

| **ID Number:****MOSAIC / RIO / NHS Number / Framework-I, etc.** | MM |
| --- | --- |
| **Nature of primary need** | Older people (non-Dementia)/ Dementia/ Learning Disability/ Autism/ Physical Disability/ Mental Health/ Acquired Brain Injury/ Other (please specify)………………………………………………………… |
| **Length of time primary worker was involved** | Up to 2 weeks, 2-4 weeks/4-8 weeks/2 -3 months/3 months + |
| **Name of primary worker involved** |  |
| **Role of primary worker** |  |
| **Team**  |  |
| **Line Manager’s / Supervisor / SA Lead / other** |  |



| **Audit session members – role and agency** |  |
| --- | --- |
| **Date of audit** |  |

| **Core Audit areas as agreed by CHSAB:** |  |
| --- | --- |
| * **Information sharing, focusing on what information is requested and for what purpose, in particular focusing on feedback to those reporting concerns**
 |
| * **Mental Capacity – was this considered, assessed and how was this communicated between parties**
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| * **Ownership of cases in multi-professional working, eg identification of a “lead professional”**
 |
| * **Multi-agency approaches to risk, including assessment, management and review.**
 |
| * **Recording of decisions and the multi-agency understanding of those decisions.**
 |
| * **Making Safeguarding Personal – was the service user or their representative engaged in defining outcomes, decision making and protection planning.**
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|  |  |
| **Specific Audit emphasis:** | **As decided by CHSAB Executive Group** |
| * **TBC as appropriate to the audit emphasis**
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**Questions should be completed by the multi-agency audit team during the schedule session, based upon a consensus view.**

|  | Audit Measure | Y | N | N/A | **Evidence to support decision** | **Anything that could be done differently next time?** |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | Was the safeguarding referral and response appropriate? |  |  |  |  |  |
| **2.** | Was the level of information recorded and gathered proportionate to the nature of the risk being investigated?  |  |  |  |  |  |
| **3.** | Was there evidence of appropriate multi-agency information sharing?  |  |  |  |  |  |
| **4.** | Were the timeframes for different stages of the safeguarding work reasonable? |  |  |  |  |  |
| **5.** | Is there evidence that the worker has been appropriately and positively supported by their manager?  |  |  |  |  |  |
| **6**. | Was their evidence to suggest that there was a lead agency / worker? |  |  |  |  |  |
| **7.** | Was this acknowledged as self-neglect by all agencies? |  |  |  |  |  |
| **8.** | Was there evidence of Making Safeguarding Personal approaches? |  |  |  |  |  |
| **9.** | Was there a multi-agency approach to risk, including identification, assessment, management and review?  |  |  |  |  |  |
| **10.** | Was there consideration of a referral to the High Risk Panel, or equivalent in respective services? |  |  |  |  |  |
| **11.** | Were there any significant delays that did, or could have impacted upon the case? |  |  |  |  |  |
| **12.** | Was the “duty of care” addressed within the case discussion? |  |  |  |  |  |

**There is an option to use the space below to record any additional questions/areas discussed that you feel relevant to the particular case being audited:**

|  |  |  |  |  |  |  |
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**The following sections should be agreed through discussion at the multi-agency case file audit session and recorded as bullet points:**







**MACFA Session Auditor:** ……………………………………………

**Date:**