**Safeguarding Adult Audit Tool**

The Audit Tool will be used primarily by the Grants Teams at the London Borough of Hackney and the City of London, together with any other quality measure specific to each authority. The tool comprises a set of standards and sets out the criteria that organisations need to evidence to meet that standard. Each standard is RAG rated based proportionately on the number of Yes/No responses and allows for the rater to make commentary on the standard.

A red rating is made on the basis that the organisation has not made reference to, or there is no evidence of the particular criteria within that standard. An amber rating indicates that reference was made but there is insufficient information or evidence across the standard that is of a consistent quality, but there are some areas that meet the standard. A green rating indicates that there is evidence and that this is sufficient for new members of staff to understand the issue and information related to specific criteria across the standard. Where organisations do not meet particular standards, the auditor must advise on what remedial action the organisation should consider to improve outcomes for people with care and support needs.

**Reliability and Validity**

The audit tool captures data that allows the rater to make an assessed judgement on each standard. Where there may be challenge to the rating for a particular standard, it is suggested that two auditors independently rate against the criteria. In the event that there is no agreement the manager will be the overall decision-maker and their decision will be the final determination.

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| **Organisation:** |
| **Rated by: Date:** |
| **Standard 1: A safeguarding policy and procedure is available to all staff**  |
| 1.1 States who the policy and procedures are aimed at. | **Y** | **N** |
| 1.2 Provides a definition of adult safeguarding and who is entitled to be safeguarded under the Care Act 2014. | **Y** | **N** |
| 1.3 References the Care Act 2014 and statutory Care and Support Guidance 2015. | **Y** | **N** |
| 1.4 Reference is made to consent and the Mental Capacity Act 2005. | **Y** | **N** |
| 1.5 References the London Multi-Agency SA Policy & Procedures. | **Y** | **N** |
| 1.6 The Policy and Procedures are underpinned by the 6 safeguarding values. | **Y** | **N** |
| 1.7 Procedures set out how to recognize abuse and neglect and provide descriptors to support staff and volunteers in recognizing abuse and neglect. | **Y** | **N** |
| 1.8 Procedures detail who to contact and what initial action to take. | **Y** | **N** |
| 1.9 Reference to the local safeguarding adult’s referral point is identified.  | **Y** | **N** |
| 1.10 There is clear reference to Children Safeguarding and where people are in the process of transition and under 18 years, staff should refer to the local children safeguarding arrangements. | **Y** | **N** |
| 1.11 Record keeping and recording standards are made explicit in relation to safeguarding. | **Y** | **N** |
| **Standard 1 rating**  |  |  |  |
| **Rater Commentary:** |
| **Standard 2: Safeguarding from abuse**People must not suffer any form of abuse or improper treatment while receiving support. This includes:* Neglect
* degrading treatment
* unnecessary or disproportionate restraint
* inappropriate limits on their freedom
 |
| 2.1 There is a policy on how to respond to allegations of abuse against people in a ‘Position of Trust’. | **Y** | **N** |
| 2.2. There are links between HR & Safeguarding P& P’s that ensures the safety, wellbeing of all adults using the service placing their safety as paramount. | **Y** | **N** |
| 2.3 Services that provide support to adults with behavior that challenges provide staff with the appropriate guidance on how to prevent and manage any incidents using accredited de-escalation processes.  | **Y** | **N** |
| 2.4 The policy references the Deprivation of Liberty Safeguards and how to work with organizations supporting people subject to a DoLS. | **Y** | **N** |
| 2.5 There is a whistle blowing policy linked to the safeguarding policy and procedures that support staff to escalate matters. | **Y** | **N** |
| **Standard 2 rating** |  |  |  |
| **Rater Commentary:** |

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| **Standard 3: Person-centred safeguarding**Safeguarding that is tailored to the person and meets their needs and preferences, championed by the Making Safeguarding Personal approach. |
| 3.1 Policy & procedures champion a person centred approach to safeguarding adults. | **Y** | **N** |
| 3.2 Guidance is provided to help staff manage difficult conversations. | **Y** | **N** |
| 3.3 Policy stresses that the person is the decision maker. | **Y** | **N** |
| 3.4 Policy includes details of how to assist service users to understand options available to them. | **Y** | **N** |
| 3.5 Risk is discussed with service users and their views on how to manage risk are the focus of risk management policies. | **Y** | **N** |
| 3.6 There is guidance to staff on who the nominated safeguarding lead is and the referral process to the local authority. | **Y** | **N** |
|  **Standard 3 rating** |  |  |  |
| **Rater commentary** |

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| **Standard 4: Dignity and respect**People are treated with dignity and respect at all times and they are central to safeguarding plans and decisions. |
| 4.1 Procedures start with a conversation with the adult. | **Y** | **N** |
| 4.2 Policy stresses that information is shared on a need to know basis and is linked to confidentiality. | **Y** | **N** |
| 4.3 Conflict of interest is identified as an issue between service users and carers and procedures address the rights of service users to self -determination. | **Y** | **N** |
| 4.4 Policy stresses talking to people in private and at their pace. | **Y** | **N** |
| 4.5 There is a policy on taking photographs of service users to include consent and how such information is shared with other professionals. | **Y** | **N** |
| 4.6 Policy and procedures determine that medical examinations are only undertaken by qualified clinical professionals. | **Y** | **N** |
| 4.7 There is reference to unwise decisions and respecting the rights of people to make such decisions balancing these with safety. | **Y** | **N** |
| 4.8 There is a link to the complaint procedures and people are advised on how to make a complaint without fear of retribution. | **Y** | **N** |
|  **Standard 4 rating** |  |  |  |
| **Rater Commentary** |

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| **Standard 5: Consent**People (or anybody legally acting on their behalf) must give consent before any decision or action is taken (except in emergency or specific situations). |
| 5.1 There is reference to the Mental Capacity Act 2005 and appropriate guidance on conducting a mental capacity assessment is provided. | **Y** | **N** |
| 5.2 The policy details exemptions under ‘public interest’ and there are guidance examples for staff to understand when consent may be over ridden. | **Y** | **N** |
| 5.3 Advocacy is understood as a requirement under s68 of the Care Act and the P&P states that the service will work with nominated advocates as advised by the local authority. | **Y** | **N** |
| 5.4 Non-emergency referrals to the police are discussed with service users and the organizations duty to protect service users and staff. | **Y** | **N** |
|  **Standard 5 rating** |  |  |  |
|  **Rater commentary** |

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| **Standard 6: Safety**People must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Services must assess the risks to individual’s health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep people safe. |
| 6.1 Policy and procedures are accessible to all staff and there is a policy that all staff and volunteers read and confirm their understanding as part of their induction. | **Y** | **N** |
| 6.2 There are safe recruitment procedures including full reference checks and DBS where appropriate. | **Y** | **N** |
| 6.2 There are environmental risk management plans to ensure the premises provide a safe and secure place for service users.  | **Y** | **N** |
| 6.3 Risk assessments and risk management plans are discussed with people prior to using the service where there are known safeguarding concerns. | **Y** | **N** |
| 6.4 Staff are trained and offered regular supervision in relation to safeguarding work. | **Y** | **N** |
| 6.5 Additional risk assessments and safety measures are discussed and put in place where staff or volunteers are lone workers. | **Y** | **N** |
| 6.6 Managers and safeguarding leads receive additional training and safeguarding is a standard agenda item in their supervision and annual appraisal. | **Y** | **N** |
|  **Standard 6 rating** |  |  |  |
| **Rater Commentary** |