

Redacted



REDACTED INTERNAL AUDIT REPORT

ADULT SAFEGUARDING

(Procedures and Quality Assurance Processes)

PEO/03/2023

21st May 2024

Auditor	Auditor, SWAP
Reviewer	Assistant Director, SWAP
	Head of Audit and Assurance

Distribution list

Job title
Director – Adult Social Care
Assistant Director for Safeguarding, Practice and Provider Relations
Assistant Director - Operations
Principal Social Worker

Executive Summary

Audit Objective	The objective of this audit was to provide assurance that the London Borough of Bromley (LBB) Adult Services are complying with their Adult Safeguarding duties and that controls are in place to ensure that referrals are dealt with effectively and within indicative timeframes.
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Assurance Level		Findings by Priority Rating		
Limited Assurance	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.	Priority 1	Priority 2	Priority 3
		1	5	0

Key Findings
<ol style="list-style-type: none"> 1. We found that areas reviewed were structurally sound, controls were clear and well formed, published and accessible, however, in practice results of internally performed case file audits indicate that controls were not being applied. During interactions with staff administering safeguarding, they expressed that they felt too stretched to access guidance and to take up training. Other controls have not been carried out in a timely manner including lessons learned exercises from case audits. 2. We found a comprehensive suite of policies, procedures, and guidance available to staff working in Adult Services, that this was easily available and embedded Safeguarding as a theme throughout. We found that these were consistent, cohesive, and up to date. This provides a clear structure within which safeguarding can operate within the Adult Services. There is a plan in place to streamline documents to make these more accessible to staff who are under time pressure to complete caseloads. 3. There are forums in place to allow staff at all levels of seniority to share information, concerns, and best practice with regard to Safeguarding and wider Adult Social Care provision. 4. Safeguarding Strategy and Performance meetings take place monthly and are attended by managers from across Adult Social Care as a whole. Review of recent minutes identified that there is a focus on improving practice within these meetings. 5. Case file audits were completed in 2023, through reperformance of a sample of safeguarding assessments, where strengths and weaknesses were identified.

6. A positive attitude of learning and development exists within a relatively new management team. There was a recognition that tasks remained incomplete and of further steps to be taken to maximise what is considered a strong foundation for the embedding of safeguarding into everyday Adult Services practice.
7. Membership of the Board provides additional oversight and strengthens multi-agency working across the borough.
8. **Lessons Learned and Defensible Decisions** (Priority 1) - the case file audits reported a significant proportion of cases in the sample that fell short of an acceptable level of detail of the rationale for deciding on cases that were deemed to be safeguarding. A challenge arose through an Enquiry that also found the quality of decision making was weak. No workshops or formal feedback to staff sessions have occurred to deliver the case file audits findings. An action plan for the first case file audit 2023 has been published but not actioned and no action plan has been written for the second review. **See Recommendation 1.**
9. **Staff training** (Priority 2) – some staff that we interviewed reported feeling a lack of confidence in making safeguarding decisions and completing assessments. **See Recommendation 2.**
10. **Data recording** (Priority 2) – some staff reported finding difficulties with the user accessibility of the data recording system. Weaknesses in the use of the Social Care case management system were reported in the 2023 case file audits. **See Recommendation 3.**
11. **Supervisions** (Priority 2) - the importance and regularity of supervision is set out in policy, however, enquiry established that in practice this support was not consistently being made available as often as four weeks, and in one case had become a quarterly exercise. **See Recommendation 4.**
12. **Indicative time targets** (Priority 2) – reports are produced detailing safeguarding cases exceeding an indicative target of 60-days. Enquiry Officers do not receive information directly and it was found that outstanding cases were not always being challenged to establish causes for delays. **See Recommendation 5.**
13. **Quality Checks** (Priority 2) – responsibility for section 42 decisions is that of the Safeguarding Adults Managers (SAM), who must signoff enquiries performed by Enquiry Officers. In addition to this there are two annual case file audits performed in accordance with the Quality Assurance Framework. This review found the involvement of SAMs in quality checks insufficient and the learning from this has not been acted upon. **See Recommendation 6.**

Management have agreed actions for all findings raised in this report. **Please see Appendix A.**

*Definitions of our assurance opinions and priority ratings are in **Appendix B.***

*The scope of our audit is set out in **Appendix C.***

Appendix A - Management Action Plan

1. Lessons Learned and Defensible Decisions

Finding

Lessons Learned

Policy and Procedures list the responsibilities of the Safeguarding Adults Manager (SAM) when closing a safeguarding referral. Amongst these steps is the requirement to take forward any lessons learned. Informal feedback from a SAM suggested that feedback is an ongoing dialogue between Enquiry Officers and SAMs throughout the process of safeguarding enquiries and that supervision is also an opportunity to address areas of improvement.

Policy states that two casefile audits should happen each year, in 2023 two took place. Weaknesses and areas for improvement were identified in both. Findings were reported to the Operational Team in accordance with the Framework.

However, workshops to educate staff and share lessons learned have not taken place. Action plans for the audits remain incomplete and uncompleted. The value of work such as this is limited if the findings are not utilised to inform change and improvement.

There is a risk that unless findings highlighted in the case file audits are followed up, opportunities to promote good practice will be missed. Failure to prepare or to follow-up on action plans mean there is no accountability or plan to apply good quality intelligence identified through the audit. Delays between supervisions (see Recommendation 4) also pose a risk to complete a lessons learned exercise to be completed by SAMs as set out in the policy.

Defensible Decisions

We could not identify a published definition of 'defensible decision-making'; however, it is possible to summarise this as the necessary robustness of a decision, supported by appropriate evidence, in determining whether an adult is within or outside of the section 42 Care Act 2014 provision. Policy and Procedures demands clear, concise, and timely recording of information that preceded and ultimately influenced the final decision. The decision to conduct a section 42 enquiry rests with the SAM. The expectation is that all rationale of whether to proceed or discontinue an enquiry is recorded on the system. Procedures and Guidance sets out key principles of record-keeping and defines the senior's responsibility for recording.

Case files audits completed in April 2023 reported that the quality of defensible decision evidence was lacking, "unclear or incomplete threshold decisions", and half were rated as in need of improvement. The second case file audit in November 2023, revealed an improvement, as 75% of those reviewed were deemed to meet the required standard. The report called for "clear and consistent recording of section 42(1) criteria, considering the balance between professional curiosity and person-centred outcomes". The Principal Social Worker (PSW) and the Consultant Lead Practitioner (CLP) confirmed there have been no follow

up workshops to deliver the findings of these two pieces of work, an informal notification was made to line managers, and as a result it would appear through sample testing that the quality of information improved by 25%.

The PSW offered an example, that during a recent Enquiry, the local authority fell short of the expected standard of case file recording to include analysis of information to arrive at a decision, because of this an investigation was launched and a suite of measures were drawn up. These include a planned learning event in May 2024, and a review of policy and a plan to embed this learning through the assessing teams.

Risk

If action is not taken to improve when weakness is identified, poor quality and insufficient collection and recording of information will continue unchecked. Service Users may be exposed to abuse or neglect and the Local Authority may be at risk of litigation and reputational damage.

Recommendation

Action plans for the November 2023 case file audit should be drafted and agreed, then actions combined with the Spring audit should be fulfilled, including workshops to deliver findings as set out in the performance framework.

Specific lessons learned from internal case file audits and other feedback about defensible decisions should be communicated to staff through workshops and other training methods. This should highlight the consequences of failing to maintain evidence to support when challenged the defensible decision and support them to record appropriately. PSW to take forward their plans to complete lessons learned exercises and include this finding in training plans going forward.

Rating

Priority 1

Management Response and Accountable Manager

November Action Plan to be completed by end of May 2024, capturing both safeguarding audits completed in 2023.

Annual schedule of Workshops to deliver audit findings as set out in the performance framework.

Annual schedule of specific lessons learned from internal case file audits and other feedback about defensible decisions will be communicated to staff through workshops and other training methods.

Agreed timescale.

31 May 2024

June 2024

June 2024

<p>The current Social Care case management system forms Review Group will strengthen defensible decision making by line manager (Safeguarding Adults Manager) e.g., as a mandatory text box.</p>	<p>In place</p>
<p>Safeguarding Policy 1 will be reviewed and updated to ensure the focus on defensible decision making.</p>	<p>July 2024</p>
<p>The recording policy is being reviewed; risk assessments and decision making will be captured.</p>	<p>Aug 2024</p>
<p>Lead Accountable Officer – Assistant Director for Safeguarding, Practice and Provider Relations</p>	

2. Staff training.

Finding

The Principal Social Worker (PSW) provided evidence that plans, and guidance are in place that address training and development. Each team member has a job description setting out the responsibilities and requirements of them and the role that they perform, qualifications and professional registration commensurate with that role. However, in practice, through interviews and observations it is possible to discern an underlying culture of caution and a pervasive lack of confidence in the delivery of decision making. Staff expressed that they felt ill equipped in the practical application of safeguarding information recording in the Social Care case management system, whilst case file audits demonstrated a lack of ownership of safeguarding as a function of Adult Services. The Consultant Lead Practitioner (CLP) reported concerns that the prevalent practice was to treat safeguarding as separate, rather than the embedded vision promoted through policy and procedures, and that a risk averse ethos has grown up in response to a fear that safeguarding is a complex and specialist area. The CLP reported that after a prolonged period where teams were automatically deferring all safeguarding decisions direct to the CLPs, that now enquiries were being made to support the decision ultimately made and the responsibility of the SAM. There may be a case for promoting soft skill training such as effective communication, advocacy, and risk awareness training.

The PSW has acknowledged that training in the use of the Social Care case management system to record safeguarding form process should be reviewed and made available to staff in response to concerns raised in a group discussion held during this review.

We received a spreadsheet from the Assistant Director for Safeguarding, Practice and Provider Relations, of concerns raised and whether the officer responsible for the referral had completed mandatory safeguarding training. Through review of this spreadsheet and underlying data we found two exceptions where there was no record of Level 4 training completed. The Principal Social Worker has however advised that one of these has been on maternity leave and the other is a locum who undertook the training at another Borough. We understand that both are booked onto the training in May 2024.

Risk

There is a risk that staff responsible for the identification and assessment of vulnerable adults are not confident in their ability to recognise the signs of abuse or neglect and may therefore miss vital opportunities to prevent serious harm. An unwillingness to engage with Safeguarding as part of the wider Adult Services role puts those experiencing or vulnerable to abuse and neglect at risk of prolonged or unchallenged exposure to mistreatment.

Recommendation

We recommend that a review of all staff training needs is conducted and appropriate remedy be sought as a matter of urgency. Training in areas such as advocacy, communication and risk awareness would complement technical knowledge and enhance service provision and competency.

Rating

Priority 2

<u>Management Response and Accountable Manager</u>	<u>Agreed timescale</u>
Staff Induction Protocol to outline mandatory safeguarding training and timescales.	June 2024
Newly appointed senior practitioners joining Bromley: our Consultant Lead Practitioners (CLPs) will give a view regarding the evidence of their safeguarding training that the person can produce to determine if they can act as a SAM or if they first need LBB refresher safeguarding training.	Ongoing
Team Leaders to monitor and update their team members' safeguarding training dates.	June 2024
Update Safeguarding Procedure 1 to include the mandatory frequency of refresher safeguarding training.	June 2024
Two additional safeguarding training sessions were arranged for May 2024 for level 3 (for safeguarding enquiry officers) and level 4 (safeguarding adult managers).	Completed
Managers were informed that team members cannot lead on a safeguarding enquiry or act as a safeguarding adult's manager until their refresher training was updated.	Completed
Time management, to attend relevant and mandatory training, to be discussed as part of supervision.	Ongoing
Lead Accountable Officer – Assistant Director for Safeguarding, Practice and Provider Relations	

3. Data recording.

Finding

We received copies of two caseload audits carried out by CLPs in 2023. Both identified weaknesses in the quality of information recorded in the Adult Social Care recording system. We received feedback from frontline staff and management that highlights several issues around the accessibility and use of the system. There was an overarching message that the confidence of those using the system was low, and the forms specifically used to record safeguarding assessments could be more accessible and staff could be better trained to use them. For example, we were told that forms can only be edited in order of workflow steps, this is to ensure proper oversight and authorisation, but also inhibits the assessor's ability to record emerging information as it becomes available. An Enquiry Officer reported that previous safeguarding reviews are not apparent when accessing the records of an existing Service User, and therefore relevant information is not included in the current assessment.

Enquiry Officer and SAMs who attended a meeting with us to discuss Safeguarding stated that there is no 'audit record' in the Social Care case management system contact form of which officers had completed work steps. From this exchange we conclude that either the system does not record this information or staff are unaware of how to access it.

There is a user guide that focuses on the safeguarding forms in the data recording system, multiple guidance documents for the Social Care case management system are available to all staff online. However, as per feedback from the Practitioners meeting and the issues recorded in the case reviews, there is grounds to remind staff of their existence and importance.

Risk

There is a risk that identified limitations of the data recording system and staff's lack of engagement with that system are preventing the proper process of making safeguarding assessments. Critical information may be lost, not recorded in a timely manner or recorded outside the system.

No system audit trail results in a risk that lack of accountability and recourse may damage reputation if a decision in the original assessment proves to be wrong. Missed opportunities for staff development if repeated errors or omissions cannot be attributed to an individual.

<p><u>Recommendation</u></p> <ul style="list-style-type: none"> • A reminder should be sent to staff that Social Care case management system operational procedures are available • The Principal Social Worker said that reinstatement of training would be investigated with the trainers, this should be actioned. • A feedback exercise or a working group on the use and application of the Social Care case management system in delivering Adult Social Care services generally and safeguarding specifically would assist in educating staff on the capabilities of the system and identifying limitations that could be overcome through system development. • There have also previously been system champions in each team, and a desire for their reinstatement was made by members of Practitioners' Group. 	<p><u>Rating</u></p> <p style="text-align: center;">Priority 2</p>
<p><u>Management Response and Accountable Manager</u></p> <p>A reminder with the link will be sent to staff that Social Care case management system operational procedures are available.</p> <p>Reinstatement of Social Care case management system training: A cycle of safeguarding training after safeguarding forms were updated; and review if training can be offered periodically for new staff.</p> <p>A Safeguarding Adults Social Care case management system forms review group is already in place. This group includes safeguarding management and representative from operational teams.</p> <p>Lead Accountable Officer – Principal Social Worker</p>	<p><u>Agreed timescale</u></p> <p>June 2024</p> <p>September 2024</p> <p>Completed</p>

4. Supervision.

Finding

Adult Services and Safeguarding Policies states the importance of supervisions as a support and development tool, using regular 'face-to-face' contacts to build accountability, competence and confidence is set out clearly. They establish that Safeguarding Adult Managers are responsible for the overall coordination of the section 42 enquiry. The SAM will make decisions regarding the need to conduct a section 42 enquiry when abuse or neglect had occurred, all decisions will be recorded by them in the casefile, even if the decision is to take no further action.

Enquiry and feedback with officers established that supervisions were not consistently occurring at regular four-week intervals, as set out in the policy. That the availability of supervision, was between four and six-weeks in one case and three months in another. The ability to recall detailed information about cases that had occurred in the elapsed period was hard and meetings were felt to be stressful and unhelpful. The PSW provided us with the results of a supervision audit that was carried out in July 2023, results of a survey support the findings that not all supervisions are occurring at regular four weekly intervals. An action plan has been published in accordance with this audit and includes a recommendation to use reoccurring calendar bookings to promote this.

Oversight and accountability were raised in an open forum conducted for the purpose of this review, with opinions shared that accountability for safeguarding is lacking within the frontline teams, and that there is a 'cultural fear of safeguarding' within teams and by team leaders. Despite safeguarding being an all-pervasive theme running through adult social care guidance, CLPs believe that it is being treated as a separate and specialist area, that an assumption exists that because they are available to offer specialist support that Enquiry Officers and SAMs were relying on them too much to make section 42 decisions. More regular and effective supervisions would help to improve this.

We have also reviewed the supervision trackers for four teams and analysed the frequency of supervision between January and March 2024. We found that, on the basis of supervisions occurring monthly:

- 27% of supervisions that were due had not taken place and no reasonable explanation (for example annual leave or sickness) was recorded.
- A further 4% of supervisions had not taken place but reasonable explanations for these had been recorded.

We recognise that gaps may also be due to supervisors not recording when supervisions took place but alongside the interview findings as detailed above, failure to record will not be the reason for missed supervision in all instances.

<u>Risk</u>	
There is a risk that without regular and frequent supervision, issues that could be resolved quickly and simply in early stages are left until they become more complex and harder to rectify. Opportunities to offer support, receive feedback and convey messages are lost and become less relevant. Delays between supervisions often result in a larger volume of topics to consider, some of which can cause unnecessary anxiety as details may be less clear over time and multiple cases become overwhelming.	
<u>Recommendation</u>	<u>Rating</u>
Supervisions should occur at four weekly intervals to provide staff and management with the opportunity to receive support in alignment with Policy. Supervisions should include support, coaching and guidance to staff.	Priority 2
<u>Management Response and Accountable Manager</u>	
Line manager supervision tracker to be updated by line managers.	July 2024
Continue to promote the available supervision training: 1-day Professional supervision training offered by Learning & Development (2 sessions offered annually).	Ongoing
Discuss supervision within Senior Practitioner forum and Operational Team Leaders forum.	Aug 2024
Consultant Lead Practitioners (CLPs) continue to have an open-door policy and regularly meet with Staff / teams for safeguarding support and advice. Guidance and advice provided must be recorded on the Social Care case management system.	Ongoing
Update supervision policy to change minimum supervision frequency from 4 weeks to 4 to 6 weeks depending on the need of the staff member.	Aug 2024
Supervision Quality Assurance audit will be conducted by the end of this year following our supervision survey completed in 2023.	Dec 2024
All line managers to use reoccurring calendar bookings for supervision.	Ongoing
When a Safeguarding Adults Manager is away from work due to sick leave or annual leave, then the Team Leader must identify a temporarily Safeguarding Adults Manager for the Enquiry Coordinator.	Ongoing

<p>When the Enquiry Officer is away from work due to sick leave or annual leave, then the Team Leader must identify a temporarily Enquiry Coordinator.</p>	<p>Ongoing</p>
<p>Our PSW, who now supervise the CLPs, have send information to Team Leaders regarding the Consultant Lead Practitioner (CLP) role. CLPs continue to communicate this to teams.</p>	<p>Completed</p>
<p>All operational Team Leaders to attend refresher Safeguarding Adults Manager (level 4) training at least once every 2 years.</p>	<p>Ongoing</p>
<p>Lead Accountable Officer - Assistant Director for Safeguarding, Practice and Provider Relations</p>	

5. Indicative time targets.

Finding

An indicative timetable for the process of proceeding safeguarding referrals is published.

Policy and Procedures places the responsibility for managing the time frame of referrals on the SAM to work together with the Enquiry Officer administering the referral. Supervision is an appropriate opportunity to discuss problematic or delayed cases. A report is shared with officers detailing the length of time referrals have been open. Of 132 cases open as at 1 April 2024, 26 had been open for more than six months and a further 55 had been open for 2-6 months.

We received feedback at the Practitioners' Group that the complexity of a case often determined the speed with which it could be resolved, however, there was a reminder from within that group that all Safeguarding should be practiced with time being of the essence, and resolution being sought at pace was often in the best interests of the service user.

We were also informed that performance reports were directed to SAMs and line managers to follow up with front line staff to identify causes of delay and ensure that delays were genuine. We received feedback from frontline staff that suggest that cases that have exceeded this threshold have gone unchallenged. Observation from the CLP was that overwhelm in response to the volume of safeguarding referrals often culminated in avoidance and repetition of the process to delays. SAMs in attendance of this meeting expressed a desire to reinstate meetings with CLPs to regularly discuss the progress of such cases.

Risk

There is a risk that cases not prioritised may result in continued risk to the Service User, whilst failure to follow-up on outstanding workload may lead to continued avoidance and delays. Without review, lessons to be learned about genuine causes of delay may be lost, a person-centred approach may slow the closure of a Safeguarding case but be an acceptable compromise for the wellbeing of the Adult involved.

Recommendation

Staff should be made aware of cases exceeding the indicative time targets and explanation should be sought to understand the reasons for delays.

Within the performance information dataset, further granularity should be provided for the 2-6 month bracket, so that managers can understand how far over 60 days cases have remained open.

Rating

Priority 2

<u>Management Response and Accountable Manager</u>	<u>Agreed timescale</u>
<p>Reinforce that all enquiry officers and SAMs must complete the Social Care case management system case note to record rationale of reasons why the safeguarding is open for more than 60 days. This case notes must be updated bi-weekly.</p>	<p>June 2024</p>
<p>We have now implemented the bi-weekly Safeguarding Support and Performance Team Meeting in all operational teams.</p>	<p>Ongoing</p>
<p>A new EXCEL data report to be developed for current Social Care case management system to reflect what we had for the previous Social Care case management system:- all open safeguarding enquiries including the number of days open, as well as the case note setting out the reasons why the safeguarding is open for more than 60 days.</p>	<p>July 2024</p>
<p>Lead Accountable Officers – Head of Strategy and Performance, Principal Social Worker</p>	

6. Quality checks.

Finding

Policy and Procedures states SAMs will quality-check all related mental capacity assessments and relevant best interest decisions on the file and authorise the forms for completion. Similarly, they will authorise all Safeguarding Adult forms and end the safeguarding workflow on the system when all forms are completed.

A lack of SAM involvement in safeguarding enquiries was reported in the April casefile audit, it was also observed that there was a correlation between reduced presence of the SAM in planning stages and throughout the workflow window, and quality of the case overall.

Enquiry with SAMs and Enquiry Officers established that a preference for a system of strategy meetings ahead of the enquiry and planning stages, reminiscent of a previous approach, would be considered helpful.

ASC assessments and support plans should be authorised in accordance with procedure, with good practice and experience shared. The Framework also includes a requirement to conduct case file audits in accordance with the audit programme. Two such investigations were conducted in 2023, and reports were produced. A sample of referrals were selected and reformed, findings were noted, and weaknesses reported.

In 2023, four Safeguarding Adults Reviews were completed.

Risk

There is a risk that unless findings highlighted in the case file audits are followed up opportunities to promote good practice will be missed, the finding in both reports was that where SAM involvement was not evident the quality of the case file was insufficient.

Recommendation

Findings from the 2023 case file audits should be followed up and consideration should be given to consulting staff about the most effective approach to receiving SAM input to support ongoing quality.

Rating

Priority 2

<u>Management Response and Accountable Manager</u>	<u>Agreed timescale</u>
Reinforce that supervision / guidance to staff need to be recorded on the Social Care case management system.	June 2024
Reinforce that Team Leaders must be made aware by their team members of all complex and high-risk cases.	June 2024
SAM and Enquiry Officer forums facilitated by CLPs will commence in June 2024 and will support training needs and gaps in performance.	June 2024
Managers to be reminded of their duty and the minimum frequency of monitoring safeguarding timescales on open safeguarding enquiries that their team.	June 2024
Lead Accountable Officer - Assistant Director for Safeguarding, Practice and Provider Relations	

Appendix B - Assurance and Priority Ratings

Assurance Levels

Assurance Level	Definition
Substantial Assurance	There is a sound system of control in place to achieve the service or system objectives. Risks are being managed effectively and any issues identified are minor in nature.
Reasonable Assurance	There is generally a sound system of control in place but there are weaknesses which put some of the service or system objectives at risk. Management attention is required.
Limited Assurance	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.
No Assurance	There are major weaknesses in the control environment. The service or system is exposed to the risk of significant error, abuse, loss or reputational damage. Immediate action must be taken by management to resolve the issues identified.

Action Priority Ratings

Risk rating	Definition
Priority 1	A high priority finding which indicates a fundamental weakness or failure in control which could lead to service or system objectives not being achieved. The Council is exposed to significant risk and management should address the recommendation urgently.
Priority 2	A medium priority finding which indicates a weakness in control that could lead to service or system objectives not being achieved. Timely management action is required to address the recommendation and mitigate the risk.
Priority 3	A low priority finding which has identified that the efficiency or effectiveness of the control environment could be improved. Management action is suggested to enhance existing controls.

Appendix C – Audit Scope

Audit Scope
<p>We reviewed the adequacy and effectiveness of controls over the following risks:</p> <p>The application of legislation is incorrect or inconsistent leading to failures of safeguarding duty resulting in real harm to service users.</p> <p>We reviewed the following controls;</p> <ul style="list-style-type: none">• Guidance and operational procedures are up to date and available to all officers making decisions about adult safeguarding within the service.• Staff are appropriately trained and qualified to apply statutory guidance on a case-by-case basis.• Consistent use of the data recording system ensures information is available and complete to evidence ‘defensible decision-making’, in accordance with s.42(1).• Regular review of targets against published and agreed timescales to ensure referrals are being addressed in a timely manner.• Adequate supervision and feedback is available to all staff engaged in adult safeguarding referrals to ensure support and continuous development of decision making skills.• Quality checks are made to ensure that referrals are processed in line with statute and guidance, and that lessons learned are used to improve the quality-of-service delivery.• Multi-agency working is used to ensure that referrals are not overlooked, and best use of resources is made to ensure vulnerable adults are protected.• Accountability and transparency are encouraged through senior management oversight and performance reporting.