



Keeping Adults Safe  
in Shropshire  
Board



# Individual Organisational Audit Tool

## Background

This self-assessment audit tool has been developed as part of the work of the Keeping Adults Safe in Shropshire Board (KASiSB) and adopted by the Telford & Wrekin Safeguarding Adults Board (T&WSAB). The tool supports agencies to assess themselves in relation to the requirement to keep adults who come into contact with their services safe from harm.

## How to use this Audit Tool

It would be good practice for **any agency** supporting adults in Shropshire and Telford & Wrekin to use this audit tool to help them understand whether they are meeting identified standards set out by the Safeguarding Adults Boards (SAB's) or have further work to undertake. In these circumstances, the audit tool is for your own use only; you may not be required to contribute information to the SAB's directly.

Members of the SAB's **are required** to complete this audit tool and will be given a date by which to return it. For SAB members, the completion of the document will be followed by a peer review to test the evidence statements made.

### Organisation:

KASiSB or T&WSAB member: Yes No

Date Audit Carried Out:

Individual Completing Audit:

Role:

**Date Audit Submitted:**

Any feedback on the **content** or **use** of this SAB audit is tool should be sent to [klittleford@spic.co.uk](mailto:klittleford@spic.co.uk) for future review

# TIER2 Individual Organisation Audit Tool

Green = Fully met and easily evidenced

Amber = Partially in place, further work required

Red = Not in place, no work started

Category and Ideal Service/standard	Evidence to support that the organisation completely meets ideal service/standard	Nearly meets ideal service/standard, clear improvement plan	Does not meet ideal service/standard and no clear improvement plan	Work to be done to achieve ideal service/standard; or explanation why the agency is unable to complete the standard
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## 1 Leadership, Management and Governance

1.1 The organisation has a nominated Executive lead for Adult Safeguarding who can demonstrate their active leadership in this area.				
1.2 There is an operational/professional lead for adult safeguarding identified within the organisation that can provide support to staff and this can be demonstrated.				
1.3 The organisation demonstrates commitment to the delivery of the strategic priorities of the KASiSB/T&WSAB which is explained in their contribution to the Annual Report (SAB members contribute to the report).				
1.4 The organisation provides appropriate representation and contribution at all KASiSB/T&WSAB meetings (SAB members).				
1.5 Commissioners of services have appropriate arrangements (local authority and CCG) in place to ensure oversight of safeguarding governance arrangements within organisations they				

commission services from.				
1.6 The organisation can demonstrate that it has a quality auditing system that checks policy compliance against practice.				

## 2 Safe Recruitment and Person in Position of Trust (PiPOT) Management

2.1 Robust recruitment and employment practices are adopted which include taking up references and where applicable, DBS checks - including when changing roles within the organisation.				
2.2 There is a document setting clear standards for maintaining professional boundaries between people in positions of trust and service users.				
2.3 There are mechanisms for service users or their representative to make a complaint about the conduct of a member of staff.				
2.4 There is a whistleblowing policy to enable staff to raise concerns outside their own chain of line management and its use can be demonstrated.				
2.5 There is a process for managing and responding to allegations relating to internal and external conduct against people working in positions of trust.				

## 3 Policy and Procedure

3.1 All safeguarding related policies and procedures are easily accessible by staff.				
3.2 The above policy acknowledges and signposts to the KASiSB or T&WSAB policies and procedures.				
3.3 The policy has a review schedule which is monitored.				

3.4 The individual organisation policy/procedures clearly outline individual roles and responsibilities including the importance of taking ownership and responding to allegations of adult abuse or neglect.				
3.5 Adult safeguarding is cross-referenced in other relevant organisational policies.				
3.6 The organisation has a multi-agency Information sharing policy/procedure or uses the KASiSB or T&WSAB protocol.				
3.7 The organisation has a Mental Capacity Act and Deprivation of Liberty Safeguards Policy and can demonstrate its use.				

#### 4 Training and Workforce Development

4.1 The organisation has a training plan (in line with the KASiSB or T&WSAB programme) which ensures staff and volunteers at all levels have appropriate knowledge of safeguarding and competencies in relation to their role.				
4.2 There is a mechanism by which to report the number of staff trained and the impact of training to the KASiSB or T&WSAB by quarter or (at a minimum) at the end of the financial year. (SAB members may have to report to the relevant SAB, other organisations should have the ability to gather this data).				
4.3 Staff have access to supervision when dealing with safeguarding matters.				
4.4 Staff working with service users are supported to access learning opportunities in line with the SAB's competency document.				

#### 5 Practice

5.1 The organisation can demonstrate that it has embedded Making Safeguarding Personal.				
5.2 The organisation can demonstrate that it includes service users and or their representative in decision making at all stages including before raising a concern.				
5.3 The organisation has clear protocols for managing service user's disengagement from support.				