

# The Specialist Quality Mark

## Self-Assessment Checklist

**Details of applicant organisation** (please use Block capitals)

<b>Organisation name</b>	
<b>Office address (main office)</b>	
<b>Number of other offices</b>	
<b>Quality Mark representative's name</b>	
<b>QM representative's telephone number</b>	
<b>QM representative's fax number</b>	
<b>QM representative's e-mail address</b>	

# Self – Assessment Checklist

## 1. Purpose

This audit checklist has been produced to enable you to measure your organisation's ability to meet the Specialist Quality Mark (SQM). It must be completed and submitted with the QM1 application form for the Quality Mark. The information you provide will be used to make an initial assessment of your application. If the checklist indicates that your organisation is likely to be compliant then a preliminary audit (where an LSC Auditor will assess your level of compliance with the SQM both in terms of documentation and practice) will be arranged to look more closely at your application. Therefore, the details entered must accurately reflect the position of your organisation at the time your application is submitted.

Please note, this checklist is not a substitute for the standard itself. The SQM Standard contains the requirements in full with accompanying definitions (which are mandatory) and a separate guidance document. Therefore, it is important that you read the full standard, and ensure your organisation is compliant, before completing the checklist.

## 2. Internal audits

You may wish to make some copies of the Self-Assessment Audit Checklist in order to conduct internal audits of your organisation against the Quality Mark thus establishing your organisation's initial and ongoing compliance. However, please remember that your documented procedures must reflect actual working practice from the time of your application.

## 3. Document and page reference

You should use the column headed "Document & page ref" to note the document and/or the relevant page number in your procedural documentation that relates to each SQM requirement. Please be as specific as possible when providing these references. Not only will it assist you in your application – it will also be of considerable help to your LSC Auditor in assessing your compliance. The "D" in the final column demonstrates where LSC Auditors will specifically look for documented procedures.

## 4. Definition of Procedure and Process

**Procedure:** A procedure is a written description of a process. You must be able to demonstrate that all staff members are aware of what the correct procedures and processes are, and must ensure that they are following them.

**Process:** A process is how you operate in practice (i.e. without reference to a written set of instructions). The auditor will need to see evidence that the process is in effective operation, and meets the requirements outlined in the SQM standard.

Procedure/process which needs to be in place	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	For LSC Auditor use only	
<b>Section A: Access to Service</b>					
1	Do you have a current business plan, which sets out, in detail for the current year, and in outline for the following 2 years, the key objectives of the organisation?			A1.1	D
2	The plan must: <ul style="list-style-type: none"> <li>• Be relevant to your organisation's aims and objectives;</li> <li>• Include details about how each item is going to be achieved;</li> </ul>			A1.1	D
3	Is the Business plan reviewed at least every 6 months and a record of the reviews kept until at least the next audit?			A1.2	
4	The review should address specific projects, action proposals, finance and service targets at least every 6 months. Background information about the organisation, external influences, opportunities for development and clients should be reviewed at least annually.			A1.2	

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5	Do you provide the LSC with details about the type of work you do by, as a minimum, completing the CLS/CDS Legal Advisers Directory questionnaires? Where there is any change that has an impact on access and/ or services offered, do you take action to amend this and other information you distribute?			A2.1	
6	Do you have a written equal opportunities policy available to all staff which clearly states that it will not discriminate on grounds of race, colour, ethnic or national origin, sex, marital status or sexual orientation, disability, age or religion in the provision of services? (See also points 29 and 70)			A3.1	D
7	If your organisation's service is offered to a specific client group, is this detailed in your business plan (as highlighted in point 2 above) and reflected in your signposting and referral procedures?			A3.2	

Procedure/process which needs to be in place	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	For LSC Auditor use only
<b>Section B: Seamless Service</b>				
8	Do members of staff know when to use signposting and referral?		B1.1	
9	Within your organisation, does a procedure and process(es) for conducting signposting and referral exist and are they in effective operation?		B1.2	D
10	For signposting, does your procedure confirm that, as a minimum, you will signpost any individual whom your organisation is unable to help? For referrals, does your procedure include, as a minimum, the practical steps to be taken to identify appropriate service providers, including giving first consideration to those with a Quality Mark, and the circumstances in which use of a service without the Quality Mark might be appropriate?		B1.2	D
11	Are records of referrals maintained (including records of all instances where no suitable service provider could be found), and reviewed at least annually?		B1.3	
12	Do the records of referrals identify, as a minimum, the client or case, who made the referral, the matter type, to whom the client was referred and the reason for the referral?		B1.3	
13	Is there a process to ensure that details about alternative service providers are kept up to date? Do advisers have access to the directory of services on the Community Legal Advice website?		B1.4	

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<b>Section C: Running the Organisation</b>				
14	Do you have a document available to all members of staff that identifies them, their current jobs and lines of responsibility?		C1.1	D
15	Do you have a document available to all members of staff that identifies those with key roles and decision- making responsibilities?		C1.2	D
16	If there is a change to either of the documents in points 14 or 15, are the documents updated within 3 months?		C1.2	
17	Can your organisation confirm and demonstrate provision of independent advice?		C1.3	
18	Within your organisation, is one person (or person's in the case of a management committee) named as having overall responsibility for financial control, and if any financial responsibilities are delegated to other individuals, are these documented?		C2.1	

	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	For LSC Auditor use only
<p>19 Does your organisation have financial processes that cover the production and use of financial information, including, as a minimum:</p> <ul style="list-style-type: none"> <li>a) An annual profit and loss/ income and expenditure account and annual balance sheet;</li> <li>b) An annual budget covering income and expenditure including any proposed capital expenditure?</li> </ul>			C2.2	
<p>20 Does your organisation have confirmation of independent financial reviews (certified or audited accounts) for each accounting period (the accounting period must last no longer than 18 months)?</p>			C2.3	
<p>25 Does your organisation produce a quarterly variance analysis of income and expenditure against budget, and is overall financial position reviewed, at least every six months, and a record of the review content outcome kept?</p>			C2.4	

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<b>Section D: People Management</b>					
26	Is a current job description available for every member of staff, and a job description and person specification available for every post to be recruited?			D1.1	
27	Do all staff know their current responsibilities and objectives, and are these documented?			D1.2	
28	Do you have a non- discrimination policy covering the grounds referred to at point? Which is applicable to the selection, treatment and behaviour of staff?			D1.3	D
29	Does your organisation have an open recruitment process in operation (i.e. is each permanent vacancy offered to the most suitable individual on the basis of an objective assessment against requirements that you set relating to the role's key tasks and responsibilities as well as any relevant personal attributes that you seek)?			D1.4	

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
30	Does an induction process exist for people who join your organisation and are records kept confirming this has taken place for each individual?			D2.1	
31	Does the induction process commence within 2 months of the inductee joining the organization and does it cover: <ul style="list-style-type: none"> <li>a) The organisation's aims;</li> <li>b) The management/ staff structure and where the new post fits into it;</li> <li>c) The recruit's role and the work of their department or team;</li> <li>d) The organisation's policies on non- discrimination, quality, customer care and complaints;</li> <li>e) The office procedures manual and/ or other work instructions/ processes relevant to the post;</li> <li>f) Terms and conditions of employment and welfare safety matters?</li> </ul>			D2.1	
32	Does performance appraisal of all members of staff take place detailing existing and future objectives and is it undertaken at least annually?			D2.2	
33	Are individual training and development plans produced, and are they reviewed at least annually and is the review recorded?			D2.3	

Procedure/process which needs to be in place		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	For LSC Auditor use only
34	Is all training recorded?			D2.4	
35	A named supervisor available to supervise caseworkers in each in each specialist category of law your organisation offers (please see page 53 of the Standard for expansion of this point).			D3.1	
36	<p>Does each supervisor meet the relevant legal competence standard, as follows:</p> <p>(a) Assessed as working at Level 3 or higher (within the NVQ framework) in relevant elements of the national standards (see Guidance).</p> <p><i>Or</i></p> <p>(b) Training covering key supervisory skills (see Guidance) completed in the 12 months immediately preceding the Quality Mark application.</p> <p><i>Or</i></p> <p>(c) Demonstrate experience as an effective supervisor (covering supervision of <i>all</i> of the work being done in the department) of at least one full-time member of staff (or equivalent) for at least one year in the last five years.</p>			D3.2	D

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
37	Do training records show that supervisors maintain and extend technical legal knowledge to a minimum level of six CPD hours (or equivalent) per year, and that this part of their training relates directly (or can be applied directly) to the area of law being supervised? (Please refer to the standard for expansion of this point).			D3.3	
38	Are there arrangements to ensure that each supervisor is able to conduct their role effectively?			D3.4	
39	Are you able to demonstrate that time is designated for supervision and can you justify the number of caseworkers supervised by each supervisor?			D3.4	
40	Please confirm that, Where an external supervisor is in place (see D3.1), they must not supervise more than three caseworkers, and where the caseworkers being supervised individually or collectively have case involvement at the level specified for the relevant category in Annex A (i.e. usually 350 hours per year), there must be a plan for one of the three to meet the supervisor standards (at D3.2 and D3.3) within three years. Exceptions will only be made where the arrangement is a short-term measure to cover extended leave or unexpected departure of a qualified supervisor (where a permanent replacement must be found (or trained) within 12 months).			D3.4	

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
41	Are there processes to ensure that staff are allocated cases according to the role they are required to fulfil and on the basis of their skills, competence and capacity?			D4.1	
42	Do effective systems of supervision exist that are tailored to the skills and competence of individual members of staff?			D4.2	
43	Do all members of staff know their own limits and are they of the need to and the point at which they should inform their supervisor if a case is beyond them?			D4.3	
44	Is there ready access to current relevant legal reference materials?			D4.4	
45	Does a process exist for giving timely information to staff about changes in law, practice and procedure that are pertinent to the service they deliver?			D4.5	
46	Do training records show that, in each 12- month period, every casework member of staff receives a minimum of six hour's CPD training, of which 50% (or 100% for crime caseworkers) relates directly to the relevant category of law?			D5.1	
47	Do all caseworkers have a professional legal qualification or conduct a minimum of 12 hours' case work per week (or equivalent)?			D5.2	

Procedure/process which needs to be in place	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	For LSC Auditor use only	
<b>Section E: Running the Service</b>					
48	Is a file management system in place, producing detailed lists of open and closed cases?			E1.1	
49	Are documented procedures effective in: <ul style="list-style-type: none"> <li>a) Identifying potential conflicts of interest;</li> <li>b) Locating files and tracing documents, correspondence and other items relating to any matter that is open or has been closed for less than six years;</li> <li>c) Maintaining a backup record of key dates;</li> <li>d) Recording solicitor undertakings (their authorisation and monitoring, including discharge) given on behalf of the organization;</li> <li>e) Monitoring files for inactivity at pre- determined intervals;</li> <li>f) Identifying relevant matters (when acting for a client in a number of matters), and linking files (where more than one file is relevant to client's case)?</li> </ul>			E1.2	D
50	Are case files presented in an orderly and logical manner, and is key information (i.e. as a minimum, key dates, undertakings, any funding limitations and the case status or latest action) readily apparent to someone other than the person who normally has conduct of the case?			E1.3	

	<b>Procedure/process which needs to be in place</b>	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
51	<p>For each casework member of staff:</p> <ul style="list-style-type: none"> <li>a) Has the number of cases to be reviewed in each category of work, and the frequency, and method of review (unless all reviews are file content only) been documented and can it be demonstrated to have been determined according to their experience, expertise and quality of work (subject to any minimum requirements specified in Annex A);</li> <li>b) Can the sample of work reviewed be demonstrated to be representative of their overall caseload;</li> <li>c) Are review findings communicated in accordance with a (written) procedure which outlines how the individual is to become aware that a file has been reviewed, how the review findings will be communicated, and within what timescales; and</li> <li>d) Is corrective action completed within a reasonable timescale and to the satisfaction of the reviewer in accordance with a (written) procedure?</li> </ul>			E2.1	D
52	Is the review process managed by the category supervisor?			E2.2	

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53	Are all reviews carried out by a suitably qualified individual (e.g. the category supervisor)?			E2.3	
54	Is the conduct of a file review (and details of any corrective action to be taken) evident from the case file?			E2.4	
55	Is a comprehensive record of findings produced for each file review which contains: a) Key file information; b) A note which confirms that each detail of any adverse findings in respect of: i. Quality of legal advice given; ii. Action proposed or taken; iii. Adherence to organizational procedures. c) Evidence about corrective action?			E2.5	
56	Are records of file reviews monitored at least annually, and is action taken to improve performance where negative trends are identified?			E2.6	

Procedure/process which needs to be in place	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	For LSC Auditor use only	
<b>Section F: Meeting Clients' Needs</b>					
57	<p>Do work practices show that in all cases of one- off advice the caseworker records and offers written confirmation of:</p> <ul style="list-style-type: none"> <li>a) The requirements or instructions of the client;</li> <li>b) The advice given and/ or action to be taken by the organisation;</li> <li>c) The name and status of the person dealing with the matter and whom to approach should the client be dissatisfied with the service provided;</li> </ul> <p>Information given and received about methods of case payment and/ or case funding?</p>			F1.1	

	<b>Procedure/process which needs to be in place</b>	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
58	<p>Do work practices show that wherever a file is opened, unless exceptional circumstances apply, the caseworker confirms the above records (point 56) in writing to the client at the earliest opportunity, together with the following:</p> <ul style="list-style-type: none"> <li>a) The name of the individual with whom, and how, the client should raise any problem concerning the service provided</li> <li>b) Key dates in the matter;</li> <li>c) Advance costs information, including, as applicable: likely overall costs, the organisation's charges/fees, cost-benefit and risk, and any potential liability (if legally aided, in contentious (and potentially contentious) matters and for any third party costs in non-contentious matters);</li> <li>d) Further costs information (applicable where F1.2 (c) applies), including the arrangements for updating costs information (as required in F2), and any reasonably foreseeable payments that the client may have to make to the organisation or a third party?</li> </ul>			F1.2	
59	Do processes ensure that a case plan is prepared and made available to the client, and that it is periodically reviewed and updated, in all complex cases?			F2.1	
60	Do you produce complex case plans where relevant?			F2.1	

	<b>Procedure/process which needs to be in place</b>	Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
61	Are issues raised in the case and any subsequent changes and proposed action explained to the client, and is progress generally (or reasons for lack of progress) confirmed in writing to the client, at appropriate stages, but not less than every six months?			F2.2	
62	<p>Are clients informed, in writing, of costs as the case progresses, including:</p> <ul style="list-style-type: none"> <li>a) Actual cost to date and disbursements incurred (including VAT). This information should be provided at regular intervals (and not less than every six months), and, in appropriate cases, interim bills should be delivered at agreed intervals;</li> <li>b) Any changed circumstances that will, or that are likely to, affect the overall amount of the costs, the degree of risk involved, or the cost-benefit to the client of continuing the case;</li> <li>c) The overall costs estimate and any upper limit that has been agreed with the client (or confirmation that the previous estimate/limit remains appropriate), at regular intervals (and not less than every six months) or as soon as it seems likely that the estimate/limit may be exceeded;</li> <li>d) Any potential cost liability, including being alerted to or reminded of this, and of its effect. In criminal cases this includes providing overall cost estimates at the earliest opportunity, once it appears likely that an RDCO may be made (unless one has been provided at the outset (see F1.2 (c), and at intervals thereafter)?</li> </ul>			F2.3	

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
63	Are clients informed in writing if the person (or persons) dealing with their case changes, or if the person with whom they should raise any problems with the service changes?			F2.4	
64	At the end of the case does the client receive written confirmation, unless exceptional circumstances apply, of: <ul style="list-style-type: none"> <li>a) The outcome of the case, any further action the client is required to take in the matter and what, if anything, you will do next;</li> <li>b) The arrangements for storage and retrieval of papers and other items retained and where appropriate;</li> <li>c) An account to the client for any outstanding money;</li> <li>d) Return to the client of original documents and other property belonging to the client (except for items that are, by agreement, to be stored by the organisation);</li> <li>e) Information about whether the matter should be reviewed in future and, if so, when?</li> </ul>			F3.1	
65	Do you have a confidentiality procedure that is understood by all staff which covers all information given to the organization about the client and their case?			F4.1	

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
66	Is there a process for obtaining the client's consent for their file to be disclosed to the LSC for audit purposes (for non- legal aid work only)?			F4.1	
67	Are arrangements in place to ensure privacy in meetings with clients?			F4.2	
68	Are you able to demonstrate that there are facilities to discuss matters with the client in a private location?			F4.2	
69	Do you have a non- discrimination policy covering the grounds at point 7, which is applicable to the instruction of counsel or other experts?			F5.1	D
70	Are suppliers selected on the basis of objective assessment, other than in exceptional cases?			F5.2	
71	Is an evaluation undertaken for all performances observed (e.g. in conference or court) and for all opinions and reports received, and are any adverse findings recorded so that caseworkers who want to instruct a supplier in the future, and barristers who hold a Quality Mark, are aware of any relevant issue(s)?			F5.3	

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
72	Do you consult with clients about the use (and where appropriate about the selection) of suppliers, and are they advised of the name and status of the individual, for what purpose they are being instructed, how long they might take to respond, and, where disbursements are to be paid by the client, the cost involved?			F5.4	
73	Do you ensure that instructions to the supplier clear, accurate and comprehensive? Instructions should précis the facts in the case and identify issues as they are perceived, detail and attach relevant documents, and include instructions on what is to be provided and how.			F5.5	

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<b>Section G: Commitment to Quality</b>					
74	Do work practices show that clients have information about what to do if they have a problem with the service provided?			G1.1	
75	Have you provided a procedure for identifying and dealing with complaints which contains all of the following: <ul style="list-style-type: none"> <li>a) The definition of a complaint;</li> <li>b) Who has responsibility for complaints handling;</li> <li>c) How complaints are identified;</li> <li>d) How complaints are recorded;</li> <li>e) How to identify the cause of a complaint and respond to it;</li> <li>f) The process for reviewing complaints?</li> </ul>			G1.2	D
76	Do you keep a central record of every complaint made and review it annually to identify trends?			G1.3	
77	Is there a client satisfaction procedure in place that includes all of the following: <ul style="list-style-type: none"> <li>a) A comprehensive feedback mechanism;</li> <li>b) Details on how and when the client gives feedback;</li> <li>c) The frequency and methodology of analysis of submitted feedback?</li> </ul>			G2.1	D

<b>Procedure/process which needs to be in place</b>		Tick or cross as appropriate	Document & page ref. (please be specific)	Specialist Quality Mark ref.	<b>For LSC Auditor use only</b>
78	Do you review client feedback at least annually and are review findings and outcomes documented?			G2.2	
79	Do you have a named individual (a Quality Representative) responsible for overseeing all quality procedures used by the organisation in each office.			G3.1	
80	Are all quality procedures up to date and reviewed annually?			G3.2	
81	Is the Quality Representative aware of instances where processes have been identified as failing to meet the Quality Mark Standard and can they show what response has been made?			G3.3	
82	Does a current office manual exist that collates information on organisational practices (it must include all documented procedures and policies and all standard pro-formas that are used in your practices/processes)?			G4.1	D
83	Is the office manual available to all members of staff who are involved in delivering Quality Mark services?			G4.2	