




Mental Health Social Care 2017-18 Final Report




Issue Date: 11th April 2018

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 2017-18 audit plan, a review has been undertaken to assess the adequacy of the controls and procedures in place for the Mental Health Social Care and Approved Mental Health Professional (AMHP) Service provided by Somerset County Council. The audit focussed on two distinct areas – the completion of emergency mental health assessments and care plans. In both areas, the audit sought to assess the timeliness of completion, consistency of recording and compliance with certain local and legislative requirements.

Mental Health Social Care transferred to Somerset Council from Somerset Partnership NHS Trust in October 2016. The vision for Mental Health Social Care in Somerset is to ‘Promote Independence and Recovery’. Mental Health Social Care is working to achieve a recovery focused, sustainable service that delivers within budget and is firmly underpinned by social care evidence and values.

Emergency Assessments

The Somerset AMHP Service responds to requests for Mental Health Act assessments (MHAAs) across the county 24 hours a day, 7 days a week. In the Operational Policy, it is stated that the AMHP Service “seeks to promote a safe and timely response to requests for intervention, while practicing in a manner consistent with the articles of the European Convention on Human Rights; the principles of the MHA and Mental Capacity Act 2005; the Equality Act 2010; the Children Act 1989 and the Care Act 2015....The work of AMHPs and the Somerset AMHP Service is consistent with a “recovery model” of mental health and seeks to secure the “least restrictive option” for patients and to promote the patient’s autonomy and their fundamental human rights”.

AMHP’s respond to referrals received into the Hub and they are classified based on the sub-section of the Mental Health Act that is applicable. The common sub-sections have differing timescales for detention and requirements for the recommendation of one or two medical professionals.

There are no defined timescales within which an assessment must be completed by an AMHP, but there is an expectation of a response within 24 hours of referral.

The only exception to this is when carrying out a Place of Safety (POS) assessment, as required under Section 135 and 136 of the Mental Health Act. The Police and Crime Act has amended the length of time a person can be detained from 72 hours to 24 hours. The Police and Crime Act provides that the new 24-hour time limit may be extended by up to 12 hours amounting to a maximum of 36 hours in detention. The extension is only available if the condition of the person has made it not possible to assess them in the original time scale.

The Mental Health Social Care Service and the AMHP Service use the NHS RiO system as a database for recording all assessments and a completed AMHP Outline Report is uploaded to a person’s health record when completed.

Care Plans

The Mental Health Social Work Service produce outcome focused Care Plans with the people they are working with. The Operational Policy states that Care Plans are based on the goals, wishes and aspirations of individuals. Outcomes should be meaningful for individuals and measurable so that the person is able to identify when the outcome has been achieved. Care plans are written using the RiO care planning module. The content of care plans can be re-produced in a different format if this is helpful for individuals, however this must be referenced in the care plan section of RiO in order than information is accessible, for example in a crisis.

Care Plan reviews should be undertaken annually as a minimum and be recorded within the review module in RiO. If funded care is provided the review dates should also be held in the Adults Integrated Solution System (AIS).

Objective

To verify whether there are appropriate systems and procedures in place for the completion of

1. Emergency Mental Health Assessments;
2. Care Plans.

Significant Findings

Finding:	Risk:
<p>There is an inconsistent approach to the production of Care Plans and no accurate way to monitor the completion of Care Plan reviews. The module where dates are recorded on RiO is also used for health reviews. We are therefore unable to provide assurance that reviews are being completed in a timely manner.</p>	<p>If the review dates are not correctly recorded on RiO there may have been changes to the person's needs, which are no longer being met with the current care plan.</p>

Emergency Assessments

Audit Opinion:

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.

We were satisfied from our review of a sample of emergency assessments that overall there is a good level of consistency and quality in the recording by AMHP's. Both the legislative and local requirements identified for testing appear to be met and particularly in cases where the assessment outcome is to detain for further assessment and treatment, there is evidence of robust recording.

The findings reported under Risk 1 are indicative of a lack of guidance to make clear to staff, the basic minimum requirements and these relate particularly in cases where the assessment outcome is not to detain. In this instance and because of the way that the Outline Report form template is configured in RiO, the system itself does not direct staff towards to completing certain mandatory fields and certain sections become not applicable. This means that the opportunity to extract management information on timescales from the system is lost.

Care Plans

Audit Opinion:

Partial

We are 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.

We have reported a significant issue with the recording of review dates in RiO. The Review module is used for recording health care reviews in addition to social care reviews and therefore we are

unable to provide assurance that social care reviews are being completed when expected. In addition, we found that AIS is not always being updated with the current review dates.

We were generally satisfied that Care Plans contain the relevant Care Act outcomes. Detailed progress notes are held for the majority of cases which provide sufficient information to support each case. However, Care Plans are not consistently recorded in the Current Care Planning module of RiO and timeframes for their completion have not been agreed, which reduces assurance that care planning is complete. Procedures need to be updated and reflected in guidance issued to staff to help ensure an adequate and consistent approach is followed.

By implementing the recommendations, we have proposed for care plans, the mental health service will gain greater assurance that expectations are clearly defined and can be more effectively reported upon and monitored.

Corporate Risk Assessment			
Risks	Inherent Risk Assessment	Manager's Initial Assessment	Auditor's Assessment
1. The death or injury of an individual, resulting from failure by the service to carry out a timely mental health assessment in cases of emergency.	High	Medium	Low
2. Individuals accessing Mental Health services are not assisted to achieve greater independence because their care plans are not outcome focused, with measurable goals that are subject to periodic review.	High	Medium	Medium

Findings and Outcomes

Method and Scope

This audit has been undertaken using an agreed risk-based approach. 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 random sample of emergency referrals was selected from RiO reports covering the last twelve months. Timescales between the time of referral and the time of the completed assessment were reviewed from the AMHP Outline Report, which is completed and uploaded to RiO following assessment, for a sample of 28 emergency referrals to the Hub.

A report was obtained from RiO for all referrals and transfers into the Mental Health Social Care Team since October 2016 when the team moved from the Partnership Trust to the Council. A sample of cases was then selected and reviewed to establish whether a care plan was in place, and that reviews held when expected. There are instances where a Care Plan is not expected for an individual and therefore it was difficult to obtain and test a full sample.

Due to the difficulty in obtaining cases with Care Plans and the inconsistency of records held on RiO we were unable to specifically review a sample of individuals for whom there has been an agreed period of residential care and/or rehabilitation.

1.	The death or injury of an individual, resulting from failure by the service to carry out a timely mental health assessment in cases of emergency.	Low
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1.1 Finding and Impact

Emergency Assessment Guidance

As part of the audit, we reviewed the current AMHP Operational Policy to assess the extent to which it provides clarity on the main requirements of the Mental Health Act (MHA), for AMHP's undertaking emergency assessments. The guidance is acknowledged by the service as outdated, as it reflects the previous service delivery model when Mental Health Social Care was integrated with Health.

The Operational Policy shows the following dates:

Implementation Date: 1st September 2015

Policy Revision Date: 1st June 2016

The guidance is therefore overdue for review and this is due to insufficient managerial time to update the suite of policy documents.

It was noted that whilst our sample testing of emergency assessments has identified that a high proportion of the Hub's work being required by Section 136 of the MHA, there is no specific guidance for the requirements. Broadly speaking, the requirements for the AMHP here are the same as all other emergency assessments, but the Hub have agreed a three-hour timescale from detention to assessment with Health colleagues and this is not communicated within existing guidance. The AMHP Hub Manager advised that some guidance does exist, but it may not be

comprehensive, and it could not be located during the audit.

It was also identified after completing sample testing and re-reviewing the policy, that there is no guidance to AMHP's on the minimum quality standards for recording assessments on RiO, or the minimum requirements for the AMHP Outline Report. Sample testing of documented assessments identified some weaknesses in this area, which have been reported verbally to the AMHP Manager. They related to some missing details and a low level of inconsistency between the quality of Outline Reports following an assessment. Whilst the issues were of a minor nature, the AMHP Hub do have locum and trainee AMHP's from time to time, who would benefit from having some further detailed, documented guidance to mitigate the risk that Outline Reports could be subject to legal challenge, should an assessment decision be called into question.

1.1a Proposed Outcome: Priority 3

We recommend that the AMHP Hub Manager should ensure:

- that AMHP guidance is reviewed and updated to reflect the service's separation from Health;
- there is guidance for completing a mental health assessment under section 136 of the MHA, including agreed timescales;
- there is sufficient guidance available to AMHP's that provides clarity about minimum details to be included in an assessment Outline Report.

Action Plan:

Person Responsible:	AMHP Lead	Target Date:	30 August 2018
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Management Response:	<p>The service has identified that following expansion of the AMHP service from an office hours to a 24 hour service, there is insufficient leadership capacity to undertake work on professional development, guidance, policies and quality standards – the current AMHP Hub Manager is part time.</p> <p>A proposal to reconfigure the leadership for the service including the AMHP Service was approved in March 2018; the proposal included a full-time AMHP Service Manager plus an AMHP Lead. Consultation for this change will commence in April 2018.</p> <p>The AMHP Lead, when appointed in the new structure, will have responsibility for:</p> <ul style="list-style-type: none"> • Writing a new operational policy for the AMHP Service and including the new guidance for S135 and 136 from the Police and Crime Act; • Writing guidance for AMHPs on completion of Outline Reports.
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1.2 Finding and Impact

Sample Testing of Emergency Assessments

A random sample of 28 emergency referrals was selected from RiO to assess the timescale between the referral and completion of the assessment. This testing focussed on the AMHP Outline Report, which is completed and uploaded to the system following assessment.

There were some difficulties in assessing timescales because for certain assessments in the sample, it was found that not all sections of the RiO Outline Report had been fully completed. Completion of the final 'signatures' section of the form applies a time-stamp to the completion of the report on the system. If it is not completed then the time of assessment will instead show the time that the report was uploaded, which in practice may be several hours or even the day after the assessment was completed.

This is because in circumstances where the AMHP and medical professionals agree that a person does not meet the criteria for detention under the MHA, the system does not require this section

to be completed. Other controls are in place to ensure that legal requirements are complied with, but the data needed to assess timescales is not recorded.

Some cases where, due to workloads and resources within the AMHP hub at the time, a referral was retrospectively added to RiO after the assessment, meant that it was also difficult to assess timescales, unless the AMHP had recorded the referral time within other case notes.

Some reasons for delays were explained elsewhere in the report, such as time to travel out of county, or needing to attend another emergency assessment. This was discussed with the AMHP Hub Manager, who agreed that it would be useful for AMHP's to consistently record reasons in full when delays occur.

Whilst some timescales had to be estimated and others could not be assessed due to recording issues, for the sample of 28 emergency assessments, it was evident that the majority of assessments were completed within twenty-four hours. The only exceptions to this within the sample, were for acceptable reasons, such as having to travel out of county to complete an assessment.

As the AMHP Hub have a concern about cases where emergency assessments are delayed due to lack of available resource, it is important that RiO requirements for recording are improved to precisely log the time that each assessment was completed, regardless of whether the person is eventually admitted for treatment or not. If this recording is not consistent, there is reduced assurance that any increases in delays will be identified.

1.2a Proposed Outcome: Priority 3

We recommend that the AMHP Hub Manager should work with the RiO development team to ensure that the Mental Health Assessment Outline Report is developed to include mandatory fields for recording the time that an assessment is completed. The Manager should communicate this requirement to staff to ensure they understand the importance of recording timescales - this should also include a reminder to record any reasons why delays may have occurred.

Action Plan:

Person Responsible:	AMHP Service Manager	Target Date:	31 August 2018
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Management Response:	<p>It is agreed that it would be helpful for the time the Outline Report is completed to be a mandatory field on RiO. The RiO system however is purchased by the local NHS Trust; some local changes can be made but changes are not always possible due to RiO being used by other Trusts nationally. There can also be costs attached to changes on RiO.</p> <p>The AMHP Service will work with the RiO team to see if the recommended change is possible and obtain the costs for making the change.</p>
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Overall, the review of Mental Health Act Assessments recorded on RiO demonstrated that there is a reasonable level of consistency between AMHP staff and a clear audit trail of the assessment and outcomes.

Sample 6 was reviewed in detail with the AMHP Hub Manager and it was agreed that a clearer explanation was required for this case, by the AMHP. It was not recorded that doctors were applying for a continuation of the detention and this could only be gleaned from the progress notes. There were no other observed issues, so this case was verbally reported and no report recommendation has been made.

2.	Individuals accessing the Mental Health Social Care service are not assisted to work towards recovery and greater independence because their care plans are not outcome focused, with measurable goals that are subject to regular review.	Medium
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2.1 Finding and Impact

Care Planning Guidance

There is an Operational Procedure in place which includes high level information on the requirements for the Care Planning process and details on the eligibility for Mental Health Social Care (MHSC) under the Care Act. It also contains a section on the frequency and recording requirements for reviews.

During our sample testing reported under 2.2 and 2.3 we identified significant inconsistencies in the recording of information on RiO. In relation to care plans the Operational Procedure does state that they can be produced in different formats but also that that they should always be recorded on the Current Care Planning module in RiO, which wasn't always the case.

If Care Planning guidance is not sufficiently detailed it is more likely that not all key information will be recorded consistently, which creates a risk that professionals reviewing the cases do not obtain an accurate picture of the care and support the person is receiving resulting in poor decisions being made.

2.1a Proposed Outcome: **Priority 4**

We recommend that the Strategic Manager - Mental Health and Safeguarding develops Care Planning practice guidance to support the Operational Procedure and provide Mental Health Social Workers with a clear and consistent approach to the production of Care Plans. This should include confirming the appropriate Care Plan format that should be provided to people receiving care, how the Care Plan should be recorded on RiO as well as timescales for care plan completion (2.2) and further guidance on the completion of reviews (2.3). Monitoring arrangements should also be considered to ensure these practices become embedded.

Action Plan:

Person Responsible:	Strategic Manager – Mental Health and Safeguarding	Target Date:	30 April 2018
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Management Response:	<p>The use of RIO for recording reviews has proven problematic for social care staff; its focus is on health interventions and it does not include modules for recording for example, funded care and personal budgets. In addition, as health staff from mental health, community hospitals and a range of physical health services, use the same care planning module on RIO, the care plan can be amended by others and social care review dates superseded. Furthermore, RIO does not provide all the performance and monitoring data needed by a social care service.</p> <p>The Strategic Manager decided in early 2018 to change the approach to recording for reviews and care plans. The service started using SCC review, and care and support plan documents at the beginning of April 2018 and also recording reviews on AIS. All completed documents are uploaded to RIO so health colleagues have access to them for the purposes of joint work.</p> <p>Guidance for the completion of these documents and recording reviews in AIS is already available from SCC. This was shared with all staff from Mental Health Social Care in March 2018. In addition, supplementary guidance was issued concerning uploading these documents to RIO.</p>
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2.2 Finding and Impact

Care Plans

Care Plans are produced for people who are receiving mental health social care support arranged by Somerset County Council. This support can vary between permanent residential care to community support and help. The Operational Procedure states that Care Plans should be recorded on the Care Planning module and saved under Mental Health Social Care (MHSC).

We reviewed a sample of 26 cases from RiO which have been transferred into MHSC since October 2016. It was not appropriate for care plans to be in place for all cases and where there was no care plan there was a satisfactory explanation for this.

Our review demonstrated that appropriate Care Plans are drawn up that link to the Care Act Outcomes appropriate to the persons' needs. However, the format of Care Plans and where they are held on RiO varied considerably. Of particular concern was that the Current Care Plan did not always include the MHSC and may just contain health needs. This creates a risk that MHSC needs may be missed.

For the 24 cases that had a care plan our results found:

- Seven cases had correctly recorded Care Plans on RiO under Mental Health Social Care.
- Nine cases where the Care Plan was part of the What Matters to Me Assessment (WMTM) and one further case where the Care Plan section of the WMTM was not completed.
- Four cases where an Understanding How You Live was completed.
- One case where a Care Plan and Letter was completed.
- Thirteen cases where there was details of social care under the Current Care Plan; module but not under Mental Health Social Care.

We were also unable to establish whether Care Plans had been prepared on a timely basis. A benchmark has not currently been set within MHSC to enable this to be effectively measured and monitored. If Care Plans aren't produced on a timely basis then this could result in a delay in the person receiving the appropriate care which could increase the risk of harm.

If care plans are not consistently held on RiO then there is a risk that this information is not readily available which could result in decisions being made without all the necessary facts which could negatively affect the persons agreed outcomes. In addition, the current arrangements mean overall monitoring of completion of plans is very difficult.

2.2a	Proposed Outcome:	Priority 3
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We recommend that the Strategic Manager – Mental Health and Safeguarding requests that a checklist is developed detailing what Mental Health Social Care information should be held on RiO and in which module. The checklist should be added to the Care Planning guidance as part of the update recommended in 2.1a.

Action Plan:

Person Responsible:	Strategic Manager – Mental Health and Safeguarding	Target Date:	30 April 2018
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Management Response: The management response for 2.1 is also relevant for this section. Actions taken address the risks identified.

2.2b	Proposed Outcome:	Priority 4
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We recommend that the Strategic Manager – Mental Health and Safeguarding agrees a timescale for the completion of Care Plans and where this is exceeded a justification is recorded. This should form part of the planning guidance.

Management Response:

Person Responsible:	Strategic Manager – Mental Health and Safeguarding	Target Date:	31 May 2018
Management Response:	<p>A timescale will be set and implemented for the completion of care and support plans. There will be occasions where it is necessary for care planning to extend beyond the timescale in order to fully involve a person for example. The rationale for exceptions will be documented in RiO progress notes.</p> <p>Business support will be asked to put together an electronic ‘pack’ of new key guidance documents. This will be held on Sharepoint when Mental Health Social Care has access.</p>		

2.3 Finding and Impact

Care Plan Reviews

The Operational Procedures state that Social Care plan reviews should be recorded on RiO and where it is funded care, it should also be recorded in AIS (Adults Social Care system). However, it has been established that healthcare reviews are also recorded here, and it is not possible to distinguish whether it is a health or social care review that has taken place.

We reviewed a sample of 26 cases on RiO and tried to establish whether there was any evidence of a social care review in other modules within RiO. We found that in nine cases evidence of review was found in the progress notes and three cases where a review was not required as there was no current Care Plan in place. We could not confirm for the remaining cases that a review had been undertaken due to insufficient evidence.

We also found that review dates were not recorded in AIS for cases selected for testing in the South Somerset and Mendip team.

We are therefore unable to provide assurance that reviews are being completed when expected. This creates a risk that changes to a person’s needs are no longer being met with the current care plan.

In addition, if reviews are completed in progress notes or it is not documented that a review is not required, any performance monitoring undertaken using this information is inaccurate and could present erroneous figures on the status of reviews.

2.3a Proposed Outcome:

Priority 4

I recommend that the Strategic Manager - Mental Health and Safeguarding decides how Social Care reviews should be recorded on systems so that they can be monitored separately from the reviews undertaken by Somerset Partnership Trust. The recording of all review information on AIS should be considered rather than just reviews for funded care. This should include the recording of the reason of why a review is not required, where appropriate. Once these decisions have been made the Operational Procedure should be updated with the new process and added to the checklist we have recommended to assist Mental Health Social Workers with the recording of information on RiO.

Action Plan:

Person Responsible:	Strategic Manager – Mental Health and Safeguarding	Target Date:	30 April 2018
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Management Response:

All social care reviews conducted by Mental Health Social Care are now recorded on AIS. These enables performance reports to be extracted much more easily. There are no circumstances when a review would not be expected to take place – all people who have an open referral to Mental Health Social Care must have a review at least annually.

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

This report was produced and issued by:

Lisa Fryer, Assistant Director
Georgina Teale, Lead Auditor
Jenny Frowde, Lead Auditor

Support

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

Carolyn Smith, Strategic Manager Mental Health & Safeguarding
Dave Goodwin, AMHP Hub Manager
Mike Webster, Service Manager

Distribution List

This report has been distributed to the following individuals:

Stephen Chandler, Director – Adults Services
Mel Lock – Operations Director – Adults & Health
Carolyn Smith, Strategic Manager Mental Health & Safeguarding
Dave Goodwin, AMHP Hub Manager
Mike Webster, Service Manager

Working in Partnership with

Cheltenham Borough Council	Sedgemoor District Council
Cotswold District Council	Somerset County Council
Devon & Cornwall Police & OPCC	South Somerset District Council
Dorset County Council	Taunton Deane Borough Council
Dorset Police & OPCC	West Dorset District Council
East Devon District Council	West Oxfordshire 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

Powys County 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.