

Safeguarding Adults at Risk Audit Tool, Final Version, 16 January 2014

Audit of arrangements in individual organisations to safeguard and promote the wellbeing of adults at risk

The purpose of this tool is to provide all organisations in the Borough with a consistent framework to assess, monitor and/or improve their Safeguarding Adults arrangements. In turn this will support the Board in ensuring effective safeguarding practice across the Borough. The process, which involves a *challenge and support event*, will promote objectivity and support from the Board. The framework has been developed so that it can be used by a wide range of organisations from varying perspectives and to varying degrees.

This audit tool incorporates elements of the Section 11 audit framework from government guidance *Working Together to Safeguard Children*, March 2013, and elements of the NHS Safeguarding Adults Self-Assessment Framework. It is based too on an audit tool produced by the Borough of Solihull and incorporates elements of the methodology of an audit tool produced by Sheffield for use in Adult Safeguarding in 2004 and referenced in ADASS, 2005, *Safeguarding Adults*.

The process for Board discussion and preparation for this is described in more detail on page 11 and includes the following:

Senior management of each partner organisation will complete its own self-assessment for internal action and then for discussion with the Board Chair and **with partner agencies** at a Board *challenge and support event* to be held before 30 June 2014 and subsequently by the end of each financial year.

- Organisations are required to make a judgement as to how well each statement is being achieved based on the following rating:

GREEN rating – the organisation meets the requirement consistently across the organisation.

AMBER rating – the requirement is met in part; there may be pockets of excellence and areas for improvement.

RED rating - the organisation does not meet this requirement.

- Areas with an amber or red rating must be supported by action to be taken to ensure improvement and by whom.

The *challenge and support event* will help to identify:

- single agency actions – which will be monitored by that agency and updates made to the Board
- partnership issues for action by the Board or its sub-groups.

Each organisation will be required to complete the audit by an agreed date for reporting to the Board *challenge and support event* before 30 June 2014 and by the end of the financial year thereafter.

- Thereafter the Board will facilitate and monitor improvement via these annual challenge events and regular Board meetings as necessary.
- The Safeguarding Adults Board (through its sub-groups) will keep this audit under review and may change it to reflect changes in legislation and best practice and to ensure the continuous improvement and strengthening in arrangements of safeguarding adults at risk.

All partner agencies represented on the Board will be encouraged to complete the self-assessment audit. It could be taken wider if that is felt worthwhile.

Commissioners may encourage providers such as care homes and domiciliary home care providers to complete a self-assessment by using this tool at appropriate provider forums.

This tool could be used to inform commissioners undertaking contract monitoring across all sectors. Clinical Commissioning Groups and NHS Providers will complete the audit in full. This will be monitored by NHS England (London Region).

The purpose of the tool is to help the Board get an overview of the Safeguarding Adults arrangements that are in place across the locality, identifying:

- strengths, so that good practice can be shared
- common areas for improvement where organisations can work together with support from the Board
- single agency issues that need to be addressed
- partnership issues that may need to be addressed by the Board.

The findings should inform the Board's action plan.

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

Discussion points/comments	RAG rating	Evidence to support RAG rating	Additional action to ensure improvement and by whom	Progress or date completed
<p>*A1 The organisation has a senior staff member who has received training in Adult Safeguarding and, where appropriate, Prevent, and who has responsibility to 'champion' safeguarding throughout the organisation. They keep senior managers informed of all issues relevant to safeguarding and promoting wellbeing. They have sufficient time and training to carry out this role. This senior staff member may be the designated individual to whom concerns about an adult at risk are reported, or there may be an additional role in the organisation for this purpose. This person will have a job description reflecting this specific role.</p> <p><i>Please specify the post holder</i></p>				
<p>Marion Willicome-Lang, Service Manager Ian Tweedie, Team Manager</p>	Green	<p>Service Manager and Team Manager Adult Social Care (ASC) hold lead responsibility for all adult resident population safeguarding, reporting and quality assurance. Service Manager lead for Corporate Adult Safeguarding and support to Champions.</p>		<p>City of London (COL) Safeguarding campaign to be launched to staff on 23 June 2014. Support to 14 departmental designated Champions throughout corporation to commence on 14 June 2014. Safeguarding review audit of COL ASC team due November 2014 following initial audit undertaken in November 2013.</p>
<p>*A2 The organisation is committed to Safeguarding Adults and promoting wellbeing, and this is explicitly reflected in the organisation's mission statement/guiding principles as well as in strategic documents. The organisation is able to evidence how it is implementing the strategic aims of the Board's safeguarding strategy.</p> <p>This commitment is reflected in the level of participation of the organisation in actively supporting the Safeguarding Adults Board (SAB) in</p>				

taking actions in the context of its business plan.					
A2	Director COL Department for Community and Children's Services (DCCS) and Assistant Director (AD) People sit on the C+H SAB.	Green	Business plan 2014–17 strategic aim one: To safeguard adults from abuse and neglect and deal with it appropriately and effectively where it does occur. COL Corporate Safeguarding Sub Committee: Additionally COL has developed a Safeguarding Sub Committee within the governance structure of the C+H SAB.		Safeguarding campaign to staff commences 23 June. Safeguarding campaign to COL residents commences September 2014.
*A3 There is demonstrable commitment at Board level (or equivalent) to Safeguarding Adults. Governance arrangements make relevant connections to support identification of organisational concerns relevant to safeguarding (such as complaints and serious incident reviews). The service has a system for reviewing alerts and referrals which is integrated with complaints and serious incident reviews. The organisation recognises safeguarding as integral to quality and best practice, and relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice; and safety.					
A3	COL complaints process clear. Safeguarding placed on corporate risk register. Clear alert process.	Green	COL ASC underwent independent safeguarding review. Improvement plan and audit framework under way, with independent review to be set in train. Quarterly performance monitoring reports to Safeguarding Sub Committee.		

			Annual report to SAB.		
*A4 The organisation evidences candour and openness internally and in its relationship to the Board. It identifies challenges to this open culture and puts plans in place to addresses these <i>(Identify, in the comments/evidence sections, those challenges and how you intend to address these)</i> .					
A4	Challenge session to SAB. More evidence to be collated through QA framework.	Amber		Internal challenge session to COL Safeguarding Sub Committee to assess progress made internally.	November 2014.
*A5 The organisation ensures that high quality legal advice is made available to staff on both Safeguarding Adults and the Mental Capacity Act (MCA), including making available to managers and staff regular updates from the Court of Protection (COP).					
A5	Internal legal advice, with specialist spot-purchased advice when required.	Green	Specialist MCA/DOLS training day for ASC and Finance around capacity and COP and appointeeship.	Supreme Court ruling operational workstream in place with DLT briefing, including budget forecasting.	

SECTION B: THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

	Discussion points/comments	RAG rating	Evidence to support RAG rating	Additional action to ensure compliance and by whom	Progress or date completed
*B1 Organisational policies make reference to Safeguarding Adults and Prevent where applicable. There are specific organisational policies and procedures in place reflecting your organisation's responsibility to safeguard and promote the wellbeing of adults at risk. These reflect and cross-refer to the pan-London Policy and Procedures. They include clear lines of accountability, from an individual employee up to the most senior person in your organisation, and this is shown diagrammatically. They include reference to the importance of keeping accurate records as well as guidance to support staff in this. This in turn links in to the organisation's policy on sharing information.					
B1	<p>Corporate responsibility through golden thread through business plan to staff appraisals.</p> <p>Corporate-wide safeguarding awareness raising.</p> <p>Corporate risk register.</p> <p>Commitment from members and chief officers group.</p> <p>Partnership links with Children's team work on Prevent and Channel alongside COL Police.</p>	Green	<p>COL Corporate Safeguarding policy.</p> <p>Business plan.</p> <p>ASC policy and procedures – online tri-ex manual.</p> <p>Accessible pan-London Policy and Procedures.</p> <p>Clear lines of reporting (see department organogram).</p>	Record keeping was fully audited in 2013 and reviewed in line with improvement plan and full implementation of framework i.	
*B2 Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard and to promote the wellbeing of people who use services. Invitations to tender, contracts and contract monitoring reflect this and reflect relevant standards and regulations.					

B2		Green	All contracts contain adherence to need to comply with safeguarding, standards and regulations. Commissioner receives all alerts regarding commissioned providers and attends safeguarding strategy meetings and conferences.	To check QA on Safeguarding Adults as regards contract monitoring templates and post safeguarding follow-up with the Disclosure and Barring Service (DBS) etc. Monitoring forms being updated in line with commissioning review part 1 to ensure that ALL services report safeguarding concerns at monitoring meetings.	
*B3 All commissioned services have contracts which require that services can demonstrate that the Mental Capacity Act is complied with. Examples of how contract monitoring addresses this are shared with the Safeguarding Board when requested.					
B3	To assess WFD aspects around MCA and DOLS and to work in partnership with ASC on this in relation to contract update.	Amber		Reporting to Board needs to happen. Contract register and how it complies. Monitoring forms being updated in line with commissioning review part 1.	October 2014.
*B4 All NHS commissioned services are adhering to the NHS standard contract under service conditions 32 in relation to Prevent.					
B4	N/A				

SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

	Discussion points/comments	RAG rating	Evidence to support RAG rating	Additional action to ensure compliance and by whom	Progress or date completed
*C1 Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board. This includes: policies on when to undertake checks and the level required with the Disclosure and Barring Service; the responsibility for all staff in relation to safeguarding and to promoting wellbeing is stated within all job descriptions; professional standards in relation to safeguarding are underlined; induction standards include the need to ensure that new staff are made aware of their responsibilities to safeguard adults at risk and promote wellbeing.					
C1	HR. DCCS, including Housing.	Green	Sound HR policies and procedures as regards recruitment and induction. Clear DBS protocol for all staff. Corporate Safeguarding policy. Golden thread. Safeguarding Champions and awareness raising campaign. Ongoing support to Champions.		Launch due 23 June 2014. Quarterly meetings, commencing December 2014.
*C2 The organisation's staff supervision policy supports effective safeguarding. Your organisation has a policy that sets out the frequency that employees in contact with adults at risk receive regular supervision and an appraisal. All staff have regular reviews of practice to ensure they improve over time and are competent to carry out their safeguarding responsibilities. Discussion on safeguarding issues is specifically facilitated in supervision so that staff feel able to raise concerns and are supported in their safeguarding role.					
C2	Professional capabilities framework	Green	Supervision policy and	Independent audit review	November 2014.

	(PCF). Knowledge transfer programme (KTP) with Goldsmiths University.		appraisals all reflect safeguarding across the service as evidenced by independent Safeguarding Adults audit in 2013.	with QA framework. Supervision template, team audit and Safeguarding Adults Clinic in progress.	December 2014.
*C3 All staff working with adults at risk should receive training appropriate to their role to ensure competence to meet the needs of adults at risk of harm and to respond to safeguarding concerns. This will include training on the Mental Capacity Act and (where relevant) Prevent and also equality and diversity issues. A framework to assess competency in Safeguarding Adults and the Mental Capacity Act is integrated into existing supervision and appraisal systems.					
C3	All staff groups, Intake, Reablement and SAMs found to be knowledgeable and competent to carry out work with adults at risk, evidenced through independent Safeguarding Adults audit. PCF and KTP. Partnership working with Children's team and COL Police around Prevent and Channel when applicable.	Green	Specialist training on MCA implemented.	To develop Reablement teams in conjunction with Skills For Care NMDS framework and through full access to Hackney mandatory safeguarding training as SAB partners. Corporate Safeguarding policy, Champions and campaign roll-out.	August 2014. June 2014.
*C4 Your organisation has written guidance and procedures for handling complaints and allegations against staff and this is clearly accessible to staff. This includes a whistle-blowing policy and a culture that enables issues about safeguarding and promoting the wellbeing of adults at risk to be highlighted and robustly addressed. It includes appropriate referral to the Disclosure and Barring Service. Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.					
C4	HR.	Green	KTP work. Reflective practice group. Staff handbook. HR policies and procedures.	To raise the LADO role in ASC at SAB level.	June 2014.
*C5 Your organisation takes steps to ensure that information is obtained from staff about their experience of working in the service, including					

the practice of exit interviews. This information is used by the organisation to make improvements. *(Note down in the comments/evidence section key messages and improvements arising from this.)*

C5	HR. WFD group helping shape staff training and development within the service.		Through ongoing supervision and at team meetings and staff and senior management development days. Exit interviews when applicable.		
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SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

D	Discussion points/comments	RAG rating	Evidence to support RAG rating	Additional action to ensure compliance and by whom	Progress or date completed
*D1 Your organisation is represented at the Safeguarding Adults Board and/or its sub-groups. Frequency and participation during attendance at Board meetings and sub-group meetings is noted. The Board representative reports back to the right level in the organisation, ensuring that the broader organisation engages with the partnership and its objectives.					
D1		Green	Director and AD are SAB members. Cascade through COL sub committees, supervision and team meetings.		
*D2 The organisation evidences its engagement and transparency with the partnership in Safeguarding Adults: in appropriately recognising and reporting Adult Safeguarding concerns to the Local Authority for coordination of response. It engages appropriately in multiagency efforts to prevent and intervene in safeguarding concerns (attendance at strategy meetings/case conferences and finding effective outcomes). The organisation evidences that action plans from SCRs nationally and locally drive improvement internally and across the partnership. There is evidence that internal action plans/learning (e.g. from SIs, SCRs, complaints) are shared with the Board to facilitate learning across the partnership. This will include triangulation of data that will inform decision making.					
D2	Two ELFT/COL SCRs. Performance reporting on data to sub committees.	Green	Work evidenced in full partnership with ELFT. Ongoing collaboration with partners from Health.	To enhance the incorporation of COL SCRs/SIs at SA Board level.	To be raised at Board level.
*D3 Your organisation has policy/procedures/guidance setting out clearly the process and principles relating to sharing information across agencies. The protocol is in accordance with the pan-London Safeguarding Procedures. All relevant staff are trained in applying this, including in the context of Safeguarding Adults. Local and national learning from serious case reviews informs learning about the principles to be applied.					
D3	Tri-ex online.	Green	Tri-ex online manual sent out to all staff on their		

	COL data sharing policy.		desktop the pan-London Procedures. SCRs with ELFT have enhanced protocols on information sharing.		
*D4 Your organisation can demonstrate active engagement with raising alerts and multiagency partnership working for Prevent, including supporting the Channel process.					
D4	Via partnership work with children's service and designated officer in COL Police.	Green	Joint work well advanced in children's services around Prevent, and access to this as required. Development session planned for service leads.		SMT and presentation.

SECTION E: ADDRESSING ISSUES OF DIVERSITY

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

E	Discussion points/comments	RAG rating	Evidence to support RAG rating	Additional action to ensure compliance and by whom	Progress or date completed
*E1 Your organisation records gender, age, disability, faith, sexuality, language and ethnicity of service users where a safeguarding response is necessary/offered. This is used to inform safeguarding strategy.					
E1	As part of ASCOF and annual safeguarding PIs and annual report.	Green	Quarterly reporting and annual report highlights trends and helps shape future need and outcomes-based commissioning.		

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING ADULTS AND EMPOWERED WITHIN THE ORGANISATION'S RESPONSES TO IT

F	Discussion points/comments	RAG rating	Evidence to support RAG rating	Additional action to ensure compliance and by whom	Progress or date completed
*F1 The principle of person centred care is at the heart of the organisation's practice. Give examples of how this is demonstrated and the difference it makes.					
F1	FWi qualitative post safeguarding service user evaluation.	Green	Joint work in 2012 with Hackney under the Making Safeguarding Personal (MSP) project through ADASS.	Simple evaluation post safeguarding exists to ascertain how people felt about the process and if they feel safer as a result. Workstream devised on Framework i for reporting purposes. Outcomes shape future interventions.	
*F2 The organisation demonstrates a clear working understanding and competence in applying the Mental Capacity Act and of the core principles within it.					
F2	Service all appropriately MCA aware based on grade and type of work undertaken.	Green	Evidenced via independent audit. Whole team training undertaken via external specialist MCA lawyer. QSWs experienced in MCA/MH SW, and one BIA.	Utilising Skills for Care modular training and development for non-social work trained staff. Full access to Hackney training as SAB partners.	August 2014.
*F3 Your organisation has written information available to adults at risk and their families about Safeguarding Adults, including who to contact if they are concerned about an adult at risk. Arrangements are in place to support those for whom English is not their first language. Information is provided in a range of formats and languages.					

F3	<p>Safeguarding leaflets.</p> <p>Service Directory.</p> <p>COL website.</p> <p>Awareness campaign to residents.</p>	Amber	<p>Leaflets and directory are currently up to date and formatted according to service user need.</p>	<p>Closer links via Public Health being developed with community engagement officer as regards formats and dialects required within Bangladeshi community. COL website presently being updated.</p>	October 2014.
<p>*F4 Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this. Their experience is recorded and the organisation learns from it. Individuals who use services and their carers/families also influence and inform more broadly the development of the organisation's strategic approach to safeguarding and related agendas. <i>(Note down in the comments/evidence section key messages arising from engagement with service users, families, carers, public.)</i></p>					
F4	<p>FWi service user feedback.</p> <p>Simple numerical scale of 1–10 about feeling safer and engagement with the process.</p> <p>Feedback from service users in letters and during work on the MSP project was as follows: feeling safer now. Feeling included and consulted as part of the safeguarding process.</p> <p>ASCOF.</p> <p>Safeguarding awareness raising campaign to COL residents.</p> <p>Service user representation at the Safeguarding Sub Committee.</p>	Green	<p>Part of the qualitative feedback approach to safeguarding that ASC adopted following the MSP project.</p> <p>All commissioned services have service user representation as part of the tender and review process and protecting adults at risk is part of this process.</p>	<p>Community engagement and co-production to be re-evaluated at the Safeguarding Adults audit.</p>	November 2014.

	Safeguarding matters brought to the Adult Advisory Group (AAG).				
*F5 Within your organisation's quality assurance process and its practice there is a strong outcome focus identifying the outcomes that those that use the services expected, having been consulted on these and those outcomes that were achieved.					
F5	<p>ASCOF reporting processes.</p> <p>Quarterly performance reporting to sub committees.</p>	Amber	Working towards a stronger outcomes focus in Safeguarding Adults.	To be formally reviewed through independent audit and the development of a QA strategy and framework.	December 2014.

Completing the audit and preparing for a Board *challenge and support event*

- Discuss with appropriate colleagues/managers where you think you are in relation to each statement that applies to your organisation.
- Identify key strengths and areas where progress is most needed. Think about any constraints you face.
- Note down key points of discussion as a helpful reference for future action/discussion.
- Reflect on discussion and agree your position on the rating scales for each statement:
 - *What have you found that is good about your organisation's approach to safeguarding that you could share with partners?*
 - *What have you found that gives you cause for concern – including evidence from Serious Untoward Incidents or other worrying events?*
- It may be helpful to ask organisations to present the top three things where they are doing well and three areas where they need to improve when you get together at a *challenge and support event*.

You will want to consider:

- **How will you review progress on necessary actions on issues of concern?**
- **Should these actions be integrated into other action plans for individual organisations or for the Board or the Health and Wellbeing Board?**

Organisation:	City of London		
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Name of person completing this audit:	Name: Marion Willicome-Lang	Designation: Service Manager Adult Social Care	
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Date audit completed:	20 May 2014	Date audit authorised:	2 June 2014

Summary of audit findings and identified issues of concern:		
List of red and amber areas:		
1	A4	
2	B3	
3	F3	
4	F5	
5		
6		
7		
8		
9		
10		

Good or best practice examples you would like to highlight	Refers to section in audit tool (e.g. A1, F5)
Corporate responsibility for Safeguarding Adults at risk/campaign and strategy	A2
ASC team recording and safeguarding practice indicating sound understanding of safeguarding principles, and adherence to policy and protocols	B1
PCF and KTP. independent audit and planned review and upcoming QA framework	C2
Director and AD members of SAB cascade model through COL Safeguarding Sub Committee	D1
Sound reporting on gender, age, disability, sexuality, ethnicity, faith, etc.	E1
Strong evidence of ASC team's understanding of MCA principles in relation to Safeguarding Adults evidenced through independent audit	F2