

Guidance for completing the Internal Agency Investigation Report

The purpose of this is to support managers completing the Mandatory Internal Agency Investigation Report. This report should be completed for all enquiries at Level 3. PLEASE NOTE that Level 4 and 5 will be led by Adult Social Care. Please follow the process within the Adult Safeguarding Policy.

<http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/safeguardingadults/safeguardadulspolicy/>

This form should ONLY be completed by senior members of staff, managers or deputies. The individual completing the form is doing so within a legislative framework and must have an understanding of the safeguarding process. (Please be aware that training for referrers is available through the workforce development website).

This form requires completion within 28 days of the alert being raised.

All fields in the form are required, please make all reasonable attempts to ensure the information is up to date and accurate.

Please indicate whether this investigation involves a SINGLE AGENCY or MULTI AGENCY (if this is a level 3 it will be a single agency investigation, if Level 4 and 5 this will be multi agency). Please be advised that at Level 4 and 5 please take the lead from ASC or partners and DO NOT complete the form unless instructed to do so.

Please indicate the Level of Harm – Please select either Level 3/4/5.

Single Agency	<input type="checkbox"/>	Multi Agency	<input type="checkbox"/>		
Level 3	<input type="checkbox"/>	Level 4	<input type="checkbox"/>	Level 5	<input type="checkbox"/>

Section 1: Internal Investigator details:

This refers to the individual completing the investigation. Please include name and role within the organisation (e.g manager/deputy): The date that the form is being completed: the contact details and the name and address of the employee's place of work.

Name	
Role	
Date	
Contact Number	
Name & Address of Employer	

Section 2: Personal details of the adult at risk:

This section refers to the adult who has experienced harm. All the fields are required. If they are self-funding and do not have a care first then please indicate this.

If any of the information is unknown then please indicate this. Please make all reasonable attempts to gather the information below:

Name	
D.O.B.	
CareFirst Number	
Gender	
Address	
Contact number	
Ethnicity	
GP Name and contact details	

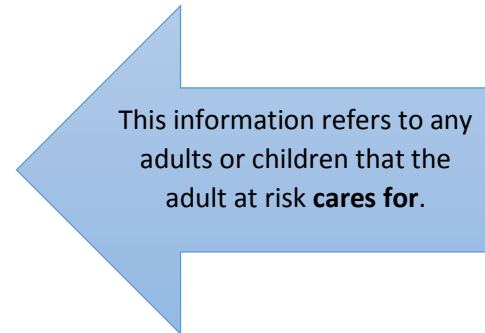
Is the adult at risk deceased?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state date of death				

Long term health conditions of adult at risk	
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Is the adult at risk a carer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Details of cared for	
Name	
Address	

CareFirst number (if known)	



Section 3: Capacity:

This section refers to the capacity of the adult at risk.

It is essential that when assessing capacity the MENTAL CAPACITY ACT 2005 is followed.

The code of practice can be found in the link below.

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

In order to decide whether an individual has the capacity to make a particular decision you must answer two questions:

Stage 1. Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

REMEMBER the 5 Principles of the MCA:

- Capacity is never assumed
- Support must be given to ensure that the individual is given support to communicate.
- Unwise decisions made does not mean that the person lacks capacity.
- If the person is assessed as lacking capacity then decisions must be made in their best interests.
- Any decisions made must follow the least restrictive principle.

When assessing capacity the adult must be able to do the following:

- Understand the information that is relevant to the decision they want to make
- Retain the information long enough to be able to make the decision

- Weigh up the information available to make the decision
- Communicate their decision by any possible means, including talking, using sign language, or through simple muscle movements such as blinking an eye or squeezing a hand.

Anyone making a decision on behalf of a person they believe to lack mental capacity must do so in that person's best interests. To work out what is in the person's best interests, the decision maker must:

- not assume the decision should be based on the person's age, appearance, condition or behaviour
- consider if the decision can be postponed until the person has sufficient mental capacity to make the decision themselves
- involve the person who lacks mental capacity in the decision as much as possible
- find out the person's views (current or past), if possible, and take these into account
- consider the views of others, such as carer's and people interested in the person's welfare, where appropriate, and take these into account
- not be motivated by a wish to bring about the person's death if the decision relates to life-sustaining treatment.

Once the decision maker has considered the relevant information, they should weigh up all the points and make a decision they believe to be in the person's best interests

THIS ALL APPLIES TO THE SAFEGUARDING PROCESS AND MUST BE CONSIDERED TO MAKE SAFEGUARDING PERSONAL.

Please provide evidence of written capacity assessment and how the principles of the MCA have been evidenced in decision making.

Does the adult at risk have capacity to consent to the investigation?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, is it in the individual's best interest for the safeguarding investigation to proceed?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, does the service user consent to the investigation?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, has the risk to other adults at risk been considered and the investigating continuing?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details of how the capacity assessment and best interest process was completed			
Is the adult at risk deprived of their liberty or subject to any restrictions?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details			

Is the adult at risk subject to Deprivation of Liberty Safeguard?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If a DOLS is required the application form can be found on the ADSS website and emailed too dolsreferrals@stockport.gov.uk (ensure the document is password protected)

For more information on DOLS, please look at ADASS website.

Currently DOLS only apply to nursing/residential homes and hospitals.

Section 4: Communication

This section refers to the communication needs of the Adult at Risk.

If there are any communication difficulties then this information needs to be detailed. This could include any loss in hearing or sight. In the details it needs to be identified if there is the need for support in communicating, such as an interpreter. You may need to consider involving a Speech and Language Therapist, this can be arranged through the GP. Special consideration may need to be given to the appropriateness of using family members as interpreter, an external interpreter may be needed.

Are there any communication difficulties for the adult at risk?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details			

Section 5: Views

MAKING SAFEGUARDING PERSONAL

Making **SAFEGUARDING PERSONAL** is an essential part of the safeguarding process. The process must not overtake the person and the adult at risk should be involved in each stage of safeguarding and their desired outcome met. If an individual lacks capacity to consent to the safeguarding process then their previous thoughts and wishes need to be known to ensure that their voice is heard. Families, friends and carers are an excellent way of ensuring that the thoughts and the wishes of the individual are heard.

This section provides a space for this information to be captured and **MUST** be filled in to the best of investigators knowledge.

Please evidence the views of the adult at risk including the preferred outcome

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Section 6: Details of the incident including perpetrator:

Section 6 captures the information about the incident and the details of who caused the harm.

It is necessary to note that the *alerter* is the individual who informed you of the alleged abuse and may be third party or the adult at risk, as well as a member of your staff.

Date of incident	
Details of the alerter	
Name	
Brief description of alleged abuse	
Category of alleged abuse (please circle all relevant categories of abuse)	Physical Financial Psychological Emotional Neglect Acts of omission Sexual Discriminatory Institutional

Details of the alleged incident	
Was the incident witnessed?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If yes, by whom?	

Who has the referrer spoken to? e.g. police/CQC/DBS, please include dates

Have any injuries been sustained by the adult at risk?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Details of injuries and any treatment required (e.g. GP, Mastercall, ED)

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Name of the alleged perpetrator

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Is the individual an employee?

Yes No

If yes, what is their role in the organisation?

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Is the alleged perpetrator another resident?

Yes No

If yes, are they at risk themselves?

Yes No

CareFirst number
(if known)

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Do they require a review?

Yes No

IF YES CONTACT ASC CONTACT CENTRE ON 0161 217 6029 to request a review.

Is this the first instance of abuse alleged by this perpetrator

Yes No

If no, is the incident of a similar nature?

If it is of a similar nature, please detail what actions are in place to ensure adequate safeguards are in place?

Please ensure that all appropriate actions have been taken to protect all vulnerable adults, this may include requesting a review from ASC, mental health services or the GP

Section 7: Risk Assessment and Protection Plans

This section requires you as an investigator to evidence the actions completed in response to the incident.

REMEMBER – an action is always required. This documentation may be requested by the monitoring panel, it does not need to be attached to this report.

Have you completed/updated a risk assessment/care plan	
Yes	No
If yes, date completed	
If no, please complete/update the risk assessment/care plan	

Section 8: Outcome

The outcome and methodology of your investigation is detailed below. It is necessary to ensure that you have carried out a thorough investigation into what happened and that this information allows you to outcome this investigation.

The outcome MUST meet one of the options below and these outcomes are selected from nationally agreed options as determined by the NHS Information Centre for Health and Social Care.

Following the investigation is the alleged	
Fully Substantiated	
Partly Substantiated	
Not determined	
Inconclusive	

In regards to the standards of proof please see the section from the Stockport Metropolitan Borough Council Safeguarding Policy and Procedures

4.16.9 The Standard of Proof

The fact that there is insufficient evidence for a criminal prosecution does not mean that action cannot be taken under civil or disciplinary proceedings. The standard of proof for a criminal prosecution is higher, as the case has to be proved 'Beyond Reasonable Doubt'. For civil, disciplinary or regulatory investigations such as an Adult Protection investigation the standard of proof is based on the 'Balance of Probability'.

The Methodology refers to the methods used to gather the information and the reasons why you selected those techniques.

- It is necessary to detail what your investigation comprised of, this can include a review of policies and procedures/interviews with staff/meeting with service users and their families.
- Details of who was interviewed and when is required, and how this was conducted and minuted.
- Details of the observations/care plans etc which were looked at and when this took place, and why these were selected to be looked at.
- It can be helpful to include a timeline of events of your investigation to demonstrate how the conclusion was reached.
- You must detail the conclusions that have been arrived at and detail the reasoning as to why. It is important that as a provider you are making defensible decision making and that the conclusions that are arrived at are appropriate and to the allegations made.
- The likelihood of harm reoccurring needs to be considered and the management of the risk and any actions taken to do this also require documenting below.
- You will need to identify the learning outcomes for the service and staff and how these learning needs will be met.
- You will need to outline how this outcome has been communicated to the service users and the how the actions will be reviewed to ensure that they are being followed.

Please evidence how this outcome was determined

When signing this box you are signing to confirm that you are satisfied that you have completed a thorough investigation and that you have outcomed the safeguarding appropriately.

This form is forming part of Stockport Safeguarding Policy and forms part of the CARE ACT responsibilities under section 42 and must be treated as a document under a legislative framework.

I am satisfied that I have undertaken this investigation thoroughly, and have put in place a proportionate response to the incident detailed above.

Signature		Date	
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This form requires completion within 28 days of the alert being raised.

For any advice or guidance on the completion of this form please contact the safeguarding team on 0161 474 3696 or via an email on ASQS duty on ASQSDuty@stockport.gov.uk.

Once this form is completed it needs to be emailed to the above address. Ensure that the document is password protected, using your organisations unique password.

The investigation will be monitored at a monthly panel meeting and if any further information is required then you will be contacted. **YOU WILL ONLY BE CONTACTED IF THERE IS ADDITIONAL WORK/INVESTIGATION REQUIRED.**