**AUDIT TOOL FOR SOCIAL SUPERVISION**

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| --- | --- |
| Date of audit: |  |
| Conditionally discharged person’s name: |  |
| Conditionally discharged person’s Mosaic ID: |  |
| Conditionally discharged person’s Mental Health Casework Section ID: |  |
| Social Supervisors name: |  |
| Social Supervisors Locality Team: |  |
| Social Supervisors supervisor: |  |
| Records Audited by: |  |

This audit tool identifies key elements that must be evidenced for a case to be considered good. The scope of this audit is:

1. to review a Conditional Discharge Report (CDR)
2. to review the case note history/Mosaic record in the preceding reporting period
3. to review the Care and Support plan
4. to check the dates between the last two CDR’s
5. to review whether adherence to the principles of legislation and codes of practice are evidenced

Audit period: For the purposes of this audit, I reviewed ***[name of conditionally discharged person]*** Conditional Discharge Report dated the ***[enter date]*** and the preceding 3-month period on Mosaic ***[enter 3-month period date range]***.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **CDR AUDIT PART A** | **YES** | **NO** | **N/A** |
| 1. | Is the correct Conditional Discharge Report Template being used? Template can fund at the following link: <https://www.gov.uk/government/publications/conditionally-discharged-restricted-patient-report>  |  |  |  |
|  | Comments:  |  |  |  |
| 2. | Are all demographics completed in full? |  |  |  |
|  | Comments: |  |  |  |
| 3. | Date of conditional discharge included (and correct according to RIV)? |  |  |  |
|  | Comments: |  |  |  |
| 4. | Diagnosis included – does it correlate with diagnosis section in Part C of the report? |  |  |  |
|  | Comments: |  |  |  |
| 5. | Are conditions included?  |  |  |  |
|  | Comments:Social Supervisor to check that the wording of the conditions is as stated on the discharge paperwork. This can be achieved by emailing the Mental Health Casework Section. |  |  |  |
| 6. | Is the question on Deprivation of Liberty/Deprivation of Liberty Safeguards completed? |  |  |  |
|  | Comments: |  |  |  |
| 7. | Is the Index Offence (actual conviction at Court) recorded including the date and location of the Index Offence? |  |  |  |
|  | Comments: |  |  |  |
| 8. | Is the Victim Liaison Officer details included – name, email address and telephone number? |  |  |  |
|  | Comments: |  |  |  |
| 9. | If no Victim Liaison involvement is this qualified i.e. no identified victim, case inactive, dormant etc.? |  |  |  |
|  | Comments: |  |  |  |
| 10. | Details of statutory agencies – are agencies and the names and of professionals involved detailed (i.e. Kent County Council, Kent and Medway NHS and Social Care Partnership Trust)? |  |  |  |
|  | Comments: |  |  |  |
| 11. | Is Multi-Agency Public Protection Arrangements (MAPPA) eligibility category and level included? |  |  |  |
|  | Comments: |  |  |  |
| 12. | If no MAPPA involvement state, why i.e., not a qualifying offence? |  |  |  |
|  | Comments: |  |  |  |
| 13. | Are there any sexual offending orders i.e. Notification Order, Sexual Harm Prevention Order, Sexual Risk Order included (if applicable) along with the name of the Violent and Sexual Offenders Register (ViSOR)? |  |  |  |
|  | Comments: |  |  |  |
| **No.** | **CDR AUDIT PART B** | **YES** | **NO** | **N/A** |
| 1. | Are the social supervisor’s full details included under the ‘*Your Details*’ heading at the top of Part B and does this correspond with the social supervisor’s email signature? |  |  |  |
|  | Comments: |  |  |  |
| 2. | Are changes highlighted? |  |  |  |
|  | Comments: |  |  |  |
| 3. | Is there a record of the individual’s engagement with the social supervisor? |  |  |  |
|  | Comments: |  |  |  |
| 4. | Is the full crisis and contingency plan recorded including the date this was last reviewed? |  |  |  |
|  | Comments: |  |  |  |
| 5. | If the patient has changed address is there evidence that the social supervisor has informed the Mental Health Casework Section 14 days in advance of moving to the new address? |  |  |  |
|  | Comments: |  |  |  |
| 6. | If there are plans to move have these been recorded sufficiently? |  |  |  |
|  | Comments: |  |  |  |
| 7. | Are key relationships recorded and any issues highlighted (particularly important if the person was also the victim of the individuals offending behaviour)? |  |  |  |
|  | Comments: |  |  |  |
| 8. | If concerns highlighted have the risks been fully considered and the action taken appropriate (consider aggression, violent fantasies, inappropriate sexual behaviour, self-harm, drug and alcohol use, victims)? |  |  |  |
|  | Comments:Aggression:Violent fantasies:Inappropriate sexual behaviour:Self-harm:Drug and alcohol use:Victims:Any other risks particular to the person: |  |  |  |
| 9. | If the person has committed any further offences in the reporting period has this been reported? |  |  |  |
|  | Comments: |  |  |  |
| 10. | Are financial risks recorded (if any) and action taken to address? |  |  |  |
|  | Comments: |  |  |  |
| 11. | Are activities and achievements/successes recorded – is there structure and evidence of active community reintegration or plans for the same? |  |  |  |
|  | Comments: |  |  |  |
| 12. | Has the manager scrutinised and included comments/ signature/date in the ‘Further Comments’ section at the bottom of Part B? |  |  |  |
|  | Comments: |  |  |  |
| 13. | Has the social supervisor signed the CDR at the bottom of Part B and included their email address and telephone number and dated the report? |  |  |  |
|  | Comments: |  |  |  |
| **No.** | **DOCUMENTS UPLOADED TO MOSAIC** | **YES** | **NO** | **N/A** |
| 1. | Evidence of full report including clinical supervisor’s part with both supervisor’s signatures being uploaded to Mosaic? |  |  |  |
|  | Comments: |  |  |  |
| 2.  | Is Mental Health Casework Section correspondence uploaded to Mosaic or summary provided in case note? |  |  |  |
|  | Comments: |  |  |  |
| 3.  | Have MAPPA I forms/MAPPA referral forms been completed uploaded to Mosaic (if applicable during the period subject to audit)? |  |  |  |
|  | Comments: |  |  |  |
| **No.** | **MOSAIC AUDIT** | **YES** | **NO** | **N/A** |
| 1.  | Is it clear which Local Authority holds responsibility to provide aftercare services under section 117?  |  |  |  |
|  | Comments:  |  |  |  |
| 2. | Is the person in accommodation funded by KCC under section 117 MHA? |  |  |  |
|  | Comments: |  |  |  |
| 3. | Has the Mosaic ‘alert’ function been used to identify that the person is subject to conditional discharge? |  |  |  |
|  | Comments: |  |  |  |
| **No.**  | **CASE NOTES** | **YES** | **NO** | **N/A** |
| 1. | Are all social supervision contacts in the preceding reporting period headed ‘Social Supervision’? |  |  |  |
|  | Comments: |  |  |  |
| 2. | What is the frequency of contact according to the case notes? Is this appropriate and compatible with the guidance and presenting risk/needs? |  |  |  |
|  | Comments: |  |  |  |
| 3. | Is there evidence of decisions/actions agreed during the social supervisor’s professional supervision recorded on case notes? |  |  |  |
|  | Comments:  |  |  |  |
| 4. | Is there evidence that social supervisors are considering holidays, finances, employment, and accommodation moves during contact? |  |  |  |
|  | Comments: |  |  |  |
| 5. | If a holiday is planned is there evidence of contingency planning? Has this been communicated to the MOJ? |  |  |  |
|  | Comments: |  |  |  |
| 6. | Is there evidence that social supervisors are considering conditions of discharge during contact? |  |  |  |
|  | Comments: |  |  |  |
| 7. | Is there evidence that social supervisors are maintaining contact with family, significant others, accommodation staff, other professionals? |  |  |  |
|  | Comments:  |  |  |  |
| 8. | Is there evidence that social supervisors are attending CPA reviews and other statutory meetings i.e. child protection conferences, MAPP meetings etc. and providing summary of actions for social supervisor in a case note? |  |  |  |
|  | Comments: |  |  |  |
| 9. | Has a MAPPA I notification form or a referral to MAPPA been completed if indicated (i.e. change of address, risk management support)? |  |  |  |
|  | Comments: |  |  |  |
| 10. | If social supervisor was on leave during the auditing period is there evidence on the record that they have nominated another social supervisor to manage the case and informed the clinical supervisor/conditionally discharged individual/other significant people?  |  |  |  |
|  | Comments: |  |  |  |
| **No.** | **CARE AND SUPPORT PLAN** | **YES** | **NO** | **N/A** |
| 1. | Does the care plan make it clear that the person is conditionally discharged (liable to detention via recall under section 42 MHA)?  |  |  |  |
|  | Comments: |  |  |  |
| 2. | Are the conditions of discharge listed in the Care and Support Plan? |  |  |  |
|  | Comments: |  |  |  |
| 4. | Where the person is subject to orders under other legislation for example under orders relating to sexual offences (i.e. Sexual Harm Prevention Orders, Sexual Risk Orders, Notification requirements) or victims (non-molestation orders) is this included in the care plan?  |  |  |  |
|  | Comments:  |  |  |  |
| 3. | Does section 4 of the care and support plan describe how other support needs will be met and by whom i.e. health care needs (depot/clozapine clinic) MAPPA/ViSOR/Victim Contact Scheme and needs resulting from Immigration Status? |  |  |  |
|  | Comments: |  |  |  |
| 4. | Is the name and contact details of the ‘Social Supervisor’, Clinical Supervisor’, ‘Care Coordinator’, ‘ViSOR Officer’, ‘MAPPA’ status, ‘Victim Liaison Officer’ included, as appropriate in the ‘How will I stay safe and well?’ section of the care plan? |  |  |  |
|  | Comments: |  |  |  |
| 5.  | Is there evidence of consideration of protected characteristics (Equality Act), and needs arising from these which may impact on care and support provided and potential relapse triggers?  |  |  |  |
|  | Comments:  |  |  |  |
| 6. | If there are issues relating to capacity is there record of a capacity assessment in the relevant part of Mosaic and is this described in the care plan with a timescale for review? |  |  |  |
|  | Comments:  |  |  |  |
| 7.  | If there are formal arrangements in place to manage finances is this recorded in the care plan with a timescale to review these arrangements? |  |  |  |
|  | Comments: |  |  |  |
| 8.  | If the person is subject to a Deprivation of Liberty Safeguard (DoLS) or a Deprivation of Liberty DoL) via the Court of Protection is this included in the care plan?  |  |  |  |
|  | Comments:  |  |  |  |
| 9. | If the person is subject to a DoLS/DoL is this included in the care plan including when this should be reviewed i.e. when there is a change in circumstances or criteria are no longer met? |  |  |  |
|  | Comments: |  |  |  |
| 10. | If the person has eligible care needs are interventions identified to meet these needs fully described with timescales for review and outcomes? |  |  |  |
|  | Comments: |  |  |  |

**Signature of Auditor:**

**Date:**

**Themes identified during Audit**

If immediate feedback is required due to unmanaged risk, auditor to report to the Social Supervisors supervisor.

|  |  |
| --- | --- |
| Was it necessary to provide Immediate Feedback?  | Yes/No |
| Name of KR11/Service Manager immediate feedback provided to: |  |
| Date and method feedback provided: |  |