The criteria in this template have been selected to capture the experiences of vulnerable adults with dementia and the evidence enables identification of the quality and impact of service for individual adults.

|  |  |
| --- | --- |
| **Completed by:** | **Name: Position:**  **Email:** |
| **Date completed** |  |
| **Audit Topic** |  |
| **Case name** |  |
| **Case reference**  ***e.g. NHS number, AIS number*** |  |
| **Age of adult** |  |
| **Overall Judgement (circle)** | **Inadequate Requires Improvement Adequate Good Outstanding** |
| **Questions that informed the overall judgement** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Brief reason for overall judgement and how might things have been improved** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | | **Quality of adults experience:**  **(WITH DEFINITIONS)**   * **Inadequate** * **Requires improvement** * **Adequate** * **Good** * **Outstanding** | **Evaluative Summary**  **Please ensure that the entry is evaluative and succinct, where possible provide examples** |
| **1.** | **Was referral for cognitive assessment timely for the person with cognitive impairment?** |  |  |
| **1.1** | **What actions were taken?** |  |  |
| **1.2** | **If no action taken what was the rationale for this? i.e. referral not accepted, professionals concerns not recognised, person declined further assessment** |  |  |
| **2.** | **Was risk(s) identified, understood and prioritised?** |  |  |
| **2.1** | **Was the person with cognitive impairment safe?** |  |  |
| **2.2** | **If no, were any steps taken to ensure the person with cognitive impairment’s immediate safety?**  **Please explain what they were** |  |  |
| **3.** | **Did decision making matched the risks and needs of the person with cognitive impairment?** |  |  |
| **3.1** | **Did this result in the person with cognitive impairment getting the support they needed?** |  |  |
| **3.2** | **If no what was the rationale for this? i.e. lack of resources, lack of understanding of need** |  |  |
| **4.** | **Was a plan to protect the person cognitive impairment formed and monitored?**  **How was this done?** |  |  |
| **5.** | **Was there an assessment made?**  **For example:**   * **Mental Health Assessment- ie assessment of mental health diagnosis care and treatment plan** * **Cognitive assessment** * **Physical health assessment** * **Mental Capacity Act- specific capacity assessment of the area of capacity involved** * **Care Act (2014)** * **Best Interest meeting** |  |  |
| **6.** | **Where an assessment was completed, were risks, needs and strengths clear?**  **What actions were taken?** |  |  |
| **7.** | **Was the person with cognitive impairment involved (or their carer/advocate) and engaged at all stages?**  **Were individual needs and circumstances been taken into account?**  **How was this accomplished?** |  |  |
| **8.** | **Was the person with cognitive impairment at the centre of the whole process – making appropriate adjustments depending on their mental capacity to engage in the process, and how were their feelings and wishes taken into account (Making Safeguarding Personal addressed)?**  **For example:**   * Face to face meetings with person * Review of advance statements or directives and previous care plans * Involvement of relative, friend or independent advocate (IMCA) * Desired outcomes considered * Regular updates communicated |  |  |
| **9.** | **Were any other agencies involved, Do you consider you worked together effectively or are there areas to be improved**  **For example:**  **Including appropriate and timely sharing of information.** |  |  |
| **10.** | **Was impact of diversity taken into consideration:**  **For example:**   * need for an interpreter * advocacy * disability * privacy during interviews |  |  |
| **11.** | **Did the person with cognitive impairment receive relevant health checks?**  **For example:**   * chronic health management, diabetes, infection * consider additional health checks eg Health Action Planning, LD Health Check. * If on medication was this taken into consideration? * Did the client have an age appropriate health screening for prostrate cancer, breast cancer, etc |  |  |