



Adults – Safeguarding Alerts


Final Report




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Working in Partnership to Deliver Audit Excellence




Executive Summary

-  This section provides an overview for senior management to understand the main conclusions of this audit review, including the opinion, significant findings and a summary of the corporate risk exposure.

Findings and Outcomes

-  This section contains the more detailed findings identified during this review for consideration by service managers. It details individual findings together with the potential risk exposure and an action plan for addressing the risk.

Appendices:

-  Audit Framework Definitions
-  Support and Distribution
-  Statement of Responsibility

Executive Summary

Overview

As part of the 2016/17 audit plan a review has been undertaken to assess the adequacy of the controls and procedures in place for the Adults Safeguarding Alert process across Somerset County Council.

Organisations and individuals make contact with the Council should they feel that a vulnerable adult is at risk of harm. Upon receiving these alerts the Council will make urgent enquiries to understand the situation and make decisions about what needs to be done next to make sure adults are safe. Under the Care Act (2014), Local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances.

Somerset County Council has a dedicated Safeguarding service that will:

- Receive all the safeguarding concerns for adults who may be at risk across Somerset;
- Make the decision if the concern meets the criteria for statutory further enquiries;
- Work with the adult at risk or their advocate to agree what outcome they want to achieve;
- Determine the proportionate response and timescales for achieving these;
- Make sure the response is personal to the individual concerned;
- Lead the enquiry, or cause others to enquire, and make sure the most appropriate other people assist with the enquiry to inform decision making;
- Link with other key people or agencies in the person at risks system;
- Make sure that there is a protection plan in place;
- Review the outcomes with the person at risk; and
- Identify lessons learned and make changes to practice and process.

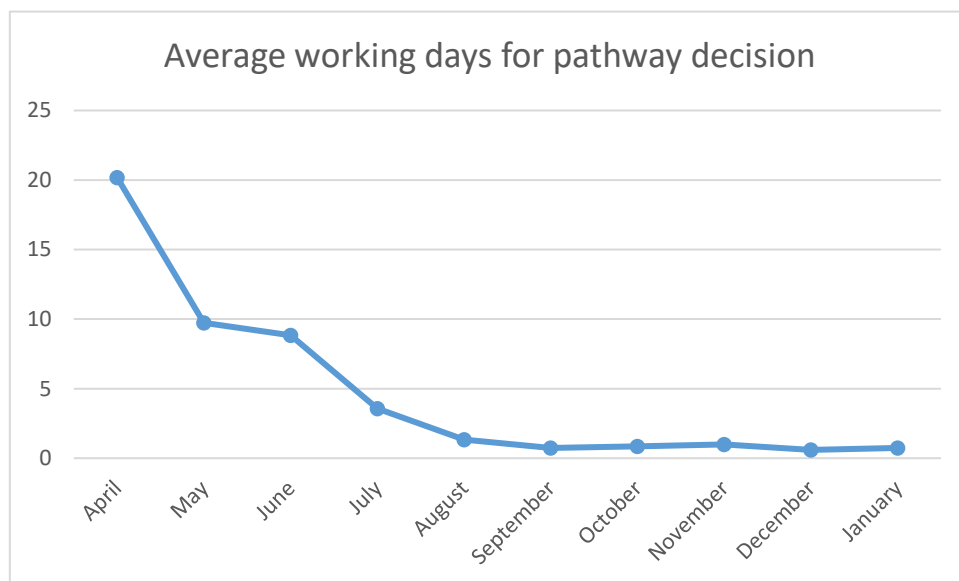
Between 1 April 2016 and 17 January 2017, a total of 4,212 safeguarding alerts were received by the Safeguarding team. Safeguarding alerts can be received from any source, with the highest number of contacts made by care providers or the police. These are broken down by source type below:

Source type	Number of alerts raised
Care Provider	1,854
Police	1,052
Social Service	256
Mental Health Social Care	211
Hospital	181
Family/relatives	180
Other*	478

*Other field includes – Ambulance service, GP, Somerset Partnership (NHS), Friend, Anonymous, Self, Neighbour, Educational Institute, Not Recorded, Hospital and Early Intervention Service.

All alerts received go through a triage process which needs to be completed within 2 working days (alert received to pathway decision). There is a current target set for 95% of all alerts to be triaged within this timeframe. Where a safeguarding enquiry is relevant, there is a target to complete the enquiry within 20 working days. At the end of the 20 day process, enquiries should be completed within the Safeguarding team with referrals made to local social worker teams where necessary with clarity about how the protection plan should be progressed.

During 2016/17 the Service & Operations Manager, Safeguarding & Quality has been working on improving the performance of the triage process and reducing timescales. A triage team has been in place since April 2016; in September 2016 staff transferred from the Somerset Direct First Point of Contact team to the Safeguarding team in Chard. There are now regular performance reports that show the effectiveness of the triage process that are reviewed in Adult Social Care's Performance Improvement Meetings (PIMs). Performance reporting has shown that the timescales for the triage process have substantially improved. The chart below shows the average timescales for the pathway decision on whether a referral is accepted for a safeguarding enquiry.



Objective

The service responds to safeguarding alerts promptly ensuring adults are protected from neglect and/or abuse.

Significant Findings

Finding:	Risk
<p>The 20 working day target for completing enquiries was not met in half of the sample tested.</p> <p>Five examples tested did not contain sufficient data in AIS to demonstrate that either the pathway decision of the information gathered prior to triage.</p>	<p>Vulnerable adults are subject to neglect and/or abuse as a result in safeguarding alerts not being effectively acted upon.</p>

Audit Opinion:

Partial

I am able to offer partial assurance in relation to the areas reviewed and the controls found to be in place. Some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.

Whilst partial assurance has been offered it is acknowledged that significant work has already been undertaken within the financial year to improve the timescales of the triage process, there is a clear

demonstrable improvement in performance with effective monitoring processes in place. Weaknesses identified relate primarily to the enquiry process undertaken post-triage, where data quality and performance monitoring issues were identified. The service has its own action plan for improvement that covers post-triage, which includes developing performance reports and quality assurance.

The weaknesses identified during this review include:

- Policies outline a twenty-day timescale for completing enquiries, this is flexible depending on the level of risk. However, there is no guidance to outline this flexibility leaving the process undefined. Procedures describing how staff should manage the safeguarding process post-triage are not well defined and require further development.
- The quality of the data contained within AIS was insufficient to determine what further information was gathered prior to triage in three examples tested.
- The twenty-day target for enquiries was not met in 50% of cases reviewed, there is currently no process in place to ensure that enquiries are being managed within 20 days, nor to raise any alert for prolonged cases.
- Case notes contained within the AIS system were missing the outcome of pathway decisions in two examples and three out of nine sampled cases that required a Section 42 investigation were missing evidence of an indexed outline strategy plan in AIS.

Well Controlled Areas of the Service

Performance of the triage process is monitored through monthly performance management reports, these reports provide a detailed overview of the alert outcomes, timescales for completing alerts and compliance with the two-day deadline, where alerts are coming from and how many safeguarding cases are awaiting allocation. The report also provides trend analysis allowing readers to see the direction of travel.

Corporate Risk Assessment

Risks	Inherent Risk Assessment	Manager's Initial Assessment	Auditor's Assessment
1. Vulnerable adults are subject to neglect and/or abuse as a result in safeguarding alerts not being effectively acted upon.	High	Low	Low

Findings and Outcomes

Method and Scope

This audit has been undertaken using an agreed risk based audit. This means that:

- the objectives and risks are discussed and agreed with management at the outset of the audit;
- the controls established to manage risks are discussed with key staff and relevant documentation reviewed;
- these controls are evaluated to assess whether they are proportionate to the risks and evidence sought to confirm controls are operating effectively;
- at the end of the audit, findings are discussed at a close-out meeting with the main contact and suggestions for improvement are agreed.

A report of all contacts made through Safeguarding between 1 April 2016 and 17 January 2017 was provided by the ASC Business Support Manager, a sample of 20 cases was selected for review weighted towards more recent examples as a result of the change of processes.

Interviews were held with the Service & Operations Manager, Safeguarding & Quality and members of the Safeguarding team based at the Lace Mill office in Chard. AIS was accessed by audit to review sampled cases for evidence of case notes and timescales.

This audit primarily focused on the timescales for managing alerts and enquiries, it did not assess the quality and the effectiveness of safeguarding interventions put in place to support vulnerable adults.

Risk 1.	Vulnerable adults are subject to neglect and/or abuse as a result in safeguarding alerts not being effectively acted upon.	Low
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1.1 Finding and Impact

Documented procedures and timescales

The service has a flowchart which outlines how to triage alerts received into the team. However, it was also identified during testing that Somerset Direct receive police reports and ambulance information through their secure email address, these emails are reviewed by an Advanced Practitioner who reviews the report and assigns a worker to gather more information. If the email is deemed an inappropriate safeguarding referral it is returned to the sender. The Business Support team are requested to then create a record on AIS and create the Safeguarding contact. Although the email part of the process is included, the documented flowchart does not outline the subsequent part of the process and should be included for completeness.

The triage process appeared well defined during audit. However, processes became less clear post-triage. Within the triage process overview document it states “enquiries will be completed within a 20 working days timescale – this will be flexible dependent on the level of risk and will be determined in consultation with the triage Advanced Practitioner”, however there is no internal guidance to cover this flexibility to ensure that it is consistently applied across the team or how differing targets can be agreed. There is therefore a risk that officer discretion could be used to extend the timescale beyond a limit that the Council would deem acceptable.

There is currently no ongoing assessment determining how the Council is meeting its target timescales compared with other authorities. Benchmarking would provide a beneficial external

marker as to the reasonableness of their set targets. There is a risk that operating without a sufficient comparator prevents continuous improvement. Through discussion with the Service & Operations Manager, Safeguarding & Quality she stated that she has started to make some initial contact with Bath and North East Somerset Council which may lead to some future opportunities.

1.1a Agreed Outcome: Priority 3

I recommend that the Acting Strategic Manager – Safeguarding and Quality develops the recorded procedures to monitor safeguarding alerts beyond the initial triage process and to outline situations where the 20 day targets should be increased or reduced. Changes to timescales should be authorised and recorded in the case notes.

Action Plan:

Person Responsible:	Acting Strategic Manager – Safeguarding and Quality	Target Date:	30 June 2017
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Management Response: A draft policy has already been produced that will advise on divergent timescales. Rather than an authorisation process for cases taking longer than 20 days, policy wording should state that enquiries beyond 20 days will be discussed with staff in supervision. A review of the flowchart process is being taken forward as part of the upcoming pilot referral process with the Constabulary.

1.1b Agreed Outcome: Priority 3

I recommend that the Acting Strategic Manager – Safeguarding and Quality ensures there is liaison with other authorities to share performance data to drive improvement.

Action Plan:

Person Responsible:	Acting Strategic Manager – Safeguarding and Quality	Target Date:	Ongoing
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Management Response: Agreed - There is already a South West Safeguarding Leads group that can be used to obtain this information. The continuous monitoring of benchmark data can be used to drive improved performance and will provide greater context as to how well Somerset is performing beyond existing report measures such as SAC.

1.2 Finding and Impact

Sample testing

Safeguarding alerts and enquiries are managed on the Council’s Adults Social Care database (AIS), with Somerset Direct loading initial contacts onto the database to initiate the triage process. An audit trail demonstrating each step of the process should be contained within the system. A sample of 20 cases was reviewed on AIS to assess compliance against processes, the sample was weighted to include ten cases that did not meet the two working day target for initial pathway decision. The following findings were made from this review:

- Two examples reviewed had no pathway decision case note recorded within AIS, this prevents determining whether the case had been closed or not; and
- Three examples were not clear within AIS to determine what further information was gathered during triage.

The lack of evidence contained within the system limits the ability to place assurance that processes have been effectively followed and there is a potential risk that safeguarding actions have not been undertaken.

A further example reviewed showed that the triage process took longer than two working days, it was identified that the alert was received on the same day as another similar alert for the same individual which was deemed inappropriate (not safeguarding), it appears that this caused some

confusion where both alerts were assumed to be closed. There are validation tools in place to ensure that open alerts are picked up and identified however in this instance the validation reports used failed to identify this case. The Business Support Assistant stated that this reporting error is known and work is ongoing to rectify it. Without an effective reporting tool, there is a potential that exceptions are not identified and reviewed and any safeguarding actions required are delayed.

Of the sampled cases only nine required a Section 42 investigation (where the local authority must make enquiries to establish whether any action needs to be taken to prevent or stop abuse or neglect) of these only three had evidence of a strategy indexed within AIS.

The 20 working day enquiry completion target was not met in ten out of twenty cases. See the following breakdown:

- Four cases were closed between 21-34 days
- Four cases still have ongoing investigations, of these two have exceeded 100 days.
- One case was closed after 196 days as part of a data cleansing process
- One case had insufficient information contained within the system to follow the process.

As stated within finding 1.1, it is acknowledged that there may be some legitimate reasons for safeguarding investigations taking longer than the 20 working days, a recommendation has already been stated as part of 1.1a to develop policy to provide greater clarity in this area. However, without an effective process to monitor timescales between allocation and closure there is a risk that without sufficient controls in place to monitor timescales that safeguarding actions are unnecessarily delayed. A recommendation relating to this has already been made in 1.2 above.

Through sample testing it was identified that contacts recorded within the AIS system case notes do not always have the date included in the title, this then creates difficulty in identifying a timeline of activity. Whilst reviewing the data held within AIS it was also noted that two cases that had been closed did not have any evidence that the referrer had been notified of the outcome.

In reviewing the data held on AIS it was identified that whilst there is a pro-forma for Pathway decision case notes, there is no standardised convention within AIS for the quality and content of further safeguarding case notes.

There is a risk that records are not sufficient to enable review of timescales and information in an easy and timely manner which may be essential should cases be reviewed following a near miss incident/death of a client.

1.2a	Agreed Outcome:	Priority 4
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I recommend that the Acting Strategic Manager – Safeguarding and Quality ensures that timescales are monitored for:

- Working days between contact and allocation
- Working days between allocation and closure

Cases that take longer than target timescales should be monitored on a sample basis. Validation reports must identify all open cases.

Action Plan:

Person Responsible:	Acting Strategic Manager – Safeguarding and Quality	Target Date:	June 2017
Management Response:	Agreed – a request has already been made for a daily report that will allow this analysis and to identify specific cases. This data will also be used to support the quality and performance monitoring detailed under recommendation 1.3a. All cases identified where no pathway decision was recorded were identified and addressed as part of the Safeguarding		

	Service's on-going validation process – we can confirm there were no issues in terms of these referrals not being responded to. Issues identified around case note recording and quality will be followed up through supervision discussions.
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1.3 Finding and Impact

Management oversight: Performance and Quality

The Performance Improvement Meeting reports provide a detailed analysis of all safeguarding alerts received through to their initial allocation to a Social Worker. However, reporting does not include anything beyond the allocation stage and therefore the timescales for any strategy/interventions or the length being place are not monitored by the service. Through discussion with the Service & Operations Manager, Safeguarding & Quality the reporting structure for identifying cases that have fallen outside the stated timescales is currently being developed, the action to have this completed has been assigned to individuals and progress is being monitored through the monthly PIMs report. Without full reporting in place, there remains a risk that delays are not identified and acted upon to ensure an effective safeguarding response is consistently delivered.

A recommendation has already been made on updating the reporting process and therefore no further recommendation is made in relation to this finding.

The Safeguarding Team currently don't have an audit process, however they are trying to obtain an 'audit tool' to initiate this. The Service & Operations Manager, Safeguarding & Quality has stated that she wants this to be in place by April 2017, with a current plan to review two cases per month. This will check to ensure that due process has been followed and the quality of case notes and 'Understanding You K' forms etc. is of a sufficient standard. This will also assess whether staff are capturing discussions effectively, and ensuring that suitable advocate support is arranged for vulnerable individuals where necessary. There is a risk that without a quality assurance process in place that output of work is not delivered to the standards as defined by the Council. There is an action plan in place to deliver quality reviews which was evidenced as part of this audit. However, a recommendation has been made within this audit to ensure that this is delivered.

1.3a Agreed Outcome: Priority 3

I recommend that the Service & Operations Manager, Safeguarding & Quality samples cases on a periodic basis to ensure that action plans, case notes and supporting documentation are completed to sufficient quality as defined by SCC and input in a timely manner.

Action Plan:

Person Responsible:	Service & Operations Manager, Safeguarding & Quality	Target Date:	June 2017
Management Response:	Agreed - Where quality standards are not met feedback will be provided through supervision.		

Audit Framework and Definitions

Assurance Definitions

None	The areas reviewed were found to be inadequately controlled. Risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Partial	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Reasonable	Most of the areas reviewed were found to be adequately controlled. Generally risks are well managed but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Substantial	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

Definition of Corporate Risks

Risk	Reporting Implications
High	Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.
Medium	Issues which should be addressed by management in their areas of responsibility.
Low	Issues of a minor nature or best practice where some improvement can be made.

Categorisation of Recommendations

When making recommendations to Management it is important that they know how important the recommendation is to their service. There should be a clear distinction between how we evaluate the risks identified for the service but scored at a corporate level and the priority assigned to the recommendation. No timeframes have been applied to each Priority as implementation will depend on several factors, however, the definitions imply the importance.

Priority 5	Findings that are fundamental to the integrity of the unit's business processes and require the immediate attention of management.
Priority 4	Important findings that need to be resolved by management.
Priority 3	The accuracy of records is at risk and requires attention.

Priority 2 and 1 Actions will normally be reported verbally to the Service Manager.

Report Authors

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Support

We would like to record our thanks to the following individuals who supported and helped us in the delivery of this audit review:

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Devon & Cornwall Police & OPCC	Somerset County Council
Dorset County Council	South Somerset District Council
Dorset Police & OPCC	Taunton Deane Borough Council
East Devon District Council	West Dorset District Council
Forest of Dean District Council	West Somerset Council
Herefordshire Council	Weymouth and Portland Borough Council
Mendip District Council	Wiltshire Council
North Dorset District Council	Wiltshire Police & OPCC
Sedgemoor District Council	

Statement of Responsibility

Conformance with Professional Standards

SWAP work is completed to comply with the International Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Auditing Standards.

SWAP Responsibility

Please note that this report has been prepared and distributed in accordance with the agreed Audit Charter and procedures. The report has been prepared for the sole use of the Partnership. No responsibility is assumed by us to any other person or organisation.