**Kent AMHP Service MHA Report Audit Tool**

AMHP:

Auditor:

Initials of the person being assessed & date of assessment:

Assessment Type: S136/Community/Ward/Custody/A&E/CTO

 

* **Guidance for those completing the audit:**
* This audit is undertaken with the intention of looking for ways to strengthen this particular MHA report and the report writing of the AMHP generally; it is also the intention to identify and acknowledge good practice and to share this for wider learning.
* It is also being used as a means to review the application of statutory processes, the decision making which has been undertaken by the AMHP and the rationale they have used for arriving at these decisions.
* In addition, it also enables audit of the required administrative elements of the report.
* It is intended that any feedback should be constructive and should help raise quality.
* To achieve this audit in a meaningful and comprehensive way it is necessary to read and audit the report in the context of the wider evidence available to the AMHP at the time of the assessment/writing of the report. For example, it is not possible to meaningfully comment on the quality of the assessment of risk without knowing what information was available; this requires the auditor to review the progress notes, risk assessments and other relevant information on Rio (and Mosaic if relevant). Likewise, the accuracy of the identification of the nearest relative cannot be established purely by reading what is in the report without testing this against the available information which may contradict the conclusion reached by the AMHP. The need to contextualise the content of the report to verify its quality extends across all aspects of the report – aside from its presentation.
* The AMHP report template and audit process is guidance for best practice and high-quality report writing but recognises that the report is owned by the AMHP as an independent professional. How an AMHP decides to use these templates is largely up to them. Therefore, it is essential to consider the report in its fullness, and audit against whether requirements have been met, not simply in a set way or a set place. However, there are exceptions to this related to statutory requirements, i.e. Breathing Space referrals, Care Act requirements, identification of the NR etc. For example, the Kent AMHP service quality standard is that full details related to the identification of the NR are contained within the relevant specific box so that workings out are explicit and can be understood in isolation, without the requirement of considering the entirety of the report. Guidance related to what you can expect to see within certain areas of the report are therefore offered throughout this tool.
* Only if a report or audit highlights clear concerns about AMHPs practice or competencies would it result in further action from the AMHP service.
* The questions in **BOLD,** come with the expectation of additional comment beyond merely the tick box element.
* Please also complete the Theme Checklist at the end of the document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Yes**  | **No**  | **Comment (where necessary)** |
| 1. **AMHP Details**
 |
| AMHP Details | Are these correct? |  |  |  |
| Date report completed | within 5 days? |  |  |  |
| 1. **Service User Details**
 |
| SU Details | Are these correct? |  |  |  |
| Communication issues: | Appropriately listed? |  |  |  |
| SU Group  | Correctly identified? |  |  |  |
| 1. **Referral Information**
 |
| Referral Date and time. | Correctly recorded?  |  |  |  |
| Other referral info | Is it appropriately complete? |  |  |  |
| 1. **Family Composition**
 |
| Family composition | Does it appear to be completed with all the relevant available information? |  |  |  |
| Safeguarding (within family composition) | Is the information recorded appropriate and relevant |  |  |  |
| Actions taken | Do all necessary actions appear to have been taken? *(may include alternative care arrangements, onward referrals inc. carers/safeguarding alerts)* |  |  |  |
| 1. **Circumstances leading to assessment**
 |
| **Circumstances leading to assessment:**  | **Does the information contained within this section provide a comprehensive summary of events leading to and justifying the requirement for MHA?** (*Information may include sources of information, who made referral, was it a s.13(4) request? when did MH start to deteriorate? What actions have already been taken? What are the reported risks? Police involvement?)* |  |  |  |
| 1. **Assessing Doctors**
 |
| GP | Is the box completed? |  |  |  |
| First Doctor | Is it appropriately complete? |  |  |  |
| First Doctor Consultation (This may be recorded elsewhere within the report) | Is this recorded? Is it in sufficient detail? If this has not been done is a reason for this recorded? |  |  |  |
| Second Doctor | Is it appropriately complete? |  |  |  |
| Second Doctor Consultation(This may be recorded elsewhere within the report) | Is this recorded? Is it in sufficient detail? If this has not been done is a reason for this recorded? |  |  |  |
| Previous acquaintance | Is it appropriately complete? |  |  |  |
| 1. **Considering all the circumstances of the case**
 |
| **Considering all the circumstances of the case** | **Is this current, accurate, relevant? Has Mosaic been checked? Are all the relevant circumstances covered? Is copied material cited? Any absence of information?**  |  |  |  |
| Finances | Is this in sufficient detail? N.B. Is consideration of Breathing Space referral evidenced? |  |  |  |
| Consultation with others | Is this recorded in sufficient detail? If not, is a reason recorded? Is time of consultation appropriate – i.e. before interview with SU – if not is this justified? |  |  |  |
| 1. **Nearest Relative**
 |
| NR Details | Are NR contact details appropriately recorded? |  |  |  |
| NR Identification | Is full explanation of identification provided against s.26 criteria, including whether this is via delegation or displacement? |  |  |  |
| NR Consultation  | Is this recorded in sufficient detail? If not, is a reason recorded?Is time and date appropriate? I.e. was it before interview with SU – if not is this justified? |  |  |  |
| NR Objection | Is this appropriately completed? |  |  |  |
| NR Outcome/ Rights | Is this appropriately completed? |  |  |  |
| NR Delegation/ Displacement | Are any actions/intentions appropriately recorded?  |  |  |  |
| 1. **Details of Interview with Service User**
 |
| Interview Date and Time | Is this appropriately completed? |  |  |  |
| Who was present | Is this appropriately completed? |  |  |  |
| Location | Is this appropriately completed? Is confidentiality, dignity etc. demonstrated? |  |  |  |
| Offered to see alone? | Is this appropriately completed? |  |  |  |
| Duration | Is this appropriately completed? |  |  |  |
| Content of Interview | Are AMHP duties recorded? E.g. introduction and explanation of assessment? Is it clear, in sufficient detail? Are the person’s views and wishes clearly recorded? |  |  |  |
| 1. **MCA**
 |
| MCA | Are issues regarding mental capacity and decision making appropriately illustrated? Is the AMHPs conclusions of capacity clearly demonstrated? |  |  | * For guidance – Please delete when completing audit.
* *If an individual is deemed to lack capacity, there needs to be a comprehensive explanation of how this decision was reached and reference to the 2-stage test must be made.*
* *If an individual is deemed to have capacity, this should be clearly recorded. AMHPs may choose to reference the 2- stage test in certain cases, for example those pertaining to chronic risk/ unwise decisions or where there is disagreement/ ambiguity. .*
 |
| Advanced Decisions | Is this appropriately completed? |  |  |  |
| Is there an LPA? | Is this appropriately completed? |  |  |  |
| Are they subject to DOLS? | Is this appropriately completed? |  |  |  |
| Can admission under MCA be relied upon? | Is this appropriately completed and rationalised? |  |  |  |
| 1. **Outcome of MHAA:**
 |
| Outcome | Is this appropriately completed? |  |  |  |
| Admission Details | Is this appropriately completed? |  |  |  |
| Outline Report | Is this appropriately completed?Is there evidence on electronic system of this having been completed? |  |  |  |
| Alternative Care Plan | Does it have sufficient detail with a clear plan, including who/what/when? |  |  |  |
| **Rationale** | **Does it have sufficient detail to enable the reader to understand why specific decisions were made?** **This may include how MHA criteria was met? Views of others, reference to documentation/medical recommendations. Why hospital is appropriate? Implementation of guiding principles.**  |  |  |  |
| **Risks** | **Are thorough and specific risks identified, including whether this is considered risk to health, safety or with a view to the protection of others. Including historical and present risks, explaining context, historical and dynamic factors.** |  |  |  |
| Safeguarding concern(This could be recorded in other areas of the report) | Are safeguarding concerns (specific to the SU) fully documented, including actions taken. Is it appropriate and relevant? Actions taken may include alternative care arrangements made, onward referrals/safeguarding alerts |  |  |  |
| SU informed of outcome | Is this appropriately completed, or explanations provided if not? |  |  |  |
| SU informed of rights | Is this appropriately completed, or explanations provided if not? |  |  |  |
| Details of immediate issues | Is this appropriately completed, with sufficient detail to explain the issues, and actions taken or required (i.e. protection of property/pets) |  |  |  |
| Conveyance | Is this appropriately completed? Arrangements for conveyance, how conveyed, was this delegated? Reference numbers, contact details etc.  |  |  |  |
| Who else informed | Is this appropriately completed?  |  |  |  |
| Any other information |  |  |  |  |
| 1. **Statistics and Admin Tasks**
 |
| Delays to MHA Assessment | Is this appropriately completed? |  |  |  |
| Assessment detail | Are all appropriate check boxed completed? |  |  |  |
| Admin requests | Is this appropriately completed? |  |  |  |
| Children Services s.117 referral | Is this appropriately completed? |  |  |  |
| Onward referrals | Is this appropriately completed with all necessary or relevant referrals?Consider statutory requirements inc Care Act, breathing space etc |  |  |  |
| Time spent | Is this appropriately completed?Do time spent appear to correlate with the quality of the report? |  |  |  |
| 1. **Guiding Principles MHA – COP**
 |
| **Least restrictive option and maximising independence** | **Does the report evidence the AMHPs consideration of this principle?** |  |  |  |
| **Empowerment and Involvement** | **Does the report evidence the AMHPs consideration of this principle?** |  |  |  |
| **Respect and Dignity** | **Does the report evidence the AMHPs consideration of this principle?** |  |  |  |
| **Purpose and Effectiveness** | **Does the report evidence the AMHPs consideration of this principle?** |  |  |  |
| **Efficiency and Equity** | **Does the report evidence the AMHPs consideration of this principle?** |  |  |  |
| 1. **AMHP Competencies**
 |
| **Application of Values to the AMHP Role** | **Does the report evidence competency in this area?** |  |  |  |
| **Application of Knowledge: The Legal and Policy Framework** | **Does the report evidence competency in this area?** |  |  |  |
| **Application of Knowledge: Mental Disorder**  | **Does the report evidence competency in this area?** |  |  |  |
| **Application of Skills: Working in Partnership** | **Does the report evidence competency in this area?** |  |  |  |
| **Application of Skills: Making and Communicating Informed Decisions** | **Does the report evidence competency in this area?** |  |  |  |
| 1. **Quality and Summary**
 |
| **Quality** | **Are there any quality issues regarding the presentation of the report, how it is written, spelling structure, grammar etc.**  |  |  |  |
| **Summary of areas for development** | **Please provide a summarising comment.** **Include any areas for development, quality issues that should be considered for further discussion in supervision or added to the AMHP learning plan.**  |  |  |  |
| **Summary of areas of strength** | **Please acknowledge good practice and areas of strength, including anything which should be shared for wider learning.** |  |  |  |
| Has auditor added themes for development to the spreadsheet below? |  |  |  |  |
| Any other comments, this may include Auditor’s learning.  |  |  |  |  |
| Comments from the Auditee.  |  |  |  |  |

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| --- | --- | --- | --- |
| Themes | Good practice  | Need for improvement  | Brief explanatory note  |
| Considering all the circumstances of the case – background information |  |  |  |
| Nearest relative identification as per S26 MHA |  |  |  |
| Contacting nearest relative prior to interview |  |  |  |
| Consultation with family and carers prior to interview  |  |  |  |
| Consultation with other professionals prior to interview |  |  |  |
| Interview – AMHP introductions and explanations |  |  |  |
| Interview - offer to speak to the AMHP alone |  |  |  |
| Interview - in a suitable manner |  |  |  |
| Assessment of mental capacity properly documented  |  |  |  |
| Assessment of risk – sufficient, thorough and in-depth |  |  |  |
| Nearest Relative consultation & objection re S3- clearly recorded |  |  |  |
| Nearest Relative informed of rights |  |  |  |
| Outcome rationale sufficient, thorough, and in-depth |  |  |  |
| Conveyance –details and rationale for mode of transport |  |  |  |
| IMHA Referral |  |  |  |
| Safeguarding - details provided with associated actions taken |  |  |  |
| Needs Assessment criteria met referral offered/made |  |  |  |
| Carers Assessment criteria met referral offered/made |  |  |  |
| Breathing Space criteria met referral offered/made |  |  |  |
| Protection of property - details provided with associated actions taken |  |  |  |
| Overall quality of the report and professional presentation |  |  |  |
| Unacknowledged and/or outdated copy and paste information |  |  |  |
| Any GDPR issues |  |  |  |
| Other |  |  |  |