

# **Safeguarding Adults Case File Audit**

**Policy, Procedure and Practice**

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## INFORMATION SHEET

<b>Service area</b>	Safeguarding Adults
<b>Date effective from</b>	November 2015
<b>Responsible officer(s)</b>	<p>Director – Adult Services, People &amp; Economy Directorate</p> <p>Operational Director – People &amp; Economy Directorate</p> <p>Divisional Managers – People &amp; Economy Directorate</p> <p>Principal &amp; Practice Managers – Care Management and Mental Health</p> <p>Integrated Adult Safeguarding Unit</p>
<b>Date of review(s)</b>	Ongoing
<b>Status:</b> <ul style="list-style-type: none"> <li>• <b>Mandatory (all named staff must adhere to guidance)</b></li> <li>• <b>Optional (procedures and practice can vary between teams)</b></li> </ul>	Mandatory for all Adult Care Management staff
<b>Target audience</b>	Care Management Staff, People & Economy Directorate
<b>Date of committee/SMT decision</b>	November 2015
<b>Related document(s)</b>	<p>Case File Audit Policy, Procedure &amp; Practice Feb 2014</p> <p>Case File Recording Standards &amp; Audit Process Community Support Services Policy, Procedure &amp; Practice Sept 2013</p>
<b>Superseded document(s)</b>	N/A
<b>Equality Impact Assessment completed</b>	

1.0	POLICY	PRACTICE
1.1	<b>Introduction</b>	
1.1.1	This document provides guidance regarding the auditing of safeguarding adults electronic case files. This policy and procedure ensures that electronic files are audited routinely to ensure best practice safeguarding, social care and decision making.	
1.1.2	The purpose of the audit process outlined in this policy, is to identify patterns and trends in safeguarding practice across adult services as a means of informing future improvements and developments. The process does not focus on the individual social worker (although feedback will be given), but will assist senior and service managers by providing evidence of recurring key issues in the safeguarding of adults.	
1.1.3	Having a robust audit process in place is central to Halton Borough Council's quality assurance system and offers front line staff an opportunity to reflect in a safe environment in the knowledge that each practitioner is accountable for their own practice. Audits are centred on analysing quality with a view to gauging how effective our safeguarding practice is in improving outcomes for the client. In this respect, it is important to obtain information from the adult and their carer(s), if appropriate, regarding their experience of the service provided and how they felt through the entire process.	
1.1.4	The process is focused on learning and any recommendations formed following audits will be carefully monitored. Outcomes will be reported to the Halton Safeguarding Adults Executive Board and to Halton Safeguarding Adult Board, where appropriate.	
1.2	<b>Definitions</b>	
1.2.1	<p>Throughout this document, certain words or terms may be used which are widely associated with safeguarding practice. Definitions of a few key terms are provided below:</p> <p><b>Audit:</b> Auditing is a systematic analysis from a random selection of cases and seeks to have the following procedural goals:</p> <ul style="list-style-type: none"> <li>• Looking systematically and objectively at samples of practice and measuring against quality practice standards – local and national</li> <li>• Seeking the views of all relevant staff</li> <li>• Collating and analysing the findings to develop a wider view of practice delivery</li> <li>• Sharing the issues that emerge with staff, managers, Senior Management Team and the Directorate</li> <li>• Deciding what actions are needed to make improvements where needed and promote the good practice identified so that it becomes standard</li> </ul>	<p><i>A breakdown of the stages involved in the safeguarding process along with associated timescales, is provided in Appendix 1</i></p>

	<p>practice</p> <ul style="list-style-type: none"> <li>• Identifying any support required for staff to achieve the required changes</li> <li>• Re-auditing to measure that improvements have been achieved and maintained and embedded</li> </ul> <p><b>Alert:</b> Describes the action of reporting concerns and allegations into the multi-agency safeguarding adult contact point</p> <p><b>Referral:</b> Involves the decision to proceed to a safeguarding strategy discussion or meeting to plan an investigation, assess risk and agree interim protection arrangements.</p> <p><b>Strategy Meeting/Discussion:</b> Is a meeting (or discussion) involving more than one professional and/or agency to plan further investigation, when an initial investigation by Adult Social Care is not or has not been sufficient to reach a full conclusion on level of risk and safeguarding measures to be put into place.</p> <p><b>Investigation:</b> A process of gathering evidence to determine whether abuse took place</p> <p><b>Case Conference:</b> Is a meeting held to consider the outcome of an investigation and to draw up a safeguarding plan, if required</p> <p><b>Safeguarding Adults Review:</b> Undertaken by a Safeguarding Adults Board (SAB) when there is potential for significant multi-agency learning as to how safeguarding practice and systems can be improved</p> <p><b>Adult at Risk:</b> Adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against harm or exploitation. The term replaces “vulnerable adult” and “alleged victim”</p> <p><b>Person Alleged to have caused Harm:</b> A person who is alleged to be responsible for abuse experienced by an adult at risk. This term replaces “alleged perpetrator”</p>	
1.3	<b>Principles of Conducting Audits</b>	
1.3.1	<p>In order to be fully effective, audits need to have the following important features:</p> <ul style="list-style-type: none"> <li>• Full support and accountability from the top and throughout all levels of the organisation</li> <li>• Clear and agreed case file audit process</li> <li>• An appropriate balance between challenge and</li> </ul>	<p><i>Safeguarding Adults Audit Toolkit is provided in Appendix 2</i></p> <p><i>This will ensure quality standards are maintained across the audit spectrum.</i></p>

	<p>support</p> <ul style="list-style-type: none"> <li>• Good planning and involvement from staff</li> <li>• Skill and enthusiasm of auditors</li> <li>• Effective, open and critical analysis of the findings, including recognising patterns and trends</li> <li>• The findings are used to create change which leads to improved outcomes</li> </ul>	
1.3.2	It should be recognised that audits will focus on safeguarding working practice and any identified issues will be addressed. Audits will not focus on individual practice, the performance management of staff members will be addressed by the appropriate Line Manager through supervision.	
1.3.3	There are two types of case file audits which can be undertaken – qualitative and quantitative audits. The difference between these audits is summarised as follows: “Quantitative audits consider whether the file is up to date, contains all the relevant documentation and that documentation has been properly completed. Qualitative auditing considers the quality of the recording on file and whether it reflects good practice” (Shemmings and Cleaver, 2003).	
1.4	<b>Recording Standards</b>	
1.4.1	<p>In order to ensure effective and informative audits, it is essential that good case recording has been adhered to in order to facilitate learning and recommendations to inform future safeguarding practice. Good case recording is an important part of the accountability of staff in social care to those who access our services. It helps to:</p> <ul style="list-style-type: none"> <li>• Focus the work of staff and supports effective partnerships with service users and carers</li> <li>• Show how decisions related to care and support were made</li> <li>• Makes continuity of care easier</li> <li>• Improves accountability</li> <li>• Ensures there is a documented account of involvement with individual service users, families and carers</li> <li>• Supports audit, allocation of resources and performance management</li> <li>• Forms a major source of evidence for complaints, investigations and enquiries.</li> </ul>	<p><i>Good case recording is an important part of the accountability of staff working in care management. It helps to focus the work of staff and it supports effective links with service users and carers.</i></p> <p><i>It also ensures there is a well-documented account of a department’s involvement with service users, their families and carers. It assists with continuity and provides an essential tool for managers to monitor services.</i></p> <p><i>It can also become a major source of evidence for investigations and enquiries. Inadequate case records have often been cited as a factor in cases with tragic outcomes.</i></p>
1.4.2	All social work practitioners should assume that their case recording will be scrutinised at some point. Service users have a legal right to view their case files at any point. The approach to record keeping that law courts tend to adopt is <b>“If it is not recorded, it has not been done”</b> .	
1.4.3	<p>With this in mind, the following key statements should be adhered to in case recording:</p> <ul style="list-style-type: none"> <li>• Records should not include abbreviations (unless</li> </ul>	

	<p>explained on its first use), jargon, meaningless phrases or subjective statements</p> <ul style="list-style-type: none"> <li>• Records should be written in terms that the service user or their carer(s)/representative can easily understand</li> <li>• All entries should be written and filed in chronological order</li> <li>• Records should clearly distinguish between facts and opinions. Where opinion is expressed, the rationale for this should also be documented</li> <li>• All entries made on CareFirst must only be made under the practitioner's own log in. Passwords must not be shared with other users.</li> </ul>	
<b>1.5</b>	<b>Aims and Objectives of the Audit</b>	
<b>1.5.1</b>	<p>There are a number of factors which should be taken into account when considering the quality of safeguarding working practice, which include:</p> <ul style="list-style-type: none"> <li>• To ensure adults in Halton are safe and protected</li> <li>• To ensure safeguarding, protection and life chances</li> <li>• Consider multi-agency working where appropriate</li> <li>• Consider equality and diversity issues</li> <li>• To provide social workers with an opportunity to reflect on their own practice, identify actions and develop professional competencies to improve their work</li> <li>• To ensure that all identified actions are completed within measurable timescales</li> <li>• To ensure social workers are carrying out their duties safely and feel supported</li> <li>• To provide a quality grading of safeguarding working practice</li> </ul>	
<b>1.6</b>	<b>Multi Agency Partners</b>	
<b>1.6.1</b>	<p>There are instances where safeguarding investigations, will involve working together with multi-agency partners such as health colleagues, the police, advocacy services etc. This partnership work will also be considered during the auditing process.</p>	
<b>1.6.2</b>	<p>Multi-Agency Partners should be routinely involved in the auditing process. This will enable the triangulation of information to ensure that what is recorded in social care records is consistent across multi-agency partners and ensure all relevant partners have a good understanding of the case file audit process.</p>	
<b>1.7</b>	<b>Outcomes</b>	
<b>1.7.1</b>	<p>As part of Halton Borough Council's involvement in the Making Safeguarding Personal project, it is important to capture what outcomes the client would like to achieve at the beginning of the safeguarding investigation. At the end of the investigation, how far these outcomes have been achieved will be measured and once again at the review stage of the safeguarding process.</p>	
<b>1.7.2</b>	<p>For any client there may only be evidence of positive</p>	

	<p>outcomes, or there may only be evidence of negative outcomes or in some instances there may be evidence of both. Positive outcomes would be classified as a tangible improvement in an individual's circumstances, such as, increased independence or feeling safer. A negative outcome would be classified as no tangible improvement in an individual's circumstances and in some instances they may have deteriorated. In whichever case, it is the client who must recognise and identify the outcomes of the safeguarding process and how far they feel they have or have not been achieved.</p>	
1.7.3	<p>Through involvement in the Making Safeguarding Personal project, some Councils have revised their case file audit tools to enable them to review how well a person-centred, outcomes approach, was being applied to safeguarding in practice. Previous case file audits have typically concentrated on whether deadlines had been met, or whether certain protocols had been followed, rather than what had been achieved with and for the person themselves.</p>	
1.8	<b>Review</b>	
1.8.1	<p>The Safeguarding Adults Case File Audit process is open and flexible to change as priorities will inevitably vary according to peer reviews, safeguarding adult reviews, complaints or through further work undertaken for the Making Safeguarding Personal project. The number of safeguarding case files that are selected for auditing may need to be reviewed, once the process is fully embedded.</p>	
2.0	<b>PROCEDURE</b>	<b>PRACTICE</b>
2.1	<b>Audit Process</b>	
2.1.1	<p>In accordance with the Halton Borough Council Supervision Policy, Practice &amp; Procedures, social workers should receive a recorded supervision session on a six weekly basis minimum. During these supervision sessions the line manager should discuss with the social worker, details of any safeguarding investigations they are leading to ascertain if correct safeguarding practices are being adhered to. If any remedial action is required, this should be discussed with the social worker and clear action points identified and agreed. Feedback in relation to this remedial action should be sought at the next scheduled supervision session, or earlier if deemed necessary. Any decisions/actions on a case that takes place during supervision, should be clearly recorded on the Carefirst 6 record of the adult at risk, within Observations. The subject header must state "Supervision/Case Consultation".</p>	<p><i>Supervision Policy, Practice &amp; Procedures 2015</i></p> <p><i>Supervision file audits will take place regularly to ensure staff are being supervised professionally, regularly and effectively.</i></p> <p><i>Supervision notes will be audited no less than twice a year by Divisional Managers.</i></p>
2.1.2	<p>Further to scheduled supervision, detailed safeguarding Case File Audits will be undertaken across the Directorate on a quarterly basis. This process will be undertaken by Principal/Practice Managers, Divisional Managers and the Director of Adult Services and Operational Director within the People &amp; Economy Directorate.</p>	



2.1.3	The Safeguarding Adults Case File Audit process will be implemented in a 3 stage process. By following a 3 stage process this will ensure smooth implementation and provide an opportunity to resolve any issues at the earliest opportunity.	
2.1.4	A Safeguarding Adult Case File Audit Toolkit has been developed in order to consider all aspects of the safeguarding process. The person auditing the case after completing the toolkit, is able to assign the case an overall grading based on their opinion after reviewing all safeguarding forms and associated case notes.	
2.1.5	<p><b>Stage One:</b> On a quarterly basis the People &amp; Economy Policy, Performance &amp; Customer Care Team will produce a report from CareFirst 6 of all completed safeguarding investigations during the current financial year. This list will be sent electronically to the Integrated Adults Safeguarding Unit (IASU). The Adult Safeguarding &amp; Dignity Officer will select two cases for each of the following teams:</p> <ul style="list-style-type: none"> <li>• Initial Assessment Team</li> <li>• Complex Care Runcorn</li> <li>• Complex Care Widnes</li> <li>• Mental Health Recovery Team</li> <li>• Integrated Adults Safeguarding Unit</li> </ul> <p>The details of the cases (Carefirst ID; Name; Alert Date; Investigation Start Date; Allocated Worker) will be sent through to the Principal/Practice Managers of each team along with a blank copy of the Safeguarding Adults Case File Audit Toolkit to complete.</p>	
2.1.6	During this initial stage, Divisional Managers (Independent Living; Care Management; Mental Health) will arrange to meet for 1 day per quarter in order to moderate 5 of the completed audit toolkits from the Principal/Practice Managers. The Adult Safeguarding & Dignity Officer will send the Divisional Managers a copy of the 5 completed toolkits in advance of this meeting. The Divisional Managers can access the case details directly on CareFirst 6 or if required the Adult Safeguarding & Dignity Officer can provide copies of all safeguarding forms as requested. This moderation process will commence once the audit toolkits have been completed and returned to IASU. The moderation process will allow the Divisional Managers to consider the quality of the information being provided in the toolkits and to highlight if there are any issues with the manner in which toolkits have been completed.	
2.1.7	The Director of Adult Services and the Operational Director – Commissioning & Complex Care will moderate 1 completed toolkit every six months during this initial stage. A electronic copy of the completed safeguarding forms along with the completed audit toolkit will be sent to both Directors. If the Directors require any further information regarding the case, they will contact the Principal/Practice Managers of	

	the appropriate team, for further details.	
<b>2.1.8</b>	<b>Stage Two:</b> Once Stage One has been fully embedded, Stage Two can then be implemented. This stage involves: Principal/Practice Managers will continue to audit two completed cases per quarter as per Stage One process above.	
<b>2.1.9</b>	Divisional Managers will now audit 5 cases using the Audit Toolkit – 1 case per operational team per quarter. The list of 5 cases will be sent to Divisional Managers in advance of their meeting each quarter . Once again, Divisional Managers can access the case details directly on CareFirst 6 or, if required, the Adult Safeguarding & Dignity Officer can provide copies of all safeguarding forms as requested.	
<b>2.1.10</b>	The Director of Adult Sevices and the Operational Director – Commissioning & Complex Care will be required to audit 2 cases every six months. Electronic copies of the completed safeguarding forms will be sent to the Directors, along with a blank copy of the Safeguarding Adults Case File Audit Toolkit. If the Directors require any further details regarding the safeguarding investigations, these can be requested directly from the Principal/Practice Manager of the appropriate operational team who has led the safeguarding investigation.	
<b>2.1.11</b>	If there is any reason why a randomly selected case file cannot be audited, the Adult Safeguarding & Dignity Officer should be informed immediately. An alternative case will then be randomly selected from the list of completed safeguarding investigations to replace it.	
<b>2.1.12</b>	<b>Stage Three:</b> Once Stage Two of the process is fully embedded, the final stage will then be to introduce a focus group. This would involve approximately 4-6 cases to be selected on an annual basis to be discussed at a Focus Group meeting. This would help to identify areas of good practice and any areas which could be improved upon in the future. The Focus Group can also include involvement of any multi-agency partners involved in the selected safeguarding investigations	
<b>2.1.13</b>	The process and details of the Focus Group will be mapped out and agreed once this stage is ready to be implemented. This will allow any issues highlighted during stage one and stage two to be resolved and ensure that all relevant parties are signed up to participating in the audit process fully.	
<b>2.1.14</b>	Copies of all completed Safeguarding Adult Case File Audit Toolkits should be returned electronically to the Adult Safeguarding & Dignity Officer. The information from these completed toolkits will be used to produce an annual summary report of audit findings to the Halton Safeguarding Adult Executive Board and to the Halton Safeguarding Adult Board, if required.	
<b>2.2</b>	<b>Estimated Time Allocation</b>	
<b>2.2.1</b>	The estimated time to allocate for auditing a case file would be approximately 30 minutes preparation to read through the details of the safeguarding investigation; approximately	

	30-60 minutes to complete the audit tool and 30 minutes for any discussion or feedback with the appropriate manager and/or social worker, if required.	
<b>2.3</b>	<b>Auditor's Responsibilities</b>	
<b>2.3.1</b>	<p>When undertaking an Audit, the following responsibilities should be adhered to:</p> <ul style="list-style-type: none"> <li>• “Auditors” must audit the agreed number of cases per quarter using the safeguarding adult toolkit. If an “Auditor” cannot complete an audit within a given quarter, they must inform their line manager as soon as possible of the reasons why.</li> <li>• “Auditor” should inform the relevant social worker when one of their cases has been selected for audit.</li> <li>• “Auditors” will cover evidence found on case file records, observations and discussion with the social worker if required.</li> <li>• Any individual issues causing concern and requiring immediate action to safeguard an adult should be taken up immediately by the appropriate Principal/Practice Manager.</li> <li>• The “Auditor” has a professional responsibility for judging if standards for safeguarding adults have been met. This includes identifying practice or case work concerns/issues, highlighting areas of good practice and identifying any necessary remedial work to be undertaken.</li> <li>• Where practice is identified that causes immediate concern around an adult at risk’s safety, this will be reported immediately to the responsible Principal/Practice Manager and Service Provider Manager, where appropriate, so that action can be taken.</li> <li>• Where development issues have been identified with regard to the practice of a social worker, this should be raised with the relevant manager and addressed via the supervision process. The feedback section of the audit tool is provided to support this process.</li> </ul> <p><b><u>Social Workers</u></b></p> <ul style="list-style-type: none"> <li>• Social workers should expect that their case files could be selected for audit at any point. With this in mind, workers should ensure all case recording is kept as up-to-date as possible.</li> </ul>	

	<ul style="list-style-type: none"> <li>Social workers should be able to navigate the Principal or Practice Manager undertaking the audit, through the case and provide evidence and rationale for actions taken, as and when required.</li> </ul>	
<b>2.4</b>	<b>Remedial Work</b>	
<b>2.4.1</b>	If examples of good practice or remedial work are identified, it should be recorded clearly on the audit tool. Providing feedback to the social worker(s) and their Principal/Practice Manager, is an integral part of the case file audit process.	
<b>2.4.2</b>	Following completion of the audit tool, the “Auditor” is responsible for providing feedback to those staff directly involved in the case. If remedial work is identified as being necessary, there is an expectation that this should be carried out within four weeks of the audit having taken place. The verification of the completion of this remedial work must be provided by the relevant manager within the agreed timescales.	
<b>2.5</b>	<b>Escalation</b>	
<b>2.5.1</b>	Where, as a result of a safeguarding case file audit, the “Auditor” identifies problems or issues that may undermine or prevent the delivery of consistent quality of care and protection to a client, the “Auditor” will need to initiate corrective action and escalate the identified issues, if appropriate, with the relevant line manager.	

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## APPENDIX ONE: Stages of the Safeguarding Process

### STAGE ONE: ALERT

Alert describes the action of reporting concerns and allegations into the multi-agency safeguarding adults contact point in Halton. Anyone can make an alert via any route

**Target Timescales: Same day that concerns are identified**

### STAGE TWO: REFERRAL

Having received the alert the Adult Services will decide whether to refer the alert for investigation under the inter-agency safeguarding adult's procedures

**Target Timescales: Within 24 hours of the Alert**

### STAGE THREE: STRATEGY DISCUSSION/MEETING

The responsible team will hold a discussion or meeting to assess risk, establish the outcome desired by the adult as risk, agree a plan to keep the person safe and plan an investigation

**Target Timescales: Within 5 working days of the Referral**

### STAGE FOUR: INVESTIGATION

Safeguarding activities are undertaken in line with the agreed plan. The risk assessment and protection plan are kept under review throughout.

**Target Timescales: Report completed 7 working days before Case Conference**

### STAGE FIVE: CASE CONFERENCE

The responsible team chairs a case conference discussion or meeting to review the investigation report, agree the conclusion, assess risk, agree a protection plan if required and agree whether a review is required

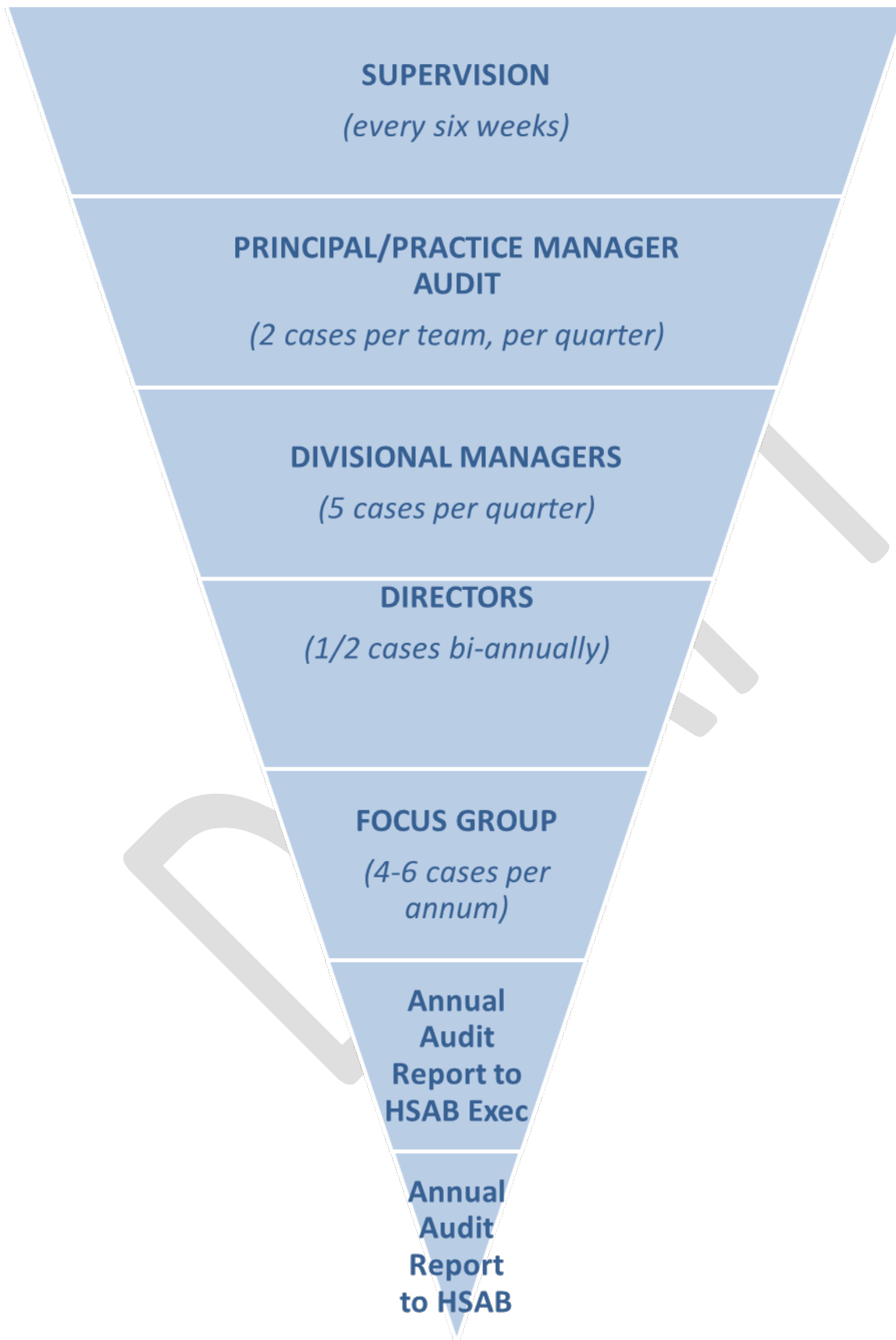
**Target Timescales: Within 4 weeks of Referral decision**

### STAGE SIX: REVIEW

The responsible team holds a review to check the protection plan is working effectively

**Target Timescales: Within 3 months of Case Conference or as agreed at Case Conference**

## APPENDIX TWO: CASE FILE AUDIT FLOWCHART



## APPENDIX THREE: Safeguarding Adults Toolkit



# Safeguarding Adults Audit Toolkit



### Guidance for completion

This audit tool has been developed to enable professionals in all agencies or services to evaluate the effectiveness of the Safeguarding Adult process and outcomes for service users, carers and professionals.

This audit tool can be used to evaluate the effectiveness of the safeguarding process in individual cases, which in turn, can help managers to evaluate their own skills and abilities within this process and identify, where necessary, any development needs. Individual agencies or services may want to use the tool in this way, as well as at service level, to evaluate or monitor agency performance in safeguarding adult cases,

The completed audit form should be returned electronically to the Adult Safeguarding & Dignity Officer, Integrated Adults Safeguarding Unit at [IASU@halton.gcsx.gov.uk](mailto:IASU@halton.gcsx.gov.uk)

Auditors are expected to grade each section of the audit and to give an overall grade for the audit. Case file grading descriptors are as follows:

Case Grading	Criteria
Good	Exceeds minimum statutory requirements
Satisfactory	Meets minimum statutory requirements / or minimum standards
Unsatisfactory	Does not meet minimum statutory requirements / or minimum standards

Auditor Details	
Name of Auditor:	Date of Audit:

<b>Overall Case Grading – Please complete</b>
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*With thanks given to Sunderland Safeguarding Adults Partnership Board Audit Tool*

<b>Name of person alleging abuse or at risk of abuse</b>	
<b>Date of Alert</b>	
<b>Name of Allocated Social Worker</b>	
<b>Name of Manager completing this form</b>	

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<b>1. ALERT/REFERRAL</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A – Was the Alert raised at the right time?			
B – Was there a timely response to the Alert?			
C – Was the safety of the adult addressed?			
D – Were any problems encountered during this part of the process?			
If problems were encountered, please explain here:			

<b>2. STRATEGY DISCUSSION</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A – Did this take place within 5 working days of receiving the Alert?			
B – Were there any difficulties or delays in arranging this?			
C – Did all relevant agencies take part?			
D – Was a Safeguarding Investigation agreed?			
E – Was an Action Plan produced?			
F – Were any problems encountered during this part of the process?			
If problems were encountered, please explain here:			

<b>3. INVESTIGATION</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A- Did this commence as soon as possible after the Strategy Discussion meeting?			
B- Did all relevant agencies maintain involvement?			
C – Did any subsequent safeguarding meetings take place?			
D – Was any Safeguarding Plan put into place?			
E – Were any problems encountered during this part of the process?			
If problems were encountered, please explain here:			

<b>4. REVIEW</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A – Was there more than one review held?			
B – Did the safeguarding process remain open because the adult remained at risk?			
C – Did the safeguarding process remain open because of lengthy criminal proceedings?			
D – Were any problems encountered during this part of the process?			
If problems were encountered, please explain here:			

<b>5. MULTI-AGENCY INVOLVEMENT</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A – Was the input from each relevant agency appropriate?			
B – Did a representative from each agency attend a safeguarding meeting when requested?			
C – Were representatives at the appropriate level?			
D – Did the matter require involvement from the Police?			
E – Was the response from the Police appropriate?			
If problems were encountered, please explain here:			

<b>6. ADULT AT RISK AND CARER'S SATISFACTION</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A – Was the adult at risk satisfied with the safeguarding process?			
B – Was the adult at risk satisfied with the outcome?			
C – Was the carer satisfied with the safeguarding process?			
D – Was the carer satisfied with the outcome?			
If problems were encountered, please explain here:			

**7. SIGNIFICANT ISSUES**

A – List any strengths and/or weaknesses noted throughout the process

B – From the above can you identify areas of practice to be referred to the Safeguarding Adult Executive Board for wider consideration?

C – List any training needs highlighted through the process

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