Learning On One Page (LOOP)

Derby Safeguarding Adults Board (DSAB): Audit – MCA (March 2026)

Description of audit context

In 2025 the Quality Assurance Subgroup agreed that the number cases that were unclear around an adult's mental capacity was an area that would be interesting to investigate, and that a set of audits around these cases would prove beneficial. The aim of these sessions was to discover if there are any common themes as to why the Mental Capacity Act wasn't properly applied, and what steps partners need to undertake to ensure the correct protocols are followed in future cases.

The DSAB completed 2 multi-agency audit meetings in March 2026, reviewing randomly selected nine cases with a focus on how MCA was applied in the case, with the aim of identifying good practice and learning to be shared across the board.

The recent multi-agency case file audits were completed with support from a panel of practitioners who sit on the QA Subgroup. It was not possible to obtain feedback from adults as part of this audit.

Good practice

- In 100% (9) of cases the timeliness of assessment was excellent.
- In 100% (9) of cases the referral form was fully completed.
- In 77% (7) of cases the adults views, wishes and consent, were sought prior to the referral being made. In the 2 other cases this was not applicable.
- In 88% (8) of cases the adults Mental Capacity was considered prior to the referral being made and in relation to the specific decision.
- In 88% (8) of cases the rationale for making the referral was in line with local safeguarding criteria guidance.
- In 77% (7) of cases the outcome of the capacity assessments was clearly recorded.
- In 88% (8) of cases it was appropriate for the referring agency to complete the MCA assessment.
- In most cases where applicable (66%) (6) advocacy was considered, however was not provided in any cases as it was not required due to individuals having next of kin available or having capacity themselves.
- In 66% (6) of cases a safety plan was put in place. The three other cases were non applicable due to a variety of reasons including the case being revisited by Adult Social Care (ASC) and not meeting the criteria.

What didn't go so well

The group agreed that generally the 9 cases were positive however there were still some areas where improvements could be made.

- In 22% (2) cases the 2- stage capacity test was not clearly applied.
- In 22% (2) cases the decision-specific nature of capacity was not documented.
- In 33% (3) cases there was no evidence of maximising capacity via information exchange and reasonable adjustments.
- In 44% (4) cases the multi-agency communication was disclosed as average or poor.
- In 33% (3) of cases further agencies should've been contacted during the information exchange.
- In one case (11%), a safeguarding referral was made following a multi-agency meeting without the individual being informed.

Key learning themes

- Recording and consideration of MCA information within referral processes where a standalone assessment tool is not in place.
- Consistent consideration of advocacy support in applicable cases.
- Timely submission of fully completed referral forms across all cases.
- Carry out information exchanges with appropriate agencies.
- Where required, consideration of the inclusion of post-prison planning as part of the safety planning process.

DSAB recommendations

- ASC to ensure that the required relevant agencies are contacted during the information sharing exchange.
- All agencies to ensure that capacity is maximised as much as possible via information exchange and reasonable adjustments.
- All agencies to ensure promotion and circulation of the decision-making guidance within their organisations.
- All agencies to ensure that safeguarding related capacity assessments are undertaken up in a timely manner.
- Where appropriate ASC and Probation to have post-prison plans recorded as a thorough protection plan.
- DCC ASC To review case number 10 and see if further action is needed as the case had a element of uncertainty due to unprescribed medication.