



## **Monitoring and Auditing Procedure**

# Contents

Cross Auditing.....	4
Practice Observations .....	4
Processes .....	4
Support Plans.....	4
Health and Safety .....	4
CALM .....	5
Guidelines or Strategies .....	5
Incident Reports .....	5
Appendices .....	6
Appendix 1 - Monthly Audit Sheet.....	7
Appendix 2 - Services Cross Audit .....	11
Appendix 3 - CALM Practice Sheets.....	15
Appendix 4 - Practice Observation .....	16
Fair Deal General Practice Observation .....	19
Appendix 5 - Incident Report Form .....	21
Document Information.....	25
Amendment History .....	25

## **Fair Deal Monitoring and Auditing Process**

*Monitoring and Audits of services are carried out by Support Staff and Team Leader / Senior Support Workers /Q&D Manager*

Support workers continually use and monitor the systems and processes that are in place to support people to achieve their outcomes and ensure all regulatory records are being compiled. A monthly audit process is in place within the Infection Protection Control (IPC) manual, to review and capture any issues.

The monthly audit is based on monthly systems and processes within each person service and Appendix 1 should be completed at the end of each month and sent to the relevant team leader.

Infection Prevention and Control Manual are in the following services:

Cairngorm Rd, Hickman St, Newfield, Drop in Stravanan Rd, Sleepover services, larger Care at Home/Housing Support Services and office base, Services without an Infection, Prevention Control manual follow the same monitoring and auditing process.

**The Monthly Audit Document is kept in the Infection, Prevention and Control manual and for other services held within the services systems folder paperwork and includes the following:**

- Checks health and safety systems have been completed – kept in systems folder
- Checks individual financial systems have been completed and these are double signed daily and tallied up– kept in systems folder
- Checks individual medication recording sheets, medication audits and any changes have been followed up
- Action plans (what action plans are we using) – are checked and signed off by all staff / relevant people
- Risk Assessments – are monitored regularly and any changes or concerns are raised with team and relevant Team Leader / Duty and/or On Call immediately. Risk Assessments should include information on IPC measures that are in place and the appropriate PPE that should be used

Any concerns or issues from monitoring and auditing of systems and processes must be highlighted to the Team Leader - Medication, finance or issues that may put people at harm should be raised immediately via Team Leader / Duty / On call to allow action to be taken and not left until time for monthly audit to be done.

Risk Assessments are reviewed formally for any changes by all contributors as part of the 6-monthly review of support process.

**The Systems Folder in services should have the following records:**

- Medication records for the month
- Medication audit records for the month
- Financial reconciliation for the month which should be checked and signed as correct by person doing the audit
- Health and Safety records for the month – smoke alarms, fridge/freezer checks, carbon monoxide alarms, daily tasks sheets
- Health recording forms for the month which should record any health appointments person has attended, the outcomes and follow up actions

**The Infection, Prevention and Control Manual will have the following records:**

- Monthly Audit Document – jointly completed by support worker and Senior / Team Leader
- Infection control records for the month
- Infection control records for each day

Monitoring and Auditing Procedure

Published 21/06/2023

Page 3 of 25

Version 5

Classification: Business Use

- Cleaning and fit for purpose prior to use equipment records – i.e., wheelchairs, shower chairs, bed, hoist etc, monthly cleaning record
- Risk Assessments that relate to IPC measures and actions in the event of an outbreak & appropriate PPE use
- Current IPC Policy & relevant guidance from Public Health & Scottish Government

**Day Opportunity venues will have separate daily records and IPC risk Assessments appropriate to the environment.**

## **Cross Auditing**

Cross auditing is an audit of a service by a worker who does not work in that service, these should be carried out quarterly, an audit schedule be drawn up by the Quality and Development manager yearly. These audits should focus on the following areas:

- Supervisions and appraisal
- Practice observations
- Team meetings
- Support Plans
- Systems folder
- Risk assessments
- 6 monthly Reviews
- Communication Books
- Monthly audit paperwork

(See Appendix 2)

## **Practice Observations**

Practice observations should be carried out by senior staff on an individual worker's practice and should be carried out, as a minimum, twice yearly – one should be a general practice observation and one should be a medication practice observation, these observations should form part of the workers appraisal.

(See Appendix 4)

## **Processes**

Processes to be adhered to:

### **Support Plans**

Support plans are monitored to ensure they are up-to-date, relevant and any changes to the plan are signed off by all relevant people. In addition, any new staff should read support plans and sign off that they have read the plan and are clear about people's support needs.

Support plans are discussed with the person and with permission, circulated to relevant people for contribution prior to 6-monthly review meetings e.g., if appropriate; staff team, family member, advocate, health colleagues.

Support plans should have a record of who has contributed to the plan.

### **Health and Safety**

Health and Safety checks relevant to the person being supported within the Care at Home / Housing Support/HMO's/Day Opportunities are carried out.

Risk Assessment should be in place for activities we support people with for example Environment, Holidays, Moving and Assisting, Dysphasia, etc and updated as required. Risk

Assessments are discussed with the person if appropriate and with permission, circulated to relevant people for contribution prior to 6-monthly review meetings e.g., if appropriate; staff team, family member, advocate, health colleagues.

Health and Safety walk rounds take place in venues where people have a Social and Leisure Activity or Day Opportunity and outcomes are recorded and passed to relevant Team Leader.

## **CALM**

CALM physical skills are used within Fair Deal when required due to the support needs of the individual, a risk assessment and behavioural audit would be carried out to determine the physical skills required e.g., low level escapes or 2-person physical intervention. Once physical skills have been agreed, staff will be trained in the required techniques and following the training there must be regular practice of the CALM physical skills which will be reaccredited every year. The physical skills that may be required to support an individual should be clearly recorded in the person's support plan.

Where possible, staff will practice at handover daily or 4 weekly as a minimum. All CALM practice should be recorded and signed/dated by staff

(See Appendix 3)

## **Guidelines or Strategies**

Guidelines or strategies in place as part of the person's support should clearly state the date they were implemented, who has been involved in developing the guidelines or strategies, why they are in place, how they will be monitored e.g., Behaviour Monitoring Records/ABC Records, and date they will be reviewed.

## **Incident Reports**

All Incidents must be reported immediately to Duty /On Call/ Team Leader. Incident reports must be completed and brought to the office within 24 hours of the incident occurring.

If a Care Inspectorate notification is required, this should be put on the Care Inspectorate portal immediately for certain reports and within 24 hours for others – See notification process for more information. Duty Social work, families (when appropriate) and Link Commissioner should also be notified of situation. Incident Reports should be completed by the worker involved in the situation, if there is more than one worker then each worker should complete their own incident report, the manager involved in dealing with issue should complete actions they have taken and ensure statutory bodies have been notified this, if a person has been put at risk of harm, most likely an AP1 (Adult Protection Referral) will also be required. The manager dealing with issue, should upload a copy of the document to SharePoint Incident and accident recording folder and complete the spreadsheet of the same name, the original document should be passed to the Quality and Development Manager for filing and Quality Assurance & Care Inspectorate purposes.

Incident reports are used for Contract Management reporting purposes and analysis by Health and Safety Group.

In the event of a serious incident, an organisational serious incident de-brief may be arranged and staff, if appropriate, will be invited. The outcome of SID's will inform organisational changes to policy or in some cases, practice improvements.

(See Appendix 5)

## **Appendices**

Appendix 1: Monthly Audit completed by support staff

Appendix 2: Cross Audit form to be completed by team leader

Appendix 3: CALM practice recording form

Appendix 4: Practice Observation paperwork, General and medication pro forma

Appendix 5: Incident Reporting Form

## Appendix 1 - Monthly Audit Sheet

Month: \_\_\_\_\_

Date of last 6 <sup>th</sup> Monthly review <i>Have all points arising been actioned?</i>	
Date of last social work review <i>Have all points arising been actioned?</i>	
Date environmental risk assessment last updated <i>Have all points arising been actioned?</i>	
Are all financial records up to date? <i>Are there any issues to be highlighted?</i>	
Are reconciliation sheets completed correctly with receipts numbered?	
Are all medical and health records up to date? <i>Are there any issues to be highlighted?</i>	
Please include info from medical appointment sheets.	

<p>Are they up to date?</p> <ul style="list-style-type: none"> <li>• GP</li> <li>• Appointments</li> <li>• Nurse</li> <li>• Hospital</li> <li>• Dentist</li> <li>• Opticians</li> <li>• Other</li> <li>• etc.</li> </ul>	
<p>Check all Section 47s are up to date?</p> <p><i>Highlight any issues and action taken.</i></p>	
<p>Are PRN protocols up to date?</p> <p><i>Highlight any issues and action taken.</i></p>	
<p>Are all Health and safety systems checks up to date?</p> <p><i>Highlight any areas which have not been checked or are not up to date along with any issues.</i></p> <p>Fridge / Freezer Checks (<i>weekly</i>)  Smoke Alarm Checks (<i>weekly</i>)  Carbon Monoxide Checks (<i>monthly</i>)  PAT Testing (<i>yearly</i>)  Home Fire Safety Visits  Hoist checks (<i>6 monthly</i>)  Other Equipment Checks  Gas Safety checks (<i>yearly</i>)</p>	
<p>Household Environment:</p> <p>Are all task carried out effectively?</p> <p><i>Daily Household Tasks</i></p> <p><i>Weekly Household Tasks</i></p>	
<p>Are Support folders up to date including system folders?</p>	

<p><i>If not, highlight what needs updating and when this will be achieved.</i></p>	
<p>Comms books / diaries etc.          Are they working well?          Is information and recordings relevant and up to date?  <i>Highlight any concerns and any action required.</i></p>	
<p>For Services where CALM is required has practice taken place and are records available.</p>	

Signature of person completing Audit

Date	
Team Leader	
Review Date	

Please ensure enough detail is included in audits - yes and no answers are not sufficient.  
 Please use additional sheets if required.

**Team Leader - Audit**

**Date:**

Confirm Systems Operating as Stated:

Signature:

State Systems Reviewed with Staff Member:

Signature:

## Appendix 2 - Services Cross Audit

Service: \_\_\_\_\_

Date Covered: \_\_\_\_\_

<p>6 monthly reviews have taken place. <i>Have all points arising been actioned?</i></p>	
<p>Date of last social work review <i>Have all points arising been actioned?</i> <i>MDT Meetings - records in place?</i></p>	
<p>Risk Assessment reviewed</p> <ul style="list-style-type: none"> <li>• Environmental</li> <li>• Behavioural</li> <li>• Moving &amp; Handling</li> </ul>	
<p>Support plan reviewed and updated; contributions recorded. <i>Are outcomes being met?</i></p>	
<p>Are all financial records up to date? <i>Any issues have been highlighted.</i> Are reconciliation sheets completed correctly with receipts numbered?</p>	
<p>Please include info from medical appointment sheets. Are they up to date?</p> <ul style="list-style-type: none"> <li>• GP</li> <li>• Appointments</li> <li>• Nurse</li> <li>• Hospital</li> <li>• Dentist</li> <li>• Opticians</li> <li>• Other</li> <li>• etc.</li> </ul>	
<p>Check all Section 47s are up to date?</p>	

<p><i>Highlight any issues and action taken.</i></p>	
<p>Are PRN protocols up to date? <i>Highlight any issues and action taken.</i></p>	
<p>Infection Protection and Control Manual <i>Are all infection control records signed, dated, and completed?</i></p> <ul style="list-style-type: none"> <li>• <i>Daily</i></li> <li>• <i>Cleaning of equipment</i></li> <li>• <i>Weekly</i></li> <li>• <i>4-weekly</i></li> <li>• <i>Is current guidance in place</i></li> </ul> <p><i>Highlight any areas which have not been completed satisfactorily along with any other concerns or issues.</i></p>	
<p>PPE <i>Are there enough supplies of PPE?</i> <i>Are PPE guidelines being followed?</i> <i>Direct observations of doffing &amp; donning.</i></p>	
<p>Household Environment: <i>Are all task carried out effectively?</i> <i>Daily Household Tasks</i> <i>Weekly Household Tasks</i></p>	
<p>Are Support folders up to date including system folders? <i>If not, highlight what needs updating and when this will be achieved.</i></p>	
<p>Comms books / diaries etc.</p>	

<p>Are they working well?</p> <p>Is information and recordings relevant and up to date?</p> <p><i>Highlight any concerns and any action required.</i></p>	
<p>For Services where CALM is required has practice taken place and are records available.</p>	
<p>Are correct documents being used.</p> <p><i>Policies / Procedures / Proformas</i></p>	
<p>Highlight any areas which have not been checked or are not up to date along with any issues.</p>	

Signature of person completing Audit

<b>Date</b>	
<b>Team Leader</b>	
<b>Review Date</b>	

Please ensure enough detail is included in audits - yes and no answers are not sufficient.

Please use additional sheets if required.

Feedback from sampling
State systems and audit discussed with Senior or T/L Team Meeting Minutes Supervision records Practice Observations New Staff inductions Staff Training Records
Audit Reviewed with Staff Member  Signature: Date:
Audit Discussed with SSW / Team Leader  Signature: Date:
Audit Report to QD Manager  Date:

### Appendix 3 - CALM Practice Sheets

Month:

Staff Names:

Technique	Date	Signed	Signed
<b>Physical Intervention:</b>			
T1 Basic Posture			
T2 Turning			
T3 1 Person Guiding			
T5 Secure Comfort Hold			
T6/1 Directing Part 1			
T9 Figure 4			
T6/2 Cross Hold			
T11 Seated			
<b>Supplementary Techniques:</b>			
T4 Comfort Hold			
T29 Child Restraint			
<b>Escapes:</b>			
LL5 Scratching			
IL2 1 Handed Shirt Pull			
IL3 2 Handed Shirt Pull			
LL4 Twisted Clothing Grab			
LL6 Fix and Pull Away			
LL9 Alternative Hair Pull			
LL7 Nose Pinch			

## Appendix 4 - Practice Observation

<b>Date</b>	
<b>Name of Staff Member</b>	
<b>Name of Observer</b>	
<b>Service of Observation</b>	

	Yes	No	N/A	Comments
New staff member?				
Yearly update?				
Update after medication error?				
Does the staff member understand the individual's medication protocols/guidelines prior to administering?				
Did the staff member ask for the individual's consent to taking medication?				
Does the staff member know the purpose of Fair Deal's Medication Policy?				
Does the staff member know what the procedure is when buying over the counter medication?				
Does staff member know what PRN stands for?				
Does the staff member know what covert administration means? When can staff do this?				

<b>Safe Administration</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Does PWS independently dispense and administer? (if yes, below may be N/A)				
Did the staff member wash their hands before dispensing medication?				
Is staff wearing PPE?				
Is medication stored in a locked cupboard/container?				
Did the staff member check the expiry date on medication?				
Did the staff member check person's name on the medication?				
Did the staff member check medication code sheet prior to dispensing?				
Did staff check medication dose matched medication label and code sheet?				
Did the staff member decant medication from the original container into a dispensing utensil?				
Did the staff member follow all procedures for the administration of meds according to the person's support plan and protocols? correct route, times, offering plenty water etc.)				
Did the staff member engage and converse with the individual throughout the medication administration process?				
Did the staff member observe the individual taking the medication start to finish?				

<b>Discrepancies</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Did the staff member encounter any issues during the administration process?				
Did the staff member take appropriate action in response to any issues encountered during the administration process				
Does the staff member know what to do in the event of a medication error?				
Does staff know how to safely store medication?				

<b>Summary of Observation</b>	<b>Comments / Actions Required</b>		
Is the staff member deemed competent to administer medication?	<b>Yes</b>	<b>No</b>	<b>Comments</b>
What did the staff member do well?			
What could have been better?			
Copy of observation given to line manager of staff member? <i>(Please state who)</i>	<b>Yes</b>	<b>No</b>	<b>Comments</b>

**Observer Signature:**

**Staff Signature:**

## Fair Deal General Practice Observation

*Use in conjunction with Fair Deal's values and Policies, SSSC Codes of Practice and Health and Social Care Standards.*

<b>Name of Worker</b>	
<b>Name of Observer</b>	
<b>Designation of Observer</b>	
<b>Date of observation</b>	

What did the Worker do?	What specific standard(s) does this demonstrate
<b>Is the staff member wearing PPE? (Yes / No)</b>	
<b>Worker's reflections on the observation</b> (what went well / what could be improved) <i>N.B. it is crucial that the worker gives their feedback first to encourage reflective practice.</i>	
Signed:	Date:

**Manager's feedback on the observation (what went well / what could be improved)**

--

Signed:

Date:

**Action Plan / Worker's Development Plan (if appropriate)**

What do I need to learn?	How will I learn?	How will this inform and improve practice?	Completion Target Dates

**Observer Signature:**

## Appendix 5 - Incident Report Form

Serious incidents/issues must be notified to Fair Deal Duty Manager/Fair Deal on Call Manager. Fair Deal have a statutory responsibility to report serious issues/incidents to the Care Inspectorate and the local authority immediately, therefore incident reports must be completed within 24 hours of the incident/issue.

Staff involved in an incident/issue must complete the Fair Deal incident reporting form for all serious incidents resulting from:

- The behaviour or actions of People We Support or Fair Deal Employees
- Any incident or occurrence that puts the People We Support or Fair Deal Employees at risk

The completed reporting form should be returned to the Manager, who was notified of incident and copied to the Quality & Development Manager, in order that practice is monitored, and the organisation is accountable.

*We should not confuse the ongoing monitoring & recording of people's behaviours in relation to the challenges they present with the requirement to report serious incidents. Support staff if instructed should continue to record incidents arising from people's challenging behaviour or complex needs, following the ABC method recommended in Fair Deal's Challenging Behaviour Policy.*

**NB: If this is a reportable incident, please ensure back page (Reportable Section) is completed.**

Incident Information	
Incident date	
Name <i>(person caused incident)</i>	
Other people involved	
Staff members involved	
CALM technique used <i>(if applicable)</i>	
PRN administered	Date: Time: Dose:
Other agencies notified <i>(CPM / CLDT / GP)</i>	
Fair Deal manager contacted	

## Incident Information

*Please use the space below to give a detailed summary of the incident, please ensure you include dates and times of the incident.*

## Staff Sign Off Section

Staff Member's Name	
Staff Member's Signature	
Date Completed	

## Manager's Section

*Please use the below section to include actions taken in respect of the incident, ensure this includes dates, times and locations if required*

*Please detail below, if any, follow up actions taken (include dates and timescales)*

*e.g. (lead to Investigation, disciplinary, staff debrief, referral to employee counselling, urgent supervision session, further training for staff member or refresher of training)*

## Manager Sign Off Section

Manager's Name	
Manager's Signature	
Date Completed	

Reportable Section		
Please use the list below and mark Yes / No if this incident has led to a notification to the below agencies. (Please tick Yes or No where appropriate)		
Notifiable Agency / Person	Yes	No
AP1 Required		
Care Manager (Allocated)		
Duty Glasgow City HSCP		
Care Inspectorate		
Family Member / NOK / Guardian		
Link Commissioner		
Mental Welfare Commission		
Police		
Health & Safety Executive		
Organisational Health & Safety Controller		
Manager Sign Off Section		
Manager's Name		
Manager's Signature		
Date Completed		

Additional Information	
<b>PLEASE NOTE IF THIS IS A NOTIFIABLE INCIDENT THE FOLLOWING PEOPLE HAVE RESPONSIBILITY TO NOTIFY:</b>	
Nominated Fit Person:	Care Inspectorate
Manager who is informed:	AP1 to be completed Care Manager / Duty / Family / Police
Chief Executive:	GCC Link Commissioner / Disclosure Scotland (PVG) / SSSC / MWC
Fair Deal Health and Safety Exec.	
<b>THIS IS THE END OF THE REPORT</b>	

## Document Information

<b>Document Ref:</b>	Monitoring and Auditing Procedure
<b>Version:</b>	5
<b>Date of Version:</b>	21/06/2023
<b>Created By:</b>	
<b>Approved By:</b>	
<b>Confidentiality Level:</b>	Controlled: Uncontrolled if printed

## Amendment History

<b>Date</b>	<b>Version</b>	<b>Created By</b>	<b>Description of Change</b>