**Appendix 1 Audit Form**

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| --- | --- |
| **Start date: End date: Acknowledgement sent:** | **Please tick all that apply** |
| **Title of audit:****Clinical Leaders’ Audit of the Safeguarding Adults at Risk of Abuse Process** | **Type of audit?** Trust-wide ❑  **Trust Commission?**Integrated Safeguarding Committee ❑**Resources needed**Medical records No ❑ |
| **Objective**: To ensure that the correct procedures are followed when abuse or neglect are suspected in an Adult at Risk. |
| **Background:**The Trust is signed-up to the ‘Wiltshire Safeguarding Adults at Risk Policy & Procedures [+ (wiltshiresvpp.org.uk)](https://www.wiltshiresvpp.org.uk/assets/02523611/partnership-policy-and-procedures-adult-safeguarding.pdf). This details the procedures. |
| **Method: Pilot planned** ❑1. Use the Nursing Assessment Documentation
2. Use Lorenzo flags.
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| --- | --- | --- | --- | --- |
| **Audit standards** | **Percentage** | **Exceptions** | **Evidence** | **Definition** |
| The tick box is checked ‘yes’ or ‘no’ on the front sheet of the NAR re: if the patient is deemed a Vulnerable Adult. | 100% | None |  | Documentation check of all NAR front sheets. |
| If ‘yes’, the social circumstances section on the back sheet of the NAR is fully completed re: ‘Agencies.’  | 100% | None |  | Documentation check of all NAR back sheets. |
| Is the patient correctly identified as a Vulnerable Adult | 100% | None |  | Document check NAR |
| For identified Vulnerable Adults, there is supportive text in the HCR clearly explaining the circumstances. | 100% | None |  | Documentation check of relevant HCRs. |
| For identified Vulnerable Adults, there is supportive text in the HCR clearly explaining the actions required and/or taken. | 100% | None |  | Documentation check of relevant HCRs. |
| If significant abuse or neglect is suspected has a Safeguarding Alert been made? | 100% | No Safeguarding concerns |  | Documentation check of relevant HCRs |

Continue on an extra sheet if necessary

**Who is responsible for the production and implementation of the action plan resulting from this audit? (Senior Manager / Consultant)**

Printed name: Gill Cobham

Signature:………………………………………

Department: Nursing, Directorate: Quality Directorate Ext: 4439

**Printed name(s) of project lead (for certificates)**

1………………………………………………………………………Signature:………………………………………….......Ext / bleep

2………………………………………………………………………Signature:…………………………………