



Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership Board

Abuse must stop

TIER2 Individual Organisation Audit tool

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Organisation: Tamworth Borough Council

Responsible Lead: Jo Sands

Person Completing Audit: Jackie Hodgkinson

Date: 25/02/2019

Please note that ratings and evidence should be bespoke to the work undertaken in the Staffordshire and Stoke-on-Trent area wherever possible.

Page 20	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	The Assistant Director – Partnerships is the nominated lead for adult safeguarding within the organisation. The council also has two nominated director level deputy leads for adult safeguarding. Along with the Children and Families safeguarding officer.			
1.2 There is an operational/professional lead for adult safeguarding identified within the organisation that can provide support to staff.	The council has a nominated operational lead – Children & Families Safeguarding Officer – who provides support for staff in relation to adult safeguarding.			

1.3 This is explicitly contained within their role profile or job description	The nominated executive lead and the operational lead have their safeguarding role explicitly detailed within their job role and job description.			
1.4 The organisation has a safeguarding policy to which staff have access	The safeguarding policy is available to all staff.			
1.5 There is recognised and active leadership to safeguard adults in the organisation	This is detailed within the annual governance statement.			
1.6 Safeguarding adults is written into strategic plans within the organisation	Safeguarding and supporting the vulnerable within the local community is a priority for the council and is written into strategic plans.			
1.7 The organisation demonstrates commitment to the delivery of the strategic priorities of the SSASPB	The council are committed to delivering relevant SSASPB priorities, actions are detailed within the District Subgroup Business Plan			
1.8 The organisation contributes to the SSASPB Annual Report	The council will share appropriate case studies with the SSASPB for inclusion within the annual report			
1.9 The organisation provides appropriate representation both in position in organisation and attendance frequency at those SSASPB meetings it needs to attend	The Partnerships manager at East Staffs attends appropriate SSASPB meetings, and feeds back as appropriate to the districts.			
1.10 Commissioners of services have appropriate arrangements in place to ensure oversight of safeguarding governance arrangements within organisations they commission service from	Safeguarding requirements are included in appropriate commissioned services			
1.11 The organisation can demonstrate that it has a quality auditing system that checks policy compliance and the learning informs practice, performance and policies.	Internal audit regularly monitor compliance, all audit recommendations are recorded and actioned			

2 Safe Recruitment and 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	Safer recruitment procedures are in place and detailed within the safeguarding policy. Two references are taken where possible and where applicable DBS checks carried out			
2.2 There is a clear standard of conduct setting clear standards for relationships between people in positions of trust and service users/adults at risk.	Information on safe working practices are detailed within the safeguarding policy			
2.3 There are mechanisms for service users/adults at risk or their representative to make a complaint about the conduct of a member of staff	The council have a complaints procedure in place			
2.4 There is a whistle-blowing policy to enable staff to raise concerns outside their own chain of line management	The council have a whistleblowing policy in place			

2.5 There is a clear allegations management process through which abuse and neglect by staff is investigated thoroughly	This process is detailed within the safeguarding policy			
2.6. There is a process for reviewing any concern made about any of the organisation's services.	The organisation has internal mechanism to review concern			
2.7 There is evidence to indicate that lessons are learned from Person in Position of Trust(PiPOT) investigations and improvements made to policy and operational practice	There are a limited number PiPOT roles within the council			

3 Policy and Procedure

3.1 There is an easily accessible policy/procedure which states the importance of taking ownership and responding to allegations of adult abuse or neglect.	Policy is accessible to all staff with a summary booklet available for staff			
3.2 The above policy acknowledges and signposts to the Board's policies and procedures.	The links to SSASPB policy and procedures is included. The policy has been endorsed by the SSASPB			
3.3 The policy has a review schedule which is monitored.	The policy is reviewed yearly			
3.4 The individual organisation policy/procedures clearly outlines individual roles and responsibilities	Roles and responsibilities are detailed in the policy			
3.5 Adult safeguarding is cross-referenced in other relevant policies.	Safeguarding is cross referenced in other relevant policies e.g. One Staffordshire Protocol, GDPR, corporate ASB policy and through MARAC			
3.6 The organisation has a multi-agency Information sharing Policy/procedure or uses the SSASPB one.	The organisation has signed up to the One Stafford information sharing protocol			
3.7 The organisation makes the Board's Escalation Policy accessible to those staff who need to use it.	Designated officer is aware of the escalation policy			
3.8 The organisation has a Mental Capacity Act/DoLS Policy	Reference to MCA legislation is included within the safeguarding policy as additional reading the organisation does not have a standalone MCA policy			
3.9 This policy is easily accessible to anyone who needs to refer to it	N/A Status remains unchanged			
3.10 The MCA documentation is available to staff who need to use it	N/A Status remains unchanged			
3.11 The organisation audits the use of the MCA by its staff	N/A Status remains unchanged			

4 Training and Workforce Development

4.1 The organisation has a training plan which ensures that staff and volunteers at all levels have appropriate knowledge of safeguarding and competencies in relation to their role.	The organisation has a safeguarding training plan and staff are trained in relation to their role and level of contact with adults at risk			
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4.2 There is a mechanism by which to report the number of staff trained to the SSASPB by quarter or (at a minimum) at the end of the financial year.	This is something that could be requested if asked by the SSASPB. We also have in-house records of staff who have been trained.			
4.3 Adult safeguarding awareness training is made mandatory to those required to receive it, this is clearly stated within the organisation.	Safeguarding training is mandatory for those required to receive it and this is clearly stated in the safeguarding policy			
4.4 MCA awareness training is available to those staff needing it (as identified in the organisations training plan).		Identification of staff requiring MCA training needs to be undertaken by managers and access to appropriate courses available. Staff would be sign posted to receive this training as it is not delivered in-house		
4.5 Staff have access to supervision for safeguarding concerns.	Designated officers are available for staff to discuss safeguarding concerns			
4.6 Staff within the organisation who carry out safeguarding enquiries have appropriate training and competencies.	N/A Status remains unchanged			

5 Practice

5.1 The organisation can demonstrate that it promotes a person centred approach to adult safeguarding.	N/A Status Changed	Incorporation of making safeguarding personal into safeguarding policy and training		
5.2 The organisation can demonstrate that it includes service users/victims of abuse and neglect in decision making where appropriate.	N/A Status Changed	Where appropriate staff encouraged to include services users or victims of abuse views and wishes so this can		

		support with decision making		
5.3 The organisation can demonstrate that it invites service users to participate in reviews about their care and support where appropriate, and are kept updated.	N/A Status Unchanged			
5.4 Can the organisation demonstrate that it appropriately uses advocacy as part of any safeguarding enquiries or calls for the services from an appropriate adult (Police)	N/A Status Unchanged			
5.5 Can the organisation demonstrate that the service user is central to the safeguarding plan and involved in the review process?	N/A Status Unchanged			
5.6 The organisation has clear protocols for managing service user's disengagement from support	N/A Status Unchanged			
5.7 The organisation seeks feedback from service users/ adults at risk	N/A Status Unchanged			