

Anonymised Ethical Decision-making Audit

The following is taken from an audit completed on the Mosaic system. The only changes made are to meet accessibility, to define abbreviations and to meet data protection requirements.

The following have been considered as part of the audit and overall judgement of the quality of the work adjusted accordingly:

- Mental Capacity Act assessment undertaken where indicated
- Decisions made at key points captured
- Analysis of information gathered
- Statutory Section 42 duty identified and/or discharged
- Timeliness of work undertaken, including contacting the person and recording the work
- Identification of caring responsibilities
- Need for independent advocacy considered and arranged where necessary
- Consent has been obtained
- Good quality recording, including use of plain English and avoidance of jargon/abbreviations
- Information has been shared with the person

This audit tool is based on the principles of the Ethical Framework for Adult Social Care which was developed by the Department of Health and Social Care, and the checklist developed within the Council.

Respect and Reasonableness are the fundamental, underpinning principles and will hold the greatest weight in determining an overall audit outcome. Each principle must be considered to the extent possible in the context of the individual circumstances.

Outcomes for each principle should be rated as either:

- 1 - Outstanding
- 2 - Good
- 3 - Standard partially met (requires work)
- 4 - Standard not met (inadequate)

An overall outcome should then be given and general comments provided.

Overall Grade: Good

Comments on strengths as evidenced: Consent was addressed, worked at the pace of xxxxxx and spent time to build up a trusting relationship working alongside the community mental health nurse. A referral was also made to the Team around the person (safe and habitable homes service) and there was a multi-agency meeting on xx/xx/xxxx.

xxxxxx living situation was significantly improved to the point xxxxxx was able to sell the home.

The social worker liaised with the hospital, GP, environmental health, Fire & Rescue Service re fire safety check.

The views of xxxxxx are well documented and strengths were documented. xxxxxx is a very private person and mental health was not good so did not always share thoughts and feeling and did feel very embarrassed about the state of the property. This was a very time-consuming piece of work, and it was a difficult balance between respecting right to privacy (Human Rights Act - right to a private and family life) with self-neglect concerns and MDT (multi-disciplinary working being a model of good practice).

The social worker found using the "team around the person" and the "hoarding toolkit" very helpful we had a talk at our team meeting around this arranged by the social worker.

Comments on areas for improvement as evidenced: None other than perhaps completing the wellbeing conversation in a timelier way - was started in xx/xxxx, finished xx/xxxx. Could have been completed then additional work in a review conversation.

Comments on areas for wider learning: xxxxxx had a deep clean in 2019 (another team was involved) but there was no plan to monitor and there was a significant deterioration in living conditions over time.

This time we are considering a plan to try to maintain living standards (what is a minimum acceptable living standard is outlined in the safer and habitable homes tool kit).

Advertising the benefits of the Team around the person approach/ safer and habitable homes.

1. RESPECT: Every person and their human rights, personal choices, safety and dignity matter. Has evidence of the following been clearly documented?

Consent to share information obtained: Fully Met

The need for advocacy has been considered: Fully Met

The person's views and wishes on matters affecting their care and support are recorded: Fully Met

If not possible, clear reasons why not are recorded: N/A

Personal choice has been considered: Fully Met

Record of information provided – both relevant now and informed of potential for change, including financial and charging information (that charges can be applied retrospectively): Fully Met

Does the person have the mental capacity to make a specific decision? Yes

Comments: Social worker addressed consent, worked at the pace of xxxxxx and spent time to build up a trusting relationship working alongside the community mental health nurse. A referral was also made to the Team around the person (safe and habitable homes service) and there was a multi-agency meeting on xx/xx/xxxx. xxxxxx living situation was significantly improved to the point xxxxxx was able to sell the home. The social worker liaised with the hospital, GP, environmental health, Fire & Rescue Service re fire safety check. The views of xxxxxx are well documented and strengths were documented. xxxxxx is a very private person and mental health was not good so did not always share thoughts and feeling and did feel very embarrassed about the state of the property. At end of xxx/xxxx the situation was xxxxxx home has been cleared, cleaned and was placed on the market for selling. xxxxxx has secured an offer on the property and the selling of it is now in process. xxxxxx has

placed an offer on a flat in xxxxxx and this has been accepted (including furniture) xxxxxx has decided to stay at xxxxxx nursing home until xxxxxx can move into the new flat (self-funding). xxxxxx vision is improving gradually and no longer causing any significant problems. Mental health is currently evidenced to be in a good place and xxxxxx is successfully taking antidepressants that appeared to have improved mood. xxxxxx has not sustained any falls since xxxxxx has been at xxxxxx nursing home and has no issues surrounding mobility. xxxxxx diabetes is now managed with insulin medication and on leaving xxxxxx nursing home the GP of choice will support with this. xxxxxx is aware that if it feels eyesight is compromised in terms of administering insulin injections, that the new GP in xxxxxx will need to be contacted to ensure the appropriate support in getting the medication happens in a timely manner. We discussed that this may be a community nurse. The social worker will remain involved with xxxxxx until moves into apartment in case anything changes in the interim. When I close the case to me as allocated social worker, should xxxxxx require adult services support in the future, xxxxxx will be able to contact the city council for support. xxxxxx spoke to me about future plans and living in dependently in xxxxxx. xxxxxx plans to employ Age UK to support with cleaning, shopping, and meal planning whilst settling into independent living again.
Respect Outcome: Good

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

Person's strengths are evidenced: Fully Met.

The proposed plan for care and support is practical and has a reasonable chance of working: Fully Met.

Evidence is based on information available: Fully Met.

Cultural considerations taken into account: Fully Met.

Clear rationale for decision is recorded: Fully Met.

Relevant information about the person's needs/meeting need has been provided to those providing care and proposed care provider: Fully Met.

The decision to provide funded care is applied consistently and equitably across the whole community: Fully Met.

Comments: No concerns.

Reasonableness Outcome: Good.

3. Minimising Risk and Harm: whilst we are not specifically auditing safeguarding, has evidence of the following been clearly documented?

Risks and potential risks have been considered: Fully Met.

Clear plan to reduce/minimise risk evidenced: Fully Met.

The customer/representatives view about risk is clearly evidenced: Partially Met.

A Risk enablement approach is clearly evidenced and appropriately recorded: Partially Met.

Contingency plan clearly recorded: Partially Met.

Safeguarding concerns have been raised and taken forward appropriately: N/A.

Comments: No section 42 Safeguarding Enquiry concerns were sent into the safeguarding hub although one had been sent in 2019 and outcome was no further action as deep clean was planned. Risk was addressed and shared using the team around the person/ safer and habitable homes service.

Risk Outcome: Good

4. Inclusiveness: People are given a fair opportunity to understand situations and be involved in decisions that affect them. Aim to minimise inequality.

Provision of information (e.g. copies of assessments, etc.) are recorded: Fully Met.
A range of communication methods/formats as appropriate to the situation/person have been used: N/A.

Carer/s have been identified and an assessment offered: N/A.

Comments: Copy of wellbeing conversation shared with xxxxxx. No carer identified.
Inclusiveness Outcome: Good.

5. 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.

The practitioner has done what they said they would and when they said they would do it: Fully Met.

The practitioner has been transparent with the person/representative as to how and which decisions need to be made on what basis: Fully Met.

The practitioner has justified decisions made and why and kept appropriate records: Fully Met.

Work was completed in a timely manner and, if not, there is evidence for why not: Partially Met.

Comments: The wellbeing conversation started in xxx/xxxx and was finished by the social worker in xxx/xxxx. I have fed back that it may have been better to complete this in a timelier way - although no timescale is set under the Care Act in the Council the expectation is this document would take up to 28 days to complete. The social worker could have completed this earlier, outcomed to review and then completed the later work in the review document. Case notes are good and there is supervisor oversight - notes of supervision.

Accountability Outcome: Good.

6. Flexibility: means 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.

The practitioner has evidence checked information and other disciplines involved as needed: Fully Met.

The practitioner has worked collaboratively within and across disciplines, teams and partner agencies: Fully Met.

Evidence seen that the practitioner has accessed available support within supervision, or by discussion with their manager as appropriate: Fully Met.

Comments: Occupational therapist involved. Fire & Rescue Service for fire safety check involved - co-ordinated multi-agency approach - Team around the person, involved environmental health and Community Psychiatric Nurses were involved in joint working. Enable Ltd was involved - a local solicitors who support people with managing finances often with general power of attorney, can help with house moves and other financial issues for a cost.

Flexibility Outcome: Good.

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

Provision of support is proportionate to needs and potential risks: Fully Met.
Case recordings/assessments/support plans/reviews are recorded proportionally: Fully Met.

Comments: Good case recording, proportionate assessments.

Proportionality Outcome: Good.

8. Community: The person's wider community assets and community led support solutions have been considered.

Informal care, community and voluntary services have been considered: Fully Met.

A range of services and resources have been considered to meet needs: Fully Met.

Comments: Use of Enable Ltd - xxxxxx has sold the house, buying a new place out of area. Friends were supportive.

Community Outcome: Good.

Overall Outcome

Overall general comments: This was a very time-consuming piece of work, and it was a difficult balance between respecting xxxxxx right to privacy (Human Rights Act - right to a private and family life) with self-neglect concerns and MDT working being a model of good practice. The social worker found using the "team around the person" and the "hoarding toolkit" very helpful we had a talk at our team meeting around this arranged by the social worker.