Messages from audits of safeguarding case recording, April – June 2014

Quality Assurance Management Board, Adults’ Services

Workshops, Summer 2014
Context

- Quality Assurance Management Board (QAMB), decision to undertake audit

- Plan for each Team Manager in Adults’ Services to undertake an audit of one case per month

- Report back to QAMB and form local action plans
Findings - process

- Time consuming but valuable
- Easier when working in pairs
- Sometimes difficult to work out what has happened and make sense of events – case notes, documents and safeguarding episode all used for recording
Findings – decision making/reports

- Emerging patterns are not being routinely monitored

- Some IMs needed to give a clearer rationale for decisions in relation to threshold and other decisions

- Strategy discussions are not always recorded, particularly when no meeting has taken place

- Some investigation reports needed to give clearer summaries about what was done to investigate and what measures were put in place
Findings - practice

- Sometimes there was no evidence of involvement of the Adult at Risk – this seemed a particular issue where the person lacked capacity

- The representative of the Adult at Risk was not always kept fully informed

- Some practitioners indicated a range of barriers to demonstrating good practice and outcomes – case loads, other priorities, lack of guidance from IMs
Findings - recording

- Good recording essential to give confidence that the Adult at Risk was safeguarded and that the agreed processes were followed.

- Information found to be “scattered” across various parts of Frameworki – a need for further guidance has already been identified and will be taken forward; in the meantime check out the ‘Practice Instruction - Safeguarding’ in the Professional zone on westsussexconnecttosupport.org.
- Are you surprised by these findings?
- Anything you expected but was not covered?
- Any suggestions for QAMB?