

MANDATORY SAFEGUARDING FORM LEVEL 3, 4, 5

Includes concerns about a provider enquiry following the death of an adult at risk.

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

Guidance note:

Please note all Level 4 and 5 investigations reports are to be completed within 14 working days (or the agreed time frame) before the case conference and submitted to the investigating Social Worker.

Please note all level 3 harms level reports must be completed and submitted within 28 days notification of the alert.

Please complete this investigation report and submit electronically. Please avoid the use of abbreviations and no attachments please.

Single Agency	
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Multi Agency	
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Level 3	
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Level 4	
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	Level 5	
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Section 1: Internal investigator details

Name	
Role/Designation	

Date of report	
Contact Number	
Name & Address of Employer	

Section 2: Personal details of the adult at risk

Name		
D.O.B.		
Liquid Logic ID		
Gender		
Address		
Contact number		
Ethnicity		
GP Name and contact details		
Does the adult at risk have any communication difficulties? *Please detail		
Is the Adult at risk deceased?	Yes	No
If yes, please state date of death and cause of death where known.		
Previous and current health conditions of adult at risk		

* please do not use abbreviations		
Is the Adult at risk a Carer	Yes	No
Name of cared for person		
Address of cared for person		
Liquid Logic ID (if Known)		

Section 3: Details of the incident

Date of incident		
Location of incident		
Details of referrer		
Name perpetrator		
Original Alert details as reported to the Contact Centre. *If not known please request that the allocated Social Worker record detail of original alert in this box.		
Was the incident witnessed?	Yes	No
If yes, please provide details of witness/s.		
Did they make a written statement as soon as was possible?		
Who has the referrer spoken to regarding the incident? e.g. police/CQC/DBS/ Please provided name, date and time reported to them.		

Have any injuries been sustained by the adult at risk?	Yes	No
Please provide details of injuries sustained and any treatment required?		
Have body maps completed or photographs been taken?	Yes *If yes please ensure they are made available to the adult safeguarding allocated social worker for viewing.	No
Please provide the details of anyone consulted regarding the injuries sustained e.g. GP, Hospital admission, Master call, District Nurses.		

Section 4. Details of Perpetrator

Name of the alleged Perpetrator		
Is the individual an employee?	Yes	No
If yes, What is their role in the organisation?		
If yes how long have they worked for the organisation and what training and supervision have they received? Please provide dates		
Is the alleged perpetrator another resident?	Yes	No
If yes, are they at risk	Yes	No
Care First Number (if Known)		
Do they require a review?	Yes	No

	*If the answer is yes please contact the ASC Contact centre on 0161 217 6029 or the relevant funding authority	
Is this the first incident of abuse alleged by this perpetrator	Yes	No
If no, is the incident of a similar nature to previous incident? Please detail what actions were taken at the time of the previous incidents? Please detail what action/safeguards are in place now if applicable?		

Section 5 Mental Capacity

Does the adult at risk have capacity to consent to be involved in the investigation?	Yes	No
If yes, does the service user consent to being involved in the investigation?	Yes	No
If no, is it in the individual's best interest for the safeguarding investigation to proceed?	Yes	No
If no, has it been established if there is a valid Power of Attorney (POA) for: Health and Welfare Property and finances.	Yes Please provide the names of the holder	no

	<p>and date the POA was registered</p>	
<p>If no, has the risk to other adults at risk and the need for the investigation to continuing been considered?</p> <p>Please provide details of considerations?</p>		
<p>Assessment of Mental Capacity</p>		
<p>Please provide details of how the capacity assessment and best interest process was completed.</p> <p>Guidance note: Capacity is decision and time specific. Assessment of capacity is the gateway to using the Mental Capacity Act and making decisions in the person's best interest. Ensure you have identified the relevant information the person needs to understand for that specific decision (the salient factors and in the format appropriate to the person)</p> <p>Recording your assessment:</p> <p>Date and decision to be made i.e. does the person consent to being involved in the adult safeguarding investigation?</p> <p>What information did you provided the adult at risk (nature/purpose/consequence)?</p> <p>What practicable steps did you take to involve the person?</p> <p>Are there any communication difficulties for the adult at risk? Did you consider preferred methods of communication: written, gestures, eye movement etc.?</p> <p>Could the person:</p> <ul style="list-style-type: none"> • Understand • Retain • Use and weigh • Communicate the decision <p>It is helpful to explain why they cannot do any of the four stages above. This can be demonstrated by recording the questions you asked and what the person said or did in response to said questions. If the person cannot do any of the four stages above clearly</p>		

explain that this is because of an impairment of or a disturbance in the functioning of the mind or brain.

Please note! If the person is able to do all four stages they and mental capacity to make the decision and can refuse of consent.

Is the adult at risk deprived of their liberty or subject to any restrictions they are not able to consent to?

Yes

No

Guidance note: Restrictions may include not free to leave, under continuous supervision, covert medication administration, sedating medication, bed rails, sensor mats.

If yes, please provide details of the restrictions in place

Is the adult at risk subject to Deprivation of Liberty Safeguard?

Yes

No

If not, has it been considered?

Yes

No

Section 6. Making Safeguarding Personal; the adult at risks views

Guidance note: Please consider the persons wishes, views and preferred/desired outcome. This should always be the starting point of your response to any safeguarding concern unless it would place the victim at greater levels of risk.

Where a person is assessed as lacking mental capacity to engage in the safeguarding process and where it is practicable and appropriate please consult with those who have an interest in the welfare of the person. The purpose being to establish what their understanding is of the views, wishes, beliefs and values of the person at risk (who is

lacking mental capacity) would have been from their previous knowledge of the person's views.

Where the person is not able to recall the safeguarding incident (and where it is appropriate to do so) ask them directly what would they like to happen if such an incident happened to them, how do they think they would feel?

Please note it is **not what the family want**, it is what the **person would have wanted** if they still had capacity to express it.

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

Section 7. Scope and Plan of section 24 enquiry

Based on the alert information. Please provide the details regarding the scope and plan of your section 42 enquiry I.e. what did you do to investigate the alert?	
Category of alleged abuse?	Please ✓ all categories that are alleged
Physical	
Financial or material abuse	
Psychological or emotional	
Neglect or acts of omission	

Sexual abuse	
Discriminatory abuse	
Organisational or Institutional abuse	
Domestic Violence or abuse	
Modern slavery	
Self-neglect	

8. Safeguarding Response

<p>Safeguarding Response –what action has been taken and what learning has been identified?</p> <p>Guidance note:</p> <p>For incidents involving employees what action has been taken regarding staff i.e. Formal disciplinary action, Training, Competencies re visited, Observations of practice, peer mentoring, reflect practice piece.</p>	
<p>Please provide evidence of any actions taken in response to the alert.</p>	
<p>Have you completed/updated a risk assessment/care plan?</p> <p>What date was this completed?</p>	
<p>Have you completed a protection plan?</p> <p>Please detail the protection plan.</p>	
<p>Please provide details of any learning and how this has been shared?</p>	

9. Outcome & Evaluation

Risk Evaluation			
Risk removed	Yes	No	
Risk reduced	Yes	No	
Risk remains	Yes	No	
Additional Risk Comments:			
Evaluation by the Adult at Risk			
Adult at risk reports they feel satisfied their desired outcome has been met.	Yes	No	n/a

Deceased Adult at Risk	
What actions have been taken to prevent the abuse /harm from occurring again.	
Please provide the full details of what learning has occurred across the organisation following this incident.	

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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