Northamptonshire Safeguarding Adults Board

Learning from Multi-Agency Case Audit

Key findings and learning from Multi-Agency Case Audit - August 2020

The Purpose of a Multi-Agency Case Audit (MACA) is to review specific cases/themes to identify good practice, and to support professionals to adjust their working practice in light of the lessons learnt from the audit. MACA complements other activities outlined in the Northamptonshire Safeguarding Adults Board (NSAB) Quality Assurance Framework, such as single agency audits. Themes for MACA are agreed by NSAB's Quality & Performance Sub Group in line with the NSAB Strategic Plan.

MACA is carried out by way of a detailed audit where a case/cases is/are analysed in a meeting of key agencies.

Sharing Learning – Following the MACA, a detailed action log is developed that include any recommendations for agreement by NSAB's Strategic Board (where appropriate). Progress is monitored via the NSAB Quality & Performance Sub Group.

This briefing summarises the key findings from the review and managers should discuss this with their teams to ensure that the learning is used to enhance existing good practice and to make improvements where necessary. Feedback will be sought from partner agencies via the NSAB Learning & Development Sub Group to ensure that the learning has been cascaded.

Multi-Agency Case Audit – A referral was received by the Safeguarding Adults Review (SAR) Sub Group in August 2019 (reference 014). Whilst the case did not meet the criteria for a SAR**,** members felt there was learning to be identified and a Multi-Agency Case Audit was agreed.

The referral concerned an individual who was street homeless and who died in Northampton General Hospital in 2019.

Eleven agencies (100%) responded to the request to complete the audit and two meetings were held in October and November 2019 to discuss the audits. The audit process was a thorough undertaking.

The following agencies provided audits for this MACA:

BeNCH, C2C Social Action, CGL Substance to Solution, Maple Access (GP practice), Midland Heart, Northampton Borough Council, Northampton General Hospital, Northampton Hope Centre, Northamptonshire County Council Adult Social Care (including AMHP Service), Northamptonshire Healthcare Foundation Trust (NHFT), and Northamptonshire Police.

Findings

Mental Capacity

- Agencies considered the individual's mental capacity but this was often linked to their level of intoxication, which made it more difficult to assess.

Missed Opportunities

- When safeguarding notifications were submitted, the referring agency was not always notified of the outcome.
- Better information sharing and joined-up working was needed. The Adult Risk Management (ARM) would have met that requirement.

Implementation of Adult Risk Management (ARM)

- Multi-agency training for ARM would be invaluable to practitioners including those in the voluntary and community sector.
- It would also be beneficial to have an e-learning module made available.

Safety

- Having appropriately trained staff in place for specialist out of hour's services to support females with very complex needs was not available.

Record keeping

- Improved record keeping was needed by some agencies.

Good Practice

- There was some really good practice evidenced by all agencies.

General Observations

- There was a 100% return on audits from agencies.
- There was a good degree of open dialogue, analysis and professional challenge at both meetings.
- Agencies found the MACA to be very helpful and a number of single and multi-agency actions were agreed.
- Agencies felt that they did everything possible to safeguard the individual.
- The individual had very strong self-determination and would not do anything they didn't want to do, and that included not always accepting support or engaging with agencies.
- There was a lack of awareness from some agencies of the ARM guidance and toolkit.

Key Points for Learning

- Agencies felt that a multi-agency approach is vital to safeguard those most at risk of harm and abuse, and that the ARM process should have been implemented.
- Participants were made fully aware of the actions that other agencies had taken in order to support and safeguard the individual.
- The process for ARM needs to be more widely communicated across the partnership.
- Training/briefings for ARM (multi-agency and e-learning) would support practitioners to help those at risk of severe self-neglect and risk taking behaviours.

Recommendations

1. NSAB to consider providing multi-agency training/briefings for the Adult Risk Management (ARM) process such as a webinar or e-learning module.
2. Agencies to provide assurance to NSAB that training is in place for Mental Capacity.
3. NASS to provide assurance that a central repository for Adult Risk Management (ARM) cases is in place.
4. For Commissioners to consider commissioning specialist out-of-hours night shelter for females (as in place for males)

You can find the Adult Risk Management (ARM) toolkit and guidance published on the Northamptonshire Safeguarding Adults Board website.

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