer be available.

The support plan should also incorporate prevention, universal and community-based services to the extent that these contribute to the person's overall wellbeing.

The Care and Support statutory guidance advises that the option of a Direct Payment must be explained to the person so that they can make a decision regarding the level of choice and control they wish to have over their care and support.

Outstanding

Good

Requires Improvement

Inadequate

5. If appropriate, has self-directed support been discussed with the person and their preference been explored?

All options of support should have been discussed with the person, such as but not limited to: Direct Payments and Individual Service Funds to ensure the person gets the choice of the support that best suits them and their individual needs.

Not Appropriate

Outstanding

Good

Requires Improvement

Inadequate

6. If the preference has been identified, has this support option been used?

Not Appropriate

Yes

No

7. Has the person required a personal budget?

Yes

No

8. If yes, does the support plan show how the practitioner calculated the individual personal budget for the person?

The Calculating a Personal Budget Procedure outlines that the 'Council will agree a 'reasonable offer' which considers value for money and affordability of meeting a person's needs in different settings. This 'reasonable offer' will be based on ensuring that the Council is able to meet its statutory requirements in responding to assessed needs. The reasonable offer will be calculated in the following way:

1. Needs identified through assessment
2. A range of possible options will be identified and discussed with the individual
3. Benchmark costs for each option will be calculated using our usual price fee rates for independent residential care or for 'Shared Lives' services, for particular user groups. Where care at home is being considered we will also apply local framework rates for support at home providers to help in determining the value of the personal budget.
4. The reasonable offer will also take into account the potential for signposting and referral to other support that does not require personal budget spend.
5. The most affordable setting where we can meet the needs and keep the person safe will then be identified.
6. This will form the basis of the initial personal budget allocation, and 'reasonable offer'

<p>7. <i>Individuals will be given the opportunity to express a choice for a different option and increased personal budget and this will be considered at a budget holder level. The increase will be granted only where there are exceptional circumstances justifying this, taking into account the individual's particular needs.'</i></p>				
Outstanding	Good	Requires Improvement	Inadequate	
<p>9. Does the support plan show how wellbeing outcomes will be achieved, both formally and informally?</p>				
<p>The aim of the support plan should be to connect the needs identified through the assessment process with care and support options that are best placed to meet these needs in a way that leads itself to maintaining or improving a person's wellbeing. 10.31 of the Care and Support Statutory guidance states <i>'The plan must detail the needs to be met and how the needs will be met, and will link back to the outcomes that the adult wishes to achieve in day-to-day life as identified in the assessment process and to the wellbeing principle in the Act. This should reflect the individual's wishes, their needs and aspirations, and what is important to and for them, where this is reasonable.'</i></p>				
Outstanding	Good	Requires Improvement	Inadequate	
<p>10. Does the support plan show consideration of community strengths?</p>				
<p>The Care and Support statutory guidance states <i>'Needs may be met through types of care and support which are available universally, including those which are not directly provided by the local authority. For example, in some cases needs could be met by a service which is also made available as part of a local authority's plans for preventing or reducing needs for care and support (under Section 2 of the Act). Needs could also be met, for example, by putting a person in contact with a local community group or voluntary sector organisation'</i> these should be clearly documented within the support plan.</p>				
Outstanding	Good	Requires Improvement	Inadequate	
<p>11. Is there evidence of emergency contingencies and forward planning?</p>				
<p>Has consideration been made to contingency planning within the support plan such as what support would the person require if the main carer was no longer able to provide this? Or if the person lives in an area that is at risk of severe weather conditions is there a plan in place if a carer cannot get to the property?</p>				
Outstanding	Good	Requires Improvement	Inadequate	
<p>12. Has a support plan review been completed in the appropriate time frames?</p>				
Yes		No		
<p>13. If yes, has the persons needs significantly changed?</p>				
Yes		No		
<p>14. If yes, has reassessment been undertaken?</p>				
Yes		No		

15. What has triggered the review/reassessment?	
Planned Support Plan Review	
Crisis Response	
Safeguarding Concern/Episode	
Care Provider Failure	
Breakdown of Informal Support	
Other	

## Mental Capacity Assessment and Best Interests

The following questions cover the content of the capacity assessment and best interests process:

Has a Capacity Assessment been completed for the person?			
Yes		No	
If no, please complete question 1 only. If yes, please audit this with questions 2 - 6:			
1. If no, from the case recordings is there anything that puts the persons capacity in doubt around a particular decision and in your opinion should a capacity assessment have been completed around this?			
<p><i>'The presumption of capacity is important; it ensures proper respect for personal autonomy by requiring any decision as to a lack of capacity to be based on evidence. Yet the section 1(2) presumption like any other, has logical limits. When there is good reason for cause for concern, where there is legitimate doubt as to capacity [to make the relevant decision], the presumption cannot be used to avoid taking responsibility for assessing and determining capacity. To do that would be to fail to respect personal autonomy in a different way'</i></p> <p style="text-align: right;">(Royal Bank of Scotland Plc v AB)</p>			
Yes		No	
2. Has the appropriate decision been clearly identified within the capacity assessment and as the person been asked this and the response been recorded?			
<p>The statement '<i>P lacks capacity</i>' is, in law, meaningless. You must ask yourself "<i>what is the actual decision in hand</i>"? If you do not define this question with specific precision before you start undertaking the assessment, the exercise will be pointless (A Local Authority v JB).</p> <p>It is important that P is asked the question (in whatever manner is appropriate) during the assessment (and record the answer). If, unusually, it is not appropriate to ask the precise question, the reasons why it was not asked should be spelled out carefully (Ruck Keane 2022).</p>			
Outstanding	Good	Requires Improvement	Inadequate
3. Within the capacity assessment has the available & viable options been identified with the relevant salient information?			
Before the practitioner can determine whether P is able or unable to decide, they must identify the available options and what the information relevant is to the particular decision. This includes the reasonably foreseeable consequences of deciding one way or another or failing to make the decision. Those reasonably foreseeable consequences can			

include not just the consequences for P but also, where relevant, the consequences for others (Ruck Keane 2022).  
Most of the time the salient information for key social care decisions is set out in case law.

Outstanding	Good	Requires Improvement	Inadequate
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**4. Has the practitioner taken all practicable steps to support the person make the decision?**

All steps should be recorded as to how they have tried to promote the person’s ability to decide and if they were unsuccessful. This could include practical support such as using equipment, considering time of day, ensuring it is the right environment, using the right language, having support there and providing training. It would be unlikely that a capacity assessment could be done for a big decision in one visit unless there is a significant risk, and this would always need to be reviewed. For further guidance on practicable steps please see the HELPED table, research in practice tool on the attached link: [adults\\_pt\\_mca\\_web.pdf \(researchinpractice.org.uk\)](https://researchinpractice.org.uk/adults_pt_mca_web.pdf).

Outstanding	Good	Requires Improvement	Inadequate
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**5. Has the practitioner identified the impairment or disturbance in the functioning of the person’s mind or brain and if they lack capacity established that the person’s inability to make the decision because of the identified impairment or disturbance?**

There is a danger that practitioners will mentally ‘tick off’ the presence of an impairment or disturbance and then will not sufficiently question whether that impairment or disturbance is causing the inability to make the decision as a result this link needs to be recorded. This information would likely have been gathered from a health professional it would be best practice to record who this information was gathered from (Ruck Keane 2022).

Outstanding	Good	Requires Improvement	Inadequate
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**6. Has the practitioner completed an evidence based rational as to whether the person is or is not able to make the decision?**

The practitioner should have evidenced Why P could or could not understand, or retain, or use/weigh, or communicate in spite of the assistance given and evidence this. ‘*Verbatim notes of questions and answers can be particularly valuable in the record of the assessment, because they can allow the reader then to get a picture of the nature of the interaction and judge for themselves both the nature of the questions asked and of the responses received*’ (Ruck Keane 2022).

Outstanding	Good	Requires Improvement	Inadequate
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**Has a Best Interest Decision been completed for the person?**

Yes	No
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If yes, please audit this with the following questions:

**7. Has the practitioner gone through the best interests ‘checklist’ as is guided by the Mental Capacity Act code of conduct?**

The practitioner should have considered:

- **Permitting and encouraging participation** Do whatever is possible to support and encourage P to take part, or improve their ability to take part, in making the decision (MCA Code of Practice used term ‘permit’ but uncomfortable)
- **All relevant circumstances** Attempt to identify what P would take into account if they were making the decision or acting for themselves. As part of the capacity assessment, the person determining best interests should already have identified all the salient details of the decision which, because of incapacity, now falls to be made.
- **The person’s wishes, feelings, beliefs and values** Attempt to find out the views of P including Past and Present wishes and feelings (expressed verbally, in writing or through behaviours, habits), their beliefs and values (religious, cultural, moral or political) that might likely influence the decision in question and any other factors P themselves would likely consider (NB: reasonably attainable – all possible information in time available – will differ based on urgency of situation)
- **Equal consideration and non-discrimination** - Do not make assumptions on the basis of age, appearance, condition or behaviour
- **Regaining capacity** Consider whether P might regain capacity (and if so, can the decision wait?)
- **Life-sustaining treatment** Do not make assumptions about P’s quality of life (nor “be motivated in any way by a desire to bring about the Person’s death”)
- **The views of other people** Where practical and appropriate, ensure consultation of anyone previously named by P, anyone engaged in P’s care, person’s interested in P’s welfare (close relatives, friends etc), Attorney or Deputy. If none of the above available or suitable, ensure Advocacy (IMCA)

(Ruck Keane 2021)

Outstanding	Good	Requires Improvement	Inadequate
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### 8. Has the practitioner effectively used the balance sheet and avoided the protection imperative?

When completing a balance sheet the practitioner should compare the various options under consideration. The practitioner should include practical implications for P as well as less tangible factors such as relationships with family members and health and care staff. For each option, it can be very helpful to set out (with reasons):

- The risks and benefits to the person;
- The likelihood of those risk and benefits occurring;
- The relative seriousness and/or importance of the risk and benefits to the person.

It is extremely important to be clear that it is possible for there to be many apparent risks to the person of a particular course of action and only one benefit, but that that benefit is of overriding importance. Such a benefit is sometimes called the factor of “magnetic importance.

Outstanding	Good	Requires Improvement	Inadequate
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### 9. Has the least restrictive option been considered and used and is there clear rational as to why this is the least restrictive option?

Principle 5: ‘Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.’ (section 1(6))

<p>The MCA Code states that before somebody makes a decision or acts on behalf of a person who lacks capacity to make that decision or consent to the act, they must always question if they can do something else that would interfere less with the person's basic rights and freedoms. This is called finding the 'less restrictive alternative'. It includes considering whether there is a need to act or make a decision at all.</p> <p style="text-align: right;">(Lord Chancellor 2007)</p>			
Outstanding	Good	Requires Improvement	Inadequate
<p><b>10. Has the decision and rationale been clearly recorded?</b></p>			
<p>The MCA Code of Practice also requires that a detailed record should be kept of all best interests decisions made and how they were reached. In addition to the decision itself, the record should include:</p> <ul style="list-style-type: none"> <li>• how the decision about the P's best interests was reached;</li> <li>• what the reasons for reaching the decision were;</li> <li>• who was consulted to help work out best interests; and</li> <li>• what particular factors were taken into account.</li> </ul> <p style="text-align: right;">(British Medical Association, 2021)</p>			
Outstanding	Good	Requires Improvement	Inadequate
<p><b>11. Has the practitioner appropriately identified if or if not the person is deprived of their liberty?</b></p>			
<p>The Supreme Court judgment of 19 March 2014 in the case of Cheshire West clarified an "acid test" for what constitutes a "deprivation of liberty"</p> <p>The acid test states that an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:</p> <ul style="list-style-type: none"> <li>– Lack the capacity to consent to their care/ treatment arrangements</li> <li>– Are under continuous supervision and control</li> <li>– Are not free to leave</li> </ul> <p>All three elements must be present for the acid test to be met.</p> <p style="text-align: right;">P v Cheshire West and Chester Council and another and P and Q v Surrey County Council, 2014)</p>			
Outstanding	Good	Requires Improvement	Inadequate

## Case Notes

<b>1. Is there evidence that the person has been provided with a copy of their assessment and support plan?</b>				
The Statutory Guidance states that the Local Authority must provide a copy of the assessment and support plan to the person, their representative or anyone else they request receive a copy. This must be in a format that is accessible to the person receiving it.				
Outstanding	Good	Requires Improvement	Inadequate	Not Applicable
<b>2. Is there evidence of face to face work being undertaken?</b>				
Face to face contact with people with infection prevention measures in place should be the rule rather than the exception, for assessment, review and direct work with people. This in line with the Statutory Guidance which outlines that the Local Authority has a duty of care to carry out assessment in a way that recognises the needs of those being assessed, especially when regarding the need for safeguarding, advocacy and consideration of mental capacity.				
Outstanding	Good	Requires Improvement	Inadequate	
<b>3. Is there evidence of ongoing person involvement?</b>				
Local Authority assessment and intervention into a person's life should be an ongoing process involving the person, to help them understand their situation and the needs they have in relation to this. This is very much in line with what people have said they wanted through the Think Local Act Personal project outlining people want a life, not a service.				
Outstanding	Good	Requires Improvement	Inadequate	
<b>4. Is there evidence of integrated working where appropriate?</b>				
Where more than one agency is involved in supporting the person there should be a co-ordinated approach to assessment and support to ensure the person does not have to repeatedly tell their story. Effort should be made with agencies such as health, housing, children's services, or mental health, that work is undertaken in a collaborative manner to ensure the best outcomes for the person involved. If there is a young carer involved in supporting the person, there should be evidence of the child/young person being referred for a young carer's assessment or child's assessment.				
Outstanding	Good	Requires Improvement	Inadequate	
<b>5. Is there evidence of information and advice being provided?</b>				
The provision of information and advice is critical in ensuring that people are able to make informed decisions which in turn increases their sense of choice and control. The Statutory guidance states this is then key to promoting people's wellbeing as well as preventing or delaying needs for care and support.				

Outstanding	Good	Requires Improvement	Inadequate
<b>6. Are case notes up to date and show evidence of timely case progression?</b>			
Recording undertaken in a timely manner allows for others to access a person's record and have a clear view of where things are at any given time. Should recording be undertaken a considerable time after the event this should be acknowledged within the case note.			
Outstanding	Good	Requires Improvement	Inadequate
<b>7. Is there evidence of prevention being considered?</b>			
Statutory Guidance outlines that prevention and early intervention are at the heart of the care and support system and as such, the Local Authority must provide information, advice and preventative services to people, including people not eligible for services. Prevention can be understood at three levels:			
<ol style="list-style-type: none"> <li><b>1. Prevent</b> <ol style="list-style-type: none"> <li>a. Primary: the aim of primary prevention is to promote wellbeing and may include the use of befriender services to reduce isolation, encouraging families to talk about potential changes in the future or engaging the use of Health and Wellbeing coaches for example.</li> </ol> </li> <li><b>2. Reduce</b> <ol style="list-style-type: none"> <li>a. Secondary: the aim of secondary prevention is early intervention and may include work with carers, falls prevention, telecare and adaptations.</li> </ol> </li> <li><b>3. Delay</b> <ol style="list-style-type: none"> <li>a. Tertiary: the aim of tertiary prevention is to minimise the effect of disability or delay deterioration in health and care needs for people/carers and can include the provision of reablement or rehabilitation but can also include joint case-management for people with complex needs.</li> </ol> </li> </ol>			
Outstanding	Good	Requires Improvement	Inadequate
<b>8. Is the language used clear, non-judgemental and respectful?</b>			
The person's case record is <i>their</i> case record. Any documentation made should be written with the view that the person could at any point read it and so consideration should be given to whether the language used is clear, non-judgemental and respectful at all times. Any abbreviations should be clearly explained in full and then the abbreviation can be used following this.			
Outstanding	Good	Requires Improvement	Inadequate
<b>9. Is there evidence of the law, policy and procedures being used appropriately?</b>			
The case notes should reflect the practitioner's consideration of law, policy and procedure through their casework.			

Outstanding	Good	Requires Improvement	Inadequate
10. Is there a clear determination between what is fact and what is opinion?			
<p>Recording facts can give an accurate picture that can be used to weigh new information against eg. 19 bags of rubbish – on the next visit there may be only 10 bags of rubbish indicating progression.</p> <p>Professional opinion should be stated as such and based on either professional experience of a similar situation; knowledge of the individual; or research in the area with a clear outline of the reasoning that the opinion is based on (SCIE, 2021).</p>			
Outstanding	Good	Requires Improvement	Inadequate
11. Do the case notes clearly explain what was done by whom, why and what will happen next?			
<p>Clear recording will ensure that at any point the person’s record can be accessed and continuation of work can be completed at any stage.</p> <p>It must be clear who has taken the decisions, and it should be possible to track the process of decision including knowing who was involved in the process and the rationale or evidence on which the decision was based. There should be a proportionate rationale for every decision made i.e. there should be sufficient information for the decision to be defensible.</p>			
Outstanding	Good	Requires Improvement	Inadequate
12. Is there evidence of supervisory or peer oversight?			
<p>The Supervision Policy outlines that, “<i>Any professional discussions that take place within supervision, relating to case work should be appropriately documented on IAS in a case note under the heading ‘Supervision Discussion outcome’. This will support the auditing of case records, professional decision making and managerial oversight.</i>” Any supervisory case notes should be empowering, the analysis should be about the person or to help the person understand their situation better and to be able to demonstrate what that situation means for the persons wellbeing.</p>			
Outstanding	Good	Requires Improvement	Inadequate
13. Is there an absence of abbreviations, acronyms and/or copies of emails?			
<p>The assessor should not use abbreviations, professional jargon and acronyms within these case files to ensure this accessible to the people we support and their families. Copy email exchanges which take place elsewhere, particularly where contentious or confidential opinions are expressed. Some factual detail may be inserted in case notes, but as with letters and documents outlined above, a brief summary of the key information derived from email should be recorded rather than the full email exchange. In any cases where elements of the email are cited in case notes, the author of the email should be</p>			

asked for permission before any part of the email is used as per Cumbria County Councils Case Recording Standards Policy.

Outstanding	Good	Requires Improvement	Inadequate
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## Summary

1. To what degree has professional curiosity been evidenced throughout the practitioners intervention?

Curiosity is required to support practitioners to question and challenge the information they receive, identify concerns and make connections to enable a greater understanding of a person’s situation. Adults may feel embarrassed, ashamed, hurt or traumatised. Being curious by asking sensitive and respectful questions will allow information to be discovered and enable appropriate support to be provided (Local Government Association, 2017).

Professional can use professional curiosity when supporting adults by:

- identify and take action to explore more deeply what is happening for an individual using proactive questioning
- make connections and have the confidence to respectfully challenge when appropriate
- identify potential abuse or neglect, or potentially abusive and/or neglectful situations
- intervene early and take preventative approaches before a situation deteriorates
- make and record defensible decisions
- work in a person-centred way

(Thacker, et al., 2020)

Outstanding	Good	Requires Improvement	Inadequate
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2. Areas of good practice.

3. Areas for improvement (link to Practice Improvement Action Plan).

4. Comments from the Practitioner. \*

5. Comments from the Auditor. \*

## Practice Improvement Action Plan

Any practice issues need addressing*:
How will these be addressed and by who*:
Please ensure any actions required for the person are documented & uploaded to IAS*:
Timeframe agreed*:
Overall score *
<p><u>What to consider when rating?</u></p> <p>Help in deciding the most appropriate ratings, is as follows;</p> <p>What makes 'Outstanding' rating?</p> <ul style="list-style-type: none"> <li>• Completion of key documents, which is so exemplary that they could be used or team practice development or training.</li> <li>• Consistent use of language and communication methods which is person centred and maximises the customer's or carer(s) potential to understand their own circumstances.</li> <li>• Evidence of a strong application of the way that Adult Social Care is working in Cumbria, relationship based, person centred and enabling.</li> <li>• Imaginative use of community resources, supplementary to or instead of commissioned services.</li> <li>• Maintaining a case file to a high standard, all details correct, up to date and developed to be seamless with transfers to new/future practitioners.</li> <li>• Excellent level of managerial oversight.</li> </ul> <p>What makes 'Good' rating?</p> <ul style="list-style-type: none"> <li>• Standards of practice which meets the expectations of the Directorate. No significant omissions in practice which could disadvantage either the customer or carer(s).</li> <li>• Consistent evidence of ' Very good' practice which meets the standards expected.</li> <li>• Organisation of a customer's case file, which ensures that it is up to date and easy to navigate.</li> </ul>

- Progression is easy to follow.
- Appropriate use of the intervention documents available, completed to an acceptable standard of detail, holistic, minimal errors and accessible (no jargon, abbreviations).
- Evidence of strength based practice.
- Consideration of informal carer circumstances and the applications of resources or options available to them.
- Evidence of sound multi-disciplinary approach, including effective communication.
- Customer voice is evident and application of a person-centred approach.

What makes 'Requires Improvement' rating?

- Standards of practice which meets the expectations of the Directorate. No significant omissions in practice which could disadvantage either the customer or carer(s).
- Consistent evidence of 'good' practice which meets the standards expected.
- Appropriate use of the intervention documents available, completed to an acceptable standard of detail, holistic, minimal errors and accessible (no jargon, abbreviations).
- Evidence of strength based practice and recording emerging
- Commitment to seek to maximise independence through the use of the resources available. Maximising potential to enable a person to be involved in specific key decisions where it is established that they do not have capacity.

What makes 'Inadequate' rating?

- Multiple or significant omission(s) in practice which have been seriously detrimental to such an extent that immediate action is required to address.
- Unreasonable and significant delays in progression of required interventions which could be detrimental towards customer/ carer(s) outcomes. Concerns will need to be raised as a matter of prior
- Recording which falls significantly below the standards expected.
- Concerns could relate to duplication, factually incorrect or missing information, high volume of grammatical/spelling errors and poor accessibility for the customer/carer(s).
- The voice of the person is not heard.
- No evidence on managerial oversight.

(These ratings are adapted from Warwickshire County Councils Adult Social Care's overall case audit ratings.)

Outstanding	Good	Requires Improvement	Inadequate
If outstanding, could this be used as a case study for good practice?			
Yes		No	
If yes, please tick the outcomes this case recording meets?			
Person Centred		Prevention	
Strengths Based		Inclusive	
Professionally Curious		Good Outcomes	

## **8. PROCEDURES WHEN CONCERNS ARE IDENTIFIED**

- 8.1. If the audit overall audit score is 'requires improvement' both the auditor and practitioner should develop a Practice Improvement Action Plan.
- 8.2. If the auditor is not the Team Manager and the outcome of the audit has been identified as 'requires improvement', the auditor has the responsibility to inform the Team Manager of the practitioner of the outcome of the audit.
- 8.3. Both the Practitioner and the Team Manager of the practitioner have responsibilities to ensure the Action plan is adhered to and improvements are made.
- 8.4. If the required improvements are not made the Team Manager should consider if any other HR policies may need to be followed such as, but not limited to, capability procedures.

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