**SAPB 12th January 2012 Agenda item 8**

**Highlights from Audit Reports**

**Received by the Quality Assurance Sub Group November 2011**

**Introduction:**

During 2011/12 the Quality Assurance Sub Group has commissioned and received a number of different ‘audit’ reports from partner organisations. The following is a brief highlight of key messages from three of those audit reports namely:

* Police – quality audit of 46 cases they were involved in during 2010/11
* Contracted Care Provider Services in two parts
  + Residential and Nursing Care
  + Home Care Services

**Police Audit**

**Findings:**

* Although the numbers were low (5 out of 46 cases) each service user group had at least one investigation that led to a criminal prosecution/formal caution except for individuals with a learning disability.
* There were 21 arrests
* Of the 25 not involving an arrest the reason was lack of evidence, unable to identify the perpetrator and victim not supporting the criminal action.

*Quality of information held on the care record for the victim:*

* There is an inconsistency in Police attendance at Strategy meetings
  + Not always invited when they perhaps should be
  + When invited they do not always attend.
* 42 of the 46 had a named police officer and crime reference number – however only 25 of the care records had details of a named police officer.
* The case records are not set up to show what action was actually taken by the police. Therefore we don’t know what the final outcome was in relation to the involvement of the police e.g. were the perpetrators cautioned or sentenced?

**Areas for Development:**

* Two way Training and Development programme looking at working with the Crown Prosecution Service around people with a learning disability – understanding why they are reluctant to progress these cases and what we need to do to encourage/support them to take a cases forward to a criminal prosecution.
* Need a consistency in attendance from the police at strategy/case conferences.
* Consider the development of care record information around outcomes from police action.

**Contracted Care Provider Services**

All residential, nursing care and home care services used by Adult Social Care have a standard clause in their contracts relating to Camden Safeguarding policy and procedures. It forms part of a set of standard questions at contract monitoring meetings looking at staff training, supervision and development in safeguarding issues, as well as monitoring the number and nature of the alerts.

**Residential and Nursing Care**

100% of local care home staff have received training from either their own organisation or Camden’s training department in the last year and all providers have access to Camden’s e-learning package.

This audit report looked at safeguarding issues over the last two years learning from actual investigations that was then fed back to provider organisations areas for development were grouped under themes and held within an improvement plan:

* Providers having adequate **information about the user** prior to admission
* Providers have better links **with local hospitals and primary care services**
* Better **communication/recording** by staff and between staff in the care home (including agency staff)
* Provider’s mechanism for **dealing with service user’s non-compliance** with personal care or medication.
* Better collaboration and joint working between Councils

**Home Care Services**

In 2010/11 there were 21 safeguarding alerts relating to home care/supported living providers, a total of four alerts withdrawn.

Again the report’s focus was on points for learning, sharing and areas for service development across the sector – key areas being:

* **Medication** – trained to administer, given at the right time, clear which member of the family the medication is for, changes to medication after hospital discharge.
* **Threats of abuse** **physical** – guidance provided in relation to supporting users with behaviours which challenge.
* Staff reminded about **whistleblowing policy.**
* **Neglect –** following current up to date care plan, monitoring for pressure sores, nutrition or dehydration. Do not assume district nurse or family know about health concerns.
* **Financial –** money handling procedures in place and monitored closely, use of service users PIN prohibited, gifts always reported.
* **Emotional/psychological** – staff reminded of professional boundaries.
* All providers reminded of the importance of **good reporting practices and communications** with other providers/family.