

Integration Joint Board  
Clinical and Care Governance Committee

15<sup>th</sup> August 2019

This Report relates to  
Item 6 on the Agenda

# **Adult Support and Protection Case File Audit**

*(Paper presented by Lillian Cringles)*

*For Discussion and Noting*

<b>Approved for Submission by</b>	Lillian Cringles, Chief Social Work Officer
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<b>List of Background Papers</b>	Not Required
<b>Appendices</b>	Appendix 1

## SECTION 1: REPORT CONTENT

<b>Title/Subject:</b>	Adult Support and Protection Case File Audit
<b>Meeting:</b>	IJB Clinical and Care Governance Committee
<b>Date:</b>	15 <sup>th</sup> August 2019
<b>Submitted By:</b>	Lillian Cringles
<b>Action:</b>	For Discussion and Noting

### 1. Introduction

- 1.1 Dumfries and Galloway Public Protection Committee commissioned this audit through their Performance & Quality subcommittee. Its purpose is to provide an initial baseline on the quality of practice in Adult Support and Protection (ASP) in the absence of previous information of this nature.
- 1.2 The findings of the audit were reported to the Performance and Quality Subcommittee on 4<sup>th</sup> April 2019 and subsequently to Public Protection Committee on 30<sup>th</sup> April 2019.
- 1.3 The Report is presented to Clinical and Care Governance for information and noting as the governance of the Improvement Plan will remain with the Public Protection Committee.
- 1.4 The audit was planned and conducted with the support of Mike Harkin - Care Inspectorate link Strategic Inspector
- 1.5 Details on methodology and initial findings are provided in **Appendix 1**.

### 2. Recommendations

- 2.1 **The Clinical and Care Governance Committee is asked to:**
  - **Discuss and note the findings of the Adult Support and Protection Case File Audit**

### 3. Main Body of the Report

Audit Findings

- 3.1 From initial analysis there are some emerging themes about where good practice can be celebrated and shared and learning about where improvements could be made.
- 3.2 The overall quality of the practice evaluated was good with 17 out of the 24 (71%) of the cases evaluated given a grade of good or above and 2 of those evaluated as excellent. An evaluation of excellent is exceptional and is indicative of an outstanding level of professional competence. One of these evaluations was made by the care inspectorate strategic inspector who regarded this as an exemplar of a very high standard of practice.
- 3.3 In terms of risk enablement and risk assessment, practice is generally good. Auditors found that the intervention was of benefit to the person most of the time and that it was the least restrictive option in all but 2 cases.
- 3.4 In most cases the persons choices about care and support were clear. *Capacity* issues were considered and incorporated in the protection plan, and there was evidence that the person or their legal representative (Power Of Attorney or Guardian) where relevant, was fully involved in all decision-making. The duty of care was actively pursued in the majority of cases whether the person had *Capacity* or not, and decision-making was informed by all potential risks and protective factors.
- 3.5 However, a good quality safety plan or protection plan was only evident in just over half of cases. There is not always an obvious safety plan at each stage of the process and recording about decision-making is not always clear. This can contribute to be some delay or lack of follow through from initial assessments indicating a need for improvement in this area of practice.
- 3.6 While it was evident that the persons wishes and feelings had been heard and the reasons for them being considered at risk of harm were clearly recorded in most cases, there was less evidence that their experience of the process had been discussed or that they felt it had been of benefit to them. This is an area for improvement.
- 3.7 While collaborative working was generally good with evidence of multi-agency involvement towards decision-making in all but one case. Evidence of detailed discussion and decision making at all stages of the process could be more clearly recorded. Some missed opportunities to work together at an earlier stage were highlighted and a general need for greater clarity among partners about ASP pathways and processes was identified. While there had been some analysis and update of chronologies in the context of ASP in most cases – the application of chronologies at both a single agency and integrated level was identified by auditors as an area for development. They also identified that there is no clear standard for the timescale in which mental and physical health assessments are completed to inform ASP inquiries and investigation within the required process timescales.

#### **4. Conclusions**

- 4.1 There is comprehensive and challenging work being undertaken to safeguard adults who are at risk of harm in Dumfries and Galloway. There is evidence of good, responsive and protective practice and the statutory work of council officers is often of a high standard, including some examples of excellence.
- 4.2 Initial areas for improvement have been highlighted and these will be mapped against current improvement and development activity. This will be supported by a closer look at the minority of cases evaluated as weak or unsatisfactory.
- 4.3 Communication of findings and the sharing of exemplars with practitioners is also required to promote existing good practice and address areas for improvement.
- 4.4 Work is underway to establishment more routine application of the audit tool for Quality Assurance at an operational level.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **5. Resource Implications**

5.1. No resource is required.

### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

6.1. The audit offers assurance of the positive work being undertaken in terms of keeping people safe from harm within the context of the Public Protection Agenda.

### **7. Legal & Risk Implications**

7.1. There are no legal or risk implications identified.

### **8. Consultation**

8.1. Consultation on the subject of this paper is not required.

### **9. Equality and Human Rights Impact Assessment**

9.1. An Impact Assessment is not required.

### **10. Glossary**

10.1. ASP            Adult Support and Protection

## **Appendix 1: Interim Audit Findings**

Multi Agency Audit of Quality of Practice in Adult Support and Protection – Interim Report  
Dumfries and Galloway Public Protection Committee commissioned this audit through the Performance & Quality subcommittee. Its purpose is to provide an initial baseline on the quality of practice in Adult Support and Protection in Dumfries and Galloway.

### **1. Methodology**

A sample of 24 case files was audited.

This consisted of adults who had been the subject of an ASP Duty to Inquire (DTI) between April & December 2018. This to allow for a spread of cases across the four Dumfries and Galloway localities.

All of the sample DTIs included a Multi-Agency Initial Referral Discussion (IRD) which represents a recognised need for multi-agency information sharing to assess the risks for that person.

Half of the people in the sample had progressed to investigation within the Adult Support and Protection legislative framework. The audit considered practice from the point of concern through the Duty to Inquire process and beyond to the impact for the person irrespective of whether this was achieved within that framework.

Cases were randomly selected by a management information officer to fit the above profile.

The total number of ASP Duty to Inquires undertaken in Dumfries and Galloway during this period was 779, of which 65 Adult Initial Referral Discussions (AIRDs) took place. The sample therefore represents 3% of all DTIs and 37% of those discussed at a Multi-Agency Initial Referral Discussion in the time period.

#### **1.1 Audit team**

An audit team consisting of staff representing the three key partners in ASP: Health, Police and Social Work (including operational staff from the Health and Social Care Partnership) undertook the audit over 2 days - 25<sup>th</sup> and 26<sup>th</sup> February 2019.

The eight file readers worked in interagency pairs and consulted others in the team where clarification was required on single agency processes. Each pair was allocated 6 cases but as some cases were more complex than others several were reallocated to allow for completion in the timeframe.

Auditors accessed their own agency records and shared information required to complete the audit.

The audit tool applied was the Adult Support and Protection case file audit template (Appendix 1) which was developed within Social Work Services in 2018. This was the first time that the tool had been applied to a significant sample and provided the opportunity for multi-agency partners to feed back on its

value and to provide suggestions for improvement. The audit tool uses Care Inspectorate guidelines for grades of excellent, very good, good, adequate, weak or unsatisfactory.

Support was provided from the Care Inspectorate by a strategic inspector who provided the team with advice on the methodology and undertook some audits himself.

## **2. Overall Audit Findings**

Each case was given an overall grade after considering the grades for each theme within the audit and assessing the overall quality of practice.

17 out of the 24 (71%) of the cases evaluated were given a grade of good or above.

Two of these cases were given an overall grade of excellent with one of these evaluations made by the care inspectorate strategic inspector. He regarded this as an exemplar of a high standard of practice within ASP practice in Dumfries and Galloway which should be acknowledged and shared with colleagues.

4 cases (17%) were graded as adequate and 3 cases (13%) were given a grade of weak or unsatisfactory.

Auditors provided comments on the overall quality of practice as follows:

### **2.1 Key strengths**

Good early intervention and partnership working, particularly at the start of the ASP process.

Good collaboration and good management oversight was also noted.

Good use of the risk matrix in some cases with clear action taken from this to protect.

Good practice in the involvement of the person and the recording of their views.

### **2.2 Areas for development**

With a high percentage of the sample cases being rated good or above overall there is clearly good work taking place to support and protect adults in Dumfries and Galloway. However, the absence in some cases of the areas of strength described above identified some room for improvement where:

Risk could have been identified sooner and referred earlier including through the recognition of patterns of events.

More consistent use of risk assessment tools is needed, supported by good conversations linked to a safety plan.

The support of advocacy should be routinely considered and evidenced in records with a clear explanation where the person's views are not represented.

Capacity assessments could happen at an earlier stage where required

Outcomes for the person should be clearly recorded supported by timely sign off with clear direction from Senior Social Workers to avoid drift.

## **3. Evaluation under Practice themes**

### **3.1 Person's experience of the process:**

The Health and Social Care Standards 2018 have the experience of people at the centre.

16 out of 24 (67%) of the cases were evaluated as good or above under this theme. None were graded as adequate. 6 of the 24 were weak and 2 were unsatisfactory.

2 cases were graded as excellent, with one of these regarded by the strategic inspector as an exemplar of full involvement of the person and of a worker going the extra mile.

In 75% of the cases it was evident that the person's wishes and feelings had been heard and were clearly recorded, and in 58% it was evident that the person felt fully involved in the process.

There was however less evidence (less than 50%) that the person's experience of the process was discussed and that they felt that their experience reflected what they wanted to happen or that the safety plan was of benefit to them.

### **3.2 Collaborative work**

This theme looks at how well we work together as partner agencies and with the person and their carers.

Auditors comments suggested that collaborative working is taking place with a variety of partners including carers and there is some good discussion with the person. Good information-sharing takes place at the AIRD stage but it does not routinely follow through well throughout the ASP process. Some missed opportunities to work together at an earlier stage were highlighted and a general need for greater clarity among partners about ASP pathways and processes identified. 13 of the 24 (54%) were given a grade of good or above on collaborative working. 9 (34%) were adequate. Two cases (8%) were given a grade of weak. There were no cases given a grade of unsatisfactory. In 75% of the cases there is clear evidence of involvement of the person and in 54% the views of others important to the adult, including carers were considered and recorded. There was evidence of effective communication between partners including through the sharing of information in 83% of the cases and clear evidence of multi-agency involvement towards decision-making in 96%. ASP legislation requires advocacy to be offered but this was only evident in 46% of cases.

### **3.3 Information**

Good quality records are essential to ensure that actions and decisions to support and protect people are proportionate and based on the best available information at the time. In 92% of cases the reasons that the person was considered to be an adult at risk of harm were clearly recorded

In 83% information has been gathered from the person and all other relevant sources. In 83% there was also evidence of informed consent as far as possible from the person themselves or their legal representative (Power of Attorney (POA) or Guardian). In 62.5% a chronology had been analysed and updated in the context of the adult protection concern.

### **3.4 Risk enablement and risk assessment:**

In Adult Support and Protection there is a requirement to support adults in recognising risk and enabling them to be in control of management of that risk regardless of whether they choose to accept recommended supports. While ASP legislation provides a legal framework within which powers and responsibility for action are defined in relation to the three point test, public bodies also have a duty of care in relation to supporting all people who are at risk of harm to make better choices for their own protection

16 of the 24 cases (67%) were given a grade of good or above on risk enablement and risk management. 5 were adequate and 3 were weak or unsatisfactory.

There was evidence that the person's ability to protect themselves had been assessed and considered (three- point test) in 83% of the cases and in 71% risk assessment was underpinned by a risk enablement approach which promoted the person's independence.

In 75% there was clarity about the person's choices about care and support and the impact this might have on any protection plan and in 79% Capacity issues were clearly considered and explicitly incorporated in the plan.

It was evident that our overriding duty of care was actively pursued whether the person has capacity or not in 75% of the cases and all relevant risk assessment were addressed in the plan in 67%.

There is clear analysis of risk using tools such as the risk matrix, and evidence-based knowledge in 71% of the sample.

### **3.5 Decision-making**

Decision making is concerned with the enablement and empowerment of individuals or their legal representatives to make informed decisions about safeguarding the person and informed decision making by council officers to apply their powers under ASP legislation.

Of the 24 cases 15 (63%) were given a grade of good or above, 4 (17%) were adequate 6 were weak (25%) on decision-making. None were unsatisfactory.

In 75% there was evidence that the person or their legal representative (Power Of Attorney or Guardian) was fully involved in all decision-making  
In 67% the council officer's recommendation and rationale were clearly recorded.

54% provided evidence of full discussion between the council officer, relevant agencies and the senior social worker to inform decision-making, and in 79% decision-making was informed by all potential risks and protective factors.

Decisions made at key stages (referral, DTI, conference and review of protection plan) of the process were clearly recorded in 58% of the sample with evidence that resource implications had been considered by the relevant manager also in 58%. NB: In some cases, there may have been no resource implications.

Any disagreement between parties was clearly recorded in 58% but again there may have been no disagreement and therefore this would not be applicable in some cases.

### **3.6 Impact**

Ultimately the goal of ASP activity is to empower and enable people to make choices to keep themselves safe, respecting their right to self-determination but applying our legal powers where justified to protect them from harm.

The impact theme is closely linked with outcomes and the difference that the ASP practice has made in the person's life.

The only amendment made to the audit tool suggested by the strategic inspector was to include identification of "evidence of good outcomes for the person", as a marker of quality within this section. This has now been added.

15 (63%) of the 24 cases were graded as good or above, 5 as adequate and 3 as weak or unsatisfactory.

In 67% of cases information and supports have been offered to empower the person to have more choice and control in their lives.

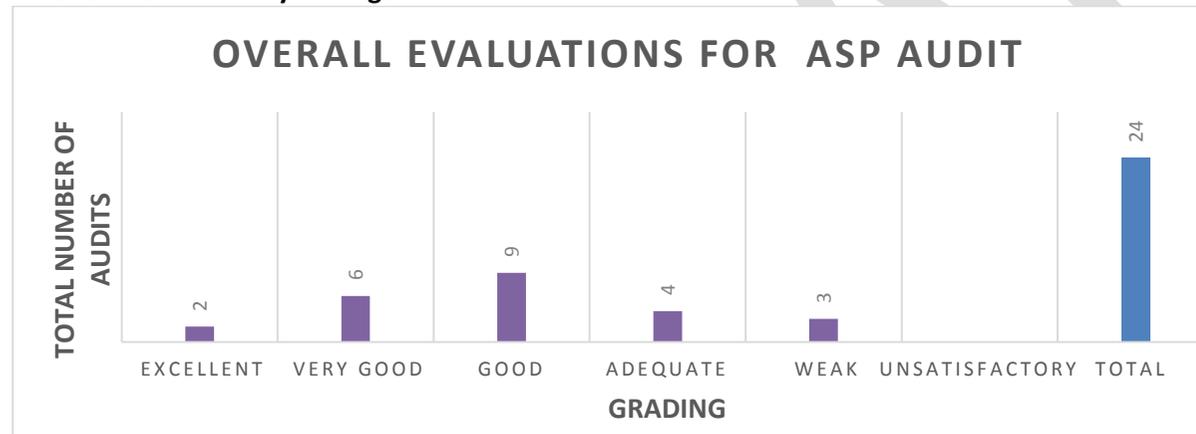
In 67% there was evidence that a full discussion has taken place with the person (or POA/guardian) regarding the risks and potential harm and options explored.

In 58% communication and language barriers had been removed as far as possible including support through advocacy where relevant. NB this will not have been applicable in all cases.

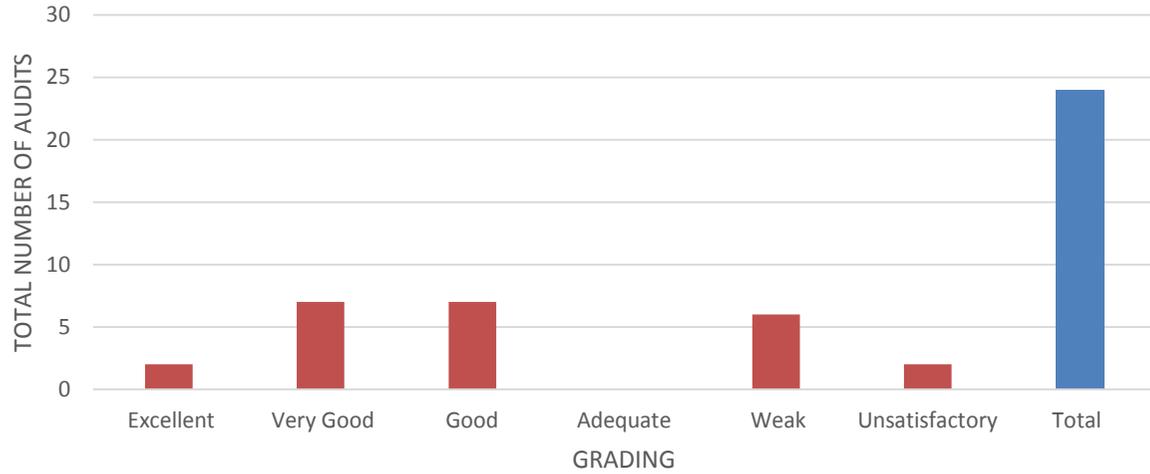
In 92% the intervention was the least restrictive option to keep the adult safe as required by legislation, and in 79% it was evident that the intervention was of benefit to the person.

There was a good quality safety plan or protection plan in place where required in 54% of the cases.

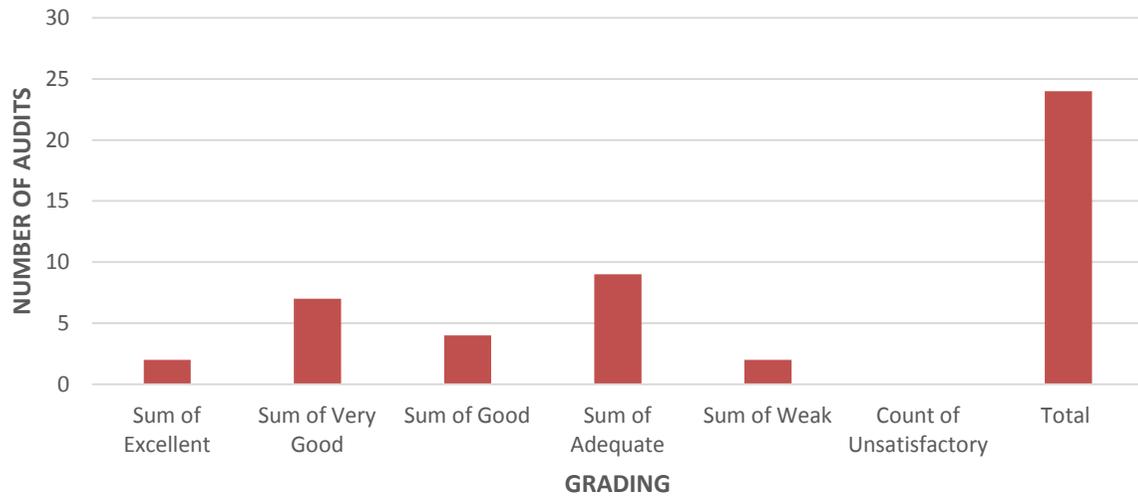
#### Practice area summary findings:

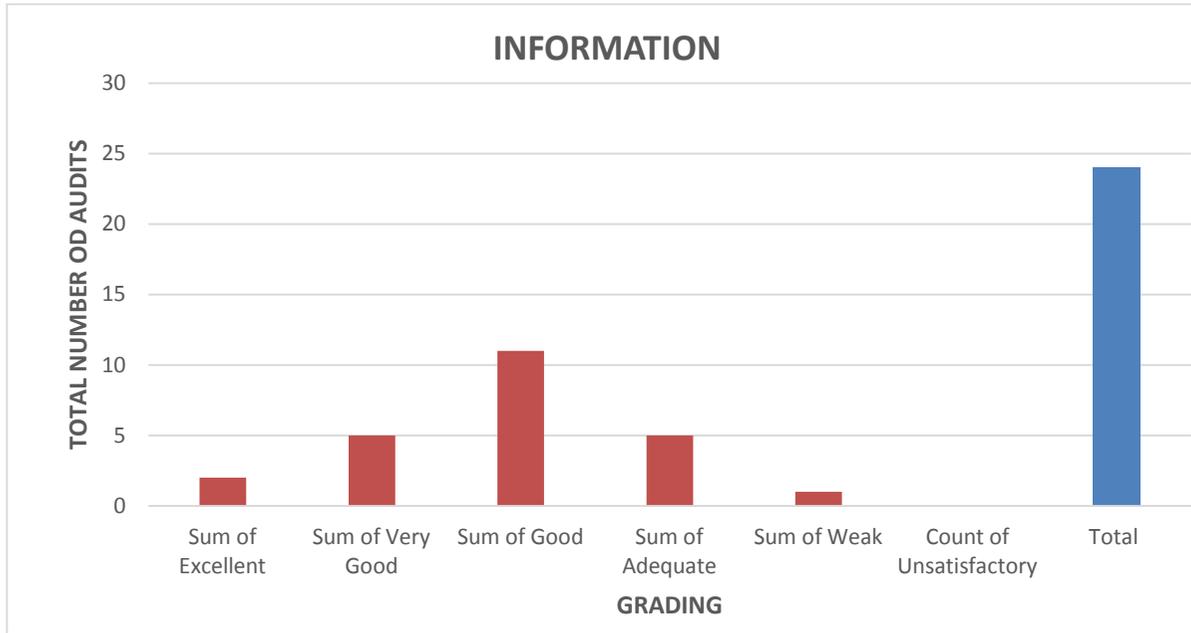


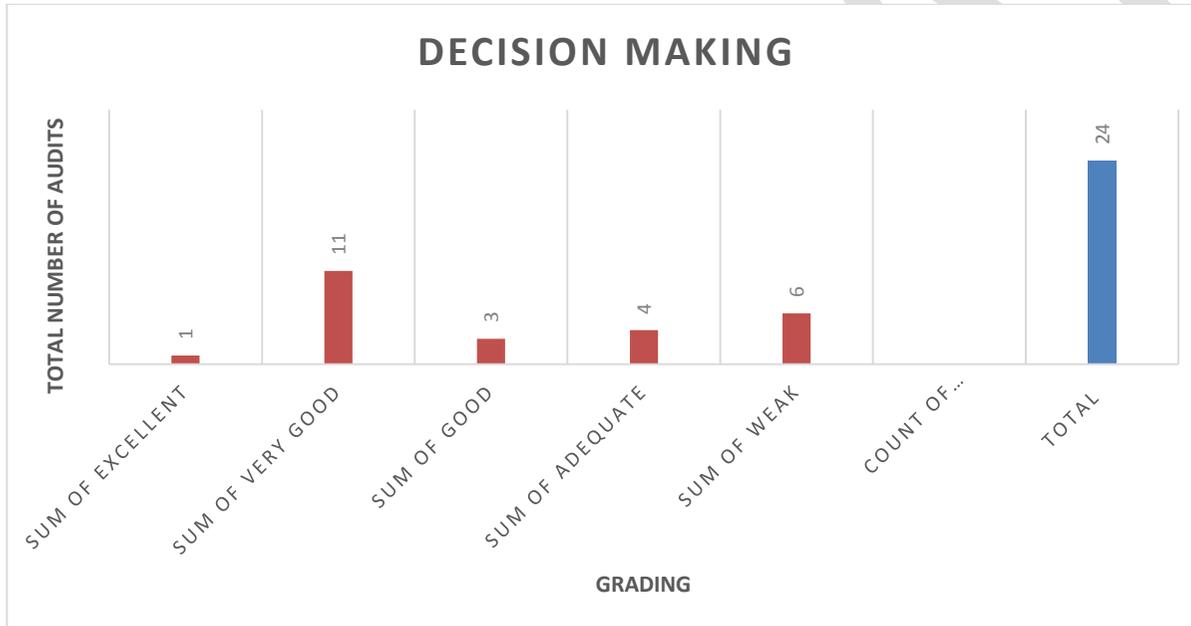
### THE PERSON'S EXPERIENCE OF PROCESS



### COLLABORATION WORK









Assessments should be based on all the evidence contained in case records. Green notes highlight the sections where we usually expect to find evidence to support each area of evaluation, but credit should be given if this is found elsewhere in the record

**Appendix 2: ASP Audit Tool**

**Social Work Service Quality Assurance Template (Adult, support and protection)**

Mosaic No: CHI No:		Date of Referral:		Date Duty to Inquire commenced:	
Area:		Date allocated to auditor:		Date ASP process completed:	

Theme	Yes / No	Please evaluate practice under each heading and provide comments to support your evaluation.					
		Excellent	Very good	Adequate	Good	Weak	Unsatisfactory
Person's experience of the process							

<p>There is evidence that the person feels the safety plan is of benefit to them</p> <p>There is evidence that the person’s wishes and feelings (including past and present) have been heard and are clearly recorded</p> <p>The person’s experience of the process is discussed, explored and evidenced</p> <p>The person feels that their experience reflects what he/she wanted to happen</p> <p>The person feels fully involved in the process and their views are clearly recorded</p>		<p><b>Comments:</b></p> <p style="text-align: center; color: green;"><b>Evidence found throughout the record and particularly in section 5 of ASP DTI; section 11 of ASP investigation report</b></p>					
<p><b>Theme</b></p>	<p><b>Yes / No</b></p>	<p><b>Please evaluate practice under each heading and provide comments to support your evaluation.</b></p>					
<p><b>Collaborative work</b></p>		<p><b>Excellent</b></p>	<p><b>Very good</b></p>	<p><b>Adequate</b></p>	<p><b>Good</b></p>	<p><b>Weak</b></p>	<p><b>Unsatisfactory</b></p>

<p>There is clear evidence of involvement of the person</p> <p>The views of others important to the adult, including carers, are considered and recorded</p> <p>There is evidence of effective communication between partners including through the sharing of information</p> <p>There is clear evidence of multi-agency involvement towards decision-making</p> <p>There is evidence that advocacy has been offered to the person</p> <p>The conference Chair has met the person prior to the conference</p>	<p><b>Comments:</b></p> <p>Evidence found throughout and particularly in: section 3,4 and 7 of ASP DTI; section 4, 11 and 12 of ASP Investigation report and minutes of Case Conference</p>
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Theme	Yes / No	Please evaluate practice under each heading and provide comments to support your evaluation.					
Information		Excellent	Very good	Adequate	Good	Weak	Unsatisfactory

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<p>Reasons that the person is an adult at risk of harm are clearly recorded</p> <p>Information has been gathered from the person and all other relevant sources</p> <p>There is evidence of informed consent as far as possible from the person themselves or their legal representative (Power of Attorney (POA) or Guardian)</p> <p>A chronology has been analysed and updated in the context of the adult protection concern</p>	<p><b>Comments:</b></p> <p>Evidence found throughout and particularly in 3, 4 and 7 of ASP DTI; sections 4, 11 and 12 of ASP Investigation report and in case conference minutes</p>
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Theme	Yes / No	Please evaluate practice under each heading and provide comments to support your evaluation.					
Risk enablement and risk management		Excellent	Very good	Adequate	Good	Weak	Unsatisfactory

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The person's ability to protect themselves has been assessed and considered (three- point test)

Risk assessment is underpinned by a risk enablement approach which promotes the person's independence

There is clarity about the person's choices about care and support and the impact this may have on any protection plan

Capacity issues are clearly considered and explicitly incorporated in the plan, including whether involvement of mental health professionals

All relevant risk assessments are addressed in the plan

It is evident that our overriding duty of care is actively pursued whether the person has capacity or not. eg, Issueround perceived life style choice have been fully explored with the person

There is clear analysis of risk using tools such as the risk matrix, and evidence-based knowledge

**Evidence can be found throughout and particularly in: section 5 of ASP DTI; section 9 and 10 of ASP Investigation report**

Theme	Yes / No	Please evaluate practice under each heading and provide comments to support your evaluation.					
Decision-making		Excellent	Very good	Adequate	Good	Weak	Unsatisfactory

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<p>The person or their legal representative (POA or Guardian) is fully involved in all decision-making</p> <p>The council officer's recommendation and rationale are clearly recorded</p> <p>There is evidence of full discussion between the council officer, relevant agencies and the senior social worker to inform decision-making</p> <p>Decision-making is informed by all potential risks and protective factors</p> <p>Decisions made at key stages (referral, DTI, conference and review of protection plan) of the process are clearly recorded</p> <p>Any resource implications have been considered by the relevant manager</p> <p>Any disagreement between parties is clearly recorded</p>	<p><b>Comments:</b></p> <p style="text-align: center; color: green; font-weight: bold;">Evidence found throughout and particularly in: section 5 and 6 of ASP DTI; section 10, 11, 12, 13, 14 and 15 of ASP Investigation report and in case conference minutes and any protection plan</p>
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Theme	Yes / No	Please evaluate practice under each heading and provide comments to support your evaluation.					
Impact		Excellent	Very good	Adequate	Good	Weak	Unsatisfactory
<p>There is evidence that a full discussion has taken place with the person (or POA/guardian) regarding the risks and potential harm and options explored</p> <p>Communication and language barriers have been removed as far as possible including support through advocacy where relevant</p> <p>Information and supports have been offered to empower the person to have more choice and control in their lives</p> <p>The intervention is the least restrictive option to keep the adult safe</p> <p>The intervention is of benefit to the adult</p> <p>There is a good quality safety plan or protection plan in place where required</p>		<p style="text-align: center; color: green;"><b>Evidence found throughout and particularly in: sections 5 and 6 of ASP DTI; section 10,13, 14 and 15 of ASP Investigation report and in case conference minutes and any protection plan</b></p>					

Overall evaluation of the quality of practice		Excellent	Very good	Adequate	Good	Weak	Unsatisfactory
Additional comments:							
Key Strengths				Areas for Development			
Completed by:					Date completed:		

Response to Audit: For Completion by Senior Social worker			
Date Audit discussed between SW & SSW:			
SW Comments	SSW comments	Actions Taken	Date completed

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Please return with completed comments and actions to:

**Standards:** These are the standards are based on those applied by the care inspectorate in their file reading – it is not an exact science but a guide for professional judgement.

File readers should rate their evaluations on one of the 6 scale points below.

**Excellent** – You will be able to answer ‘yes’ to all of the statements where they are appropriate. All of the areas are strong and the record provides a high level of and/or original insight into the individual and analysis of risk. An excellent assessment will be of an outstanding level of professional competence.

**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. A very good record should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be some weaker areas. A good record should demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. An adequate record should demonstrate a basic level of professional competence but practice may be variable.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. A weak record demonstrates a lack of professional competence in key areas.

**Unsatisfactory** – You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. An unsatisfactory record demonstrates a lack of professional competence.

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