Management Audit Tool

Westmorland and Furness Care Services

Policy

To ensure managers and supervisors are monitoring service quality and systems through the self-audit process.

Methodology

Managers and supervisors are expected to self-audit their areas of responsibility to meet the purpose of audits as defined. Service managers are expected to carry out sample quality audits through their arranged quality monitoring visits every six months.

The audit process must involve:

Staff files
- All documents must be checked for quality. It must be verified that procedures such as supervisions, manual handling etc are carried out at the frequency determined within the relevant procedures.

One-to-Ones, Supervisions and Appraisals
- One-to-Ones, supervisions and appraisal must be checked to ensure they are being completed and to quality check.

Discussion / observation
- Short discussions should take place with staff to check for quality-of-care provision and their understanding of procedures and processes.
- Observation of frontline staff should be recorded on the comments / actions section.
- Brief discussion with service user / family or professionals.

Training
- The number of staff members still to complete / refresh each course needs to be recorded on the audit sheet.
- The service manager must check that the training profile is being updated and that any staff with outstanding or lapsed mandatory training is booked onto the appropriate course.

Service user files / PCCP
- All documents must be checked for quality and that they have been reviewed in accordance with the relevant procedures.
- There must be checks for Mental Capacity Assessments / DOLs / and risk assessments (where applicable). The care / support plan must be thoroughly checked.
- Short discussions with service user / family / professional to ensure PCCP's continue to meet the needs of the individual. This should be recorded in the comments / actions section.
- Sample files / care plans to ensure the quality, and that the information has been documented correctly and that the "golden thread" has been followed through.

- There must be checks that mental capacity assessments and DoIs / DoI documentation is in place where applicable and that risk assessments are thorough and relevant to the individual.

Medication
- Supervisors to sample service user's medication records and protocols.
- Service managers to check audits are complete and to spot check stock and ensure medication errors are being reported.

Procedure

1. Each manager / supervisor must complete every section of their audit as detailed above. The initials for the service user / staff must be placed in the boxes provided.

2. A tick or cross must be placed in the boxes provided next to the appropriate point. If a cross has been placed in the box, a comment about what is missing or incorrect must be included on the form.
   Any concerns or issues identified need to be actioned. The comments box will need to include the action and who is responsible for this. Once the action has been completed, it will need countersigned.
   If there is an action that the line manager needs to address with a member of staff, a discussion must take place and be recorded on the supervision records.

3. It is the line manager's / service managers' responsibility to check that all actions have been addressed during their audits.

4. Where possible, the action plan must be completed prior to the next audit taking place. These must be signed and dated by all relevant parties.

5. On the next monthly audit, the manager will re-visit the previous action plans to ensure all actions have been followed up and amended.

6. All forms relating to the audit, must be held on file for audit purposes.

7. At the end of the budget year (31st March) the completed managers audit form must remain on file for a full year for audit purposes. CQC may also wish to look at these.

8. The quality assurance and governance team will check the frequency and quality of the audits carried out at the unit during their full Internal Audit. This will be scheduled to take place at least once during the budget year. Findings that have not been actioned will form part of the internal audit report.

9. All action plans from health and safety audits, CQC audits, fire audits, infection control audits, medication and internal QA audits will be added to the SharePoint system and the shared drive where applicable by the person responsible for generating the report. The actions on the plans must then be completed by the registered manager in the given timescale. This must be monitored as part of supervision with the service manager. The quality team will monitor the action plans for completion and where no changes to the plans have been made the QA team will prompt the registered manager and service manager. Action plans will form part of the manager / supervisor's audit tool.

Older Adults Residential Service

EMAR audit (Appendix 3)
To be completed per month by the supervisor. The P5 EMAR is then signed / checked by the manager during their P5 monthly audit.
The service manager will audit the P5 EMAR audit during their audit.
Appendix 3 EMAR Audit Checklist

Management Audit (Appendix 2a)
Completed monthly (1 document per year)
All staff files and service user files are to be audited within 12 months. It is at the managers discretionhttp://www.web.ccc/CorpAdmin/archive/view.asp?ID=220346 how many are audited over a rotational basis to ensure all staff files are audited within the 12-month period as far as practicably as possible.
 https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45272123041.docx

Service Managers

Complete six-monthly audits for each service.
Service managers will randomly check P5 MAR and countersign.
Check all management audits.
Any comments / issues identified on any audits need to include an action, a date when the action was carried out. As part of the process this can then be re-checked, verified and countersigned during managers or service managers audits.
Appendix 4 Operational Audit

Day Services

Supervisors
One management audit (appendix 2b) and 1 MAR audit (appendix 1a) per month
A minimum of two service users and two staff.
Appendix 2b Management Audit
Appendix 1a MAR Chart Audit Checklist

Locality Managers
Management audit (appendix 2b) for two different venues per month and reviewed after 3 months.
Appendix 2b Management Audit

DMH Residential and Supported Living

MAR audit (appendix 1a) to be completed by supervisors - 1 sheet per week with a minimum of two service users.
(Supported Living – 4 service users per service, per week or equivalent)
Appendix 1a MAR Chart Audit Checklist

Registered Manager
1 Management audit per month (appendix 2b). A minimum of two service users and two staff.
Appendix 2b Management Audit

Support at home

MAR checklist (appendix 1b)
To be completed by each supervisor once a month for four service users and countersigned by the Team Manager.
Appendix 1b Reablement MAR Chart Checklist
Managers – Support at home   – (Appendix 2c)
Team manager to complete this audit monthly.
Appendix 2c Reablement Management Audit

Extra Care

Medication administration record - MAR Checklist appendix 1a
Appendix 1a MAR Chart Audit Checklist

To be completed by each senior / supervisor in accordance with the checklist below and signed by the Senior / Supervisor depending on who has conducted the audit.
1-5 service users – 1 audit per month to be completed.
6-10 service users – 2 audits to per month to be completed.
11-20 service users – 4 audits per month to be completed.
+21 service users – 5 audits per month to be completed.

This will then need to be sampled and signed by the Registered Manager.

Registered Manager Audit – Registered Manager to complete a Manager Audit one scheme each month.