

Hampshire Safeguarding Adults Board

Organisational Safeguarding Audit Tool

April 2015

Guidance notes:

HSAB has developed a Quality Assurance Framework which is designed to enable the Board to fulfil its remit of ensuring local safeguarding arrangements are effective and deliver the outcomes that people want. The Quality Assurance Framework acts as the mechanism by which HSAB will hold local agencies to account for their safeguarding work, including prevention and risk management. It also provides collaborative leadership for safeguarding whilst ensuring proportionality and balance in the safeguarding system. It promotes personalised safeguarding and places focus on outcomes not targets. In order for local organisations to be assured that they have foundations for effective safeguarding they need to demonstrate that they have the following things in place:

- Clear leadership and management of adult safeguarding
- Robust systems and processes in place to deliver the Hampshire Multi Agency Safeguarding Adults Policy and Procedures;
- Adult safeguarding linked into all aspects of service delivery;
- Availability of appropriately trained, skilled and competent staff (consistent with local multi-agency safeguarding procedures) and
- Clear internal governance processes.

To support local agencies, HSAB has developed this Organisational Safeguarding Self Audit Tool to help them evaluate the effectiveness of internal safeguarding arrangements and to identify and prioritise any areas in need of further development. The Organisational Self Audit Tool should be completed on a bi annual basis. It is designed to support local organisations in their continuous improvement of adult safeguarding work. It is not intended to publish the results of individual organisations or to use the information provided to compare organisations. Instead, areas of generic learning will be identified to inform HSAB's strategic development of safeguarding for its area.

To complete the Organisational Safeguarding Self Audit Tool, agencies are asked to answer all the questions under each of the six headings and to assign a RAG (Red, Amber or Green) status to that area. In the comments section, respondents should provide evidence to support the rating given including any actions required. Any actions identified should be designated high, medium or low priority in the column provided.

Partner organisations are asked to complete (electronically) the Self Audit and to return completed forms to Sue Lee at susan.lee@hants.gov.uk

If you have any queries, please feel free to contact Sue Lee at the above email address or by phoning 07551152760.

Hampshire Safeguarding Adults Board Organisational Safeguarding Audit Tool

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
1. Management and leadership					
1.1 Accountability for and ownership, of 'safeguarding adults' is recognised by the executive body and/or Board of Trustees.					
1.2 The organisation actively promotes a culture and ethos of human rights, dignity, respect, self determination, independence and empowerment.					
1.3 There is a designated Safeguarding Adult Lead who takes the lead for safeguarding within the organisation.					
1.4 There is a safeguarding adults plan – this is cross referenced with service plans and includes standards relating to safeguarding adults.					
2. Governance					
2.1 There are clear care governance arrangements in place to prevent abuse or neglect.					
2.2 Robust recruitment and employment practices are adopted - this includes checkable references, checkable ID and appropriate DBS checks in place at the commencement of employment.					
2.3 Job descriptions include a clear statement on the responsibility to prevent abuse and neglect and to report concerns.					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
2. Governance continued					
2.4 There is a code of conduct for all staff and volunteers, setting clear standards for relationships between people in a position of trust and service users. These are compatible with the law and relevant professional standards.					
2.5 There are mechanisms for service users, relatives and visitors to raise concerns including how to make a complaint and the contact number for the local safeguarding adults team					
2.6 There is a whistle blowing policy to enable staff and volunteers to raise concerns outside their own chain of line management or their organisation where necessary.					
2.7 There are reporting mechanisms from the point of care to the senior management/Board and from the management/Board to the point of care.					
2.8 There is a clear Allegations Management process – any allegations of abuse, neglect or misconduct regarding staff and volunteers are investigated robustly.					
2.9 There is a process for reviewing any alert made about any of the organisation’s services. Where necessary, a safeguarding is made to the local authority.					

Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
2. Governance continued					
2.10 There are mechanisms to ensure that learning from investigations lead to positive change and that this influences policy and practice development.					
2.11 The organisation maintains a log of: <ul style="list-style-type: none"> Alerts made to the local authority Alerts received about its services Internal investigations and outcomes Referrals to registration bodies/DBS 					
3. Policy and Procedures					
3.1 There is a clear, well-publicised policy of ‘zero-tolerance’ of abuse and neglect covering all incidents of abuse from any person and in any setting.					
3.2 The organisation’s own ‘Safeguarding Adults’ Policy is consistent with local multi-agency ‘Safeguarding Adults’ Policy – this is reviewed and updated on a regular basis.					
3.3 The organisation is clear about any specific professional responsibilities and legal obligations that it will adopt within its ‘Safeguarding Adults’ Policy.					
3.4 The ‘Safeguarding Adults’ Policy and procedures are publicised to staff, volunteers, service users, families and carers appropriately & in accessible ways					
3.5 All staff and volunteers are able to identify and appropriately report concerns of abuse or neglect.					

3.6 Adult safeguarding is cross referenced within other relevant operational policies and procedures.					
Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
4. Training and development					
4.1 There is a training plan which ensures staff and volunteers at all levels have appropriate knowledge of safeguarding and competencies in relation to their role.					
4.2 All staff and volunteers receive training on mental capacity and adult safeguarding – there is regular refresher training.					
4.3 Staff and volunteers are able to access successive levels of safeguarding training in line with their role and responsibilities. Where appropriate this training is mandatory.					
4.4 Staff and volunteers receive regular supervision – this includes discussion of safeguarding issues and opportunities given for reflective practice.					
5. Practice					
6.1 The organisation can evidence that staff/volunteers adopt a person centred approach.					
6.2 The organisation can evidence that staff/volunteers involve service users in decision making about their support.					
6.3 The organisation can evidence that service users are offered the opportunity to participate in planning and review meetings as appropriate.					

6.4 The organisation can evidence that service users are offered access to independent information, advice and advocacy.					
Benchmark Standard	Green	Amber	Red	Evidence and actions required	Priority rating (H, M, L) for actions
6.5 The organisation can evidence that reviews focus on evidence of the benefits and effectiveness of support provided.					
6.6 The organisation has clear protocols for managing service users' disengagement from support.					
6.7 The organisation has established mechanisms for seeking feedback from service users.					
6.8 The organisation can evidence that it uses feedback from service users to improve care and support and outcomes.					