

## Lexcel assessment report

Last updated: November 2007

### Practice details

		Regis number(s)/Address(es)
Name of organisation		
Number of offices		

### Non-compliances

Number of major non-compliances	
Number of minor non-compliances	
Number of areas for improvement	
Number of areas of good practice	

### Assessment summary

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### Assessors overall recommendations

	Yes/No
Certification premature, full re-assessment required	
Re-visit required within three months of last on-site date	
Documentary evidence of corrective action to be sent to assessor within 21 days of last on-site date	
Continue certification	

### Assessor declaration

Name of Assessment Body			
Lead assessors declaration			
I/we confirm that I/we have had no other involvement with the implementation of the Lexcel Practice Management Standard at the above organisation apart from the assessment and have carried out the assessment on behalf of the above named assessment body.			
I/we further confirm that the content of this report has been explained to the above organisation.			
Signature (or Tick Box)	<input type="checkbox"/>		
Print name		Date	
Internally verified			
Signature (or Tick Box)	<input type="checkbox"/>		

## Lexcel assessment report

### Assessment details

Onsite date(s)	
Duration of assessment (days)	
Number of assessors	
Name of lead assessor	
Name of other assessor(s)	
Total cost payable to Assessment Body	

### Type of assessment

Initial assessment	
AMV	Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/>
Full re-assessment	

### Other quality standards

Lexcel only	Yes <input type="checkbox"/> No <input type="checkbox"/>
Joint - Lexcel & Investors in People	Yes <input type="checkbox"/> No <input type="checkbox"/>
Joint - Lexcel & ISO9001:2000	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit given for IiP/ISO9001	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the organisation hold an SQM franchise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state date awarded	
Date of last full audit	
Please state areas covered	
Credits given for SQM	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Categories of law offered

Non-Contentious	Yes/No	Contentious	Yes/No
Non Commercial Conveyancing		Medical Negligence	
		Personal Injury	
Probate		Crime	
Wills		Family/Matrimonial	
Trusts		Debt Collection	
Company/Commercial		Welfare Benefits	
Financial Services		Child Care	
Corporate		Employment	
Commercial Conveyancing Other (please specify)		Company/Commercial	
		Corporate	
		Other (please specify)	

## Office report

### Assessment statistics

Total number of fee earners		
Number of fee earners in sample		
Name(s) of fee earners in sample		
Total number of support staff		
Number of support staff in sample		
Name(s) of support staff in sample		
Total number of open files		
Number of open case files in sample		
Number of closed files in sample		
Total number of case files in sample	Direct access [ ]	Access via fee earner [ ]

**Section one: structures and policies**

Major / Minor non-compliances
Areas for improvement / Areas of good practice

**Section two: Strategy, the provision of services & marketing**

Major / Minor non-compliances
Areas for improvement / Areas of good practice

**Section three: Financial management**

<b>Major / Minor non-compliances</b>
<b>Areas for improvement / Areas of good practice</b>

**Section four: Information management and facilities**

<b>Major / Minor non-compliances</b>
<b>Areas for improvement / Areas of good practice</b>

### Section five: People management

Major / Minor non-compliances
Areas for improvement / Areas of good practice

### Section six: Supervision and operational risk management

Major / Minor non-compliances
Areas for improvement / Areas of good practice

**Section seven: Client care**

Major / Minor non-compliances
Areas for improvement / Areas of good practice

**Section Eight: File and case management**

Major / Minor non-compliances
Areas for improvement / Areas of good practice

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**Confirmation of office assessment report understood**

Practice Representative	
<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Job Title</b>
Assessor	
<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Job Title</b>