

HALTON

SAFEGUARDING

ADULTS

BOARD

Safeguarding Adults Case File Audit

Policy Procedures and Practice

January 2022

Contents

Policy Summary	2
Section 1: Introduction	3
1.1 Definitions:	4
1.2 Principles of Conducting Audits.....	5
1.3 Recording Standards	5
1.4 Aims and Objectives of the Audit	6
1.6 Outcomes	7
1.7 Review.....	7
Section 2: The Audit Cycle	8
2.1 Supervision	8
2.3 Stage One- Cases Identified	9
2.4 Stage Two- Complete Case File Self- Assessment Tool	9
2.4.1 Estimated Time Allocation.....	9
2.5 Stage Three: Partners Reflective Meeting – Multi Agency Audit.....	10
2.5.3 Practitioners.....	10
2.5.4 Remedial Work	11
2.5.5 Escalation	11
2.6 Stage Four- Reporting Findings	11
APPENDIX 1: Safeguarding Case File Audit Cycle and Dates.....	12
APPENDIX 2: Stages of the Safeguarding Process.....	13
APPENDIX 3: Self- Assessment Audit Toolkit	14
APPENDIX 4: Multi Agency Audit Toolkit.....	21
APPENDIX 5: Quarterly Report to HSAB Practice and Executive Groups	30
APPENDIX 6: CASEFILE AUDIT QUICK REFERENCE GUIDE	31

Policy Summary

Document name	HSAB Safeguarding Adults Case File Audit Policy
Version	v.1
Publication date	20.01.2022
Review due date	January 2025
Approved by	SMT
Status	Mandatory
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Service area	Independent Living Services
Target audience	HBC Care Management Staff and HSAB Partners
Distribution	All ASC staff
Related document(s)	HBC Supervision Policy
Superseded document(s)	Safeguarding Adults Case File Audit Policy 2015
Equality Impact Assessment	Not Required

Section 1: Introduction

This document provides guidance regarding the auditing of safeguarding adults electronic case files. This policy identifies the procedures related to the quarterly audit cycle of electronic case files which contributes to best practice safeguarding, and decision making.

Having a robust audit process in place is central to Halton's Safeguarding Adults Board (HSAB) 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.

Adults Safeguarding 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.

The process is focused on learning and any recommendations formed following audits and will be carefully monitored. The process does not focus on the individual practitioners (although feedback will be given), but will assist senior and service managers by providing evidence of recurring key issues /patterns or trends in the safeguarding of adults safeguarding practice across adult services as a means of informing future improvements and developments. Outcomes will be reported to the Halton Safeguarding Adults Practice Group and to Halton Safeguarding Adults Board, where appropriate.

Many cases involve working together with multi-agency partners such as health colleagues, the police, advocacy services etc. This multi- agency work will be integral in the auditing process and partners will be fully involved in the Multi Agency auditing process. This will enable the triangulation of information to ensure 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.

A quarterly audit cycle has therefore approved in order to:

- look systematically and objectively at samples of practice and measuring against quality practice standards – local and national;
- seek the views of all relevant staff;
- collate and analyse the findings to develop a wider view of practice delivery;
- share the issues that emerge with the Safeguarding Practice Sub group and the Safeguarding Adults Board;
- decide what actions are needed to make improvements where needed and promote the good practice identified so that it becomes standard practice;
- identify any support required for staff to achieve the required changes;
- re-audit to measure that improvements have been achieved, maintained and embedded.

The Case File Audit Cycle and quarterly dates are included in **Appendix 1**

1.1 Definitions:

Throughout this document, certain words or terms may be used which are widely associated with safeguarding practice. Definitions of a few key terms are below:

Audit Cycle:

The HSAB quarterly audit cycle of random selection of cases to be reviewed.

Adult at Risk (AAR):

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”.

Case Conference:

Is a meeting held to consider the outcome of an investigation and to draw up a safeguarding plan, if required?

Concern - Describes when there is or might be an incident of abuse or neglect. Replaces the previously used term “alert.”

Making Safeguarding Personal – Framework

Making Safeguarding Personal (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. A series of tools to support MSP, measure effectiveness and improve safeguarding are used through the Framework.

Person Alleged to have caused Harm:

A person who is alleged to be responsible for abuse experienced by an adult at risk. This term replaces “alleged perpetrator”.

Risk Assessment

Involves the decision to proceed to a S42 Safeguarding Enquiry, assess risk and agree interim protection arrangements.

Strategy Meeting/Discussion:

Is a meeting (or discussion) involving more than one professional and/or agency to plan further enquiry, when an initial enquiry 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.

S42 Enquiry - An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

Safeguarding Adults Review: (SAR)

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.

Stages involved in the safeguarding process are included in **Appendix 2**

1.2 Principles of Conducting Audits

In order to be fully effective, audits need to have the following important features:

- full support and accountability from the top and throughout all levels of the organisation;
- clear and agreed case file audit process;
- good planning and involvement from staff;
- the focus of the audit is on excellent practice, not just compliance with mandatory recording requirements;
- auditors making evidenced-based judgements about the quality of safeguarding practice around 6 essential safeguarding quality standards used within the toolkit;
- skill and enthusiasm of auditors;
- an appropriate balance between challenge and support;
- effective, open and critical analysis of the findings, including providing individual feedback to each practitioner along with any actions to improve future case file records;
- to recognise patterns and trends to create change which leads to improved outcomes.

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.

Safeguarding Adults Self- Assessment Toolkit is provided in **Appendix 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). This policy focuses on Qualitative auditing

1.3 Recording Standards

Good record keeping is a vital component of professional practice whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken.

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:

- focus the work of staff and supports effective partnerships with service users and carers;
- show how decisions related to care and support were made;
- makes continuity of care easier;
- improves accountability;
- ensures there is a documented account of involvement with individual service users, families and carers;
- supports audit, allocation of resources and performance management;
- forms a major source of evidence for complaints, investigations and enquiries.

All 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 ***“If it is not recorded, it has not been done”***.

With this in mind, the following key statements should be adhered to in case recording:

- Records should not include abbreviations (unless explained on its first use), jargon, meaningless phrases or subjective statements
- Records should be written in terms that the service user or their carer(s)/representative can easily understand
- All entries should be written and filed in chronological order
- Records should clearly distinguish between facts and opinions. Where opinion is expressed, the rationale for this should also be documented
- Records must only be made under the practitioner’s own log in. Passwords must not be shared with other users

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record.

1.4 Aims and Objectives of the Audit

There are a number of factors which should be taken into account when considering the quality of safeguarding working practice, which include:

- To ensure adults in Halton are safe and protected
- To ensure safeguarding, protection and life chances
- Consider multi-agency working where appropriate
- Consider equality and diversity issues
- To provide practitioners with an opportunity to reflect on their own practice, identify actions and develop professional competencies to improve their work
- To ensure that all identified actions are completed within measurable timescales
- To ensure practitioners are carrying out their duties safely and feel supported
- To provide a quality grading of safeguarding working practice

1.6 Outcomes

Making Safeguarding Personal is embedded within the Care Act 2014, which aims to capture what outcomes the client would like to achieve at the beginning of the safeguarding Enquiry. At the end of the Enquiry, how far these outcomes have been achieved will be measured and once again at the review stage of the safeguarding process.

For any client there may only be evidence of positive 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.

Through involvement in the Making Safeguarding Personal project, HSAB has revised the case file audit tools to enable partners and auditors to review how well a person-centred, outcomes approach, is being applied to safeguarding in practice.

1.7 Review

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, and 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.

Section 2: The Audit Cycle

2.1 Supervision

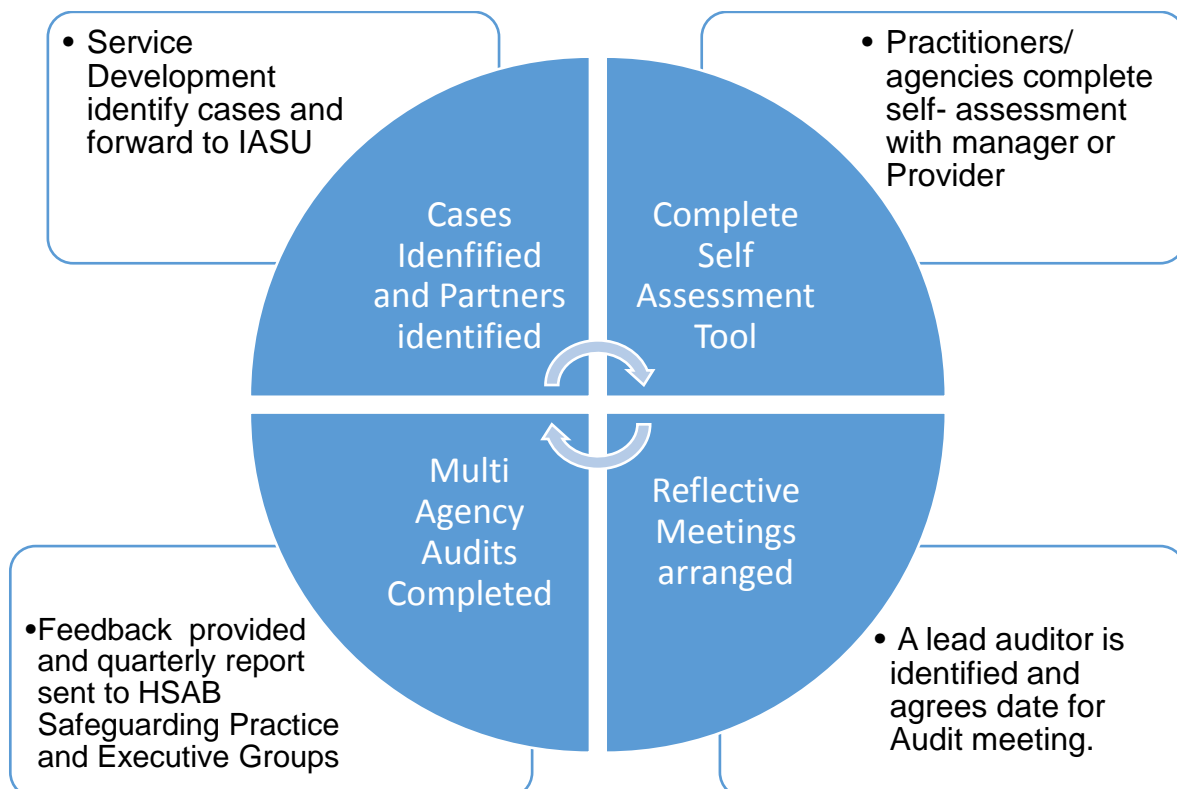
In accordance with the Halton Borough Council Supervision Policy, Practice & Procedures, the frequency and duration of supervision should be specified in the Supervision Agreement but may be varied if either the supervisor or supervisee feels this is necessary to achieve performance objectives or targets.

During these supervision sessions the line manager should discuss with the social worker, details of any safeguarding Enquiries 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".

[HBC Supervision Policy 2020](#)

"Supervision file audits will take place regularly to ensure staff are being supervised professionally, regularly and effectively".

Further to scheduled supervision, detailed Safeguarding Case File Audits will be undertaken across the Directorate on a quarterly basis as per the cycle below:



Themes may be identified or considered during the cycle of Audit, e.g. Repeated Safeguarding, Care Home Abuse and Modern Day Slavery.

See Appendix 1: Full Case file Audit Cycle and associated timelines and deadlines

The Safeguarding Adults Case File Audit process will be implemented in a 4 stage continuous cycle and process. By following the 4 stages this will ensure smooth implementation and provide an opportunity to resolve any issues at the earliest opportunity.

2.3 Stage One- Cases Identified

On a quarterly basis the, the Service Development Team will produce a report from CareFirst 6 of all completed safeguarding enquiries during the current financial year. A Service Development Officer (SDO) will select two random cases and forward them to the Integrated Adult Safeguarding Unit (IASU). The self- assessment tool will then be sent to team Managers and those identified practitioners from within the teams for completion. The teams will be:

- Initial Assessment Team
- Complex Care Runcorn
- Complex Care Widnes
- Mental Health Recovery Team
- Integrated Adults Safeguarding Unit

The details included with the self- assessment cases identified for Audit will be (Carefirst ID; Adult Name Name; Enquiry Start Date; Allocated Worker)

2.4 Stage Two- Complete Case File Self- Assessment Tool

If there is any reason why a randomly selected case file cannot be audited, the file should be returned to the SDO team where a further case file will be selected to replace it.
ASCServiceDevelopment@halton.gov.uk

The manager of the team will pass the case file to be audited to the allocated case worker. The manager and case worker will then complete the Self-Assessment process using the Self- Assessment Toolkit tool and Framework Guidance, which has been developed in order to consider all aspects of the safeguarding process.

The case worker completing the self- assessment audit toolkit, is able to assign the case an overall grading based on their opinion after reviewing all safeguarding forms and associated case notes. There are guidance notes to support the case worker assessing the case. An overall case rating and quality grading will be allocated to the case file using the self- assessment framework guidance.

Copies of all completed safeguarding adults case file self-assessments should be returned electronically to ASCServiceDevelopment@halton.gov.uk

Please see Appendix 3: Safeguarding Self-Assessment toolkit and guidance

2.4.1 Estimated Time Allocation

The estimated time to allocate for auditing a case file would be approximately 30 minutes preparation to read through the details of the safeguarding enquiry; 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.

2.5 Stage Three: Partners Reflective Meeting – Multi Agency Audit

A lead Auditor is identified from a group of agreed auditors of safeguarding leads and senior managers. The lead auditor will then arrange/ agree a reflective meeting with appropriate partners/ agencies to complete the Multi-Agency Audit Tool.

This process will be supported via the HSAB support Officer. The HSAB support Officer will also inform the relevant social worker/practitioner when one of their cases has been selected for audit.

2.5.2 Auditor's Responsibilities

When undertaking an Audit, the following responsibilities should be adhered to:

- “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;
- “Auditors” will cover evidence found on case file records, observations and discussion with the social worker if required;
- Any individual issues causing concern and requiring immediate action to safeguard an adult should be taken up immediately by the appropriate Principal/Practice Manager;
- The “Auditor” has a professional responsibility for judging if standards for safeguarding adults have been met. This includes highlighting areas of good and excellent practice and also identifying practice or case work concerns/issues, and identifying any necessary remedial work to be undertaken;
- 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;
- 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 practitioner feedback section of the audit tool is provided to support this process.

2.5.3 Practitioners

- Practitioners 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.
- Practitioners should be able to navigate the Auditor, through the case and provide evidence and rationale for actions taken, as and when required.

2.5.4 Remedial Work

If examples of good/excellent practice or remedial work are identified, it should be recorded clearly on the audit tool. Providing feedback to the practitioners and their Principal/Practice Manager, is an integral part of the case file audit process.

Following completion of the audit tool, the “Auditor” is responsible for providing verbal feedback to the case worker using the feedback to practitioners’ area of the toolkit. 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 case workers manager within the agreed timescales.

2.5.5 Escalation

Where, as a result of a safeguarding case file audit, if the “Auditor” identifies problems or issues that may undermine or prevent the delivery of consistent quality of care and protection to an adult, the “Auditor” will need to initiate corrective action and escalate the identified issues, if appropriate, with the relevant line manager.

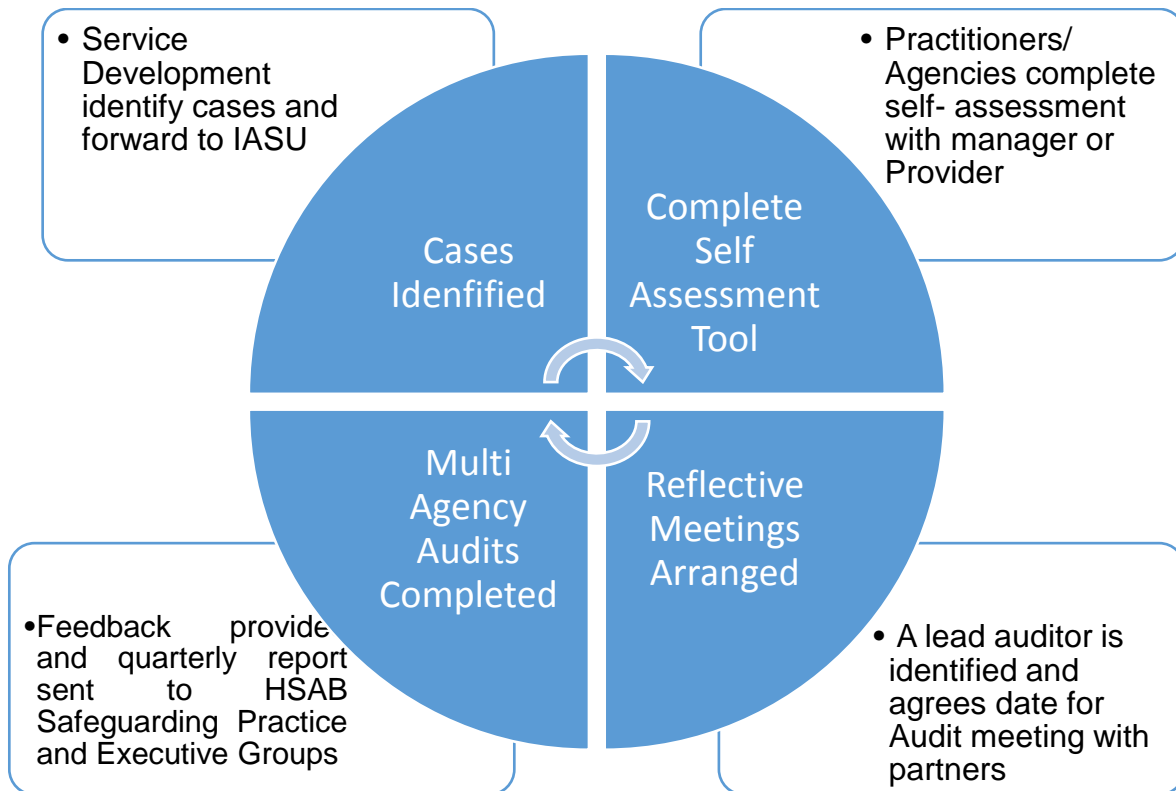
2.6 Stage Four- Reporting Findings

Once the Multi-Agency audit is completed, written feedback will be provided to case workers/ practitioners through part B of the multi- agency audit toolkit in **Appendix 4**

A formal report will then be completed, which will be sent to HSAB Safeguarding Practice Group and HSAB Executive Group for consideration.

Report Template included as **Appendix 5**.

APPENDIX 1: Safeguarding Case File Audit Cycle and Dates

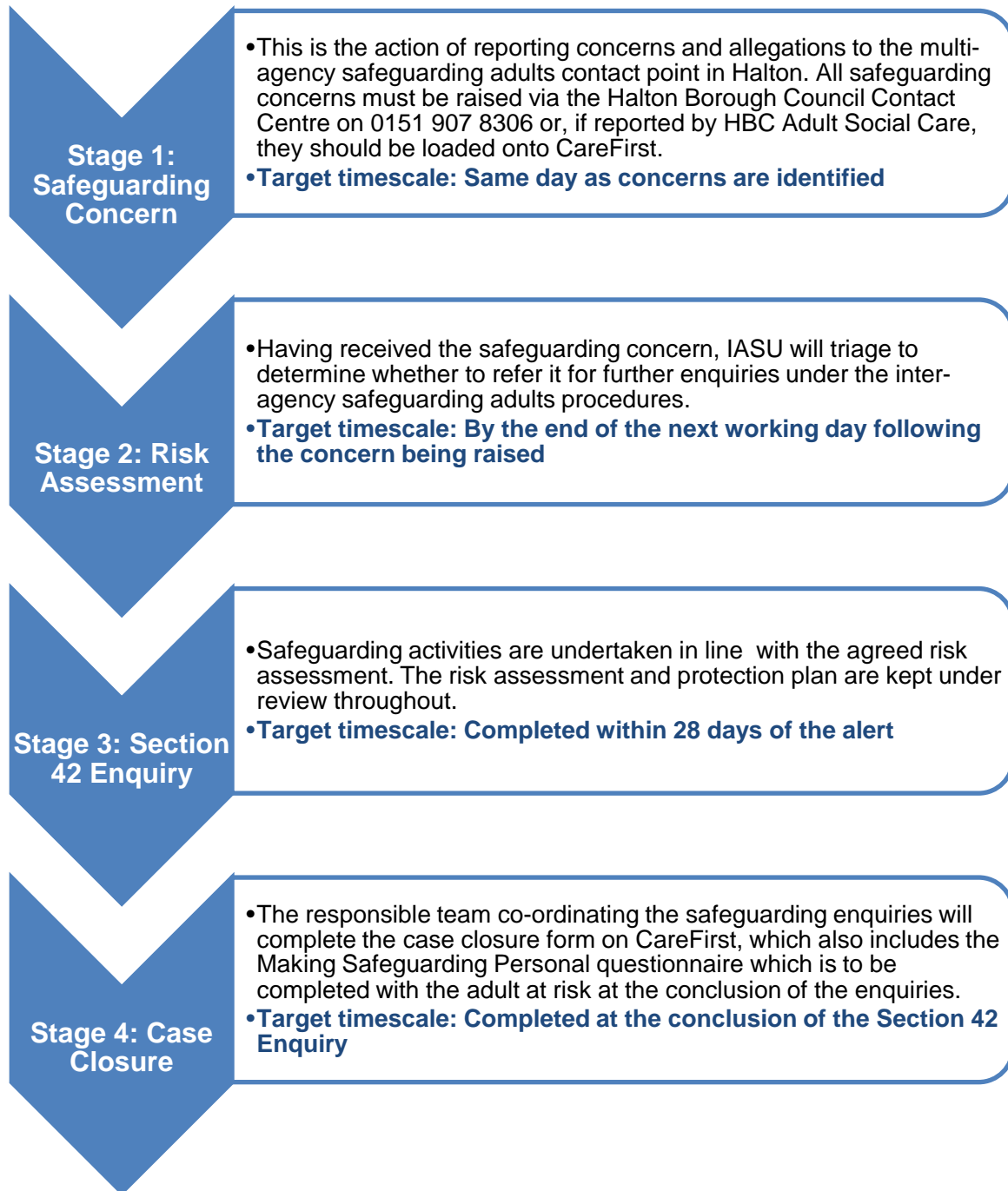


Themes may be identified or considered during the audit cycle. Examples being: Repeated Safeguarding, Care Home Abuse, and Modern Day Slavery etc.

Quarter	SDO sends Quarterly cases to IASU	Practitioners/ Managers Identified Complete Self-Assessment	Lead Auditor agrees meeting with partners	MAA Audit Completed by	Quarterly Report submitted to HSAB	Date of SAB Meeting
Q4 1 Jan-31 March	Beginning of April	April	May	End of June	Early July	End July
Q1 1 st Apr – June 30	Beginning of July	July	Aug	End of August	Early Oct	End October
Q2 1 July-31 Sep	Beginning of October	October	November Joint MAA Audit with Children's	End of December	Early Jan	End January
Q3 1 Oct-31 Dec	Beginning of Jan	January	February	End of March	Early April	End April

Proposed Q2 Joint MAA with Halton Children's Services w/c 21 November 2022

APPENDIX 2: Stages of the Safeguarding Process



APPENDIX 3: Self- Assessment Audit Toolkit

1. The Self- Assessment Toolkit is to be completed by the key worker/practitioner allocated in conjunction with their manager.
2. The tool provides a framework through which practitioners are able to analyse the effectiveness of the work carried out in safeguarding the adult and promoting their welfare.
3. The completed audit should be returned to ASCServiceDevelopment@halton.gov.uk where they will be reviewed by auditors who represent the partner agencies of the HSAB
4. Following review of the audit tool, each key worker should take part in a 'Learning Conversation' to discuss the case with all the other agencies involved with the case.
5. Learning is identified from the review of the audit tool in terms of strengths, weaknesses and best practice or innovative work. The learning is shared with all agencies so that it can be used as part of promoting improving safeguarding practice.

Please read this before completing the Audit tool

1. Where you are not able to answer a question due to the limited or short-term nature of your involvement you should respond 'Not Applicable' or 'Not Known'.
2. Do not leave any sections blank and pay particular attention to ensure that sections marked are completed.
3. Managers are responsible for the quality and accuracy of the information provided and must ensure that they read, sign and date the Audit Tool.
4. The key worker should have the case audited by their line manager (or equivalent). This should be done jointly as it provides an opportunity for workers to discuss and evaluate the effectiveness of the work with the adult involved.
5. If you have been concerned with decisions that have been made that you feel could have adversely impacted the adult, you should detail these and provide evidence on how this was resolved i.e. via the Escalation Policy.
6. Completion of the audit tool must focus on the impact the work is having on the adult and include any improved outcomes for the adult that have occurred with the interventions that are in place.
7. Refer to the accompanying Quality Assessment Framework when deciding on an audit grading.
8. The tool is to be used to audit the case records from the previous 3 months.
9. All audit tools must be returned to the IAT by the agreed deadline day, which is included on the covering e-mail.
10. References to you/your mean your agency.
11. For this audit tool an agency means a Care Provider, Housing Association's, Social Services, Local Authorities, Police, Probation, Health and commissioned services.

Please note that failure to return the audit tool by the deadline, will be escalated to your service's Senior Manager.

Safeguarding Self- Assessment Audit Toolkit (Appendix 3)

Section 1 – Adult and Agency Information

Adults Name:	
Date of Birth:	
Name of Team / Agency:	
Name of key worker / case holder for your agency:	
Name of key worker's line manager or equivalent auditing this case:	

<input checked="" type="checkbox"/> Person(s) attending the Audit Day:	
--	--

<input checked="" type="checkbox"/> Manager's Commentary <i>(please provide a summary analysis of the quality and impact of your team's involvement with the adult)</i>
--

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<input checked="" type="checkbox"/> Signed (Manager)		<input checked="" type="checkbox"/> Date:	
--	--	---	--

Section 2 – Case Information

Case Summary:

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Case Chronology: Please provide a chronology of your team's involvement with the adult during the past 6 months include:

Details of Enquiry, Dates (and time if relevant), **Event, Action Taken** and **Analysis**

Section 3 – Your Involvement

Questions	
1) Tell me about your involvement with this adult.	
2) Did you attend a safeguarding meeting? If requested.	
3) Did the matter require involvement from the police?	
4) Was the response from the police appropriate? If applicable.	
5) What support have you had in your role from your agency? How has this helped you?	
6) Was the level of input from each agency appropriate?	
7) Is there anything you would have done differently? If so, what?	
If, due to the nature of your involvement, you are unable to answer any of the following questions please respond ‘not applicable’ or ‘not known’.	
8) What would the adult say about your role?	
9) What difference has your role made? How do you know?	
10) How did the adult influence your thinking/behaviour/actions?	
11) How did other agencies influence your thinking/behaviour/actions?	

Section 4 – Self Assessment Grading

Considering the evidence that you have provided, please use the **Multi-Agency Quality Assessment Framework** to give the case an overall grade, marking 'X' below:

Grading	Criteria (See Quality Assurance Framework)	Grade (X)
Outstanding	Above and beyond expected standards. Consistently good in all areas. High quality practice is making an exceptional and long lasting difference to the life of the adult	
Good	Practice exceeds minimum statutory requirements in most areas but not consistently throughout .Adults receive effective and timely multi- agency help and protection.	
Satisfactory	Meets minimum statutory requirements / or minimum standards but does not meet standard required for judgement of "good".	
Requires Improvement/ Inadequate	Insufficient evidence of compliance with minimum standards or statutory requirements with all or some of the standards. Poor or unsafe practice standards leaving adults harmed or at risk of harm	

Rationale and Feedback : (please explain the reasons for the grading, identifying any key strengths and areas for improvement)

Self -Assessment Toolkit -Quality Assurance – Grading (Appendix 3)

Grading	Outcomes	Grading Description
<p>Outstanding <i>Above and beyond expected standards. Consistently good in all areas</i></p>	<p>High Quality Multi-Agency Practice Adults are protected and receive exceptional care and help that makes a significant difference to their lives.</p>	<p>Exceptional practice that substantially and/or consistently goes ‘above and beyond’ what is regularly or routinely expected.</p> <ul style="list-style-type: none"> • Innovative and transformative practice developed from a strong and confident base of research, learning and enquiry. • Effective, regular and reflective safeguarding supervision which is challenging and supporting high-quality frontline practice. • Robust and evidence-based decision making which reflects an excellent understanding and analysis of the adults’ circumstances and history and uses information gathered from multiple sources. • Potential future issues and/or needs have been appropriately anticipated and addressed. • Evidence of creative and innovative approach to meeting needs/resolving concerns. • Evidence of appropriate and timely curiosity, challenge and escalation • Persistent and pro-active in understanding, engaging and/or protecting and supporting the adult
<p>Good <i>Practice exceeds minimum statutory requirements in most areas but not consistently throughout.</i></p>	<p>Timely and Effective Multi Agency practice. Adults are protected and receive appropriate help and care.</p>	<p>Practice that meets expected standards.</p> <ul style="list-style-type: none"> • Agencies are working effectively together or agencies are holding each other accountable through timely and appropriate challenge and escalation. • Evidence of appropriate managerial oversight. • Timely and effective responses. • Assessments are timely with risk and protective factors identified and appropriate action taken • Risk and need is well understood, managed and regularly reviewed. • • Conclusions and decision making are evidence based and analysis and findings in relation to significant harm are clear. • Needs are met and/or concerns resolved. • Up-to-date and accurate records. • Regular and structured supervision is supporting frontline practice. • Support is appropriately person centred and inclusive.

		<ul style="list-style-type: none"> • Other agencies are sufficiently involved and/or there is evidence of timely and appropriate professional challenge or escalation. • Positive relationships between professionals and the adult
<p>Satisfactory <i>Meets minimum statutory requirements / or minimum standards but does not meet standard required for judgement of "good".</i></p>	<p>Insufficient assurance that agencies are working together to provide good protection, help and care for adults.</p>	<ul style="list-style-type: none"> • Doesn't meet all Good criteria, but there are no widespread or serious failures that create or leave adults harmed or at risk of harm. • Assessments are timely with risk and protective factors identified and appropriate action taken to safeguard adults. • Conclusions and decision making are evidence based and analysis and findings in relation to significant harm are clear. • Adults and other agencies are not sufficiently involved • Working together effectively enough or holding each other accountable through appropriate challenge and escalation
<p>Requires Improvement or Inadequate <i>Insufficient evidence of compliance with minimum standards or statutory requirements with all or some of the standards.</i></p>	<p>Failures or serious failures leave adults harmed or at risk of harm</p>	<ul style="list-style-type: none"> • Insufficient evidence of compliance with minimum standards. • Responses are not timely or effective. • Quality of decision-making, assessments and /or planning is poor. • Other agencies are not sufficiently involved and there is no evidence of timely or appropriate professional challenge or escalation. • Lack of managerial oversight.

APPENDIX 4: Multi Agency Audit Toolkit

- This audit tool has been developed to enable professionals and partners to evaluate the effectiveness of the Safeguarding Adult process and outcomes for service users, carers and professionals. It is based on auditors making **evidenced-based judgements** about the quality of safeguarding around 6 essential quality standards. The focus of the audit is on **excellent practice**, not just compliance with mandatory recording requirements and should be recorded accordingly.
- This audit tool can be used to evaluate the effectiveness of the safeguarding process in individual cases, which in turn, help managers to evaluate their own skills and abilities within this process and identify, where necessary, any development needs. Providing individual **feedback to each practitioner is vital and must be evidenced along with any actions** to improve future case file records.
- If a case file is found to be a **significant concern or 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” must initiate corrective action and escalate the identified issues, if appropriate, with the relevant line manager.
- **Comments must be recorded** when scoring to enable themes to be collated allowing for further training and support for ASC staff to be identified and developed.
- All questions must be responded to using the **RAG rating** (red, amber or green) following these rules:

The completed audit form should be returned electronically to ASCServiceDevelopment@halton.gov.uk

Scoring Case file grading descriptors are as follows:

- GREEN** **Good**-Quality standards exceed minimum statutory requirements and there are no issues to report.
- AMBER** **Satisfactory**-Meets Minimum Statutory Requirements /or minimum standards.
- RED** **Unsatisfactory**- Minimum statutory requirements/ Quality standards have not been met.

- ‘N/A’ is not an option. **If the question is not relevant for an individual case then you must select GREEN on the basis that there are no quality issues to report.** For example, if there’s no requirement for an enquiry specific mental capacity assessment because the customer has no impairment in the functioning of their mind or brain you would mark 1c **GREEN**.

The audit must be added up to give an overall quality rating score of the case file:

- **Outstanding: 13 GREEN** outcomes
- **Good: 9-12 GREEN** outcomes with **1-4 AMBER** outcomes
- **Satisfactory: 6-8 GREEN** outcomes with **5-7 AMBER** outcomes
- **Requires Improvement: 6 or less GREEN** outcomes or **1 or more RED** outcome

Team	Name of allocated Social Worker	Name of Manager	Customer Name/ ID	Date of Alert	Name of Auditor	Date of Audit	Overall Case Grading <ul style="list-style-type: none"> Outstanding Good Satisfactory Requires Improvement

Part A – Audit

GREEN Good- Quality standards exceed minimum statutory requirements and there are no issues to report.

AMBER Satisfactory-Meets Minimum Statutory Requirements /or minimum standards.

RED Unsatisfactory- Minimum statutory requirements/ Quality standards have not been met.

Quality Standard	Lines of Enquiry	R	A	G	Comments
1 Making Safeguarding Personal	1a If the Adult At Risk (AAR) had substantial difficulty engaging in the safeguarding process were they supported by an appropriate family member, friend or independent advocate?				
	1b Was the AAR or their representative asked about their outcomes, and were these recorded and met?				
	1c Have any safeguarding specific mental capacity assessments been completed in line with the MCA Code of Practice and is there evidence of appropriately made Best Interests Decision(s)?				
	1d Was the AAR or their representative kept involved and informed of the safeguarding process throughout?				

2	Information Gathering	2a	Has consent to share information been appropriately obtained from the AAR?	Red	Yellow	Green	
		2b	Is there evidence that all relevant lines of enquiry have been fully pursued?				
		2c	Is there evidence of involvement from other parties where their views and input have been clearly recorded?				
3	Risk Management	3a	Are risks identified, assessed and appropriately managed at the earliest opportunity?	Red	Yellow	Green	
		3b	Has the Safeguarding plan been reviewed and updated through the safeguarding process?				
4	Decision Making	4	Is there clear evidence for decisions made throughout the safeguarding process?	Red	Yellow	Green	
5	Partnership Working	5a	Is there evidence that information which is of public interest has been identified and shared with all relevant parties?				
		5b	Is there evidence that the outcome of the safeguarding process has been communicated to all relevant parties?				
6	Recording	6	Does all the safeguarding case recording meet the required standards?	Red	Yellow	Green	
<p>Total:</p> <p>Outstanding: 13 GREEN outcomes</p> <p>Good: 9-12 GREEN outcomes with 1-4 AMBER outcomes</p> <p>Satisfactory: 6-8 GREEN outcomes with 5-7 AMBER outcomes</p> <p>Requires Improvement: 6 or less GREEN outcomes or 1 or more RED outcome</p>							

Part B – Feedback to case worker/practitioner:

Feedback given by:

Date:

Sign:

Summary of feedback to practitioner:
Suggestions to improve future case file records:
List any training needs highlighted through the process
Are there any areas of practice to be referred to the HSAB Safeguarding Practice Group for wider consideration?

Part C – Remedial Action- Actions for Case File
Only complete part C below if significant concerns or risks were identified which require urgent or immediate actions. This will involve reallocation of the case back to the practitioner.

Actions		By Who	By When	Complete? ✓
1				
2				
3				
4				

1. Quality Standards

Making Safeguarding Personal	
QUESTION	GUIDANCE
<p>1a If the Adult At Risk (AAR) had substantial difficulty engaging in the safeguarding process were they supported by an appropriate family member, friend or independent advocate?</p>	<ul style="list-style-type: none"> • The Care Act 2014 places a duty on Local Authorities to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other appropriate adult to help them. • Check that all information on the file is consistent with the wider written records about the customer’s circumstances and any summary interim safeguarding actions and where appropriate any details of the enquiry and actions taken
<p>1b Was the AAR or their representative asked about their outcomes, and were these recorded and met?</p>	<p>Making Safeguarding Personal shifts emphasis to improving outcomes for people experiencing abuse or neglect. The key focus should be on:</p> <ul style="list-style-type: none"> ✓ Developing a real understanding of what people wish to achieve ✓ Agreeing, negotiating and recording their desired outcomes ✓ Working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised ✓ Seeing, at the end, the extent to which desired outcomes have been realised. <ul style="list-style-type: none"> • Look at the practitioner’s answer to ‘What is the AAR or their representative(s) desired outcome regarding this safeguarding alert/concern’ • Safeguarding Issues & Actions’ noted and any information in the Immediate Actions to take place on the alert form included • Ensure this is all consistent with the wider written records about the adults circumstances where appropriate ‘Details of Enquiry, Referrer and Actions taken.

<p>1c</p>	<p>Have any safeguarding specific mental capacity assessments been completed in line with the MCA Code of Practice and is there evidence of appropriately made Best Interests Decision(s)?</p>	<ul style="list-style-type: none"> • Review the ‘Mental Capacity question of the Enquiry form to ensure that rationale is provided for undertaking a s.42 Enquiry, especially where the AAR lacks capacity or cannot consent for other reasons. • Where appropriate, ensure that separate mental capacity assessments have been completed for all relevant decisions relating to adult safeguarding (e.g. finances, relationships, risky behaviour). • If applicable, you must view any associated mental capacity assessment forms and best interest decisions. Are the MCA 5 principles sufficiently met? • Was the ‘two stage functional test of capacity’ correctly undertaken and recorded? https://www.scie.org.uk/mca/practice/assessing-capacity/ • If the adult lacked capacity, were the Best Interests principles followed in the decision making? https://www.scie.org.uk/mca/practice/best-interests/ <p style="text-align: center;">Mental Capacity Act 2005 – 5 principles</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="1120 710 1713 1077"> <ol style="list-style-type: none"> 1. A presumption of capacity <ul style="list-style-type: none"> • Start by thinking I can make a decision 2. Individuals supported to make their own decisions <ul style="list-style-type: none"> • Do all you can to help me make a decision 3. Unwise decisions <ul style="list-style-type: none"> • You must not say I lack capacity just because my decision seems unwise 4. Best interests <ul style="list-style-type: none"> • Use a best interest checklist for me if I can't make a decision 5. Less restrictive option <ul style="list-style-type: none"> • Check the decision made does not stop my freedom more than needed </div> <div data-bbox="1736 718 2083 1077"> </div> </div>
<p>1d</p>	<p>Was the AAR or their representative kept involved and informed of the safeguarding process throughout?</p>	<ul style="list-style-type: none"> • Check for evidence of involvement where appropriate ‘Does the AAR have support or representation • Check that there is evidence of this clearly recorded through case notes. • If appropriate are methods to involve and inform the AAR or representative reflected in the ‘Safeguarding Adults Plan’? • Was the AAR or representative involved in the ‘Review of Safeguarding Plan’ (where appropriate)?

- Check the '**Reasons for ending the Safeguarding process**, if appropriate

Information Gathering

QUESTION		GUIDANCE
2a	Has consent to share information been appropriately obtained from the AAR?	<ul style="list-style-type: none"> • Review has the AAR given consent for information to be reported and to share across agencies, as necessary for the purposes of a safeguarding enquiry?' • Are there any conditions which may impinge on capacity noted?
2b	Is there evidence that all relevant lines of enquiry have been fully pursued?	<ul style="list-style-type: none"> • Does the Enquiry Actions comprehensively cover all lines of enquiry based on the information about the initial concern? • Is there evidence that these have been completed? • Review the 'Safeguarding Adults Plan' if appropriate and consider information gathered so far noted as Details of Enquiry and Actions taken
2c	Is there evidence of involvement from other parties where their views and input have been clearly recorded?	<ul style="list-style-type: none"> • Look at the information contained in the Enquiry Form: does this include the full range of people involved? Consider the following areas 'Any witnesses', 'Details of person(s) alleged to have caused the harm', 'Type of Abuse , 'Medical attention sought, any children involved What type of Care / Support Plan does the Adult at Risk have?' and 'Details of person who reported this safeguarding concern'. • Is there evidence recorded in 'Details of Enquiry and Actions taken' section that the views of other parties have been sought and recorded?

Risk Management

QUESTION		GUIDANCE
3a	Are risks identified, assessed and appropriately managed at the earliest opportunity?	<ul style="list-style-type: none"> • Review the information in the Enquiry form – Immediate Safeguarding Actions taken where appropriate. • If an assessment, reassessment or review has been completed in response to the Safeguarding Enquiry, then check that the 'Risk Assessment' section in the assessment or review to ensure it is fully completed
3b	Has the Safeguarding Adults plan been reviewed and updated through the safeguarding process?	<ul style="list-style-type: none"> • Is there evidence on the case file (forms or case notes) to suggest that this has taken place and periodically monitored? • Have the actions been completed by the required date?

Decision Making

QUESTION		GUIDANCE
4	Is there clear evidence for decisions made throughout the safeguarding process?	<ul style="list-style-type: none"> Review the information in the Enquiry form for immediate actions. Review the information in the Enquiry Form under 'What happened and Actions taken' If appropriate, review the Safeguarding Plan, consider all information in the Outcome and any authorisations noted

Partnership Working

QUESTION		GUIDANCE
5a	Is there evidence that information which is of public interest has been identified and shared with all relevant parties?	<ul style="list-style-type: none"> Where relevant have all partners been included or agencies informed Is there evidence in case notes or Related Documents to evidence that this has happened where necessary?
5b	Is there evidence that the outcome of the safeguarding process has been communicated to all relevant parties?	<ul style="list-style-type: none"> Check case notes for evidence that the outcome has been communicated to all relevant parties. Ensure that the information communicated is consistent the information recorded in as the Outcome & Conclusion Ensure that an outcome letter has been sent to the referrer, and a copy of saved in Related Documents.

Recording

QUESTION		GUIDANCE
6	Does all the safeguarding case recording meet the required standards?	<p>Key principles to consider:</p> <ol style="list-style-type: none"> 1. People have a right to be aware of records and consent to share information. 2. Records should be accurate, owned and up to date. 3. Records should be easy for people to access and understand. 4. Recording should be concise and relevant. 5. Recording should distinguish fact from opinion. 6. Recording should support anti-discriminatory and equalities based working. 7. Records should be regularly monitored and audited to support quality.

Other considerations:

- Do the case notes/forms record the views of the adult, in their own words where appropriate (**verbatim**), including whether they have given permission to share information?
- Do case notes and forms include a record of decisions taken and reasons for them?
- Is there a chronology of significant events?
- Are all case file records evidence based?
- Is the case file data fully complete and accurate (i.e. race/ethnicity, gender, religion, language, disability)?
- Is the case file backed up where necessary by hard copy records? Are these documents legible, signed and dated as necessary?

APPENDIX 5: Quarterly Report to HSAB Practice and Executive Groups

Total Number of Safeguarding cases audited in Q 1/2/3/4		Comments
<i>Number of Green Outcomes</i>	<input type="text"/>	
<i>Number of Amber Outcomes</i>	<input type="text"/>	
<i>Number of Red Outcomes</i>	<input type="text"/>	
Excellent and Good Practice		
Improvements or Considerations identified		
Themes identified		
Name of Auditor		Date

