

# **Ethical Decision- Making Audit Tool Guidance**

**Adults' Services**

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## Feedback

We welcome feedback about our policies, procedures and practice guidance. If you have any comments about this document please E-mail:  
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## **1. Ethical Decision-Making Audit Tool**

1.1. This audit tool is based on the principles of the Ethical Framework for Adult Social Care which was developed by the DHSC and the checklist developed within WSCC, and is based on the following principles:

- Respect – Every person and their human rights, personal choices, safety and dignity matters
- Reasonableness – Decisions are rational, fair, practical and compliant with current national and local guidance. Decisions are evidence based, justified and defensible.
- Minimising Risk and Harm – Though we are not auditing safeguarding there are elements of risk management that must be clearly documented.
- Inclusiveness – People are given a fair opportunity to understand situations and be involved in decisions that affect them. Aim to minimise inequality.
- Accountability - Holding ourselves and people to account for decisions they make. As far as appropriate and possible, be transparent about the specific decisions or actions taken relating to individuals.
- Flexibility - Being responsive, able and willing to adapt when faced with change or new circumstance. This is vital in enabling collaborative and agile working across the health and social care workforce.
- Proportionality - Ensure all care and support, written documentation and interventions are proportionate to levels of need and identified risks.
- Community - The person's wider community assets and community led support solutions have been considered.

1.2. Respect and Reasonableness are the fundamental, underpinning principles and will hold the greatest weight in determining an overall audit outcome.

## **2. Outcome Measurement**

2.1. The 8 principles should be considered to the greatest extent possible in the context of the individual circumstances. Each principle has areas where evidence of compliance must be assessed. There are 3 levels of compliance and these are:

- Not met
- Partially Met
- Fully Met

The balance of your responses in these areas will determine the overall scored outcome for each principle, rated as either

- Outstanding
- Good
- Standard Partially Met (Requires Work)
- Standard Not Met (Inadequate)

An overall, combined outcome should then be given, and general comments provided. Guidance on scoring can be found via clicking on the following links or by scrolling through the document as normal.

- Respect

- Reasonableness
- Minimising Risk and Harm
- Accountability
- Flexibility
- Proportionality
- Community

## 2.2. Audit Must Haves:

- Auditors Name
- Date Audit Completed
- Person ID
- Worker(s)
- Team(s)
- Workflow Step ID(s)
- Workflow Step Type(s)

## 3. What Good Looks Like

### Respect

*Every person, and their human rights, personal choices, safety and dignity matter.*

### Fully Met

- Details have been accurately recorded
- Consent to share information has been obtained and clearly evidenced
- The need for advocacy has been considered and discussed
- The customer's views on their care and personal choices have been considered and factored into their assessment
- Where views and choices can't be considered, the rationale for this is clearly evidenced
- All information, including financial and charging information, has been provided to the customer and this has been recorded
- Mental Capacity has been established and recorded
- Where capacity is lacking:
  - An assessment has been completed
  - Best Interest Decision making has been considered and evidenced
  - Relevant Lasting Power of Attorney / Enduring Power of Attorney has been seen
  - Only those with appropriate authority have made decisions on behalf of the customer
  - Evidence has been clearly documented
- Case information has been updated

### Partially Met

- Basic details have been recorded
- Consent to share information has been obtained
- Advocacy has been considered but not discussed / formalised
- The customer's views and choices have been considered but not factored into their assessment
- Some evidence for the rationale of not considering their choices has been recorded
- Most information, including financial and charging information, has been

- provided to the customer and this has been recorded
- Mental Capacity has been established and recorded
- Options for those lacking capacity have yet to be considered or explored
  - Assessment yet to be completed but plan in place to do this
  - Best Interest Decision making not completed or evidenced but plan in place to do this
- Most case information has been updated

**Not met**

- Case details have not been recorded or are not accurately recorded
- Consent to share information not obtained
- The need for advocacy has not been considered or discussed
- The customer's views about their care have not been sought or considered
- Their choices have not been sought or considered
- No evidence for not considering personal views or choice has been provided
- Information has not been provided to the customer
- Financial and charging information has not been provided to the customer
- Mental Capacity has not been established or recorded
- Case details have not been updated

**Reasonableness**

*Decisions are rational, fair, practical and compliant with current national and local guidance. Decisions are evidence based, justified and defensible.*

**Fully Met**

- The strengths of the customer have been considered, evidenced and factored into the assessment
- The proposed care plan has a good chance of success and
  - The sustainability of informal support has been considered and evidenced
  - The proposed support is realistic
  - The proposed funding is realistic
- The available evidence has been considered
- Where key information is unavailable, this has been recorded and the impact understood
- What is important to the customer relating to culture has been taken into account and factored into the assessment
- There is a clearly evidenced rationale for decision making
- Those who are, or who will be, providing care have been engaged, and given relevant information about the customer's needs
- Decisions relating to funding are consistent with similar cases and are equitable

**Partially Met**

- The customer's strengths have been considered but not clearly evidenced or factored into the assessment
- The proposed care plan may succeed and
  - Informal support is likely to be sustainable
  - The proposed funding and support package are likely to be sufficient
- Most available evidence has been considered
- The unavailability of key information has not been recorded in all cases
- Elements of what is important to the customer relating to culture, have been considered and factored into the assessment

- Some rationale for decision making has been provided
- Some communication has taken place with those who are, or who will be, providing care
- Those who are, or who will be, providing care have received information about some of the customer's needs
- Funding decisions are largely equitable and consistent with similar cases

### **Not Met**

- The customer's strengths have not been considered
- The proposed care plan is unlikely to succeed because
  - Informal support is unlikely to be sustainable
  - The funding and support package is unlikely to be sufficient
- Available evidence has not been considered
- No recording has taken place to document a lack of available evidence
- The customer's culture has not been considered or factored into the assessment
- No rationale for decision making has been provided
- No communication has taken place with those who are, or who will be, providing care, and no information has been provided to them
- Those who are, or will be, providing care may be unaware of the customer's needs
- Decisions made about funding are not in line with similar cases and are not equitable or consistent

### **Minimising Risk and Harm**

*Though we are not auditing safeguarding there are elements of risk enablement / management that must be clearly documented.*

### **Fully Met**

- Risks and potential risks have been identified
- Risks have been identified and risk enablement / management has been evidenced
- The likelihood and severity of negative impacts has been assessed and documented
- The person's view and understanding of apparent risk and what is important to them is clearly documented
- A plan is in place to reduce or minimise risk and this has been developed with and communicated to all relevant parties
- There is a fully documented contingency plan in place for use if a risk materialises
- Where any safeguarding concerns have been identified, they have been appropriately referred or escalated and followed up

### **Partially Met**

- Some risks have been identified and assessed
- A risk enablement / management plan is in place covering most risks identified and has reduced the likelihood and severity of some potential impacts
- A contingency plan is in place but this has not been fully documented
- Safeguarding concerns are reported but not followed up

### **Not Met**

- Considerations of risk have not been made
- There is no plan in place to manage risk or to reduce the harm they may cause
- No contingency planning has taken place
- There is no understanding of safeguarding concerns or how they should be escalated or referred

### **Inclusiveness**

*People are given a fair opportunity to understand situations and be involved in decisions that affect them. The aim is to minimise inequality.*

### **Fully Met**

- Information has been provided to the customer, including copies of assessments
- Provision of information, including charging information, has been recorded
- Consideration has been given to the range of formats used, appropriate to the customer
- The rationale for the formats used has been recorded
- Assessments and communications are free from jargon and technical language (where this can be avoided)
- Capturing the voice of the customer has been evidenced
- Input from family / friend / carers has been sought and captured (where this is appropriate)
- Carers have been identified and have been offered an assessment, or it has been recorded that this is not applicable

### **Partially Met**

- Some information has been provided to the customer
- Some records have been made regarding the information provided
- Little evidence has been provided that different communication methods were considered
- Jargon and technical language have been used in some instances
- There is little evidence that the customer voice has been captured
- There is little evidence that input has been sought from family or carers
- There is little evidence that a carers assessment has been offered, or that it was not applicable

### **Not Met**

- No information has been provided to the customer and they do not have a copy of their assessment
- No records of information provided have been made
- No evidence has been provided that different communication methods were considered
- Jargon and / or technical language has been used throughout
- There is no evidence that the customer voice has been sought or captured
- There is no evidence that input has been sought from family or carers
- There is no evidence that a carers assessment has been offered, or that it was not applicable

## **Accountability**

*Holding ourselves and people to account for decisions they make. As far as appropriate and possible, be transparent about the specific decisions or actions taken relating to individuals.*

### **Fully Met**

- Agreed actions have been completed and by when you said they would be done
- If any actions couldn't be completed, or completed on time, you kept the customer and/or their representative informed
- You have explained to the customer and/or their representatives what decisions need to be taken and on what basis, including
  - Why it is needed
  - When it needs to be done
  - Who will do it
  - The impact of decisions made / not made
- You have provided reasons why you have made the decisions you have and clearly recorded these on the case file
- Work was completed in a timely manner when possible and when not possible, this has been clearly evidenced

### **Partially Met**

- Most actions have been completed and mostly by when you said they would be done
- You have mostly kept the customer and/or their representative informed of any actions that couldn't be completed, or completed on time
- You have sometimes explained to the customer and/or their representatives what decisions need to be taken and on what basis, including
  - Why it is needed
  - When it needs to be done
  - Who will do it
  - The impact of decisions made / not made
- You have often provided reasons why you have made the decisions you have and these are generally recorded these on the case file
- Work was generally completed on time
- When work couldn't be completed on time this was normally evidenced

### **Not Met**

- Few actions have been completed on time or not within the timeframe you stated
- You have not kept the customer and/or their representative informed of actions that couldn't be completed or that were completed late
- You have not explained to the customer and/or their representatives what decisions need to be taken or why
- You have not provided reasons why you have made the decisions you have and these have not been recorded on the case file
- Work was often not completed on time and no evidence for this has been provided
- The customer's choices have not been sought or considered

## **Flexibility**

*Being responsive, able and willing to adapt when faced with change or new circumstance. This is vital in enabling collaborative and agile working across the health and social care workforce.*

### **Fully Met**

- All information has been considered and where appropriate other disciplines have been involved in supporting the customer
- Where other disciplines, teams or partners are involved, you have worked collaboratively to support the customer

### **Partially Met**

- Some information has been considered and there are plans in place to involve other appropriate disciplines
- You have, at times, worked collaboratively with other disciplines, teams or partners to support the customer

### **Not Met**

- No information has been considered
- Information has been considered but not acted upon
- No evidence of working collaboratively with other disciplines, teams or partners

## **Proportionality**

*Ensure all care and support, written documentation and interventions are proportionate to levels of need and identified risks.*

### **Fully Met**

- The support provided is proportionate to meet the customer's needs
- The support provided recognises risk and effective risk enablement
- Case recordings, assessments, support plans and reviews are recorded proportionately

### **Partially Met**

- Support provided is largely proportionate and recognises the customer's needs
- Support provided is largely proportionate to the level of risk
- Case recordings, assessments, support plans and reviews are generally recorded proportionately

### **Not Met**

- The support provided does not recognise the customer's needs and is not proportionate to the levels of risk
- Case recordings, assessments, support plans and reviews have not been recorded proportionately

## **Community**

*The person's wider community assets and community led support solutions have been considered*

### **Fully Met**

- Informal care, community and voluntary sector service provision has been considered and used to meet needs where possible, and if not this has been evidenced
- A range of services and resources have been considered and used to meet needs where possible, and if not possible this has been evidenced

### **Partially Met**

- Some aspects of informal care, community and voluntary sector service provision has been considered
- A range of services and resources have been considered

### **Not Met**

- Informal care, community and voluntary sector service provision has not been considered
- A range of services and resources have not been considered

## **4. Assessing the Outcome Rating**

### **Respect**

#### **Areas of evidence considered**

- The need for advocacy has been considered
- The persons views and wishes on matters affecting their care have been considered
- If not possible, clear reasons why not have been recorded
- Personal choice has been considered
- If not possible a clear rationale has been provided as to why not
- Record of information provided – both relevant now and informed of potential for change, including financial and charging information (that charges can be applied retrospectively)
- Mental capacity for decision making has been established
- Where the person lacks mental capacity to make a specific decision the following have been documented:
  - Mental capacity assessment
  - Best Interest decision process
  - Relevant Lasting Power of Attorney /Enduring Power of Attorney evidence seen
  - Decisions are only made by those with authority to do so

### **Outstanding**

If all areas of evidence have been Fully Met to a high level of quality, the overall outcome score can be Outstanding

### **Good**

There are no areas where the standard is not met

*And*

The majority of areas are fully met

*And*

Mental capacity has been established and assessments and processes have been completed and are evidenced.

**Standard partially met – requires work**

There is not more than one area where the standard is Not Met

*And*

Evidence has been at least Partially Met in the majority of the remaining areas

*And/or*

Mental capacity has been established and plans are in place to complete assessments & processes

**Inadequate**

2 or more of the areas of evidence are Not Met

*And/or*

Mental capacity not established and documentation for those lacking mental capacity has not been considered (as below)

**All other domains except respect**

**Outstanding**

If all areas of evidence have been Fully Met to a high level of quality, the overall outcome score can be Outstanding

**Good**

There are no areas where the standard is Not Met

*And*

The majority of areas are Fully Met

**Standard Partially Met (Requires Work)**

There is not more than one area where the standard is Not Met

*And*

Evidence has been at least Partially Met in the majority of the remaining areas

**Standard Not Met (Inadequate)**

2 or more of the areas of evidence are Not Met

**5. Scoring the Overall Assessment**

**Outstanding**

One of the Respect and Reasonableness principles must be rated as at least 'Outstanding'.

*And*

At least 2 further principles must be rated 'outstanding'

*And*

No principles can be rated 'inadequate'

**Good**

Both the Respect and Reasonableness principles must be rated as at least 'Good'

*And*

At least 4 further principles must be rated 'Good'

*And*

No principles can be rated 'Inadequate'

**Standard Partially Met (Requires Work)**

If either of the Respect or Reasonableness principles are rated as at least 'Standards Met but Work Required'

*And*

There are no more than 2 further principles rated as 'Inadequate'.

**Standard Not Met (Inadequate)**

If either of the Respect or Reasonableness principles are rated as 'Inadequate'

*Or*

The majority of principles are rated as 'Inadequate'.

N.B. Scores for the overall assessment will be automatically calculated based on the grades attributed to each of the principles.