

OA Reablement service	OA Day Care	OA Residential Care	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓

P5

POLICY MANAGEMENT AUDIT TOOL (Including the Service Manager)

POLICY

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

Methodology

Managers / 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.

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.

Supervisions and Appraisals

- Supervisions must be checked for quality and that Managers are providing staff with supervisions.

Discussion / observation

- Short discussions with staff to check quality and their understanding of procedures and processes.
- Observation of frontline staff which should be recorded on the comments / actions section.
- Short discussion with service user / family or professionals.

Training - check on matrix

- 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 matrix is being updated and that any staff with outstanding or lapsed mandatory training is booked onto the appropriate course.

Service user files / PCCP

- 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 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.

Date	08/08/15	20/01/16	28/03/17	21/11/17	12/06/20			Issue date
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- Sample files / PCCPs to ensure the quality, correct format is being used and that the information has been documented correctly.
- There must be checks that mental capacity assessments and Dols documentation are in place where applicable and that risk assessments are thorough and relevant to the individual.

Medication

- Supervisors to service user's medication.
- Service Manager to check audits are complete and to spot check stock.

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 is 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-sample the previous action plans to ensure all actions have been followed up and amended.
6. All forms relating to the P5 audit, must be held on file for audit purposes.
7. At the end of the financial 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

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will be scheduled to take place at least once during the financial year. Findings that have not been actioned will form part of the Internal Audit report.

- 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 / supervisors audit tool.

Older Adults Residential Service

P5 MAR audit (Appendix 1a)

To be completed per month by the supervisor. The P5 MAR is then signed / checked by the manager during their P5 monthly audit.

The Service Manager will audit the P5 MAR audit during their monthly audit.

P5 Management Audit (Appendix 2a)

Completed monthly (1 document per year)

All staff files and service user files are to be audited over a rotational basis to ensure all files are audited. .

Service Manager P5 Audit (Appendix 3)

Completed monthly for each establishment

Service Managers will randomly check P5 MAR and countersign.

Service to check all P5 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.

Day Services

Supervisors

1 management audit (appendix 2b) and 1 P5 MAR audit (appendix 1a) per month
A minimum of 2 service users and 2 staff.

Locality Managers

Management audit (appendix 2b) for 2 different venues per month and reviewed after 3 months.

DMH Residential and Supported Living

P5 MAR audit (appendix 1a) to be completed by supervisors - 1 sheet per week with a minimum of 2 service users.

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(Supported Living – 4 service user's per service, per week or equivalent)

Registered Manager

1 P5 management audit per month (appendix 2b). A minimum of 2 service users and 2 staff and sampling 1 P5 MAR audit.

Service Managers (All DMH / Day Care Services)

Carry out audits per month (Appendix 3) – 2 unregulated services and 1 registered service checking P5 manager audits.

Reablement / Domiciliary

P5 MAR checklist (appendix 1b)

To be completed for 5 service users per month and countersigned by the Team Manager.

Managers Reablement Audit – (Appendix 2c)

Team Manager to complete this audit monthly which is then checked and counter signed by the County Manager.

Service Managers Audit

The County Manager checks the above appendix 2c audit monthly during supervision and countersigns this.

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