# CHSAB – MAKING SAFEGUARDING PERSONAL

**All organisations which are contracting or subcontracting should, as a minimum, follow the below guidance on Safeguarding Adults. This should also be cascaded to any subcontracted organisations.**

| **SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE** |
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|  | **Expectation:** | **Actions:** | **Responsibility:** |
| A1 | The organisation has a clear line of accountability for safeguarding adults, which is reflected within governance arrangements.  | 1. Senior management has a commitment to safeguarding adults and will retain ultimate responsibility for implementing safeguarding in their organisation.
2. A designated safeguarding lead will be responsible for ensuring that any potential safeguarding concerns are appropriately managed and investigated. The Lead will have received up to date training in Adult Safeguarding legislation, and where appropriate, the MCA and other policy areas.
3. The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing.
 | 1. Provider
2. Provider
3. Provider
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| A2 | The organisation complies with legal duties, national and local guidance in respect of adult safeguarding, this includes any relevant City and Hackney Adult Social Care and CHSAB policies.  | 1. The organisation will have robust policies and procedures in place to prevent abuse and promote well-being, this includes a Safer Recruitment Policy
2. The organisation is Care Act 2014 compliant, and able to evidence how it is implementing any actions allocated to them as set out in their own framework or strategies
3. The organisation complies with guidance set out in the London Multi-Agency Adult Safeguarding Policy and Procedures and the Care and Support Statutory Guidance 2016
4. The organisation complies with key legislation including:
* Mental Capacity Act 2005
* Mental Health Act 1983
* Human Rights Act 1998
* General Data Protection Rules
 | 1. Provider
2. Provider
3. Provider
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| A3 | There is demonstrable commitment to Safeguarding Adults within the organisation.  | 1. There is an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that safeguarding issues are identified and resolved proactively
2. The organisation recognises safeguarding as integral to quality and best practice and the relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.
3. The organisation complies with any Safeguarding Adult Reviews that may relate to their service.
 | * 1. Provider
	2. Provider
	3. Provider (LB Hackney input)
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| A4 | The organisation takes a broad view of what constitutes abuse and demonstrates awareness of statutory duty to report; evidence of learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance. | 1. Demonstrates awareness of where stat duty to report, such as FGM, prevent, and modern slavery
2. Types of abuse reflected in organisations policy or local practice guidance
3. Organisation can demonstrate that it takes steps to prevent abuse and neglect taking place
 | * 1. Provider
	2. Provider (LB Hackney input)
	3. Provider
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| A5 | The principle of Making Safeguarding Personal is at the heart of the organisation’s practice.  This means maximizing well-being, dignity, choice, control and inclusion and protecting an individual's human rights. | 1. Person-led and outcome-focused practice in safeguarding is demonstrated.
2. Adults are sought consent to safeguarding and their views on next steps
3. Outcomes are identified to steer an enquiry
4. Strong patient/service user outcome focus within organisations quality assurance process and practice
5. The experience of persons’ using your service is recorded and used to inform practice change, where appropriate.
6. Consideration is given to advocacy where someone may have difficulty making decisions about the services you offer.
 | * 1. Provider
	2. Provider
	3. Provider / LB Hackney
	4. Provider
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| A6 | The organisation evidences candour and openness internally in reviewing all complaints and concerns relating to adult safeguarding.  | 1. The organization will adopt an ethos where it is open and transparent when mistakes are made.
2. There will be a code of conduct and whistleblowing policy in place which outlines staff responsibilities in relation to raising concerns
3. There will be a clear process for staff to raise concerns in respect of safeguarding
4. The Service has a system for reviewing concerns and referrals which is integrated with complaints and serious incidents reporting process and policy.
5. There will be an escalation policy in relation to making safeguarding referrals to the Adult Social Care.
6. Reference to the importance of keeping accurate records as well as guidance to support staff.
 | * 1. Provider / LB Hackney
	2. Provider
	3. Provider
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| A7 | The organisation ensures high quality legal advice is made available to staff on both safeguarding adults and the Mental Capacity Act/DoLs, with legal literacy evidenced in safeguarding cases | 1. Making available to managers and staff regular updates from the Court of Protection
2. MCA designated lead will be desirable/ required (see for example Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, July 2015 para 4.2.5 in respect of CCGs)
 | * 1. Provider / LB Hackney
	2. Provider
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| **SECTION B: THE ORGANISATION’S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES** |
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|  | **Expectation:** | **Actions:** | **Responsibility:** |
| B1 | Where services are commissioned, 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, including compliance with MCA and DoLS. | 1. Invitations to tender, contracts and contract monitoring reflect this and relevant standards and regulations.
2. There are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect.
3. Commissioners can demonstrate that they assure themselves that services are compliant.
4. Contracts evidence how compliance with the MCA will be monitored.
5. There is a strong advocate within the organisation for the MCA/DoLS
 | * 1. LB Hackney
	2. LB Hackney
	3. LB Hackney
	4. LB Hackney
	5. Provider
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| **SECTION C: THE ORGANISATION’S APPROACH TO WORKFORCE & WORKPLACE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK** |
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|  | **Expectation:** | **Actions:** | **Responsibility:** |
| C1 | Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board and relevant learning from reviews.  | 1. Policies on when to undertake checks /DBS
2. The responsibility for all staff in relation to safeguarding, and promoting wellbeing is stated within all job descriptions
3. Professional standards in relation to safeguarding are underlined
4. Induction standards include the need to ensure new staff are made aware of their responsibilities to safeguard and promote wellbeing.
 | * 1. Provider
	2. Provider
	3. Provider
	4. Provider
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| C2 | The organisation’s staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations | 1. There is a policy on frequency that employees in contact with adults at risk receive regular supervision and an appraisal.
2. All staff should be offered the opportunity to discuss safeguarding issues within appraisals and supervisions.
3. Staff are facilitated in supervision to raise concerns and are supported in their role.
4. Evidence of reflective practice sessions or opportunities.
 | * 1. Provider
	2. Provider
	3. Provider
	4. Provider
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| C3 | All staff working with adults at risk should receive training appropriate and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk. | 1. All staff attend safeguarding training that is appropriate for their role. At a minimum all staff should attend Level 1 safeguarding training
2. All staff should refresh their safeguarding training on a three yearly basis.
3. In-house training updated regularly to reflect best practice
4. Demonstrate subject areas of training are appropriate for your organisation (MCA, DoLS, Prevent, FGM, DV and so forth)
5. Training links with safeguarding children and equality and diversity issues
 | * 1. Provider
	2. Provider (LB Hackney input)
	3. Provider
	4. Provider (LB Hackney input)
	5. Provider
	6. Provider
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| C4 | Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff.  | 1. A whistle-blowing policy and a culture that supports staff in raising concerns regarding safeguarding issues.
2. It includes appropriate referral to the Disclosure and Barring Service and Disclosure and Barring updates
3. Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.
 | * 1. Provider
	2. Provider
	3. Provider
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| **SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK** |
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|  | **Expectation:** | **Actions:** | **Responsibility:** |
| D1 | The organisation evidences its engagement and transparency with the partnership in safeguarding adults through compliancy with London Multi Agency Adult Safeguarding Policy & Procedures 2016.  | * 1. Organisation raises concerns appropriately
	2. Immediate steps are taken to protect the adult where appropriate and protect forensic evidence
	3. Responses to safeguarding enquiries should be provided promptly and in line with London Multi Agency Adult Safeguarding Policy & Procedures
	4. Organisations engage appropriately in multi-agency efforts to prevent and intervene when caused to do so
	5. Attendance at safeguarding meetings as appropriate
	6. The organisation should share relevant information with Adult Social Care, in line with the Information Sharing Agreement and GDPR
	7. The organization complies with any requests to provide information to the CHSAB for the purposes of any reviews.
 | a. Providerb. Provider / LB Hackney c. Provider / LB Hackneyd. Provider / LB Hackney |
| D2 | Your organisation has a focus on the need for preventing abuse and neglect.  | 1. Measures are in place to minimise the circumstances which make adults vulnerable to abuse (i.e. isolation)
2. Your organisation works together with other to implement quality assurance, robust risk identification and risk management processes to prevent concerns escalating to a point where intervention is required under safeguarding adult procedures.
3. This includes commissioners working together to assure themselves of the quality and safety of the organisations they place contracts with.
 | * 1. Provider / LB Hackney
	2. Provider / external agencies
	3. Provider / LB Hackney
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| **SECTION E: ADDRESSING ISSUES OF DIVERSITY** |
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|  | **Expectation:** | **Actions:** | **Responsibility:** |
| E1 | Your organisation delivers in accordance with the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services. | 1. Equality duty is used to inform safeguarding actions, including strategies/ frameworks and any policy or procedures
2. Measures taken to promote equality and reduce inequalities in access to service and the outcomes from services.
3. Staff are aware of and compliant with the equalities duty
 | * 1. Provider
	2. Provider
	3. Provider
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