

CMSUK
Standards & Best Practice Guidelines
2nd Edition



CMSUK STANDARDS OF PRACTICE and Best Practice Guidelines

The standards and ethics committee is delighted to present the second edition of these standards of practice on behalf of CMSUK.

In producing this document, we recognise that changes in health social policy and law will influence the practice of case management over time. When reading this document, if you notice anything that should be brought to the attention of members, or you wish to make any other comment on this document, please do contact CMSUK, at www.cmsuk.org or by post to PO Box 2073, Reading, RG4 7ZG.

Standards for case management practice

© 2009 CMSUK

Published by CMSUK

© 2009 CMSUK. No part of this publication, other than the audit forms, may be reproduced or transmitted in any form without the permission of CMSUK

Members of the Group

Jan Harrison (Chair)
Helen Ainsworth
Carol Chantler
Catherine Chapman
Allison Saltrese

Date for review: February 2014

Acknowledgments:

Professional Standards for Occupational Therapy Practice (2003) developed and published by the College of Occupational Therapists, London, 2003 on which the original edition was based.

CONTENTS

Page

INTRODUCTION	3
BEST PRACTICE GUIDELINES FOR CASE MANAGERS.....	5
1. DEFINITION OF CASE MANAGEMENT	8
2. THE ROLE OF THE CASE MANAGER	8
3. PERSONAL SPECIFICATION	9
4. REFERRALS	9
5. CONSENT AND CONFIDENTIALITY	10
6. ASSESSMENT AND GOALS	10
7. INTERVENTION AND REASSESSMENT	10
8. DISCHARGE	11
STANDARDS OF PRACTICE AND SERVICE AUDIT FORMS.....	12
1. REFERRAL	13
2. CONSENT	15
3. ASSESSMENT AND GOAL SETTING.....	21
4. INTERVENTION AND EVALUATION	26
5. DISCHARGE, CLOSURE OR TRANSFER OF CASE	30
6. RECORD KEEPING	32
7. SERVICE QUALITY AND GOVERNANCE.....	37
8. PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING	41
9. FIELDWORK EDUCATION	45
10. SAFE WORKING PRACTICE.....	50
11. RESEARCH ETHICS.....	57
12. PEOPLE WHO PROVIDE SUPPORT AND ASSISTANCE.....	63
13. SERVICE USER PROTECTION.....	65
14. THE CASE MANAGER AS PRACTITIONER.....	71
15. BUSINESS PRACTICE	74
GLOSSARY OF TERMS	79
REFERENCES	84
BIBLIOGRAPHY	85

INTRODUCTION

The Purpose of the Standards

A key function of CMSUK is to support its members in pursuing practice of the highest standard. By providing guidance material, information and advice, its objective is to raise the quality and effectiveness of case management services delivered in the United Kingdom. These standards build on the original “standards of practice, conduct for case managers” (CMSUK 2001/2) and then the first edition of the Standards of Practice (CMSUK 2005). This second edition has not changed in essence from the first edition, it is just bringing certain aspects up to date.

It is acknowledged that this edition reflects current legislation and policies. It is the responsibility of each member to be aware of any changes to legislation or policies that will affect case management practice.

These standards specify the minimum level of service that a case manager should deliver. These are a single set of core standards, and should be applicable to all areas of practice. This includes the duty for all case managers to base their practice upon evidence and to work towards integrating research and practice. This not only benefits our service users, but builds up the body of evidence which supports the credibility of case management. These standards are achievable by an individual case manager or case management organisation.

The Standards have two main functions. The main role is to provide a key reference point for all case managers – a measuring tool against which they may monitor the quality of their services and can be included in their terms of business, continuing professional development and curriculum vitae. As well as procedural responsibilities, they also outline the case manager’s duty to develop the knowledge, skills and behaviour necessary for good and safe working practice.

The Standards will also have a valuable role in helping those who may be unfamiliar with case management to understand the level and standard of service to expect. They will be essential reading for all people working within the field of case management and an invaluable resource to those who wish to ensure that case managers provide competent and appropriate services. We recommend that commissioners and employers of case management services incorporate adherence to The Standards into the terms and conditions with the case manager, and request sight of the completed audit tools.

The Context of the Standards

It is a priority for the Government to establish standards for safe and effective practice. This has led to the development of quality assurance bodies and the production of national service frameworks and guidelines.

Those case managers whose area of work means that they are registered with a professional body will be answerable to those organisations. For those case managers who do not have a professional body, these standards will be particularly valuable.

Legal Applications of the Standards

In any civil or criminal proceedings these standards may be admissible as evidence. They may be used as a measure of reasonable and/or acceptable practice. For instance, it may be more difficult to put up a defence against allegations of negligence if these standards have not been followed.

In some instances these standards simply reiterate present legal requirements. If legal proceedings concern a breach of those requirements, then these standards could be used to support the contention that the individual was aware of the requirement and lack of knowledge would not be a valid defence.

How to Use the Standards

The Standards for case management have been broadly structured to reflect the general case management process. In certain circumstances more than one standard will be relevant to one stage of practice. For example, there is a standard concerning assessment prior to discharge/closure or transfer, but the standard on general assessment is also pertinent to this activity, as is record keeping.

The Standards for the practice of case management are designed to enable case managers to build and strengthen their quality of service and its effectiveness. Each section has a statement defining the fundamental standard followed by statements of expectation. Accompanying each section is a compatible audit tool to enable the standard to be monitored. Completed copies may be requested and checked by CMSUK as proof of conforming to the Standards and thereby membership requirements. By using these it is possible to highlight areas of excellence and aspects of the service where improvements can be made. The audit tool forms can be photocopied for repeated use or downloaded from the CMSUK website.

In these Standards the term 'service user' is used to denote the injured or ill party receiving case management services. These standards recognise that some service users are unable to give their consent and it is necessary to obtain consent - from a parent or guardian in the case of a child, or an appropriate representative in the case of the adult lacking in capacity to make informed decisions.

Please also refer to the Code of Ethics produced jointly by CMSUK and BABICM (2008).

CMSUK also published Best Practice Guidelines for Case Managers (May 2006). These guidelines are now incorporated as one of the sections of the Standards.

BEST PRACTICE GUIDELINES FOR CASE MANAGERS

These guidelines have been produced to help assist case managers and those referring to them. There are many potential problems that can arise in the practice of case management for the inexperienced or unwary and CMSUK is often consulted for advice. These guidelines attempt to gather experiences from our members to help all those involved in case management to avoid the common pitfalls that can occur when a case is not carefully managed.

These guidelines should be used in conjunction with the following CMSUK Standards of Practice.

Therapeutic Relationship

Since the therapeutic relationship between the case manager and service user is so important, it may be helpful to discuss this first. The quality of the relationship between the case manager and the service user is an essential component which can influence the process and outcome of the case management service.

It is important for case managers and others to understand the dynamics of the therapeutic relationship and how to maintain the relationship within therapeutic boundaries. The boundary is the point at which the therapeutic relationship changes from professional and therapeutic to non-professional or personal. Case managers need to be consistently aware of the difference between a therapeutic relationship and a social or personal relationship. Professional judgement is required when establishing a therapeutic relationship with a service user, taking into consideration their physical, psychosocial, emotional and cultural needs.

Whilst it is acknowledged that the service user's therapeutic relationship with the case manager will inevitably be subject to internal change over a period of time, it is important to try to keep external aspects that adversely affect the relationship to a minimum. Confidences can often be shared with the case manager initially in the expectation that the therapeutic relationship will continue. It is therefore considered best practice that the assessing case manager, after carrying out the assessment, will provide the service thereafter.

The therapeutic relationship between the case manager and the service user is established and maintained by the case manager through the use of professional knowledge, skills, competencies and an enduring empathetic attitude and behaviour. The therapeutic relationship is non judgemental and based on unconditional positive regard, empathy, reliability, genuineness and warmth. It relies on the appropriate use of power or authority by the case manager.

The elements of the therapeutic relationship include:

1. Power

The therapeutic relationship is often one of unequal power due to the authority of the case manager's position, specialised knowledge, influence with other healthcare or legal professionals and the access to privileged information. The appropriate use of power within the therapeutic relationship protects the service user's vulnerability.

2. Trust

Trust is critical to the nurturing, development and maintenance of the therapeutic relationship. Safeguarding the trust will rely on the case manager's ability to communicate clearly and openly, avoiding misunderstanding and disappointment which can lead to the erosion of that trust. Once trust is breached, the relationship becomes very difficult to re-establish.

3. Respect

Respect for the dignity and humanity of the service user is fundamental to the therapeutic relationship. It is important that the case manager understands the service user's culture and values and is not sidetracked by any behaviours of the service user that are not relevant to the outcome.

4. Empathy

Empathy is a potent process which is not skills based or mechanistic, but a deeply human process. This enables the case manager to gain a greater insight into the service user's needs and circumstances. The case manager should ensure that his/her actions and expressions adequately reflect positive regard in order to sustain enduring empathy.

The case manager is responsible for ensuring their own safety, including the management of their own physical/psychological well being whilst safeguarding the therapeutic relationship, particularly when the service user has challenging behaviour.

These guidelines were developed to assist case managers in the conduct of therapeutic relationships that are service user centred and stay within defined boundaries.

It is essential that all parties involved in case management acknowledge and respect the pivotal role that the therapeutic relationship plays in facilitating a positive and sustainable outcome.

1. DEFINITION OF CASE MANAGEMENT

- 1.1** Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individuals health, care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes (CMSUK Standards of Practice 2005).
- 1.2** It is recommended that in their contracts with clients, members highlight that they are aware of, and abide by, the CMSUK Standards of Practice.

2. THE ROLE OF THE CASE MANAGER

- 2.1** Irrespective of who funds the case management (for example social services, solicitors, insurers, primary care trusts, receivers, family or individuals) a case manager has a duty of care to the service user. The case manager should be aware of undue pressure from sources who may try to influence the case manager's clinical and professional course of action which should be in the most reasonable and appropriate interest of the service user. If undue influences make it increasingly difficult for the case manager to practise objectively, it is the responsibility of the case manager to consider how and whether their continuing service is still viable
- 2.2** Case management may be delivered in a variety of ways according to the specific need of the service user. Some cases may be managed from a distance by telephone while at the other end of the spectrum are some that need almost daily face-to-face contact. This would depend on the complexity of the case, the need of the service user and the skills of the case manager. The case manager will need to make an informed decision on the appropriate way to manage the case to deliver the best service in the most efficient way.
- 2.3** Models of delivering case management may vary according to the core skills and experience of the case manager and the need of the service user. The fundamental role of the case manager is to coordinate a rehabilitation plan, not to act as the treating therapist. However, in some instances it may be cost effective and appropriate for the case manager to be actively involved in delivering treatment, for example where the case manager has an occupational therapy background and can assist in equipment or housing adaptation decisions, or a brain injury specialist helps in establishing a daily routine. In many cases it may be more appropriate for the case manager to refer to other professionals to provide a treatment programme so that input can be monitored effectively. This will need to be objectively assessed on a case-by-case basis by the case manager.
- 2.4** We agree that "*a spirit of openness*" is to be encouraged (Wright v. Sullivan [2005] EWCA Civ 656 27 May 2005). The case manager is part of, if not leading, the rehabilitation process and is not a member of the litigation team. The case manager's primary focus is the therapeutic needs of the service user. She/he may take into account opinions outside the rehabilitation process or team, but will use their own professional judgement and evidence base to determine whether any suggested action is appropriate, timely and relevant to progress and enhances the rehabilitation process.
- 2.5** In rehabilitation there is often a large team of interested parties involved to some degree and at various stages of the whole process. Where a fund holder (eg insurer, solicitor or receiver) is involved it is possible that aspects of case management practice will be questioned, and the case manager required to account for their input. Some fund holders instruct other case managers to review the original input. From a case management point of view this is not unreasonable and the reviewer may have some constructive comments and suggestions. As in any rehabilitation situation there are professional courtesies to

observe and the reviewer should not disrupt or attempt to influence the therapeutic relationship and rehabilitation goals. If the reviewer has concerns, these should be discussed firstly with the case manager, as would be the case in any professional relationship.

- 2.6 It is the responsibility of the case manager to clarify to all parties that the case management is outside the litigation process. The case manager is not the litigation expert witness and should not be asked to produce an expert opinion for the court. Due to their familiarity with the case, they may be asked to produce a statement as a witness of fact, as would be applicable to any health and social care professional.
- 2.7 The rehabilitation goals of service users are at the centre of the case management process and should not be dictated by the timetable set up by any external processes, e.g. court or legal timetables etc. The case manager is responsible for proactively managing the case. Each case has its own pace of progress influenced by, for example, severity of injury, family circumstances and the availability of resources.
- 2.8 The fund holders should respect the progress of the case and attempt to be timely with provision of funds wherever possible so as not to delay the process where early provision may be crucial to success.
- 2.9 It is the responsibility of the case manager to ensure that the funding and resources allocated and authorised are used reasonably, appropriately and cost effectively as outlined in the case management recommendations.
- 2.10 The case manager should not put themselves in a position where they are personally responsible for paying fees to others in the management of the case, for example making personal orders for equipment and provision of therapies on behalf of the service user. The fund holder is responsible for such fees.

3. PERSONAL SPECIFICATION

- 3.1 The case manager needs to be personally robust and able to appraise accurately the needs of the case. They will have a high level of personal integrity to be able to deal effectively with a variety of conflicting influences and demands and will behave in an ethical and professional manner at all times.
- 3.2 When accepting a case, it is the personal responsibility of the case manager to ensure that their skills, competencies, experience, and qualifications match the requirements of the case. This is not just about recognising and understanding a particular diagnosis but also being able to deliver services to meet the disability related needs. It is recognised that for those service users who have complex clinical needs, a case manager with a relevant specific professional qualification registered in the UK would be appropriate.
- 3.3 Even during the initial assessment process the case manager is starting to develop trust and rapport with the service user which encourages the commencement of a therapeutic relationship. Confidences can often be shared with the case manager on the expectation that the relationship will continue. It is therefore considered best practice that the assessing case manager thereafter provide the service.

4. REFERRALS

- 4.1 CMSUK does not support the term "*instruction*" to a case manager but prefers the term "*referral*". The term "*instruction*" is recognised by lawyers and insurers as part of the legal process, whereas the term "*referral*" more clearly reflects the position of the case manager

within a rehabilitation context, as opposed to a litigation arena. For example, a referral and not an instruction is made to a doctor or other health care professionals.

- 4.2 Independent case managers who work outside statutory services will provide their terms, conditions, and fees charged. The case manager should clarify who is responsible for the case management fees prior to acceptance of the referral. The responsibility of the case manager is to the service user **irrespective** of whoever is responsible for paying the case management fees.
- 4.3 Whilst CMSUK acknowledges the benefit of joint agreement to the referral to enable generic transparency of working, it is recognised that irrespective of whether there is a single or a joint appointment, the duty of care of the case manager is to the service user.

5. CONSENT AND CONFIDENTIALITY

- 5.1 The case manager will emphasise to the service user that confidentiality will be observed throughout the process. However, where the case manager has concerns that information that may be shared with the case manager contravenes laws or has the potential to affect the health and safety of involved parties, then the case manager will need to explain to the service user that the case manager will have an obligation to inform the appropriate authorities.
- 5.2 The documents related to the case are the property of the service user. Whoever requests a copy of the case manager's notes should be told that permission from the service user or their representative will need to be obtained and recorded. If the request is from somebody other than service user's legal representative, courtesy dictates that the legal representative will be informed of the request.
- 5.3 Where an interpreter is needed, the case manager should ensure that their input is impartial and fairly reflects the interchanges. The case manager may need to be sensitive to the needs of the service user if a family member suggests acting as interpreter, for example a son acting on behalf of his mother where delicate issues are to be discussed.

6. ASSESSMENT AND GOALS

- 6.1 An initial case management assessment should be undertaken as early as possible in the process to establish baseline needs.
- 6.2 It may not be possible for the case manager who has carried out the assessment and identified initial goals to carry out the subsequent programme. There may be justifiable exceptions why this does not occur, for example through illness or a personality clash. The new case manager will need to undertake their own assessment and review the initial recommendations.

7. INTERVENTION AND REASSESSMENT

- 7.1 Initiating positive change in human behaviour and sustaining that change takes time to achieve and cannot be rushed. The service user's level of mental capacity, compliance and emotional adjustment will influence the rate of progress.
- 7.2 CMSUK supports the practice of multi-agency round the table meetings to progress the rehabilitation process where the aim is to enhance cooperation, communication and problem solving between all agencies.
- 7.3 The case manager has a duty to explore all avenues for obtaining the most appropriate resources and provision of services.

- 7.4 The case manager is responsible for ensuring that the goals are re-evaluated regularly.
- 7.5 The case manager should not foster dependency or a situation where their involvement and expenses increase unnecessarily.

8. DISCHARGE

- 8.1 It takes a high level of integrity and judgment when deciding a case is reaching conclusion. The case manager must be objectively rigorous in evaluating their contribution to the case and whether their input is still required.
- 8.2 The case manager should withdraw when the goals have been fully met or the case manager can no longer add value to the service user's situation.

STANDARDS OF PRACTICE AND SERVICE AUDIT FORMS

1. REFERRAL

Accurate, sensitive and timely referral to a case manager is a crucial element in a service user's pathway of care, enabling the person to benefit from the most appropriate intervention at an optimal time.

1.1. *Referral statement 1*

Case managers should have and abide by clearly documented procedures and criteria for referral to their service.

Case managers and case management services are required to:

- obtain adequate information on which to base a decision about the appropriateness of the referral
- decline the referral if the information gathered indicates that the needs of the individual cannot be met by the case management service
- inform the referring agency if the referral is declined and on what basis
- inform both the service user and the referring agency if an individual has to be placed on a waiting list and advise them of the likely waiting time
- record or maintain the referral details in the case management records, including the source and date of referral

1.2. *Referral statement 2*

Case managers should respond to referrals within a stated time frame.

Case managers and case management services are required to:

- have a clearly documented policy stating a time frame for responding to referrals
- have a clearly documented system for prioritising referrals that recognises levels and degrees of need and optimises the use of resources.

1.3. *Referral statement 3*

Where the written referral is inappropriate or the service user's needs cannot be met, case managers should decline the written referral and if possible, suggest alternative services.

Case managers and case management services are required to:

- decline the written referral in writing
- suggest alternative services if possible.

Referral statement 1 (1.1) Case managers should have and abide by clearly documented procedures and criteria for referral to their service.			
Do you/does your service:	Yes	No	Comment and action required
• obtain adequate information on which to base a decision about the appropriateness of the referral			
• decline the referral if the information gathered indicates that the needs of the individual cannot be met by the case management service			
• inform the referring agency if the referral is declined and on what basis			
• inform both the service user and the referring agency if an individual has to be placed on a waiting list and advise them of the likely waiting time			
• record or maintain the referral details in the case management records, including the source and date of referral			

Referral statement 2 (1.2) Case managers should respond to referrals within a stated time frame.			
Do you/does your service:	Yes	No	Comment and action required
• have a clearly documented policy stating a time frame for responding to referrals			
• have a clearly documented system for prioritising referrals that recognises levels and degrees of need and optimises the use of resources.			

Referral statement 3 (1.3) Where the written referral is inappropriate or the service user's needs cannot be met, case managers should decline the written referral and if possible, suggest alternative services.			
Do you/does your service:	Yes	No	Comment and action required
• decline the written referral and note this in writing			
• suggest alternative services if possible			

2. CONSENT

"It is a general legal and ethical principle that valid consent must be obtained before starting treatment or physical investigation, or providing personal care, for a patient. This principle reflects the right of patients to determine what happens to their own bodies, and is a fundamental part of good practice. A health professional who does not respect this principle may be liable both to legal action by the patient and action by their professional body. Employing bodies may also be liable for the actions of their staff."

(Department of Health 2001d)

Case managers should apply the 5 fundamental values of the Mental Capacity Act 2005 when taking a client's consent:

- Capacity is to be presumed
- Ensure decision making capacity is optimised
- The lowest form of restriction is to be applied for those people who lack capacity
- All actions to ensure 'best interests' are fundamental to all interventions for those who lack capacity
- The right to make unwise decisions

The act also focuses on the issue that capacity may vary according to the situation and the time, so that there is no blanket assumption of lack of capacity.

Young people under the age of 16 have as great a right to confidentiality as any other person. If someone under 16 is not judged mature enough to consent to treatment, the consultation itself can still remain confidential. The Fraser Guidelines (previously known as the Gillick Competence) refer to a House of Lords judgment which ruled that it would not be a criminal offence to provide advice or treatment to young people if the young person showed 'sufficient understanding and intelligence' to consent.

No-one (partners, close relatives, professional carers or independent advocates) can legally give or withhold consent to medical treatment on behalf of another adult and should never be asked to sign a consent form on behalf of another person. However, significant others should be consulted about the patient's best interests, though only where this is commensurate with the duty of confidentiality and the patient's wishes.

(Sexual Offences Act 2003)

Case managers should always act in the best interests of the service user, irrespective of age and/or communication difficulties.

2.1 *Consent statement 1*

Consent to receive case management services should be obtained from the service user or representative, recorded and regularly confirmed.

Case managers and case management services are required to:

- ensure that the staff member who obtains consent has the knowledge and skills necessary
- explain to the service user, and document, the proposed course of action before obtaining consent
- provide ongoing information and re-confirm consent on a regular basis throughout the intervention
- record the nature of consent given, whether by:
 - word of mouth
 - in writing
 - through a guardian or representative
 - other means

- gain written consent to the proposed intervention when substantial risk is identified, documenting what points were discussed before written consent was given
- consider the interests of carers and/or other family members when discussing and obtaining consent
- apply the 5 principles of the Mental Capacity Act 2005 when obtaining consent from a service user.
- fully explain and gain written consent before audio-recording, photographing or videoing an individual for information purposes, research, training or publication
- keep all written consent forms in the service user's records
- gain consent before a student observes or provides intervention and ensure the consent and its nature are documented in the service user's record.

2.2 Consent statement 2

Case management staff should be aware of the correct approach to take when obtaining consent, irrespective of the age of the service user and/or communication difficulties.

Case managers and case management services are required to:

- discuss with a service user the advantages and advisability of having a parent or representative present
- seek and obtain appropriate consent if a service user does not have sufficient understanding of what is involved in making decisions
- clarify what the person is being asked to consent to, what is involved and why it is being proposed
- clarify the benefits, risks and alternatives
- clarify the broad consequences of not consenting
- confirm that the service user can retain the information long enough to be able to make a decision
- ensure that no coercion or undue pressure is used in order to make a decision

2.3. Consent statement 3

Case managers should ensure that the service user or their representative is fully informed about the nature of the case management plan generally and the specific nature of the interventions relevant to them. This means that their decisions on consent will be informed.

Case managers and case management services are required to:

- have personal identification available when discussing consent
- inform the service user or representative referred to case management about assessment and intervention – providing details about its purpose, nature, consequences, risks and possible alternatives
- provide information, in appropriate languages and methods, which explains the nature and purpose of case management and sets out clearly the client's rights in consenting to case management.

2.4. Consent statement 4

Case managers should accept the service user's or their representative's decision to refuse or withdraw consent at any time.

Case managers and case management services are required to:

- inform the service user that, once consent is given, it can be withdrawn at any time without jeopardising any assistance they may receive in the future
- document a service user's refusal to consent and the reasons given where known.
- Document a representative's decision where known

2.5. Consent statement 5

Case management staff have a professional and legal obligation to respect the duty of confidentiality, subject to statutory and common-law exceptions to this duty.

Case managers and case management services are required to:

- have a policy statement on confidentiality that is provided to service users on referral
- have a policy statement written in a style that is easy to understand
- only give information to other professionals directly involved in the service user's care and welfare, unless there are specific circumstances where the law requires it to be disclosed to others
- obtain written consent if information is to be disclosed to a third party not directly involved in the service user's care, except where law requires the disclosure
- keep all written consent forms in the service user's records
- document the legal justification for the disclosure and details of the person to whom it has been made
- seek legal advice if they are concerned that disclosing records to a parent or representative may act against the interests of the service user.

Consent statement 1 (2.1)			
<i>Consent to receive case management should be obtained from the service user or their representative, recorded and regularly confirmed.</i>			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ensure that the staff member who obtains consent has the knowledge and skills necessary 			
<ul style="list-style-type: none"> explain to the service user, and document, the proposed course of action before obtaining consent 			
<ul style="list-style-type: none"> provide ongoing information and re-confirm consent on a regular basis throughout the intervention 			
<ul style="list-style-type: none"> record the nature of consent given, whether by: <ul style="list-style-type: none"> word of mouth in writing through guardian or representative other means 			
<ul style="list-style-type: none"> gain written consent to the proposed intervention when substantial risk is identified, documenting what points were discussed before written consent was given 			
<ul style="list-style-type: none"> consider the interests of carers and/or other family members when discussing and obtaining consent 			
<ul style="list-style-type: none"> apply the 5 principles of the Mental Capacity Act 2005 when obtaining consent from a service user. 			
<ul style="list-style-type: none"> fully explain and gain written consent before audio-recording, photographing or videoing an individual for information purposes, research, training or publication 			
<ul style="list-style-type: none"> keep all written consent forms in the service user's records 			
<ul style="list-style-type: none"> gain consent before a student observes or provides intervention and ensure the consent and its nature are documented in the service user's record. 			

Consent statement 2 (2.2) Case management staff should be aware of the correct legal approach to take when obtaining consent is difficult or impossible.			
Do you/does your service:	Yes	No	Comment and action required
• discuss with a service user the advantages and advisability of having a parent or representative present			
• seek and obtain appropriate consent if a service user does not have sufficient understanding of what is involved in making decisions			
• clarify what the person is being asked to consent to, what is involved and why it is being proposed			
• clarify the benefits, risks and alternatives			
• clarify the broad consequences of not consenting			
• confirm that the service user can retain the information long enough to be able to make a decision			
• ensure that no coercion or undue pressure is used in order to make a decision			

Consent statement 3 (2.3) Case managers should ensure that the service user is fully informed about the nature of case management generally and the specific nature of the interventions relevant to them. This means that their decisions on consent will be informed.			
Do you/does your service:	Yes	No	Comment and action required
• have personal identification available when discussing consent			
• inform the service user or representative referred to case management about assessment and intervention – providing details about its purpose, nature, consequences, risks and possible alternatives			
• provide information, in appropriate languages and methods, which explains the nature and purpose of case management and sets out clearly the client's rights in consenting to case management.			

Consent statement 4 (2.4) <i>Case managers should accept the service user's or their representative's decision to refuse or withdraw consent at any time, unless the individual lacks the requisite capacity to make valid decisions.</i>			
Do you/does your service:	Yes	No	Comment and action required
• inform the service user that, once consent is given, it can be withdrawn at any time without jeopardising any assistance they may receive in the future			
• document a service user's refusal to consent and the reasons given where known.			
• document a representative's decision where known.			

Consent statement 5 (2.5) <i>Case management staff have a professional and legal obligation to respect the duty of confidentiality, subject to statutory and common-law exceptions to this duty.</i>			
Do you/does your service:	Yes	No	Comment and action required
• have a policy statement on confidentiality provided to service users on referral			
• have a policy statement written in a style that is easy to understand			
• only give information to other professionals directly involved in the service user's care and welfare, unless there are specific circumstances where the law requires it to be disclosed to others			
• obtain written consent if information is to be disclosed to a third party not directly involved in the service user's care, except where law requires the disclosure			
• keep all written consent forms in the service user's records			
• document the legal justification for the disclosure and details of the person to whom it has been made			
• seek legal advice if they are concerned that disclosing records to a parent or representative may act against the interests of the service user			

3. ASSESSMENT AND GOAL SETTING

Assessment provides the foundation for effective intervention and it is crucial to undertake a thorough and reliable assessment at several stages during the case management process. Ineffectual assessment may lead to poor and/or inappropriate choice of interventions. For more on risk assessment see Standard 10.

3.1. Assessment and goal setting statement 1

Case managers should prepare for an assessment by ensuring that it is appropriate and safe, and that consent has been given.

Case managers and case management services are required to:

- identify the need for an assessment, based on information provided upon referral or screening and (in line with local policy guidance)
- assess and document the service user's physical, environmental and personal safety before or in the early stages of a case management assessment
- explain the nature and purpose of the assessment to the service user and/or their representative, to facilitate their involvement.
- gain and document consent before the assessment commences.

3.2. Assessment and goal setting statement 2

A decision not to carry out, or to discontinue, assessment should be based on identifiable, justifiable and ethical reasons.

Case managers are required to:

- assess only when it is in the remit of the service, in the scope of their competence and when it does not pose a risk to the safety of the service user or case manager
- document any decision not to assess and the basis for the decision
- inform the referral source when an assessment is not carried out following a referral
- document any decision to discontinue an assessment and the basis for the decision – for example, sudden illness, distress, consent not given, participation refused, risk to the service user or case manager.

3.3. Assessment and goal setting statement 3

The assessment tool should be fit for purpose, and should be used appropriately by the case management service and its staff.

Case managers and case management services are required to:

- use standardised assessments, or assessments derived from recognised models of best practice, where available
- ensure that the staff member who carries out the assessment has the knowledge and skills required
- fully document the details of the assessment, including the date, time, location, those present and the outcomes
- ensure all measures are taken to safeguard the service user's well being during the assessment, in terms of physical and mental health, environmental aspects and equipment used.

3.4. Assessment and goal setting statement 4

The assessment should be carried out under conditions that recognise and value the needs of the service user, their main carer/s, representatives and relevant agencies.

Case managers and case management services are required to:

- obtain as much relevant information as possible from other involved agencies to enhance the assessment process
- ensure assessments are centred on the service user, taking into account their needs, occupation, role, environment and lifestyle
- ensure the assessment accepts and values the background and culture of the service user
- ensure the assessment is undertaken in the service user's preferred language
- ensure privacy and confidentiality by undertaking the assessment in a suitable environment
- make the outcome of the assessment available to the service user and/or agreed others (with the individual's consent)
- provide an opportunity for the service user and/or their significant others to comment upon the assessment
- recognise the rights of the service user's significant others to an assessment of their own needs and make appropriate referrals if required
- document the needs and abilities of the person who provides assistance and any referrals made on behalf of that person.

3.5. Assessment and goal setting statement 5

The goals for intervention should be agreed in discussion with the service user and/or their representative, based on their priorities and the needs as indicated by the assessment.

Case managers and case management services are required to:

- record clearly the service user's assessed needs and the goals and objectives of intervention
- agree priority areas for intervention with the service user
- record clearly the service user's priorities and choices
- work in partnership with the service user and their representatives when identifying the goals for intervention
- set realistic and achievable goals with suggested time frames and estimations of case management costs
- communicate the outcome of the assessment and the identified intervention goals with relevant others as agreed.

3. Audit tool form Name Date ASSESSMENT AND GOAL SETTING

Assessment and goal setting statement 1 (3.1)			
<i>Case managers should prepare for an assessment by ensuring that it is appropriate and safe, and that the person being assessed has given their consent.</i>			
Do you/does your service:	Yes	No	Comment and action required
• identify the need for an assessment, based on information provided upon referral or screening and (in line with local policy guidance)			
• assess and document the service user's physical, environmental and personal safety before or in the early stages of an case management assessment			
• explain the nature and purpose of the assessment to the service user and/or their representative, to facilitate their involvement.			
• gain and document consent before the assessment commences			

Assessment and goal setting statement 2 (3.2)			
<i>A decision not to carry out, or to discontinue, assessment should be based on identifiable and justifiable reasons.</i>			
Do you/does your service:	Yes	No	Comment and action required
• assess only when it is in the remit of the service, in the scope of your competence and when it does not pose a risk to the safety of the service user or case manager			
• document any decision not to assess and the basis for the decision			
• inform the referral source when an assessment is not carried out following a referral			
• document any decision to discontinue an assessment and the basis for the decision - for example, sudden illness, distress, consent not given, participation refused, risk to the service user or case manager.			

3. Audit tool form Name Date ASSESSMENT AND GOAL SETTING

Assessment and goal setting statement 3 (3.3)			
The assessment tool should be fit for purpose, and should be used appropriately by the case management service and its staff.			
Do you/does your service:	Yes	No	Comment and action required
• use standardised assessments, or assessments derived from recognised models of best practice, where available			
• ensure that the staff member who carries out the assessment has the knowledge and skills required			
• fully document the details of the assessment, including the date, time, location, those present and the outcomes			
• ensure all measures are taken to safeguard the service user's well being during the assessment, in terms of physical and mental health, environmental aspects and equipment used.			

3. Audit tool form Name Date ASSESSMENT AND GOAL SETTING

Assessment and goal setting statement 4 (3.4)			
<i>The assessment should be carried out under conditions that recognise and value the needs of the service user, their main carer/s, representatives and relevant agencies.</i>			
Do you/does your service:	Yes	No	Comment and action required
• obtain as much relevant information as possible from other involved agencies to enhance the assessment process			
• ensure assessments are centred on the service user, taking into account their needs, occupation, role, environment and lifestyle			
• ensure the assessment accepts and values the background and culture of the service user			
• ensure the assessment is undertaken in the service user's preferred language			
• ensure privacy and confidentiality by undertaking the assessment in a suitable environment			
• make the outcome of the assessment available to the service user and/or agreed others (with the individual's consent)			
• provide an opportunity for the service user and/or their significant others to comment upon the assessment			
• recognise the rights of the service user's significant others to an assessment of their own needs and make appropriate referrals if required			
• document the needs and abilities of the person who provides assistance and any referrals made on behalf of that person			

Assessment and goal setting statement 5 (3.5)			
<i>The goals for intervention should be agreed in discussion with the service user and/or their representatives, based on their priorities and the needs as indicated by the assessment.</i>			
Do you/does your service:	Yes	No	Comment and action required
• record clearly the service user's assessed needs and the goals and objectives of intervention			
• agree priority areas for intervention with the service user			
• record clearly the service user's priorities and choices			
• work in partnership with the service user and their representatives when identifying the goals for intervention			
• set realistic and achievable goals with suggested time frames and estimations of case management costs			
• communicate the outcome of the assessment and the identified intervention goals with relevant others as agreed.			

4. INTERVENTION AND EVALUATION

Intervention is all the actions taken by the case manager on behalf of the service user. The process can include prioritising, planning, implementing, co-ordinating, monitoring and evaluating the options and services required to address agreed goals and promote quality cost effective outcomes. Intervention may be interpreted as the process of initiating, undertaking and co-ordinating activities with or on behalf of a service user in order to move them towards their stated goal.

Evaluation can be both formal and informal. The measurement of outcomes is an integral part of quality assurance. Outcome measures can be defined as 'an end product in terms of health, performance and satisfaction'.

4.1. *Intervention and evaluation statement 1*

Intervention should be based upon the goals and objectives that have been identified and negotiated with the service user.

Case managers and case management services are required to:

- select the course of action or activities on the basis of which offer the best options for achieving the agreed goals and have the most meaning for the service user
- carry out the intervention in a suitable environment
- make the best use of existing resources
- work in collaboration with other professionals to fit in with the overall programme of intervention the service user is receiving
- actively co-ordinate and promote the activities for the benefit of the service user.
- manage and document any decisions or actions taken where there is an element of risk in planning and/or respecting the service user's choices
- document and explain any unmet needs
- respect the choice of the service user, if at any time they wish to discontinue intervention.

4.2. *Intervention and evaluation statement 2*

Intervention should be in accordance with the best or evidence-based practice.

Case managers and case management services are required to:

- develop an information and evidence resource to support best practice
- seek evidence or descriptions of best practice to justify interventions or approaches
- evaluate this evidence and incorporate findings within intervention.

4.3. *Intervention and evaluation statement 3*

Intervention should only be delegated to another member of staff or person in a care role if they are deemed competent.

Case managers and case management services are required to:

- provide only those services and techniques which are within their professional competence and which they are qualified to employ by education and training and/or experience
- ensure that any person, such as students, support workers, assistants and volunteers, to whom they delegate tasks or actions is competent to carry them out
- provide adequate information, supervision and teaching to other members of staff, family members and carers if they are to provide intervention
- retain ultimate responsibility for the intervention to the service user.

4.4. *Intervention and evaluation statement 4*

The case managers should monitor and review the effectiveness of an activity or intervention, revising it as necessary to ensure progress.

Case managers and case management services are required to:

- identify a baseline from which to measure any change in the service user's status and thereby to evaluate treatment
- use assessment tools incorporating outcome measures, where formal evaluation is required
- understand the purpose and accuracy of the outcome measure being used, so that the results can be interpreted correctly
- document the process and results of intervention, using the records and outcome measures to ensure that progress is being made towards the agreed goals and objectives.

4. Audit tool form Name Date INTERVENTION AND EVALUATION

Intervention and evaluation statement 1 (4.1) <i>Intervention should be based upon the goals and objectives that have been identified and negotiated with the service user.</i>			
Do you/does your service:	Yes	No	Comment and action required
• select the course of action or activities on the basis of which offer the best options for achieving the agreed goals and have the most meaning for the service user			
• carry out the intervention in a suitable environment			
• make the best use of existing resources			
• work in collaboration with other professionals to fit in with the overall programme of intervention the service user is receiving			
• actively co-ordinate and promote activities for the benefit of the service user.			
• manage and document any decisions or actions taken where there is an element of risk in planning and/or respecting the service user's choices			
• document and explain any unmet needs			
• respect the choice of the service user, if at any time they wish to discontinue intervention.			

Intervention and evaluation statement 2 (4.2) <i>Intervention should be in accordance with the best or evidence-based practice.</i>			
Do you/does your service:	Yes	No	Comment and action required
• develop an information and evidence resource to support best practice			
• seek evidence or descriptions of best practice to justify interventions or approaches			
• evaluate this evidence and incorporate findings within intervention.			

4. Audit tool form Name Date INTERVENTION AND EVALUATION

Intervention and evaluation statement 3 (4.3) Intervention should only be delegated to another member of staff or person in a care role if they are deemed competent.			
Do you/does your service:	Yes	No	Comment and action required
• provide only those services and techniques which are within their professional competence and which they are qualified to employ by education and training and/or experience			
• ensure that any person, such as students, support workers, assistants and volunteers, to whom they delegate tasks or actions is competent to carry them out			
• provide adequate information, supervision and teaching to other members of staff, family members and carers if they are to provide intervention			
• retain ultimate responsibility for the intervention to the service user.			

Intervention and evaluation standard statement 4 (4.4) The case manager should monitor and review the effectiveness of an activity or intervention, revising it as necessary to ensure progress.			
Do you/does your service:	Yes	No	Comment and action required
• identify a baseline from which to measure any change in the service user's status and thereby to evaluate treatment			
• use assessment tools incorporating outcome measures, where formal evaluation is required			
• understand the purpose and accuracy of the outcome measure being used, so that the results can be interpreted correctly			
• document the process and results of intervention, using the records and outcome measures to ensure that progress is being made towards the agreed goals and objectives.			

5. DISCHARGE, CLOSURE OR TRANSFER OF CASE

It is acknowledged that in any case management some service users will require ongoing services for the remainder of their lives, while others will, in the course of their rehabilitation, cease to require the services of a case manager. This standard confirms that for those people who will cease to require case management from your service, there will be discharge, closure, or transfer of the case to others (whether other case managers or other services).

5.1. Discharge, closure or transfer statement 1

Case managers should assess the service user and their situation in preparation for discharge, closure or transfer, considering their ability to manage in their future environment, and at all times taking into account the service user's priorities and choices.

Case managers and case management services are required to:

- assess the service user's progress against their pre-set goals
- document the amount of assistance needed
- make recommendations as required for any ongoing intervention or support required
- make recommendations as required for any assistive equipment and/or environmental modifications required
- make recommendations as required for any further follow-up, intervention or re-assessment required.

5.2 Discharge, closure or transfer statement 2

Case management should be discontinued only when the service user has achieved their pre-set goals, has moved outside the criteria of the service, or withdraws their consent.

Case managers and case management services are required to:

- prepare and implement a discharge, closure or transfer plan if required that is consistent with the goals of the service user and the intervention plan
- prepare and implement a discharge, closure or transfer plan if required that takes into consideration the needs and considerations of the family or carer, and the community or other support resources
- allow sufficient time if possible for the co-ordination and implementation of a discharge, closure or transfer plan
- liaise with members of the service user's team as required about the discharge, closure or transfer plan, keeping them informed about how it will be implemented and followed up
- include a written summary if possible in the clinical records.

5. Audit tool form Name Date

DISCHARGE, CLOSURE OR TRANSFER OF CASE

Discharge, closure or transfer statement 1 (5.1) <i>Case managers should assess the service user in preparation for discharge, closure or transfer, considering their ability to manage in their future environment, and at all times taking into account the service user's priorities and choices.</i>			
Do you/does your service:	Yes	No	Comment and action required
• assess the service user's progress against their pre-set goals			
• document the amount of assistance needed			
• make recommendations for any ongoing intervention or support required			
• make recommendations for any assistive equipment and/or environmental modifications required.			
• make recommendations for any further follow-up, intervention or re-assessment required.			

Discharge, closure or transfer statement 2 (5.2) <i>Case management should be discontinued only when the service user has achieved their pre-set goals, has moved outside the criteria of the service, or withdrawn their consent.</i>			
Do you/does your service:	Yes	No	Comment and action required
• prepare and implement a discharge, closure or transfer plan if required that is consistent with the goals of the service user and the intervention plan.			
• prepare and implement a discharge, closure or transfer plan that takes into consideration the needs and considerations of the family or carer, and the community or other support resources			
• allow sufficient time for the co-ordination and implementation of a discharge, closure or transfer plan			
• liaise with members of the service user's team about the discharge, closure or transfer plan, keeping them informed about how it will be implemented and followed up			
• Include a written summary if possible in the clinical records.			

6. RECORD KEEPING

Record keeping – as either a case management record or part of a multidisciplinary record – is an essential and integral part of care. The purpose of the records is to give a comprehensive, accurate and justifiable account of the interventions, advice, care and support provided or planned for a service user. The information also supports the use of audit, evidence based clinical practice and improvements in clinical effectiveness through research.

For any service user involved in the litigation process, the inclusion in case management records of any comments relating to a service user's legal case should be carefully considered so as not to compromise the litigation privilege.

6.1. **Record keeping statement 1**

A record should be kept of all case management activity and intervention made with, or on behalf of, the service user.

Case managers and case management services are required to:

- clearly identify the service user by name, address and date of birth on all records kept
- document details of all key people involved in the service user's management, including professionals, family, carers and other agencies
- document all referral details, including date and source of referral and reason for referral when given
- document any relevant social, medical or rehabilitative history
- document, date and time all assessments made, methods used and resulting outcomes
- document and date the views and wishes of the service user about goals or treatment plans, and any time frames suggested
- document the consent and nature of consent given to intervention
- document, date and time all interventions planned and carried out in connection with the service user, the resulting outcomes and associated costs where known.
- document and date all reviews, alterations to goals, treatment plans or time frames
- document all interventions or decisions made by members of the multidisciplinary team when they impact upon the case management care given, including decisions taken in clinical supervision
- incorporate in the records all correspondence, telephone conversations and reports related to the service user's care
- document and date interventions or contact with family and carers, and any outcomes
- document all information and advice provided to the service user and their family/people providing support and assistance
- document all discharge, closure or transfer details
- document the destination of onward referrals or case transfers and any information that needs to be considered in handover (with the knowledge and consent of the service user).

6.2. **Record keeping statement 2**

Case management records should be well organised, well managed and clear, to ensure that they are accessible to those who may need to refer to them.

Case managers and case management services are required to:

- maintain and organise records systematically, ensuring that they are easy to find and in good order
- ensure that records are chronological and contemporaneous
- ensure the records are complete, factual, objective and concise
- ensure the records are legible and do not use slang or unexplained abbreviations and acronyms

- amend written records by scoring out with a single line, so that the original text is still legible
- provide a clear signature, designation and date with all entries, additions or amendments
- countersign student or support staff records to ensure and demonstrate their accuracy
- ensure that electronic records clearly identify the member of staff making the record, in the absence of a signature and meet the same standards as written records
- ensure electronic records are completed to the same standard as written records.

6.3. ***Record keeping statement 3***

Case management staff should be aware of, and abide by, legal regulations about the confidentiality, storage and disposal of records, and a service user's right to access their own records.

Case managers are required to:

- inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, in relation to a service user's right of access to their records (Great Britain, Parliament 1998a)
- inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, relating to the confidentiality, storage and disposal of records (Great Britain, Parliament 1998a)
- provide a policy on record keeping and storage
- store records securely, with arrangements in place to protect them from use by unauthorised persons, damage or loss
- encourage the storage of records kept in a service user's home in an agreed safe place, away from sight of visitors to the home
- ensure security when transporting records in person from place to place, for example in a car or on public transport
- ensure the safekeeping of other records such as diaries that may be used as legal evidence
- retain and dispose of records according to legal and professional guidance.

Record keeping statement 1 (6.1)			
<i>A record should be kept of all case management activity and intervention made with, or on behalf of, the service user.</i>			
Do you/does your service:	Yes	No	Comment and action required
• clearly identify the service user by name, address and date of birth on all records kept			
• document details of all key people involved in the service user's management, including professionals, family and carers and other agencies			
• document all referral details, including date and source of referral and reason for referral when given			
• document any relevant social, medical or rehabilitative history			
• document, date and time all assessments made, methods used and resulting outcomes			
• document and date the views and wishes of the service user about goals or treatment plans and any time frames suggested			
• document the consent and nature of consent given to intervention			
• document, date and time all interventions planned and carried out in connection with the service user, the resulting outcomes and associated costs where known.			
• document and date all reviews, alterations to goals, treatment plans or time frames.			
• document all interventions or decisions made by members of the multi-disciplinary team when they impact upon the case management care given, including decisions taken in clinical supervision			
• incorporate in the records all correspondence, telephone conversations and reports related to the service user's care			
• document and date interventions or contact with family and carers, and any outcomes			
• document all information and advice provided to the service user and their family/people providing support and assistance			
• document all discharge, closure or transfer details			
• document the destination of onward referrals or care transfers and any information that needs to be considered in handover (with the knowledge and the consent of service user).			

6. Audit tool form Name Date RECORD KEEPING

Record keeping statement 2 (6.2)			
Case management records should be well organised, well managed and clear, to ensure that they are accessible to those who may need to refer to them.			
Do you/does your service:	Yes	No	Comment and action required
• maintain and organise records systematically, ensuring that they are easy to find and in good order			
• ensure that records are chronological and contemporaneous			
• ensure the records are complete, factual, objective and concise			
• ensure the records are legible and do not use slang or unexplained abbreviations and acronyms			
• amend written records by scoring out with a single line, so that the original text is still legible			
• provide a clear signature, designation and date with all entries, additions or amendments			
• countersign student or support records to ensure and demonstrate their accuracy			
• ensure that electronic records clearly identify the member of staff making the record, in the absence of a signature and meet the same standards as written records			
• ensure electronic records are completed to the same standard as written records.			

6. Audit tool form Name Date RECORD KEEPING

Record keeping statement 3 (6.3)			
<i>Case management staff should be aware of, and abide by, legal regulations about the confidentiality, storage and disposal of records, and a service user's right to access their own records. They should be guided by local policy on these matters.</i>			
Do you/does your service:	Yes	No	Comment and action required
• inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, in relation to a service user's right of access to their records (Great Britain, Parliament 1998a)			
• inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, relating to the confidentiality, storage and disposal of records (Great Britain, Parliament 1998a)			
• provide a policy on record keeping and storage			
• store records securely, with arrangements in place to protect them from use by unauthorised persons, damage or loss			
• encourage the storage of records kept in a service user's home in an agreed safe place, away from sight of visitors to the home			
• Ensure security when transporting records in person from place to place, for example in a car or on public transport			
• ensure the safekeeping of other records such as diaries that may be used as legal evidence			
• retain and dispose of records according to legal and local guidance.			

7. SERVICE QUALITY AND GOVERNANCE

It can be difficult for anyone commissioning services to monitor the quality and cost effectiveness of the service they receive. The principles of quality and governance apply equally to all case managers, in all settings. Individual practitioners and services have a duty to provide case management of the highest competence, safety, quality and value, personalised to a service user's individual needs. See also the Standards on The Case Manager as Practitioner (14) and Business Practice (15).

Quality has been defined as "doing the right things, to the right people, at the right time and doing things right first time" (Department of Health 1997b, p17).

Governance refers to the processes and systems put in place to ensure that quality is provided, while making best use of resources.

7.1. ***Service quality and governance statement 1*** ***Case managers should maintain and develop their knowledge, skills and attitudes, and therefore their competence to practise.***

Case managers are required to:

- ensure that staff have appropriate levels of education, training, skills and competencies to deliver the services needed by clients.
- seek out and attend learning opportunities relevant to their practice and development as practitioners
- enable the development of staff, by providing supervision and appraisal systems and support for learning opportunities
- be aware of national and international practice development, e.g. through reading, attending learning opportunities, membership of a specialist section or special interest group
- apply newly acquired professional knowledge, skills and behaviour in a safe and responsible manner
- share good practice with fellow practitioners and colleagues
- have networks and management structures which provide regular supervision and feedback (or equivalent support) where relevant
- reflect upon practice and development, maintaining a record where relevant, through the use of professional development portfolios
- participate in a regular appraisal process, enabling reflection on current practice, consideration of past, current and future objectives and learning/development needs.

7.2. ***Service quality and governance statement 2*** ***Case managers should protect and maintain the safety of those who use their service.***

Case managers and case management services are required to:

- abide by national and local health and safety regulations, policies and procedures
- work only within their professional competence, in terms of education, training and/or experience
- minimise the risk of untoward events by identifying the potential for harm and avoiding or managing these factors. This should not rule out positive risk-taking as part of intervention
- recognise and learn from adverse events, identifying and addressing areas of poor practice.

7.3. *Service quality and governance statement 3*

Case managers should provide a service of consistent quality, in line with local, professional and national standards.

Case managers and case management services are required to:

- monitor the performance and quality of their service against relevant local, national and professional standards and guidelines as they are published
- ensure mechanisms are in place to monitor safe, effective, ethical, equitable and anti-discriminatory practice
- be informed of the opinions of the people to whom they provide a service and their carers
- implement regular clinical audits, quality and governance systems
- provide a complaints procedure
- take responsibility for drawing attention to any areas of concern about the service

7.4. *Service quality and governance statement 4*

Case managers should provide a service that is of the highest quality and the best value for money.

Case managers and case management services are required to:

- monitor the use of resources and facilities, along with the outcomes of the service, to ensure their optimum efficiency and effectiveness
- recognise and take opportunities to influence health and social policy and practice to the benefit of those who use the service.

7. Audit tool form Name Date

SERVICE QUALITY AND GOVERNANCE

Service quality and governance statement 1 (7.1)			
Case managers should maintain and develop their knowledge, skills and attitude, and therefore their competence to practise.			
Do you/does your service:	Yes	No	Comment and action required
• ensure that staff have appropriate levels of education, training, skills and competencies to deliver the services needed by clients			
• seek out and attend learning opportunities relevant to your practice and development as practitioners			
• enable the development of staff, by providing supervision and appraisal systems and support for learning opportunities			
• be aware of national and international practice development, e.g. through reading, attending learning opportunities, membership of a specialist section or special interest group			
• apply newly acquired professional knowledge, skills and behaviour in a safe and responsible manner			
• share good practice with fellow practitioners and colleagues			
• have networks and management structures which provide regular supervision and feedback (or equivalent support) where relevant			
• reflect upon practice and development, maintaining a record where relevant through the use of professional development portfolios			
• participate in a regular appraisal process, enabling reflection on current practice, consideration of past, current and future objectives and learning/development needs.			

7. Audit tool form Name Date

SERVICE QUALITY AND GOVERNANCE

Service quality and governance statement 2 (7.2)			
Case managers should protect and maintain the safety of those who use their service.			
Do you/does your service:	Yes	No	Comment and action required
• abide by national and local health and safety regulations, policies and procedures			
• work only within your professional competence, in terms of education, training and/or experience			
• minimise the risk of untoward events by identifying the potential for harm and avoiding or managing these factors. This should not rule out positive risk-taking as part of intervention			
• recognise and learn from adverse events, identifying and addressing areas of poor practice.			

Service quality and governance statement 3 (7.3)			
Case managers should provide a service of consistent quality, in line with local, professional and national standards.			
Do you/does your service:	Yes	No	Comment and action required
• monitor the performance and quality of their service against relevant local, national and professional standards and guidelines as they are published			
• ensure mechanisms are in place to monitor safe, effective, ethical, equitable and anti-discriminatory practice			
• be informed of the opinions of the people to whom they provide a service and their carers			
• implement regular clinical audits, quality and governance systems			
• provide a complaints procedure			
• take responsibility for drawing attention to any areas of concern about the service.			

Service quality and governance statement 4 (7.4)			
Case managers should provide a service that is of the highest quality and the best value for money.			
Do you/does your service:	Yes	No	Comment and action required
▪ monitor the use of resources and facilities, along with the outcomes of the service, to ensure their optimum efficiency and effectiveness			
▪ recognise and take opportunities to influence health and social policy and practice to the benefit of those who use the service.			

8. PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING

Continuing personal and professional development (CPD) and lifelong learning for all members ensures the competence required to provide safe, efficient and effective services which meet clients' expectations and support best practice.

Effective CPD should be:

- Continuous - occurring throughout the practitioner's working life
- Professional - required for the delivery of services involving technical skill, quality and professionalism
- Broad based - development of personal skills, knowledge and qualities
- Structured - systematic maintenance, improvement and broadening

CPD can be achieved in a number of ways including distance learning, E-learning, systematic reading, membership of relevant groups, secondment, formal courses, project involvement and networking.

8.1. *Professional development/lifelong learning statement 1*

Case managers should achieve and continuously maintain high standards of competence in terms of knowledge, skills and conduct.

Case managers and case management services are required to:

- allocate and maintain agreed time and funding for CPD and/or research
- demonstrate a personal development plan illustrating a systematic approach to CPD and incorporating future learning goals
- document and demonstrate enhanced performance through the plan and update goals no less than annually
- provide CPD opportunities for staff and support workers who contribute to the case management service
- apply learning to benefit service users, colleagues and the case management service

8.2. *Professional development/lifelong learning statement 2*

Case managers should be supported in their practice and development through regular supervision, within an agreed structure or model.

Case managers and case management services are required to:

- participate in supervision to an agreed structure or model
- have a verbal or written agreement about the nature of supervision between the supervisor and the supervisee
- ensure that if individual supervision is used, it is by a case manager with appropriate experience in the field of practice, minimum 5 years, who is sufficiently trained in supervision
- respect and uphold the confidentiality of the supervisory relationship
- objectively record all supervision sessions
- keep a note that supervision has taken place, in the clinical records, for as long as those records are kept

8.3. *Professional development/lifelong learning statement 3*

Case management staff should participate in an appraisal cycle where appropriate.

Case managers and case management services are required to:

- provide a suitable location and adequate time for the appraisal
- ensure supervision records are available for use at an annual appraisal
- review, clarify and confirm the roles and responsibilities expected of the staff member, in light of the organisational structure and objectives

- appraise the staff member fairly and objectively against past or current objectives, roles and responsibilities
- agree future objectives for the staff member, including key targets, action to be taken and timescale, considering the requirements of the individual, the post and the objectives of the organisation
- agree and document the development and learning needs of the staff member
- document accurately and objectively the content and outcomes of the appraisal, using any local or organisational documentation provided
- ensure the record is agreed as a true account by participating individuals
- ensure the appraiser is sufficiently trained and experienced to fulfil their role
- review the appraisal outcome on a regular basis and follow up any agreed actions
- provide a procedure for either party to follow should they be dissatisfied with the appraisal outcome.

8. Audit tool form Name Date.....

PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING

Professional development/lifelong learning statement 1 (8.1)			
Case Managers should achieve and continuously maintain high standards of competence in terms of knowledge, skills and conduct.			
Do you/does your service:	Yes	No	Comment and action required
• allocate and maintain agreed time and funding for CPD and/or research			
• demonstrate a personal development plan illustrating systematic approach to CPD and incorporating future learning goals.			
• document and demonstrate enhanced performance through the plan and update goals no less than annually.			
• provide CPD opportunities for staff and support workers who contribute to the case management service			
• apply learning to benefit service users, colleagues and the case management service.			

Professional development/lifelong learning statement 2 (8.2)			
Case managers should be supported in their practice and development through regular supervision, within an agreed structure or model.			
Do you/does your service:	Yes	No	Comment and action required
• participate in supervision to an agreed structure or model			
• have a verbal or written agreement about the nature of supervision between the supervisor and the supervisee			
• ensure that if individual supervision is used, it is by a case manager with appropriate experience in the field of practice, minimum 5 years, who is sufficiently trained in supervision			
• respect and uphold the confidentiality of the supervisory relationship			
• objectively record all supervision sessions			
• keep a note that supervision has taken place, in the clinical records, for as long as those records are kept.			

8. Audit tool form Name Date

PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING

Professional development/lifelong learning statement 3 (8.3)			
Case management staff should participate in an annual appraisal cycle where appropriate.			
Do you/does your service:	Yes	No	Comment and action required
• provide a suitable location and adequate time for the appraisal			
• ensure supervision records are available for use at an annual appraisal			
• review, clarify and confirm the roles and responsibilities expected of the staff member, in light of the organisational structure and objectives			
• appraise the staff member fairly and objectively against past or current objectives, roles and responsibilities			
• agree future objectives for the staff member, including key targets, action to be taken and timescale, considering the requirements of the individual, the post and the objectives of the organisation			
• agree and document the development and learning needs of the staff member			
• Document accurately and objectively the content and outcomes of the appraisal, using any local or organisational documentation provided			
• ensure the record is agreed as a true account by participating individuals			
• ensure the appraiser is sufficiently trained and experienced to fulfil their role			
• review the appraisal outcome on a regular basis and follow up any agreed actions			
• provide a procedure for either party to follow should they be dissatisfied with the appraisal outcome.			

9. FIELDWORK EDUCATION

Case managers are encouraged to provide practice education opportunities for trainee case managers, to ensure a future workforce and to promote a learning culture within the workplace. It is acknowledged that case management courses are developing, and this standard will become more applicable.

9.1. *Fieldwork education statement 1*

As educational courses develop, there should be a placement agreement between the Higher Education Institution [HEI] and the case management service. There should be appropriate policies and procedures, sufficient facilities and resources to support practice education.

Case managers and case management services are required to:

- maintain a reciprocal relationship with the HEI which acknowledges the costs, benefits and resource requirements of providing practice education
- ensure that practice education contributes to the learning culture of their service, supporting lifelong learning, continued competence and a work-life balance
- develop a placement resource file including the operational policies and procedures that assure the quality of practice education (for example, health and safety, support available to both student and educator, etc.)
- ensure mechanisms are in place to support students with diverse needs, to ensure compliance with the special education needs, disability and equal opportunities legislation
- provide students with preparatory information before the placement starts and a comprehensive induction programme at the beginning of the placement, orientating the student and providing practical information and advice
- ensure access to a range of resources, facilities and staff to support independent learning
- ensure the students and the educator have clear support mechanisms within the placement and from the HEI.

9.2. *Fieldwork education statement 2*

The practice education provided within the service should contribute to the overall aims of the education programme, by helping students become fit to practise independently.

In partnership with the HEI, case management services are encouraged to:

- ensure that the practice curriculum reflects the international and national reference standards and benchmarks
- base the practice curriculum upon a sound educational philosophy that is compatible with the values of case management
- contribute to the development of the pre-registration curriculum
- ensure that the curriculum is updated regularly to reflect contemporary practice, professional priorities for service development, research findings and policy initiatives.

9.3. Fieldwork education statement 3

There should be sufficient, properly prepared and supported practice placement educators to facilitate the achievement of students' learning outcomes, while maintaining service delivery.

Case management services that are able to offer this support are required to:

- acknowledge the responsibilities placed on practice placement educators and their need to balance pre-registration education with caseload management
- ensure that practice placement educators have sufficient time and availability to provide regular supervision and assessment (a minimum of one hour formal supervision per week)
- ensure that there are appropriate arrangements to guarantee client safety and continuity of learning when the practice placement educator is absent
- ensure that practice placement educators are aware of their duty of care to students and service users
- recognise only people with sufficient experience and expertise as practice placement educators
- support practice placement educators with relevant professional development activities.

9.4. Fieldwork education statement 4

A range of methods designed to promote trainee case managers' personal and professional development and help them achieve learning outcomes, should be employed during each placement.

Case managers and case management services are required to:

- ensure that each trainee has an individual learning agreement that reflects their learning needs, the module outcomes and the experience available
- ensure that the learning, teaching and supervisory strategies promote continuing professional development towards entry level competence and are outlined in the placement resource file
- use a range of learning methods and opportunities, including inter-professional learning, to enable the placement outcomes to be achieved
- design all learning, teaching and supervisory methods so as to: assess and manage risk, ensure the safety, consent and confidentiality of service users and their carers, and demonstrate respect for others
- use a planned approach to the amount, type and frequency of supervision, employing a model that recognises individual learning styles
- facilitate the integration of theory with practice throughout the placement by formal and informal supervision demonstrated in the student's portfolio and the practice placement report
- identify the requirements for professional conduct and the opportunities for developing professional identity in the practice placement file
- enable the student to set time aside each week for independent study.

Fieldwork education statement 1 (9.1)			
<i>As educational courses develop, there should be a placement agreement between the Higher Education Institution (HEI) and the case management service. There should be appropriate policies and procedures, sufficient facilities and resources to support practice education.</i>			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> maintain a reciprocal relationship with the HEI which acknowledges the costs, benefits and resource requirements of providing practice education 			
<ul style="list-style-type: none"> ensure that practice education contributes to the learning culture of their service, supporting lifelong learning, continued competence and a work-life balance 			
<ul style="list-style-type: none"> develop a placement resource file including the operational policies and procedures that assure the quality of practice education (for example, health and safety, support available to both student and educator etc) 			
<ul style="list-style-type: none"> ensure mechanisms are in place to support students with diverse needs, to ensure compliance with the special education needs, disability and equal opportunities legislation 			
<ul style="list-style-type: none"> provide students with preparatory information before the placement starts and a comprehensive induction programme at the beginning of the placement, orientating the student and providing practical information and advice 			
<ul style="list-style-type: none"> ensure access to a range of resources, facilities and staff to support independent learning 			
<ul style="list-style-type: none"> ensure the students and the educator have clear support mechanisms within the placement and from the HEI. 			

Fieldwork education statement 2 (9.2)			
<i>The practice education provided within the service should contribute to the overall aims of the education programme, by helping students become fit to practise independently.</i>			
Do you/does your service:	Yes	No	Comment and action required
• ensure that the practice curriculum reflects the international and national reference standards and benchmarks			
• base the practice curriculum upon a sound educational philosophy that is compatible with the values of case management			
• contribute to the development of the pre-registration curriculum			
• ensure that the curriculum is updated regularly to reflect contemporary practice, professional priorities for service development, research findings and policy initiatives.			

Fieldwork education statement 3 (9.3)			
<i>There should be sufficient, properly prepared and supported practice placement educators to facilitate the achievement of students learning outcomes, while maintaining service delivery.</i>			
Do you/does your service:	Yes	No	Comment and action required
• acknowledge the responsibilities placed on practice placement educators and their need to balance pre-registration education with caseload management			
• ensure that practice placement educators have sufficient time and availability to provide regular supervision and assessment (a minimum of one hour formal supervision per week)			
• ensure that there are appropriate arrangements to guarantee client safety and continuity of learning when the practice placement educator is absent			
• ensure that practice placement educators are aware of their duty of care to students and service users			
• recognise only people with sufficient experience and expertise as practice placement educators			
• support practice placement educators with relevant professional development activities.			

Fieldwork education statement 4 (9.4) <i>A range of methods designed to promote trainee case managers' personal and professional development and help them achieve learning outcomes, should be employed during each placement.</i>			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ensure that each trainee has an individual learning agreement that reflects their learning needs, the module outcomes and the experience available 			
<ul style="list-style-type: none"> ensure that the learning, teaching and supervisory strategies promote continuing professional development towards entry level competence and are outlined in the placement resource file 			
<ul style="list-style-type: none"> use a range of learning methods and opportunities, including inter-professional learning, to enable the placement outcomes to be achieved 			
<ul style="list-style-type: none"> design all learning, teaching and supervisory methods so as to: assess and manage risk, ensure the safety, consent and confidentiality of service users and their carers, and demonstrate respect for others 			
<ul style="list-style-type: none"> use a planned approach to the amount, type and frequency of supervision, employing a model that recognises individual learning styles 			
<ul style="list-style-type: none"> facilitate the integration of theory with practice throughout the placement by formal and informal supervision demonstrated in the student's portfolio and the practice placement report 			
<ul style="list-style-type: none"> identify the requirements for professional conduct and the opportunities for developing professional identity in the practice placement file 			
<ul style="list-style-type: none"> enable the student to set time aside each week for independent study. 			

10. SAFE WORKING PRACTICE

Health and safety law puts a duty on employers to ensure the health, safety and welfare of their employees, so far as is reasonable. Employees have a duty to care for their own health and safety, and to care for the health and safety of those who may be affected by what they do. These duties, under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations (1999), also apply to lone workers. Case managers may wish to base any comprehensive risk assessment on the Five Steps to Risk Assessment of the Health and Safety Executive (2006).

Case managers therefore have a duty to assess risk to themselves and in their own environment, and risks associated with their clients.

Risk management involves ensuring a strategy is in place for managing potential risks and reducing the likelihood and effect of untoward incidents. This includes strategies that incorporate positive risk-taking aspects of case management which case managers frequently engage in so as to provide positive, realistic and meaningful interventions.

Case managers have both professional and legal responsibilities to ensure safe moving and handling practice irrespective of their professional background. The Manual Handling Operations Regulations (MHOR 1992) specify that each employer shall, as far as is reasonably practicable, avoid the need for employees to undertake any manual handling operations at work which involve a risk of their being injured. Where it is not practicable to avoid the need, they must make a suitable assessment of all manual handling operations, taking appropriate steps to reduce the risk of injury. Case managers should refer to MHOR and take appropriate steps to reduce the risk of injury to staff, service users, support workers, family members and themselves. Identical duties are placed on self-employed workers in respect of their own safety.

10.1. *Safe working practice statement 1*

Case managers should take responsibility for systematically assessing and managing the risks involved in providing a service.

Case managers are required to:

- undertake a comprehensive risk assessment of the risk to the health and safety of the service user and their situation
- have clear, up to date policies, programmes or systems in place aimed at identifying and managing real or potential risk
- engage all staff in the identification of risk or hazard, and their management
- clearly document the outcome of any risk assessment and decisions based upon the risk assessment
- develop and implement risk management strategies to eliminate, avoid or reduce the likelihood of unwanted risk
- ensure contingency plans are in place for risks that cannot be eliminated
- participate in training to prevent and manage violence at work, including abuse and harassment, where assessment shows there to be a risk
- change practice where reviews of incidents indicate this may be necessary
- fully co-operate with the investigation of incidents if they occur
- identify and be aware of procedures to be carried out should an incident occur
- adhere to local risk management policies and incident reporting procedures including and in relation to infectious diseases where relevant
- establish documentation and incident reporting procedures where there are none locally
- enable positive risks to be taken safely by service users, in cases where such risks are a necessary part of intervention

10.2. Safe working practice statement 2

Case managers who are lone workers or working alone away from their base, should ensure procedures are in place to minimise risk to themselves and other people affected by their work and co-operate with their employers in meeting their legal obligations.

Case managers and case management services are required to:

- ensure that a risk assessment is made of lone working practice and that any risks or hazards are identified and documented
- be aware of and follow measures which avoid or control the risks/hazards associated with lone working
- provide an appropriate level of supervision, based on the findings of the risk assessment
- ensure that arrangements are in place for providing help when the risk assessment shows that it is not possible for the work to be done safely by a lone worker
- ensure that there is a system for monitoring the safety and well-being of the lone worker, or those working alone away from their base, such as regular telephone contact
- ensure that there is an emergency system in place should an incident occur.

10.3. Safe working practice statement 3

Case management staff should maintain an approach to moving and handling people that abides by the law and should also facilitate the active rehabilitation of the people in their care, enabling them to exercise control and autonomy in their lives.

Case managers and case management services are required to:

- exercise sound professional judgement in arriving at handling regimes that are sensitive to the needs and wishes of service users and their family/carers, and ensure that the welfare and autonomy of the person requiring lifting or moving is paramount
- acknowledge a service user's right of refusal and right of choice, placing emphasis on a working partnership that promotes dignity, privacy, safety and social inclusion
- avoid unnecessary manual handling operations which involve a risk of injury
- complete a formal risk assessment where an individual is assessed as having some dependency, to ensure that assistance is provided safely
- carry out and document appropriate actions and recommendations based upon the risk assessment
- take steps to ensure the risk of injury during those operations is as low as possible, and that others are not put at risk
- inform the employer if hazardous handling activities are identified
- ensure the service or team has an agreed protocol for manually handling service users.

10.4 Safe working practice statement 4

Case managers and case management services should use equipment appropriately and with regard to the safety of staff and those referred to the service.

Case managers and case management services are required to:

- select and use the most appropriate equipment for the task
- use equipment only for the purpose for which it was manufactured
- ensure the equipment conforms to safety standards and is hygienic for use
- provide adequate information and training to people and/or their carers, to ensure safe use of loan equipment

- store all equipment safely and securely
- handle equipment with regard to manual handling operations
- transport equipment safely, being adequately restrained within any vehicle.

Safe working practice statement 1 (10.1) Case managers should take responsibility for systematically assessing and managing the risks involved in providing a service.			
Do you/does your service:	Yes	No	Comment and action required
• undertake a comprehensive risk assessment of the risk to the health and safety of the service user and their situation			
• have clear, up to date policies, programmes or systems in place aimed at identifying and managing real or potential risk			
• engage all staff in the identification of risk or hazard, and their management			
• clearly document the outcome of any risk assessment and decisions based upon the risk assessment			
• develop and implement risk management strategies to eliminate, avoid or reduce the likelihood of unwanted risk			
• ensure contingency plans are in place for risks that cannot be eliminated			
• participate in training to prevent and manage violence at work, including abuse and harassment, where assessment shows there to be a risk.			
• change practice where reviews of incidents indicate this may be necessary			
• fully co-operate with the investigation of incidents if they occur			
• identify and be aware of procedures to be carried out should an incident occur			
• adhere to local risk management policies and incident reporting procedures including and in relation to infectious diseases where relevant			
• establish documentation and incident reporting procedures where there are none locally			
• enable positive risks to be taken safely by service users, in cases where such risks are a necessary part of intervention			

Safe working practice statement 2 (10.2)			
<i>Case managers who are lone workers or working alone away from their base should take reasonable care of themselves and other people affected by their work and co-operate with their employers in meeting their legal obligations.</i>			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ensure that a risk assessment is made of lone working practice and that any risks or hazards are identified and documented 			
<ul style="list-style-type: none"> be aware of and follow measures which avoid or control the risks/hazards associated with lone working 			
<ul style="list-style-type: none"> provide an appropriate level of supervision, based on the findings of the risk assessment 			
<ul style="list-style-type: none"> ensure that arrangements are in place for providing help when the risk assessment shows that it is not possible for the work to be done safely by a lone worker 			
<ul style="list-style-type: none"> ensure that there is a system for monitoring the safety and well being of the lone worker, or those working alone away from their base, such as regular telephone contact 			
<ul style="list-style-type: none"> ensure that there is an emergency system in place should an incident occur. 			

Safe working practice statement 3 (10.3)			
Case managers should maintain an approach to moving and handling people that abides by the law and should also facilitate the active rehabilitation of the people in their care, enabling them to exercise control and autonomy in their lives.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> exercise sound professional judgement in arriving at handling regimes that are sensitive to the needs and wishes of service users and their family/carers, and ensure that the welfare and autonomy of the person requiring lifting or moving is paramount 			
<ul style="list-style-type: none"> acknowledge a service user's right of refusal and right of choice, placing emphasis on a working partnership that promotes dignity, privacy, safety and social inclusion 			
<ul style="list-style-type: none"> avoid unnecessary manual handling operations which involve a risk of injury 			
<ul style="list-style-type: none"> complete a formal risk assessment where an individual is assessed as having some dependency, to ensure that assistance is provided safely 			
<ul style="list-style-type: none"> carry out and document appropriate actions and recommendations based upon the risk assessment 			
<ul style="list-style-type: none"> take steps to ensure the risk of injury during those operations is as low as possible, and that others are not put at risk 			
<ul style="list-style-type: none"> inform the employer if hazardous handling activities are identified 			
<ul style="list-style-type: none"> ensure the service or team has an agreed protocol for manually handling service users. 			

10. Audit tool form Name Date SAFE WORKING PRACTICE

Safe working practice statement 4 (10.4)			
<i>Case managers and case management services should use equipment appropriately and with regard to the safety of staff and those referred to the service.</i>			
Do you/does your service:	Yes	No	Comment and action required
• select and use the most appropriate equipment for the task			
• use equipment only for the purpose for which it was manufactured			
• ensure the equipment conforms to safety standards and is hygienic for use			
• provide adequate information and training to people and/or their carers, to ensure safe use of loan equipment			
• store all equipment safely and securely			
• handle equipment with regard to manual handling operations			
• transport equipment safely, being adequately restrained within a vehicle.			

11. RESEARCH ETHICS

The conduct and ethics of research in the NHS has become subject to a range of standards, which are applicable in independent practice. Research governance frameworks for health and social care in the United Kingdom have been published. Legislation and guidance documents form part of the framework acknowledging public concern about health research and issues around informed consent. Case managers should not undertake any research without appropriate ethical committee approval and research governance.

11.1. *Research ethics statement 1*

Case managers who undertake research should take steps to prevent or minimise harm to participants, researchers or others throughout the research.

Case managers and case management services are required to:

- investigate whether a research method is likely to affect the well-being of participants, researchers or others
- identify and address any potential risks which might arise in the course of the research
- justify the research methods and processes used, demonstrating why alternative approaches involving less risk or intrusion cannot be used
- justify any intervention used in the course of the research
- place the welfare of participants above the needs of the research and the researchers
- ensure that appropriate support is available to both participants and researchers throughout the research and beyond.

11.2. *Research ethics statement 2*

Case managers who undertake research should take steps to maximise the potential benefits of research.

Case managers and case management services are required to:

- make explicit the intended value of the research for participants, researchers, the profession, the research community and/or society
- identify and state clearly from the outset the potential benefits (or absence of them) of the research
- design and conduct research in a methodologically rigorous manner
- disseminate research findings in a format that would reach the proper audience.

11.3. *Research ethics statement 3*

Case managers who undertake research should respect everyone involved in research as true partners.

Case managers and case management services are required to:

- respect cultural, religious, gender and other differences in a research population
- acknowledge the possibility of a power relationship between themselves and participants, and avoid exploiting that power
- identify and acknowledge any undue influences which might exist if the researchers have had a relationship of trust with the participants.

11.4. Research ethics statement 4

Case managers who undertake research should create circumstances in which participants are able to act on their own, freely made decisions.

Case managers and case management services are required to:

- prepare a written explanation of the project for participants and obtain written consent from them
- explain research procedures, including any potential benefits or harm, in a way that can be understood by each potential participant
- give sufficient time for potential participants who are able to give consent to consider whether or not to participate
- ensure that potential participants who decline to participate suffer no detriment because of their decision
- allow potential participants to withdraw freely from the research at any time without giving a reason and suffer no detriment as a result
- withdraw and destroy a participant's data if he or she so requests, provided that the data can be identified
- refrain from using any coercion or inducement to persuade potential participants to participate in research
- identify and clearly state from the outset in writing any potential risks involved in participation and discuss these with relevant parties.

11.5. Research ethics statement 5

Case managers who undertake research should act with integrity and honesty.

Case managers and case management services are required to:

- take steps to avoid deceiving or misleading, or withholding information from, participants and potential participants
- act with integrity and honesty in stating what they intend to do in their research and in conducting the research
- act with integrity and honesty in collecting, storing, analysing and interpreting data and in presenting their results
- take care not to raise expectations of improved service provision as a result of participation in research.

11.6. Research ethics statement 6

Case managers who undertake research should act with impartiality and fairness.

Case managers and case management services are required to:

- have a valid reason for deciding to include or exclude any groups or service user/s in the research and document this
- attempt to validate the accuracy of information given by those advocating or interpreting for participants.

11.7. *Research ethics statement 7*

Case managers who undertake research should establish and maintain the confidentiality and/or anonymity of participants.

Case managers and case management services are required to:

- explain clearly, during the process of obtaining informed consent, any limits to confidentiality and anonymity
- obtain explicit written consent from potential participants before accessing personal information about them
- design and put into place procedures to ensure the confidentiality and anonymity of participants
- store data securely and destroy them at the appropriate time.

Research ethics statement 1 (11.1) <i>Case managers who undertake research should take steps to prevent or minimise harm to participants, researchers or others throughout the research.</i>			
Do you/does your service:	Yes	No	Comment and action required
• investigate whether a research method is likely to affect the well-being of participants, researchers or others			
• identify and address any potential risks which might arise in the course of the research			
• justify the research methods and processes used, demonstrating why alternative approaches involving less risk or intrusion cannot be used			
• justify any intervention used in the course of the research			
• place the welfare of participants above the needs of the research and the researchers			
• ensure that appropriate support is available to both participants and researchers throughout the research and beyond.			

Research ethics statement 2 (11.2) <i>Case managers who undertake research should take steps to maximise the potential benefits of research.</i>			
Do you/does your service:	Yes	No	Comment and action required
• make explicit the intended value of the research for participants, researchers, the profession, the research community and/or society			
• identify and state clearly from the outset the potential benefits (or absence of them) of the research			
• design and conduct research in a methodologically rigorous manner			
• disseminate research findings in a format that would reach the proper audience.			

Research ethics statement 3 (11.3) Case managers who undertake research should respect everyone involved in research as true partners.			
Do you/does your service:	Yes	No	Comment and action required
• respect cultural, religious, gender and other differences in a research population			
• acknowledge the possibility of a power relationship between themselves and participants, and avoid exploiting that power			
• identify and acknowledge any undue influences which might exist if the researchers have had a relationship of trust with the participants.			

Research ethics statement 4 (11.4) Case managers who undertake research should create circumstances in which participants are able to act on their own, freely made decisions.			
Do you/does your service:	Yes	No	Comment and action required
• prepare a written explanation of the project for participants and obtain written consent from them			
• explain research procedures, including any potential benefits or harm, in a way that can be understood by each potential participant			
• give sufficient time for potential participants who are able to give consent to consider whether or not to participate			
• ensure that potential participants who decline to participate suffer no detriment because of their decision			
• allow potential participants to withdraw freely from the research at any time without giving a reason and suffer no detriment as a result			
• withdraw and destroy a participant's data if he or she so requests, provided that the data can be identified			
• refrain from using any coercion or inducement to persuade potential participants to participate in research			
• identify and clearly state from the outset any potential risks involved in participation and discuss these with relevant parties.			

Research ethics statement 5 (11.5)			
Case managers who undertake research should act with integrity and honesty.			
Do you/does your service:	Yes	No	Comment and action required
• take steps to avoid deceiving or misleading, or withholding information from, participants and potential participants			
• act with integrity and honesty in stating what they intend to do in their research and in conducting the research			
• act with integrity and honesty in collecting, storing, analysing and interpreting data and in presenting their results			
• take care not to raise expectations of improved service provision as a result of participation in research.			

Research ethics statement 6 (11.6)			
Case managers who undertake research should act with impartiality and fairness.			
Do you/does your service:	Yes	No	Comment and action required
• have a valid reason for deciding to include or exclude any groups or a service user/s in the research.			
• attempt to validate the accuracy of information given by those advocating or interpreting for participants.			

Research ethics statement 7 (11.7)			
Case managers who undertake research should establish and maintain the confidentiality and/or anonymity of participants.			
Do you/does your service:	Yes	No	Comment and action required
• explain clearly, during the process of obtaining informed consent, any limits to confidentiality and anonymity			
• obtain explicit consent from potential participants before accessing personal information about them			
• design and put into place procedures to ensure the confidentiality and anonymity of participants			
• store data securely and destroy them at the appropriate time.			

12. PEOPLE WHO PROVIDE SUPPORT AND ASSISTANCE

In meeting the needs of the client, case managers draw upon the resources of people who provide support and assistance. This may be in a professional, voluntary or familial capacity. The term “carer” is often used to describe people who undertake a variety of activities, but this is frequently thought to mean physical or personal assistance. Hence, the term “people who provide support and assistance” is used here to encapsulate and include everyone who contributes physical, emotional, psychological and social support and assistance to a service user.

The Care Standards Act 2000 did not include a definition of “personal care” (except that regulations may be made excluding prescribed activities from personal care). Its established, ordinary meaning includes four main types of care which are:

- Assistance with bodily functions such as feeding, bathing and toileting
- Care falling just short of assistance with bodily functions, but still involving physical and intimate touching, including activities such as helping a person get out of a bath and helping them to get dressed.
- Non-physical care, such as advice, encouragement and supervision relating to the foregoing, such as prompting a person to take a bath and supervising them during this.
- Emotional and psychological support, including the promotion of social functioning, behaviour management, and assistance with cognitive functions.

12.1. *People who provide support and assistance statement 1*

The case manager will provide relevant information to enable service users or their significant others to make an informed decision regarding training requirements for people providing them with support and assistance.

Case managers and case management services are required to:

- ensure that the learning, teaching and supervisory strategies promote competence and where relevant, continuing professional development
- use a range of teaching methods and opportunities, including inter-disciplinary learning where appropriate
- establish and/or collaborate in the design of learning, teaching and supervisory methods so as to assess and manage risk, ensure the safety, consent and confidentiality of service users and demonstrate respect for others
- use a planned approach to the amount, type and frequency of training, by employing a model that recognises individual learning styles
- facilitate the integration of theory with practice by appropriate supervision.

12.2. *People who provide support and assistance statement 2*

Case managers will identify training needs and see evidence of mandatory training completed, when support and assistance is delivered by paid care staff.

Case managers and case management services are required to:

- monitor training delivery to paid care staff
- initiate training where appropriate in accordance with current legislation.
- people who provide support and assistance statement 3
The case manager will show evidence of planning to deal with emergencies that occur out of hours which would inadvertently affect service users.
- Case managers are required to have a contingency plan in case of out of hours emergencies.

12. Audit tool form Name Date

PEOPLE WHO PROVIDE SUPPORT AND ASSISTANCE

People who provide support and assistance statement 1 (12.1)			
<i>The case manager will provide the information to allow users or their families to make an informed decision regarding their training needs to people providing support and assistance.</i>			
Do you/does your service:	Yes	No	Comment and action required
• ensure that the learning, teaching and supervisory strategies promote competence and where relevant, continuing professional development			
• use a range of teaching methods and opportunities, including inter-disciplinary learning where appropriate			
• establish and/or collaborate in the design of learning, teaching and supervisory methods so as to assess and manage risk, ensure the safety, consent and confidentiality of service users and demonstrate respect for others.			
• use a planned approach to the amount, type and frequency of training, by employing a model that recognises individual learning styles			
• facilitate the integration of theory with practice by appropriate supervision.			

People who provide support and assistance statement 2 (12.2)			
<i>Case managers will identify training needs and see evidence of mandatory training completed, when support and assistance is delivered by paid care staff.</i>			
Do you/does your service:	Yes	No	Comment and action required
• monitor training delivery to paid care staff			
• initiate training where appropriate in accordance with current legislation.			
People who provide support and assistance statement 3. The case manager will show evidence of planning to deal with emergencies that occur out of hours which would inadvertently affect service users.			
• Case managers are required to have a contingency plan in case of out of hours emergencies.			

13. SERVICE USER PROTECTION

This standard identifies aspects that need to be addressed to ensure that services that the case manager provides are as safe as possible. Vulnerable adults and children are particularly susceptible to abuse for many different reasons ranging from dependency on others for personal care to difficulties in communication.

The Care Standards Act 2000 defines abuse or exploitation as physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance (Domiciliary Care Standards, Standard 14).

Everyone has the right:

- To be safe and protected from abuse in any form.
- To protect their own bodies.
- To say 'no'.
- To get help against any form of bullying.
- To tell.
- To be believed.

The UN Convention on the Rights of the Child (which came into force in the UK in 1992) and the Children Act 2004, define a child as any person under 18. There should be some flexibility at the upper end of the age range for those young people who have suffered trauma that has interrupted the normal development process. This would be determined by or be dependent on issues affecting a particular young person.

Child abuse is the term used when an adult harms a young child or a young person under the age of 18.

A 'vulnerable person' means a person of 18 years and over who:

- suffers from a mental disorder within the meaning of the Mental Health Act 1983, or otherwise has a significant impairment of intelligence and social functioning, or
- has a physical disability or is suffering from a physical disorder

A vulnerable adult is a person who has attained the age of 18 and:

- is in residential accommodation
- is in sheltered housing
- receives domiciliary care
- receives any form of health care
- is detained in lawful custody
- is by virtue of an order of a court under supervision by a person exercising functions for the purposes of Part 1 of the Criminal Justice and Court Services Act 2000 (c43)
- receives a welfare service of a prescribed description
- receives any service or participates in any activity provided specifically for persons who fall within subsection (9)
- receives payments (or payments are made to another on his behalf) in pursuance of arrangements under section 57 of the Health and Social Care Act 2001 (c15), or requires assistance in the conduct of his own affairs

(Care Standards Legislation Handbook)

In order to meet this standard, the case manager or case management service must be aware of the National Minimum Care Standards (available through the Department of Health, www.dh.gov.uk) and other guidance from relevant authorities (such as the Care Quality Commission, www.cqc.org.uk and the Independent Safeguarding Authority, www.isa.gov.org.uk). They must be able to provide evidence of a clear policy statement and procedures to demonstrate their commitment to guaranteeing the safety of all children and vulnerable adults for whom they

provide case management. This includes agreed statements for code of conduct, appropriate behaviour, record keeping, risk assessments, evidence of staff training and a named service contact.

Case managers should have training and education to raise their awareness of child and vulnerable adult protection issues. Their working knowledge should enable them to identify signs of abuse and take decisive action in response to allegations or suspicions, in line with Local Authority policy.

Current employment legalisation and guidelines should be adhered to, to ensure proper recruitment and selection of employees to work with service users because this is one of the most sensible and effective ways of assessing an applicant's suitability, and may in itself act as a deterrent to potential abusers.

Providing case management for children requires co-ordinated, family centred care. Ideally the case manager should have previous experience of working with children, young people and their families. If this is not possible, the case manager should be supervised by an experienced practitioner who has that background.

The ability to recognise abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. Abuse is not always readily visible, but case managers may have suspicions that something is wrong. In all situations it is important to record details of the intuitive reasons for concern, an allegation or a reported incident, regardless of whether or not the concerns are shared with a statutory protection agency or the police.

13.1. Service user protection statement 1

Case managers accept and recognise their responsibilities to develop awareness of the issues that can cause service users harm.

Case managers and case management services are required to:

- have a rigorous recruitment and selection procedure that meets the requirements of legislation and ensures the protection of service users and their carers as outlined in Standard 17 of the Domiciliary Care Standards Act 2000
- adopt protection guidelines through agreed procedures and a code of conduct for staff
- share information about protection and good practice with the service users, families, staff and other practitioners and agencies
- share information about concerns with agencies who need to know, and involving families appropriately as stated in the Children Act 1989 and "No Secrets - guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" (DOH 2000)
- keep informed in respect of the procedures for recruitment and selection and induction training for staff and volunteers
- provide effective support for inexperienced staff through mentorship and role modelling.

13.2. Service user protection statement 2

Case managers will teach service users about their rights. Where this is not possible, they will ensure those rights are preserved.

Case managers and case management services are required to:

- Provide suitable educational materials to enable service users to know their rights to be safe from an abuse
- inform service users that no one should take away their right to be safe

- treat all service users with respect and to create an environment where children and adults feel comfortable enough to point out attitudes or behaviour they do not like
- provide a written Code of Conduct
- respect the service user's right to personal privacy
- be aware that physical contact with a service user may be misinterpreted
- challenge unacceptable behaviour and report all allegations/suspicions of abuse immediately following current legislation, procedures and guidelines
- believe and support service users when they seek help or advice
- recognise that special care is required when sensitive issues are being discussed
- assure service users that arrangements will be made for them to talk in confidence about their concerns
- assure service users that arrangements will be made for them to talk to appropriate others if they feel unable to talk to the immediate team.

13.3. Service user protection statement 3

Case managers working with children in any capacity will have or develop knowledge relevant to that area of work and to the depth of knowledge required.

Case managers and case management services are required to:

- demonstrate knowledge of child development
- have undertaken regular courses in child protection
- understand current legislation and services for children
- ensure the service has a child protection contact person
- understand the impact of acquired disability on child development if the service user is a child

13.4. Service user protection statement 4

The case manager/case management organisation will adhere to recognised best practice in recognising and reporting suspected or actual abuse.

Case managers and case management organisations are required to:

- have clear guidelines which clarify what abuse is, how to report it and how to respond to an allegation or expression of concern
- have clear written procedures, including good record-keeping, which describe what actions must be taken following the receipt of an allegation of abuse
- have accessible details of support services available with contact names and telephone numbers.

13. Audit tool form Name Date

SERVICE USER PROTECTION

Service user protection statement 1 (13.1) Case managers accept and recognise their responsibilities to develop awareness of the issues that can cause service users harm.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> • have a rigorous recruitment and selection procedure that meets the requirements of legislation and ensures the protection of service users and their carers as outlined in Standard 17 of the Domiciliary Care Standards Act 2000 			
<ul style="list-style-type: none"> • adopt protection guidelines through agreed procedures and a code of conduct for staff 			
<ul style="list-style-type: none"> • share information about protection and good practice with service users, families, staff and other practitioners and agencies 			
<ul style="list-style-type: none"> • share information about concerns with agencies that need to know, and involving families appropriately as stated in the Children Act 1989 and "No Secrets" – guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" (DOH 2000) 			
<ul style="list-style-type: none"> • keep informed in respect of the procedures for recruitment and selection and induction training for staff and volunteers 			
<ul style="list-style-type: none"> • provide effective support for inexperienced staff through mentorship and role modelling. 			

13. Audit tool form Name Date

SERVICE USER PROTECTION

Service user protection statement 2 (13.2)			
Case managers will teach service users about their rights. Where this is not possible, they will ensure those rights are preserved.			
Do you/does your service:	Yes	No	Comment and action required
• provide suitable educational materials to enable service users to know their rights to be safe from abuse.			
• inform users that no one should take away their right to be safe			
• treat all service users with respect and create an environment where children and adults feel comfortable enough to point out attitudes or behaviour they do not like			
• provide a written Code of Conduct			
• respect a service user's right to personal privacy			
• be aware that physical contact with a service user may be misinterpreted			
• challenge unacceptable behaviour and report all allegations/suspicions of abuse immediately following current legislation, procedures and guidelines			
• believe and support service users when they seek help or advice			
• recognise that special care is required when sensitive issues are being discussed.			
• assure service users that arrangements will be made for them to talk in confidence about their concerns.			
• assure service users that arrangements will be made for them to talk to appropriate others if they feel unable to talk to the immediate team.			

13. Audit tool form Name Date

SERVICE USER PROTECTION

Service user protection statement 3 (13.3) <i>Case managers working with children in any capacity will have to develop knowledge relevant to that area of work and to the depth of knowledge required.</i>			
Do you/does your service:	Yes	No	Comment and action required
• demonstrate knowledge of child development			
• have undertaken regular courses in child protection			
• understand current legislation and services for children			
• ensure the service has a child protection contact person			
• understand the impact of acquired disability on child development if the service user is a child.			

Service user protection statement 4 (13.4) <i>The case manager/case management organisation will adhere to recognise best practice in recognising and reporting suspected or actual abuse.</i>			
Do you/does your service:	Yes	No	Comment and action required
• have clear guidelines which clarify what abuse is, how to report it and how to respond to an allegation or expression of concern			
• have clear written procedures, including good record-keeping, which describe what actions must be taken following the receipt of an allegation of abuse			
• have accessible details of support services available with contact names and telephone numbers.			

14. THE CASE MANAGER AS PRACTITIONER

The case manager must protect the health and well-being of people who use their services. This means that the case manager must always keep high standards of conduct, behaviour, performance, competence and ethics.

14.1 *Case manager as practitioner statement 1*

Case managers should demonstrate professional responsibility and accountability in accordance with their discipline, training and experience.

Case managers and case management services are required to:

- practice within the legal and ethical boundaries of their discipline, experience, qualifications, training and terms of insurance
- practice in a safe, effective, ethical, equitable and non-discriminatory manner
- keep high standards of personal conduct, dress and demeanour
- know the limits of their experience/practice and when to seek advice
- exercise a duty of care
- understand the importance of maintaining their own health/care to ensure fitness for practice.
- hold an enhanced Criminal Records Bureau disclosure

14.2 *Case manager as practitioner statement 2*

Case managers should maintain effective communication systems.

Case managers and case management services are required to:

- demonstrate effective and appropriate skills in communicating advice, information, instruction and opinions to service users, their representatives, support staff, professional colleagues and other agencies
- communicate in English to the standard equivalent to level 7 of the international English Language Testing System
- understand the need to use an interpreter to assist a service user whose first language is not English, where appropriate
- demonstrate awareness of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or representatives) with the information necessary to enable them to make informed choices
- recognise that rapport with a service user should be based on mutual respect and trust even in situations of personal incompatibility
- recognise the need to use interpersonal skills to encourage active participation of a service user
- build therapeutic and professional rapport with a service user and others.

14.3 *Case manager as practitioner statement 3*

Case managers should ensure that the service to users is effectively managed using evidence based practice which is in line with current national guidelines frameworks standards and legislation.

Case managers and case management services are required to:

- demonstrate that the welfare, health and safety of service users are promoted and protected in accordance with national guidelines, frameworks and legislation.
- demonstrate that they have a user-friendly complaints policy
- promote a service user centred approach
- outline clearly the accessibility of your service, within office hours, out of hours or on call.

14. Audit tool form Name: Date

CASE MANAGER AS PRACTITIONER

Case manager as practitioner statement 1 (14.1) Case managers should demonstrate professional responsibility and accountability in accordance with their discipline, training and experience.			
Do you/does your service:	Yes	No	Comment and action required
• practice within the legal and ethical boundaries of your discipline, experience, qualifications, training and terms of insurance			
• practice in a safe, effective, ethical equitable and non-discriminatory manner			
• keep high standards of personal conduct			
• know the limits of your experience/ practice and when to seek advice			
• exercise a duty of care			
• understand the importance of maintaining their own health/care to ensure fitness for practice.			
• hold an enhanced Criminal Records Bureau disclosure			

Case manager as practitioner statement 2 (14.2) Case managers should maintain effective communication systems.			
Do you/does your service:	Yes	No	Comment and action required
• demonstrate effective and appropriate skills in communicating advice, information, instruction and opinions to service users, their representatives, support staff, professional colleagues and other agencies			
• communicate in English to the standard equivalent to level 7 of the international English Language Testing System			
• understand the need to use an interpreter to assist a service user whose first language is not English, where appropriate			
• demonstrate awareness of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status			
• understand the need to provide service users (or representatives) with the information necessary to enable them to make informed choices			
• recognise that rapport with a service user should be based on mutual respect and trust even in situations of personal incompatibility			
• recognise the need to use interpersonal skills to encourage active participation of a service user			
• build therapeutic and professional rapport with a service user and others.			

14. Audit tool form Name: Date

CASE MANAGER AS PRACTITIONER

Case manager as practitioner statement 3 (14.3)
Case managers should ensure that service to users is effectively managed using evidence based practice which is in line with current national guidelines frameworks standards and legislation.

Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> • demonstrate that the welfare, health and safety of service users are promoted and protected in accordance with current national guidelines, frameworks, and legislation. 			
<ul style="list-style-type: none"> • have a user-friendly complaints policy 			
<ul style="list-style-type: none"> • promote a service user centred approach 			
<ul style="list-style-type: none"> • outline clearly the accessibility of your service, within office hours, out of hours or on call facility. 			

15. BUSINESS PRACTICE

Many case managers work in independent practice rather than in the statutory sectors. These recommendations seek to help those case managers who are either self-employed or working within a case management company to achieve and maintain good business practice.

15.1 *Business practice statement 1*

The case management service provides a clear business identity for customers.

Case management services are required to:

- clearly define for themselves and others the legal trading status of the business: sole trader, partnership, limited company
- define in writing the objectives and scope of professional and business practice including the nature of the service and how the service is delivered.

15.2 *Business Practice Statement 2*

The case manager ensures that the business is robust and is protected as far as possible against risk.

Case management services are required to:

- demonstrate awareness of the requirements to adhere to Inland Revenue, National Insurance and Data Protection regulations
- demonstrate awareness and adhere to good practice and the law (dependent on the nature, size or location of the practice) pertaining to areas such as:
 - Employment Law
 - Revenue and Customs (VAT) regulations
 - Health and Safety Law
 - Supply of Goods and Services Act 1982
 - Disability and other discrimination Acts
 - Confidentiality: NHS Code of Practice
 - National Care Standards
 - Criminal Records Bureau requirements
 - Safeguarding vulnerable people
- carry professional, public and product indemnity, relevant to the business, employer's liability if employing staff and product indemnity if supplying products
- agree to continue the professional indemnity and other insurance for the necessary period of years following cessation of practice to cover the lapse of time allowed in law for possible claims to be made
- have a system of financial record keeping and accounting in accordance with relevant legal, tax and accounting practice. There is an annual financial audit or accounts review
- have a strategy for reflecting on business progress and planning future business development
- set and maintain a clear fee structure, regularly reviewed, which fairly reflects the nature of the business undertaken
- pro-actively and responsibly manage financial planning and cash flow
- have terms of business in written form readily available for each customer
- have a contract in written form to cover each piece of work, agreed prior to commencement of that work and to include all likely fees
- obtain and document authorisation from the fund holder for any expenditure in a case.
- exercise strong caution and clarity about their own responsibility for contracts, for example for goods and services they may commission
- provide regular clear accounts to the payer for services provided and for any funds received in advance for any services.

15.3 Business practice statement 3

The case manager will strive to ensure a quality business.

The case manager is required to:

- take responsibility for updating knowledge of current business issues relevant to the service
- take responsibility for ensuring adequate mentoring and advice for business development
- maintain records, which are clear and accurate, facilitating an optimum service to users and satisfying legal and good business requirements
- have a clear system in place for recording and managing complaints and other customer feedback, and clarifying lines of accountability
- give and adhere to clear timescales for the customer with respect to enquiries, and completion of reports and other work agreed, providing supporting documentation where relevant

15.4 Business practice statement 4

The case manager will promote their business honestly and with integrity.

The case manager is required to:

- advertise and market the service with integrity without inflated claims, and in accordance with any relevant professional codes regarding advertising
- only use logos that you or the service are legally entitled to use. The CMSUK logo is copyright and cannot be used without permission
- ensure that there are sufficient resources and expertise to deliver the service advertised or that they may be commissioned to provide
- present a comprehensive range of information to service users on the range of relevant options, services, products or suppliers to ensure that needs and choices are not compromised by the case manager.
- declare any conflict of interest, pecuniary or otherwise, to all relevant parties
- agree not to canvas service users, clients, staff or case managers of any previous employer according to the terms of any contract with that employer.

15. Audit tool form Name Date BUSINESS PRACTICE

Business practice statement 1 (15.1) The case management service provides a clear business identity for customers.			
Do you/does your service;	Yes	No	Comment and action required
<ul style="list-style-type: none"> clearly define for themselves and others the legal trading status of the business: sole trader, partnership, limited company 			
<ul style="list-style-type: none"> define in writing the objectives and scope of professional and business practice including the nature of the service and how the service is delivered. 			

Business practice statement 2 (15.2) The case manager ensures that the business is robust and is protected as far as possible against risk.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> demonstrate awareness of the requirements to adhere to Inland Revenue, National Insurance and Data Protection regulations 			
<ul style="list-style-type: none"> demonstrate awareness and adhere to good practice and the law (dependent on the nature, size or location of the practice) pertaining to areas such as: <ul style="list-style-type: none"> Employment Law Customs and Excise (VAT) regulations Health and Safety Law Supply of Goods and Services Act 1982 National Care Standards Criminal Records Bureau requirements Disability Discrimination Act viii) Confidentiality: NHS Code of Practice 			
<ul style="list-style-type: none"> carry professional, public and product indemnity, relevant to the business, employer's liability if employing staff and product indemnity if supplying products 			
<ul style="list-style-type: none"> agree to continue the professional indemnity and other insurance for the necessary period of years following cessation of practice to cover the lapse of time allowed in law for possible claims to be made 			
<ul style="list-style-type: none"> have a system of financial record keeping and accounting in accordance with relevant legal, tax and accounting practice. There is an annual financial audit or accounts review 			

15. **Audit tool form** Name Date **BUSINESS PRACTICE**

Business practice statement 2 (15.2) cont...			
• have a strategy for reflecting on business progress and planning future business development.			
• set and maintain a clear fee structure, regularly reviewed, which fairly reflects the nature of the business undertaken			
• pro-actively and responsibly manage financial planning and cash flow.			
• have terms of business in written form readily available for each customer			
• have a contract in written form to cover each piece of work, agreed prior to commencement of that work and to include all likely fees			
• obtain and document authorisation from the fund holder for any expenditure in a case.			
• exercise strong caution and clarity about their own responsibility for contracts, for example for goods and services they may commission			
• provide regular clear accounts to the payer for services provided and for any funds received in advance for any services			

Business practice statement 3 (15.3)			
The case manager will strive to ensure a quality business.			
Do you/does your service:	Yes	No	Comment and action required
• take responsibility for updating knowledge of current business issues relevant to the service			
• take responsibility for ensuring adequate mentoring and advice for business development			
• maintain records, which are clear and accurate, facilitating an optimum service to service users and satisfying legal and good business requirements			
• have a clear system in place for recording and managing complaints and other customer feedback, and clarifying lines of accountability			
• give and adhere to clear timescales for the customer with respect to enquiries, and completion of reports and other work agreed, providing supporting documentation where relevant.			

15. Audit tool form Name Date BUSINESS PRACTICE

Business practice statement 4 (15.4)			
<i>The case manager will promote their business honestly.</i>			
Do you/does your service	Yes	No	Comment and action required
<ul style="list-style-type: none"> • advertise and market the service honestly without inflated claims, and according to any relevant professional codes regarding advertising 			
<ul style="list-style-type: none"> • only use logos that you or the service are legally entitled to use. The CMSUK logo is copyright and cannot be used by without permission 			
<ul style="list-style-type: none"> • ensure that there are sufficient resources and expertise to deliver the service advertised or that they may be commissioned to provide 			
<ul style="list-style-type: none"> • present a comprehensive range of information to service users on the range of relevant options, services, products or suppliers to ensure that needs and choices are not compromised by the case manager. 			
<ul style="list-style-type: none"> • declare any conflict of interest, pecuniary or otherwise, to all relevant parties. 			
<ul style="list-style-type: none"> • agree not to canvas service users, clients, staff or case managers of any previous employer according to the terms of any contract with that employer 			

GLOSSARY OF TERMS

The original source for many of the definitions in this glossary have been taken from Creek (2003 Occupational Therapy Defined As A Complex Intervention). Most are distillations of various people's definitions and/or general dictionaries. The original sources may be found in the above document.

Action plan (treatment plan):	Specification of the approach to be used and the actions to be taken by the case manager and service user towards solving identified problems or reaching agreed goals.
Action planning (treatment planning):	A collaborative endeavour between the case manager, the service user, the person providing support and assistance and the treatment team to devise a unique approach that meets the needs of the service user in a particular set of circumstances.
Activities of daily living:	Basic activities required to maintain personal health and well-being.
Aim:	A brief statement of the general purpose which treatment or intervention will be planned to achieve.
Approach:	The methods by which theories are put into practice and case management is delivered.
Assessment:	The process of collecting accurate and relevant information about a service user in order to set baselines and to monitor and measure the outcomes of intervention. The art of gathering relevant information in order to define the problem to be tackled, or identify the priorities or goal to be attained, and to establish a baseline for planning.
Audit:	The systematic and critical analysis of the quality of clinical care including diagnostic and treatment procedures, associated use of resources, outcomes and quality of life for people seen by the service.
Autonomy:	Personal freedom; freedom of will; the capacity to make choices; the ability to govern one's own actions.
Case Management:	A collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individuals health, care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes.
Case management research:	Any part of the research process involving case management personnel, other than as participants.
Choice:	The power, right or faculty of deciding between possibilities; a scope or field of possibilities.

Clinical reasoning:	The mental strategies and high-level cognitive patterns and processes that underlie the process of naming, framing and solving problems and that enable the case manager to reach decisions about the best course of action. Clinical reasoning translates the knowledge, skills and values of the case manager into action and ensures that case managers practise case management and not some other form of intervention.
Continuing professional development:	Movement along the continuum of competence required by practitioners, educators, managers and researchers to provide services based upon evidence of effectiveness and best value. This can be achieved through informal and formal learning.
Enablement/enabling:	The process of helping the service user to achieve what is important to her/him, to respond to her/his circumstances, to assert her/his individuality and establish her/his goals.
Environment:	The human and non-human surroundings of the individual, including objects, people, events, cultural influences, social norms and expectations. Environmental factors make up the physical, social and psychological attitudinal environment in which people live and conduct their lives.
Environmental adaptation:	Changing the physical or social features of an environment in order to enhance performance, promote or restrict a behaviour, provide therapy or enable an activity.
Ethics:	The formal, co-operative endeavour of a particular tradition, group or individual to define its values and moral principles.
Evaluation:	The process of using clinical reasoning, problem analysis, self appraisal and review to interpret the results of assessment in order to make judgements about the situation or needs of an individual, the success of case management or the case manager's own performance.
Evidence:	Facts or testimony in support of a conclusion, statement or belief. Can include the findings from high-quality, systematic research, clinical expertise, past experience, information gathered from assessment and the preferences of people seen by the service.
Evidence-based practice:	The conscious, explicit and judicious use of current best available evidence in making decisions about the care of individual people. It is a way for staff to be more accountable in the interventions they provide.
Function:	The ability to perform competently the roles and occupations required in the course of daily life; an action performed to fulfil an allocated task.

Functional assessment (functional analysis):	Part of the assessment process that looks at the roles and occupations performed by the service user in her/his daily life, including self-care, productivity and leisure, and at her/his capabilities and problem areas. Functional assessment allows the case manager to identify areas of difficulty, determine level of independence, make recommendations about care needs, find out what meaning the individual places on different aspects of life, identify areas needing further assessment and set the main goals of intervention.
Goal:	A concise statement of a desired outcome or specific result to be attained at a particular stage in an intervention.
Governance:	The processes and systems in place to ensure that quality is provided, while making best use of resources.
Independence:	The position of not being dependent on authority; not relying on others for one's opinions or behaviours; being able to do things for oneself; having choice, control and participation in society.
Intervention:	Actions taken by the case manager on behalf of the service user.
Lone workers:	Those who work by themselves without close or direct supervision, including peripatetic professionals working away from their fixed bases.
Manual handling:	"Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force." (Great Britain, Parliament 1992, Regulation 2)
Model for practice:	A simplified representation of the structure and content of a phenomenon or system that describes or explains certain data or relationships and integrates elements of theory and practice.
Occupation:	The highest level of complexity of human function, which provides longitudinal organisation of time and effort in a person's life. Occupation defines and organises a sphere of action over a period of time and is perceived by the individual as part of her/his personal and social identity.
Outcome measurement:	Evaluation of the nature and degree of change brought about by intervention, or the extent to which a goal has been reached or an outcome has been achieved.
Outcome:	An agreed, clearly defined, expected or desired result of intervention (predetermined outcome); the result of case management processes, which may be different from the initial objectives of case management.

Person-centred practice:	A partnership between the case manager and service user in which the service user's goals are given priority during assessment and involvement. The case manager listens to and respects the service user's standards and adapts the intervention to meet their needs. The service user actively participates in negotiating goals for intervention and making decisions.
Policy/local policy:	A principle or guideline that governs an activity and that employees or members of an institution or organisation are expected to follow.
Problem solving:	A set of cognitive strategies used to resolve difficulties; the analytical process whereby a course of action is decided upon, or one or more solutions to a problem are found and tried out until one is found to be effective.
Professional	Suitable for, or engaged in a profession. Engaging in an activity for gain or as a means of livelihood. Extremely competent in a job. A person who belongs to or engages in one of the professions. A person who engages for his livelihood in some activity also pursued by amateurs. A person who engages in an activity with great competence.
Professional competence:	The combination of knowledge, skills and behaviour required to perform the role of a case manager.
Professional experience:	The aptitudes, skills, knowledge and judgement acquired from having been occupied for a period of time in any branch or branches of case management practice.
Professional responsibility:	Being accountable for carrying out the duties required of a case manager and for one's actions.
Professional role:	The responsibilities and functions expected of someone in a particular job or position.
Record keeping:	Systems for collecting, collating and storing information about people.
Records:	Detailed accounts, kept by professionals, of people from the time they enter the care of a health or social care facility until the intervention ends or they are discharged. Records include the actions of the professional.
Referral:	The process by which a case manager comes into contact with a person with case management needs or puts the person in contact with another, appropriately qualified/ experienced professional or with another agency.

Reflection:	Self-monitoring of thoughts and feelings, and self-regulation of actions, leading to more effective practice, increased insight, new knowledge and improved skills. Reflection in action involves thinking about oneself during the therapy process and acting on feedback. Reflection after the event involves returning to, recalling and re-evaluating the experience.
Rehabilitation:	The process through which a service user is helped to adjust to the limitations of her/his disability by developing residual capacities and regaining maximum competence commensurate with individual limitations.
Research:	A search or investigation undertaken to discover facts and reach new conclusions by the critical study of a subject or by a course of scientific enquiry.
Resources:	Includes any equipment required, IT equipment, office space, staffing, etc.
Risk:	Exposure to the possibility of loss, injury or other adverse circumstance.
Risk assessment:	The systematic evaluation of local risk factors, carried out to determine the degree to which risk is present and to develop a risk management strategy.
Risk management:	Weighing up the potential benefits and risks of an activity in order to allow positive risk taking to take place; having a strategy for dealing with potential risks in order to reduce the likelihood and effect of harm
Service User	The person who receives case management services.
Skill:	A specific ability or integrated set of abilities (e.g. motor, sensory, cognitive or perceptual) which evolve with practice. Skills have to be learnt or practised to a standard that will enable the effective performance of a task or subsection of a task.
Supervision:	A relationship in which one person oversees and/or directs the work of, and shares knowledge and skills with, a less experienced or less skilled person, as in the fieldwork educator/student relationship.
Task:	A self-contained stage in an activity; a definable piece of performance with a completed purpose or product; a constituent part of an activity.

REFERENCES

College of Occupational Therapists (2003) Professional standards for Occupational Therapy Practice London: COT

Department of Health (1999c) For the record: managing records in NHS trusts and health authorities. Appendix B: For the record – NHS retention and disposal schedule. (HSC 1999/053). London: DH.

Department of Health (2000) No secrets – guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse. London: DH

Department of Health (2000a) Data Protection Act 1998: guidance to social services. London: DH.

Department of Health (2000b) Data Protection Act 1998: protection and use of patient information. London: DH.

Department of Health (2001b) Good practice in consent implementation guide: consent for examination or treatment. London: DH.

Department of Health (2001d) Reference guide to consent for examination or treatment. London: DH.

Department of Health (2001e) Research governance framework for health and social care. London: DH.

Department of Health (2002a) Independent health care national minimum standards regulations. London: HMSO.

Gillick v West Norfolk and Wisbech AHA (1986) AC 112.

Great Britain, Parliament (1960) The Professions Supplementary to Medicine Act 1960. London: HMSO.

Great Britain, Parliament (1974) Health and Safety at Work etc Act 1974. London: HMSO.

Great Britain, Parliament (1983) Mental Health Act 1983: chapter 20. London: HMSO.

Great Britain, Parliament (1984) Mental Health (Scotland) Act 1984: chapter 36. London: HMSO.

Great Britain, Parliament (1989) Children Act 1989: chapter 41. London: HMSO.

Great Britain, Parliament (1992) The manual handling operations regulations. (SI 1992/2793). London: HMSO.

Great Britain, Parliament (1998a) Data Protection Act 1998: chapter 29. London: HMSO.

Great Britain, Parliament (1998b) Human Rights Act 1998: chapter 42. London: HMSO.

Great Britain, Parliament (1999) Management of health and safety at work regulations. (SI 1999/3242). London: HMSO.

Great Britain, Parliament (2001) The Special Educational Needs and Disability Act 2001. London: HMSO.

Health Professions Council (2003a) Standards of proficiency. London: HPC (in press).

BIBLIOGRAPHY

Case Management Society of the UK and British Association of Brain Injury Case Managers (2008) Code of Ethics. CMSUK and BABICM.

Department of Health (1994) Patient's charter. 2nd ed. London: DH.

Department of Health (1997) The Caldicott Committee report on the review of patient-identifiable information. London: DH.

Department of Health (1999) Doubly disabled: equality for disabled people in the new NHS. (HSC1999/093). London: DH.

Department of Health (1999) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. London: HMSO.

Great Britain, Parliament (1975) The Sex Discrimination Act 1975. London: HMSO.

Great Britain, Parliament (1976) The Race Relations Act 1976. London: HMSO.

Great Britain, Parliament (1995) Children (Scotland) Act 1995: chapter 36. London: HMSO.

Great Britain, Parliament (1995) Disability Discrimination Act 1995: chapter 50. London: HMSO.

Great Britain, Parliament (2000) Adults with Incapacity (Scotland) Act 2000. London: HMSO.

Great Britain, Parliament (2000) Data Protection (Subject Access Modification) (Health) Order 2000. (SI 2000/413). London: HMSO.

His Honour Judge David Pearl (2008) Care Standards Legislation Handbook, 6th ed. Jordan Publishing Ltd

