



**London Borough of Ealing
Safeguarding Adults
Quality Assurance Framework
2021 - 2024**



Ealing Safeguarding Adults Quality Assurance Framework

Version	1		
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Introduction

Section 43 of The Care Act requires every Local Authority to establish a Safeguarding Adults Board for its area. Ealing Safeguarding Adults Board (ESAB) operates at a strategic level, helping and protecting adults in its area from abuse and neglect through coordinating and reviewing a multi-agency approach across all member organisations. The approach that ESAB takes directly influences how frontline safeguarding operations are undertaken in each member organisation within the Ealing area.

This Quality Assurance document helps to cement this multi-agency approach by -

- Assuring local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assuring itself that safeguarding practice is person-centred and outcome-focused
- That all agencies work collaboratively to prevent abuse and neglect where possible
- Ensuring that agencies and individuals give timely and proportionate responses when abuse or neglect has occurred
- Assures that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

What is Quality Assurance?

Quality assurance is about assessing the quality of the work we undertake to safeguard adults at risk and understand the impact of this work in terms of its effectiveness in helping to keep adults at risk safe. Effective quality assurance will contribute to a culture of continuous learning and improvement.

The primary challenge of quality assurance is to improve the quality of practice and safeguarding outcomes for adults at risk.

What is the QA Framework?

The framework is for strategic partnerships and individual organisations with safeguarding adults' responsibilities in Ealing.

The framework is based on an 'Outcomes Based Accountability' (OBA) approach which will help those with leadership, senior management or scrutiny responsibility for safeguarding adults to gain a better understanding of how safe adults at risk are in their services and communities by considering:

- What we do?
- How well we do it? – are partners working well to respond to safeguarding concerns?
- What difference we have made/is anyone better off? - do safeguarding arrangements improve outcome for adults at risk

Types of data:

There are three types of performance information/measures as follows;

Quantitative information

This will help to inform what we do. It answers the questions: 'How much/how many?'

Qualitative information

This will tell us more about how well we do it. It is concerned with the functioning of the organisation and the quality of what was done.

Outcome information

This tells us what difference, or impact we have made (through our services, strategies and interventions) to the lives of adults at risk.

Traditionally, quality assurance information in safeguarding has focused largely on quantitative information, with some qualitative information and very little outcome information. The challenge is, over time, to increase the proportion and importance of outcome information as this constitutes what really matters, supported by qualitative information and then quantitative information.

Principals Underpinning the Framework

The 6 core principles of Safeguarding that underpin the Framework are:

Empowerment

People being supported & encouraged to make their own decisions and give informed consent

Prevention

It is better to act before harm occurs

Proportionality

The least intrusive response appropriate to the risk presented

Protection

Support and representation for those in greatest need

Partnership

All partners, Communities and Ealing residents have a part to play in preventing, detecting and reporting neglect and abuse

Accountability

Accountability and transparency in delivering safeguarding

The Quality Assurance Framework is also underpinned by the following principles:

- **Openness and transparency:** each partner agency within the SAB are likely to know where good practice, areas for development and risk lies within its own organisation. The SAB needs to be assured agencies have identified and acted upon risk and areas of development, or to be enabled to do so as a multi-agency board. All partners must bring good practice, areas for

development and risks to the table so that the Board can agree how they can be mitigated. Some will be single agency actions, and some will require multi-agency action.

- **Outcomes:** good quality safeguarding arrangements should be person-centred, defined by the individual, outcomes-based and making a difference, in line with Making Safeguarding Personal – i.e. to what degree do our safeguarding arrangements deliver what is important to adults at risk and the outcomes they want to achieve.

- **Triangulation:** that different qualitative and quantitative information sources need to be compared and contrasted to cross-verify the data and validate any conclusions being drawn. This will enable the Board more confidently to understand whether arrangements are effective and making a positive difference.

- **Learning & Improvement:** What we do with the information collated is as important as the quality of information we collect. Therefore, the learning from quality assurance will be shared with partners and used meaningfully to change practice and improve outcomes for clients and carers.

Sources of information

Information will come from the following sources

- Organisational performance / activity data
- Case Records
- Experiences of Frontline Staff and Managers
- Experiences of clients /carers

By and large, organisational performance / activity data and case records have been the two main sources of information used in safeguarding quality assurance. Whilst it is recognised that these are important and valuable sources, to get a full picture of what is really happening, it is important to capture the experience of client /carer/s, and the experience of frontline staff and managers.

All partner organisations will need to consider how they collate quantitative, qualitative and outcome-based information from the four sources to inform improvement activity in respect of their safeguarding practice.

Organisational performance / activity data

Clear, comprehensive range of performance information supports an understanding of effective safeguarding practice. It is at the heart of the drive to secure continuous improvement and delivery of high-quality services.

Case records

The case records held by an organisation, in whatever format, will be a rich source of information.

Case record 'auditing' involves the systematic analysis of records by staff with relevant professional expertise, in order to glean the required information from a sufficient sample of cases to provide a picture of what is going on through gathering the case findings.

The experience of service users and their representatives

Obtaining the views of service users and representatives in safeguarding work is underdeveloped because it is hard to do, especially in what can be of a sensitive nature of safeguarding work.

It is important to know how clients and carers feel they are being treated by the professionals and agencies they interact with. If their experience of such interactions is negative, this is likely to have an adverse impact on outcomes. Understanding what matters in terms of engagement and interaction, and whether this is something they experience in reality (and therefore identifying what professionals and agencies need to get right) is something only clients and carer/s can tell us.

The experience of front-line staff / managers

Staff and frontline managers will often know about the quality and impact of their own services, and those of partner agencies they work with. Safeguarding Adult Reviews have highlighted the false assurance between what is meant to happen in terms of policy and procedure, and what actually happens. It is important to have a constant feedback loop from the frontline to keep senior management and those with governance responsibilities 'reality-based'; not just in terms of what is or is not working, but to assist with ideas for improvement so that changes can be made systematical.

Elements of the Framework

- 1. SAB Self - Assessment** of strategic and organisational arrangements to safeguard and promote the wellbeing of Adults at Risk. This tool has been developed to provide all organisations in Ealing with an annual framework to assess monitor and improve their Safeguarding Adults arrangements.
- 2. Data/Performance** – a range of data will be required from partner agencies/organisations to inform Board Quality Indicators/Data/Performance Report. The aim is to use this information to enable ESAB to understand the prevalence of abuse/neglect, highlight themes and trends in safeguarding activity, and identify issues that need addressing in safeguarding arrangements. The information should cover trends in reported abuse, partnership working to respond to safeguarding concerns, and outcomes. When possible, data from across the safeguarding partnership that is already collected and used by individual agency management teams to monitor the effectiveness of their individual safeguarding arrangements, will be utilised.
- 3. Duty of Candour** – ESAB places a duty of candour on all partner agency/organisation – this in practice will mean there is an expectation that all partner agencies and organisations will notify the Board of any issues of concern – such as poor regulatory inspection outcome, safeguarding adult reviews, issues that might attract media attention, and any other pertinent information.
- 4. User experience** – understanding their journey. All partner agencies should have processes in place to understand the service user experience of their service. ESAB is interested in adults experiences of the safeguarding adults process – therefore this framework places a duty on agencies/organisations to ascertain people's safeguarding experience and report them to the Board, via the Effectiveness Sub Group, so that their experiences can inform the work of the Board.

5. **Training/Competency** – ensuring training is sufficient, positively impacts on practice which in turn improves outcomes for adults with care and support needs in Ealing, while staff working with adults with care and support needs are skilled and competent across all sectors. The Learning & Development Subgroup will lead on this area of work.

6. **Safeguarding Case Audits** - Each year the Practice Review and Audit Subgroup will review and update a Quality Assurance work plan for approval by the ESAB Exec. During the year the Practice Review and Audit Subgroup will convene and recommend specific themed audit topics these will be proposed in the annual work plan. As proposed in the work plan. Wherever possible the experience of adults at risk will be a key factor.

8. **Complaints** - Each partner agency must have in place arrangements for monitoring complaints to ensure safeguarding issues are identified and responded to early and quickly. The ESAB reserves the right to ask partners to share complaints data.

9. **Safeguarding Adults Reviews** - SAR's will also review the effectiveness of procedures and identify lessons for improvement. The Practice Review and Audit subgroup will monitor progress against action plans and assurances will be provided to the ESAB on completion.

10. **Annual Report** – ESAB will publish, each financial year, an annual report to highlight achievements, objectives, strategies, and priorities throughout the year. It will also include the findings of any Safeguarding Adults Reviews concluded in that year.

Tools

Please see Appendix 1 and 2 for relevant tools.

Roles and Responsibilities

ESAB oversees the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard adults from abuse and is responsible for challenging all relevant organisations on their performance in ensuring that adults at risk are kept safe in Ealing.

ESAB will:

- Receive reports from its various subgroups
- Receive and scrutinise agreed performance information.
- Provide important information to local members and relevant overview and scrutiny committees.
- Work effectively with NHS agencies across Ealing and other Partnerships to ensure adults at risk are safeguarded from abuse and harm and their wellbeing is promoted.

In accordance with the provisions of the Care Act, the ESAB annual report will provide a detailed analysis of the effectiveness of safeguarding within Ealing. The report, through scrutiny of the evidence gained through the quality assurance programme, will highlight good practice and identify where (and how) improvements can be made.

Individual partner agencies and organisations including all statutory members of the board are responsible for:

- Their own quality assurance activity in relation to safeguarding
- Supplying information and data as required by this framework
- Ensuring appropriate representation at all relevant SAB Subgroup's
- Participating in multi-agency audits as defined by the Practice Review and Audit Subgroup
- Notifying the SAB on any areas of concern – poor regulatory inspection outcome with regards safeguarding
- Notify the SAB and request a Safeguarding Adult Review, where appropriate

ESAB Subgroups

Each of the Subgroups has a different remit with the consistent theme of understanding and achieving better outcomes for adults at risk.

Subgroups include –

- **Executive Subgroup:** to oversee the Board's business and to progress and coordinate the work of the subgroups.
- **Practice Review and Audit Subgroup** - responsible for the co-ordination and management of the quality assurance framework. The Subgroup will provide a quarterly Audit Report for executive members of the SAB.
- **Safeguarding Effectiveness** – This subgroup considers how effective our practice is across all agencies through performance data, multi-agency assessment and practitioner engagement on key themes.
- **Learning and Development** – Ensuring that the SAB Partners have cascaded and developed policy, learning and training with regards to safeguarding adults. The subgroup is responsible for developing and cascading training and policy development strategies, cascading of that learning and policy.

Learning and Taking Action

The overall findings of the QAF will be set out in an annual QAF report from the Practice Review and Audit Subgroup. The report will provide for the Board;

- Summary of the key messages from audit activities
- Triangulation of the available data and intelligence
- A holistic view of safeguarding arrangements so that we know how effective they are
- Opportunities to challenge and address areas for development and agree actions and

priorities for individual agencies for inclusion in the Business Plan.

Learning from activities will primarily be set out in the QAF report. Action will be taken through the identified areas for development being included in the Board's Business Plan for the following year. Findings will also inform the SAB's Annual Report, published each year in the Autumn.

In identifying areas for development, ESAB may:

- Commission further research and exploration into specific areas;
- Agree action plans and monitoring with individual agencies;
- Make use of buddying and peer reviewing between agencies to drive improvement.

In addition, changes may be made to:

- Policies, procedures, and processes
- Training and development for staff
- Contracts, service level agreements and monitoring arrangements
- Resources
- Case auditing programmes
- Leaflets, posters and other awareness raising and communications materials.

On behalf of ESAB, the Practice Review and Audit sub-group will keep this framework under review and may change it to reflect changes in legislation, best practice and to ensure the continuous improvement of safeguarding adults in Ealing.

Reviewed by

Dan Simms,

Ealing Adults Principal Social Worker

13/01/2022

References

1. Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>
2. Guidance -Care and support statutory guidance (Updated 24 June 2020) <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
3. Social Care Institute for Excellence (SCIE)
<http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/quality-assurance/index.asp>

Appendices

Appendix 1 – Safeguarding Vulnerable Adults Internal Audit Tool

Appendix 2 – Ealing Safeguarding Adults Board Strategic Self Audit Tool

Appendix 1

Case Audit Guidance

The Safeguarding Case Audit Tool is an audit which aims to assess the quality of safeguarding interventions. The purpose of the audit is to draw out best practice and learning and share it with colleagues across Ealing. The Case Audit will help the board to understand what is working well or not working well for adults and/or their families/carers and to give some understanding of the quality of interventions.

The case audit will focus on the six key elements of safeguarding and focus on whether the safeguarding enquiry has adhered to these six principles as well as ensuring that the adult's voice is heard, and the adults preferred outcomes captured and acted upon. The principles are of:

- **Empowerment**- adults being supported and encouraged to make their own decisions on outcomes
- **Prevention** - taking action before harm occurs.
- **Proportionality** - The least intrusive response appropriate to the risk presented.
- **Protection** - Support, action, and representation.
- **Partnership** – working in partnership with the Adults at risk, other organisations, carers and communities. Local solutions through services working with their communities.
- **Accountability** -Accountability and transparency in safeguarding practice.

Making Safeguarding Personal

Safeguarding Enquiries need to involve the adult at risk and should be clear in what the adult wants as an outcome to the safeguarding.

Making Safeguarding Personal is integral to all the Case Audits. In completing the audit, we should be clear about the following -

1. What outcomes did the person express?
2. If there were doubts about the person's capacity to make decisions about the enquiry, was a mental capacity assessment undertaken and were best interest decisions made where required?
3. Was the need for advocacy considered?
4. Were meetings arranged in line with the principles of MSP (e.g., consideration about venue, how individual would be supported to attend/participate, how record of meeting was recorded)?
5. Were there any issues of risk in relation to the outcomes expressed by the individual? If so, how were these addressed?
6. Was the individual kept involved and informed of the safeguarding process throughout the enquiry?

Involving frontline practitioners

As a Board we are keen to ensure that senior leaders understand the realities of front-line practitioners and to use this information to influence planning and policy. Case conversations should be held with the professional(s) who undertook or participated in the safeguarding enquiry. The professional will also be asked to reflect on the six key principles of safeguarding and to contribute to the Safeguarding Case Audit as a whole. This could be a separate conversation that is facilitated by the auditor.

In order to demonstrate good practice in terms of quality assurance, it is recognised that frontline practitioners should be more actively involved in the audit process. By ensuring and encouraging conversations with all those who were involved enables the opportunity to reflect, together safely, on what worked well and why, and the process will support professional revalidation. The professional(s) can be advised that any issues raised should be included as part of the supervision process. We will also try to capture a view of what might have supported a different approach and escalate this in our combined reports where appropriate.

The Safeguarding Case Audit Process

- The audit process will be completed by the Principal Social Worker for adult social care on behalf of London Borough of Ealing.
- Themes will be identified at the Practice Review and Effectiveness Subgroup.
- The Principal Social Worker will ensure that cases are identified and report back to the board about the outcome of each audit.
- Each Audit will be audited using the agreed Case Audit Tool and guidance questions
- The PSW will ensure the frontline practitioners are consulted and contribute to the audit.
- The PSW to ensure that written notes at the audit are made to highlight the learning so that recommendations and actions can be made.
- The PSW to ensure through facilitation that a quarterly report is submitted to the Ealing Safeguarding Adult Board with learning recommendations for action.

The learning

The process is not about blame but about an open and transparent learning from practice in order to improve inter-agency working and adult's experience of safeguarding in Ealing. It is also an opportunity to showcase best practice.

Learning from each case audit will be provided to individual practitioners whose cases have been audited using the Safeguarding Audit Learning Summary form (Appendix 2). Highlights from these reports will form part of an annual report that is produced by the PSW and presented at the Practice Review and Audit Subgroup.

The report will be a summary of findings and will not identify any of the cases involved in the audit. Best Practice workshops will then take place throughout the year to disseminate learning across Ealing. Information may also be published on the Ealing Safeguarding Adults Board website.

Practitioners should feel safe and supported to engage in this process. Learning and recommendations from each audit will be used as part of workforce development and further learning.

Multi-Agency Safeguarding Audit

Participants and roles:

Name:

Known as:

Date of Birth:

Reference No (i.e. Mosaic / RIO ETC):

NHS number:

Agency's System Identifier:

Mandatory information taken from Mosaic / RIO etc & Enquiry forms:

Date concerned raised	
Type of Abuse	
Location of Abuse	
Referral Source	
Presenting concern	
Agencies involved	
Have outcomes been met?	
Agencies involved	
Record of 'Cause of Risk'	
Documents Reviewed	
Documents not available	

Audit Findings

<p>What would the person like as an outcome to the safeguarding enquiry?</p>	
<p>Plases answer the next questions using the guidance for each principle Plases score the next six questions alongside the narrative <i>(With the suggested guidance)</i></p> <ul style="list-style-type: none"> • 2 Fully met <i>(4/5 of the Questions within the principle have been have considered)</i> • 1 Partially met <i>(2/4 of the Questions within the principle have been have considered)</i> • 0 for unmet <i>(1 or less of the Questions within the principle have been have considered)</i> • NA – for not applicable • NK – for not known 	
<p>Has the response adhered to principle of Empowerment?</p>	(score)
<p>Has the response adhered to the principle of Prevention?</p>	(score)
<p>Has the response adhered to the principle of Proportionality?</p>	(score)
<p>Has the response adhered to the principle of Protection?</p>	(score)
<p>Has the response adhered to the principle of Partnership?</p>	(score)
<p>Has the response adhered to the principle of Accountability</p>	(score)

<u>Total Score</u> 12 Outstanding 8-12 Good 6-8 Requires Improvement 5 or below Inadequate	Total Score
Summary (including best practice)	
Learning points and recommendations	

Guidance

Empowerment

1. The safeguarding process has been fully explained to the adult or their advocate in a timely manner, so that the adult has the right support to make informed decisions regarding identifying outcomes and risk management.
2. The outcomes of the adult at risk are identified by the adult, or their advocates, and the adult is supported throughout the safeguarding journey, with outcomes used as a benchmark throughout the process.
3. If the individual lacks Mental Capacity has an appropriate advocate been identified and contacted and asked for a view and desired outcome in the individual’s best interests? Where situational capacity is limited, people are supported in their best interests, with a clear oversight of potential risk to others.
4. Adults at risk and/or advocate are able to attend meetings in which their views are acknowledged and inform the process. Where they are not able to attend clear communication and feedback processes are identified to ensure good information sharing.
5. At the end of the safeguarding adults process there is a recording and evaluation of the adults at risks (or families if they are deceased) experience of safeguarding.

Prevention

1. The adult or their advocate have clear information about abuse and how/where to report in the future.
2. Judgements made on the balance of probabilities, and recommendations are made to prevent, minimise or reduce repeat abuse/victimisation.
3. Plan includes longer term actions to minimise risk of further harm. This plan is shared effectively with all agencies

4. Organisational learning prior to closure which is intended to minimise reoccurrence more widely across the partnership if appropriate.
5. Evidence of working with family networks to make decisions and manage complex situations.

Proportionality

1. The approach has been the least intrusive possible whilst fully discharging Duty of Care.
2. There is evidence of positive risk enablement with the adult or their advocate and the adult feels they have maintained/increased their independence following the safeguarding concern and outcomes being closed?
3. Timings were proportionate to the level of involvement in the concern?
4. The adult feels safe and in agreement with Safeguarding/ protection plans.
5. The person identified as the Cause of risk has been given an opportunity to respond to the allegations against them. Support is in place for the Cause of Risk when they have Care and Support needs.

Protection

1. Measures are person-centred, appropriate and multi-agency with clear timescales, outcomes and a named responsible person.
2. All procedural timescales are adhered to, and the adult is kept informed where timescales are not met with reasonable explanation why.
3. Protective actions declined by the adult are recorded with clear reason. Consideration for safe contact is noted (e.g., in domestic abuse cases) and appropriate intervention is considered.
4. Adult at risk feels safer at the end of the process; if not reasons why are recorded with plans to mitigate this in the future. Transferrable risk has been considered and responded to and this is evidenced.
5. If the alleged perpetrator is a vulnerable adult, have their needs been addressed?

Partnership

1. All appropriate partner agencies consulted, and appropriate information shared with appropriate and timely feedback given to all relevant parties.
2. Appropriate onward referrals have been made based on agreements reached by the safeguarding professionals supporting the adult (including MARAC, Quality Improvement teams, SAR referrals etc.)
3. Professionals meetings / discussions are convened at the appropriate time with appropriate levels of information sharing. Discussion and outcomes / action plans are clearly recorded.
4. There is evidence of a coordinated multiagency response and effective challenge where appropriate.
5. The adult at risk or their representative was an equal partner in the process. Where professionals have a legal duty to report/act on behalf of the adult at risk this is clearly identified.

Accountability

1. Safeguarding process in acceptable timescales; if not, delay reasons recorded (acceptable delay includes those made in regard to adult at risk needs)
2. Management oversight and support, including staff supervisions was evidenced throughout
3. Any delays or changes in process (i.e., extending enquiry boundaries are discussed with the Enquiry Manager, Cause of Risk and adult at risk or their representative.
4. If the end result is not able to meet the outcome identified by the adult at risk or their representative, the reasons why are clearly recorded and justified.
5. Protection plans include a named responsible person for completing actions – and detail how these will be reported / completed.

Appendix 2

LBE Safeguarding Adults Board Multi-Agency Case Audit Programme Theme

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The Practice Review and Audit Subgroup of the Ealing Safeguarding Adults Board is responsible for undertaking themed multi agency audits of cases with partners. This Learning Summary sets out the findings from the audits of what the key learning points are.

Please ensure that all your staff and services use this learning to improve practice within your agency.

Date Learning Summary completed	
Type of review conducted and overall purpose	
Month/year of incident	
What you learnt about the case: key themes/early learning	
What you learnt about the review/methodology	
Key Learning Points – Multi-Agency	

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How do you intend to make changes? Who's doing what?	
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How will you audit the impact? i.e. how will you know anything has changed?	
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Any other comments, advice, suggestions – about the case, the method, embedding change or evidencing impact/ change	
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Ealing Safeguarding Adults Board Strategic Self Audit Tool

Audit of arrangements in individual organisations to safeguard and promote the wellbeing of adults with care and support needs

Introduction

The aim of this audit 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 Safeguarding Adults Board in ensuring effective safeguarding practice across the Borough. The framework has been developed so it can be used by a wide range of organisations from varying perspectives and to varying degrees.

The purpose of the tool is to provide ESAB with an overview of the Safeguarding Adult arrangements that are in place within partner agencies across the Borough identifying:

- Strengths, in order that good practice can be shared.
- Common areas for improvement where organisations can work together with support from the ESAB.
- Single agency issues that need to be addressed.
- Partnership issues that may need to be addressed by the ESAB.

Completing the self-assessment audit

All partner agencies represented on the ESAB are asked to complete the self-assessment audit.

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

- GREEN** rating Your organisation meets the requirement consistently across the organisation.
- AMBER** rating Your requirement is met in part; there may be pockets of excellence and areas for improvement.
- RED** rating Your organisation does not meet this requirement.
- BLUE** rating The requirement is not applicable to your organisation.

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

Examples of evidence that might be provided have been given – however these are only suggestions and will not be relevant for all organisations. The purpose of providing evidence is for the organisation to draw together relevant information for its own assurance.

The Self-Assessment Audit should be used to help organisations to improve and strengthen arrangements for safeguarding adults with care and support needs. An open and honest approach is encouraged to enable the organisation to get maximum benefit from the process.

It is suggested a lead officer is identified for the organisation to coordinate the self-assessment. Organisations with a number of different departments should ask each department to complete the self-assessment for their department. The lead officer should then collate the outcomes and the lead officer with representatives from each department should agree an overall rating for the whole organisation. For each requirement the following should be identify:

- What have you found that is good about your organisation's approach to Safeguarding Adults that you could share across your organisation and with partners?
- What have you found that gives you cause for concern? - including evidence from Safeguarding Adult Reviews (SAR), provider level concerns, serious incident investigation or other reviews, as appropriate

Your self-assessment should be a realistic, proportionate working document for improvement. You should consider your own internal governance arrangements – who is going to monitor improvement?

After organisations have completed the self-assessment the ESAB Business Manager will review them so that the following can be identified from the partnership:

- Individual and/or collective strengths.
- 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.
- Issues that need to inform the Board's Strategic Plan.

Timeframe

- Self-Assessments to be completed by organisations during February and March 2021
- Completed Self-Assessments to be shared with the ESAB Business Manager by end April 2021
- Partnership analysis to be completed in May 2021 so that trends, patterns, issues can inform the ESAB's Strategic Plan which requires annual review and refreshment for publication from April each year and a report presented to the Safeguarding Adults Board in June 2021.

- Thereafter the Safeguarding Effectiveness Sub-group will review the tool within their workplan during April – September to ensure it is up to date with legislation and government guidance.
- It is recommended that organisations each October and November review its self-assessment to assure itself that safeguarding arrangements continue as previously assessed or improved.
- Each January/February organisations will be asked to provide an annual progress report.

KEY FOR ALL SECTIONS

Abbreviation	Meaning of Abbreviation
PREVENT	Protecting those at risk of radicalisation/engagement in violent extremism
MCA	Mental Capacity Act
DoLS	Deprivation of Liberty Safeguards
PiPoT	Person in a Position of Trust
Policies, Procedures, Protocols and Guidance	Different organisations will not use the same word for these documents please use whatever word your organisation uses.

ORGANISATIONS INFORMATION

ORGANISATION			
Executive Lead responsible for safeguarding adults:	Name	Designation:	
	Tel no:	Email:	
Name of person completing this audit:	Name	Designation:	
	Tel no:	Email:	
Name of person authorising this audit:	Name	Designation:	
	Tel no:	Email:	
Date audit completed/reviewed:		Date audit authorised:	

Summary of audit and key findings:	
Good and Best Practice examples	

SECTION 1 - GOVERNANCE AND PARTNERSHIP

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

1	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement	Progress or date completed
1.1	<p>Does your organisation have a lead(s) for Safeguarding Adults and where applicable:</p> <ul style="list-style-type: none"> Mental Capacity Act (MCA) DoLS (Deprivation of Liberty Safeguards) Prevent 		<p><i>Please name the individual and their post title(s) and briefly describe their role and responsibilities. For example: training, professional advice to senior manager, monitoring of complex cases, support to staff etc.</i></p>		
1.2	<p>Who represents your organisation on the:</p> <ul style="list-style-type: none"> • Board • Sub committees. <p>How are attendance and participation monitored and information and actions are bought back into the organisation?</p>		<p><i>Please provide details - names and positions, which sub committees, deputies etc.</i></p> <p><i>Please explain how attendance and participation are monitored and information and actions from meetings are bought back into your organisation.</i></p>		
1.3	<p>What are the governance arrangements for safeguarding adults across the whole organisation?</p>		<p><i>For example, is there a steering group, operational group, or corporate management group?</i></p>		
1.4	<p>How does your organisation make it known that safeguarding is core business, and ensure the distinctions between Adult Safeguarding and a range of other</p>		<p><i>Prompt – incorporated in strategies and policies. Clear pathways for quality issues verses safeguarding.</i></p>		

	Activities, including quality and safety, domestic abuse, hate crime, anti-social behaviour and community cohesion is understood.				
1.5	How does your organisation ensure it operates within the legislative frameworks within which Safeguarding sits?		<i>Prompt – access to legal advice, training/briefings to senior and operational staff.</i>		
1.6	Is your organisation compliant with the safeguarding sections of the Care Act 2014 (Sections 42 – 46 and Schedule 2) and Chapter 14 of the Statutory Guidance issued under the care act 2014?		<i>Please provide at least two examples</i>		
1.7	How do the priorities of the Safeguarding Adults Board influence/inform your organisations priorities?				
1.8	Does your organisation have a process for identifying and referring Safeguarding Adult Reviews?		<i>Please describe.</i>		

SECTION 2 - POLICIES, PROCEDURES AND PROTOCOLS

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

2	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement	Progress or date completed
2.1	Does your organisation have the following policies, procedures, Protocols?				
	<ul style="list-style-type: none"> Safeguarding Adults 		<i>Is it compliant with the Adult Safeguarding- multi-agency policy and procedures for the protection of adults with care and support needs in the Ealing?</i>		
	<ul style="list-style-type: none"> Whistleblowing 		<i>How are staff who whistleblow protected?</i>		
	<ul style="list-style-type: none"> Management of allegations against staff 		<i>Please describe how this policy, procedure, protocol is implemented?</i>		
	<ul style="list-style-type: none"> Complaints 		<i>How are safeguarding concerns identified from complaints?</i>		
	<ul style="list-style-type: none"> Staff supervision 				
	<ul style="list-style-type: none"> Information sharing 				
	<ul style="list-style-type: none"> Working with people who disengage/refuse services 				
	<ul style="list-style-type: none"> MCA/DoLS including Best 				

	Interest and consent				
	<ul style="list-style-type: none"> • Prevent 				
	<ul style="list-style-type: none"> • Positive risk management 				
	<ul style="list-style-type: none"> • Domestic abuse 				
2.2	How do staff access policies, procedures, or protocols?		<i>Prompt – what about staff who don't work traditional office hours?</i>		
2.3	How is compliance with policies, procedures or protocols monitored?				
2.4	What are the organisation's policies, procedures, or protocols review schedule?		<i>Please state frequency, how they are monitored and how policies, procedures and protocols are agreed by the organisation.</i>		

SECTION 3 – COMMISSIONING

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

3	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement	Progress or date completed
3.1	Is safeguarding an integral part of the procurement and tendering process, regardless of level of contact with adults with care and support needs?		<i>Please describe.</i>		
3.2	Is safeguarding an integral part of all contracts issued? Are there explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect?		<i>Please describe.</i>		
3.3	Is Mental Capacity (including DoLS) included in contracts?		<i>Please describe.</i>		
3.4	Is Prevent included in contracts?		<i>Please describe.</i>		
3.5	Where services are sub-commissioned, do the organisation's agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard and promote the wellbeing of people who use services?		<i>Please describe.</i>		

3.6	How is adherence to the safeguarding requirements in contacts monitored and managed? What action is available if there is a breach?		<i>Please describe.</i>		
3.7	Are all NHS commissioned services adhering to the NHS standard contract under service conditions 32 in relation to Prevent?				

SECTION 4 – HUMAN RESOURCES AND WORKFORCE

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

4	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement	Progress or date completed
4.1	<p>Does your organisation recruitment policy and procedure include?</p> <ul style="list-style-type: none"> • Requirement to ascertain references? • Process for ascertaining DBS checks? • Procedures for checking professional registrations? 		<p><i>Please state how many and from whom.</i></p> <p><i>Please describe.</i></p> <p><i>Please describe.</i></p>		
4.2	<p>Does your organisation have a “code of conduct” or equivalent?</p>		<p><i>Please describe.</i></p>		
4.3	<p>Is there an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled?</p>		<p><i>Please describe</i></p>		
4.4	<p>Does your organisations’ induction process ensure that new staff and voluntaries are made aware of their responsibilities to safeguard adults with care and support needs and promote wellbeing?</p>		<p><i>Please describe</i></p>		

4.5	How does your organisation ensure that staff who work with adults with care and support needs are appropriately trained and competent?		<i>Please describe training requirements/minimum standards/requirements of the organisation and how competency is monitored and assessed. Please include other training related to safeguarding adults such as MCA/DoLS, Prevent, Domestic Abuse, Forced Marriage, FGM, Honour Based Crime, Self-Neglect, Hate Crime etc.</i>		
4.6	How does your organisation give opportunities for reflective practice, enabling staff to work confidently and competently with difficult and sensitive situations?		<i>Please describe</i>		
4.7	How does your organisation deliver its Equality Duty?		<i>How is this used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.</i>		

SECTION 5 - QUALITY, ASSURANCE AND MONITORING

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

5	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement	Progress or date completed
5.1	Does your organisation have a Quality Assurance Framework for Safeguarding Adults?		<i>Please describe</i>		
5.2	Does your organisation have performance measures/indicators for safeguarding adults?		<i>Please describe.</i>		
5.3	Does your organisation monitor staff training compliance with your policy and the requirements set by ESAB? And does your organisation audit staff's learning from training?		<i>Please describe</i>		
5.4	How does your organisation evidence candour and openness internally and in its relationship to the ESAB?		<i>Please describe.</i>		
5.5	How does your organisation evidence that action plans from Local and National SARs and Domestic Homicide Reviews (DHRs) drive improvement internally and across the partnership?		<i>Please give at least one example.</i>		

5.6	What other areas related directly or indirectly to safeguarding adults is monitored or audited?		<i>Prompts: MCA/DoLS, pressure ulcers, restraints, falls, CQC ratings, etc.</i>		
5.7	What is your organisations policy and procedure for case file audits?		<i>Please describe.</i>		
5.8	How does your organisation know it is safeguarding adults with care and support needs and making a difference?		<i>Please describe.</i>		

SECTION 6 - MAKING SAFEGUARDING PERSONAL

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

6	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement	Progress or date completed
6.1	How is the Making Safeguarding Personal approach embedded into all your organisation's safeguarding practices?		<i>Prompts: does the organisation operate a person-led, outcome-focused approach?</i>		
6.2	Does your organisation provide information and advice in a format accessible to the individuals so they can be in control and be empowered?		<i>Please describe what written information is available and the range of formats available – e.g. different languages, easy read, audio etc. and give at least one example.</i>		
6.3	What arrangements does your organisation have in place to support individuals to access their right to an independent advocate where an adult has substantial difficulty in being involved in the safeguarding process and have no suitable representation or support?		<i>Please describe process and give one example.</i>		
6.4	How are adults with care and support needs central to all safeguarding responses and how do individual's outcomes inform the safeguarding activity?		<i>Please describe process and give one example</i>		

6.5	How does your organisation seek feedback from adults with care and support needs about their safeguarding experience?		<i>Please describe process and provide data and an example.</i>		
6.6	How do the adult's experiences of safeguarding adults in Ealing inform your organisations safeguarding practices and/or the work of the ESAB?		<i>Please describe and give one example.</i>		