Kent and Medway Multi-Agency Policy, Protocols and Guidance Amendments for Publication 31st July 2014

All sections below in red, represent additions/changes to the relevant sections of the document.

Please note all references to 'Customer Care Department' for Kent have now been changed to Complaints Team

Please note all references to 'HAPLM' have now been changed to HSC (Hospital Safeguarding Coordinator)

Please note all references to 'Locality Head of Service' have now been changed to Assistant Director

Please note all references to 'KASS' have now been changed to Kent Social Care Health and Wellbeing Directorate

FRONT PAGE – 'Kent County Council Families and Social Care Directorate' have now been changed to Kent County Council Social Care Health and Wellbeing Directorate

Complaints

If you have reason to believe that concerns about an adult protection issue have not been appropriately addressed you may make a formal complaint by contacting the Adult Social Services Complaints Team at Kent County Council or to Social Care Complaints Manager, Medway Council at the above addresses.

Adult protection protocols contents - added

Adult protection guidance contents

Adult Protection Protocols

3 Lead Responsibility

A Designated Senior Officer (DSO) is responsible for the management of individual adult protection cases within the social services agency. The designated senior officer may be:

- Safeguarding adults co-ordinator, Team Manager, Senior Practitioner or for very serious cases Assistant Director in Kent Social Services.
- Service Manager or Team Manager or Senior Practitioner in Medway Adults and Children's Directorate
- Associate Director, Service Manager or Team Manager, in a Mental Health Trust.
- Hospital Safeguarding coordinator (Cases occurring in a service managed by an Acute Hospital Trust)

However the ultimate responsibility for decision making in adult protection cases remains with the Assistant Director for Kent, the Assistant Director for Adult Social Care for Medway and the Head of Safeguarding for the Kent and Medway Partnership Trust.

4 Referral

4.1 Who should report concerns about adult abuse?

Anyone may report concerns of abuse or suspected abuse directly to the social services
agency. These reports may be made by phone. Service providers should also use form AP1 for Kent in (Appendix 1) and SAF for Medway in (Appendix 2)

4.5 Pre-referral consultation process
If you are uncertain whether or not to refer a matter to the social services agency, a formal
pre-referral consultation process is available, to assist in deciding whether an adult
protection alert is necessary. This consultation may be anonymous with regard to the identity
of the caller and any other people involved. **For Kent phone 03000 41 61 61, for Medway phone 01634 334466. State that you are asking to consult about an adult protection concern.**

4.6 How will social services respond to a referral?

- **Decision to proceed**

This may include emergency protective action. Initial enquiries will be undertaken. A full record will be made of actions taken and information gathered. The line manager will discuss with the senior manager who should take on the role of **designated senior officer** (DSO) for the case. (See protocol section 13.1)

Adult Protection Policy

4.12 Deprivation of Liberty Safeguards (DOLs)
See also Legal Section 2 in Guidance – sentence removed

4.12 Deprivation of Liberty Safeguards (DOLS)

DOLS apply to people who:

- are aged 18 and over
- suffer from a mental disorder
- lack the capacity to give consent to the arrangements made for their care or treatment in a care home or hospital, under public or private arrangements
- and for whom a deprivation of liberty is considered, after an independent assessment, to be a necessary and proportionate response in their best interests to protect them from harm
- and detention under the Mental Health Act 1983 is not appropriate for the person at that time

What should I consider when working with people who may be affected by DOLS?

Keep the five principles of the Mental Capacity Act 2005 (MCA) in mind at all times. The spirit of MCA and DOLS should encourage a person centred view of the restrictions in place for an individual. DOLS exists to safeguard individuals when a deprivation of liberty is an unavoidable part of a best interests care plan. Individuals who are identified as potentially deprived of their liberty must be considered on a case-by-case basis and all appropriate steps taken to remove the risk of a deprivation of liberty where possible. The emphasis should be on empowerment and enablement.

Before considering deprivation of liberty, you must complete any supporting documentation including mental capacity assessments, risk assessments and best interests decisions. Where a potential deprivation of liberty is identified, a full exploration of the alternative ways of providing the care and/or treatment should be undertaken, in order to identify any less restrictive ways of providing that care and/or treatment which will avoid a deprivation of liberty. Where the lack of capacity is confirmed and formally assessed, you need to screen for the acid test – see below. If it is not possible to avoid deprivation of liberty, you may need to seek further advice.

Restraint / Restriction of liberty

- the use or threat of force to help carry out an act that the person resists; may only be used where it is necessary to protect the person from harm and is proportionate to the risk of harm

Deprivation of liberty

- used in the European Convention on Human Rights about circumstances when a person's freedom is taken away
- defined under the acid test of the Supreme Court judgement March 2014

A person may only be deprived of their liberty:

- in their own best interests to protect them from harm
- if it is a proportionate response to the likelihood and seriousness of the harm
- if there is no less restrictive alternative

What practical steps can be taken to reduce the risk of deprivation of liberty occurring?

Staff should minimise the restrictions imposed and ensure that decisions are taken with the involvement of the relevant person and their family, friends and carers.

- Make sure that all decisions are taken and reviewed in a structured way, and reasons for decisions recorded.
- Follow established good practice for care planning.

- Make a proper assessment of whether the person lacks capacity to decide whether or not to accept the care or treatment proposed, in line with the principles of the Mental Capacity Act.
- Before admitting a person to hospital or residential care in circumstances that may amount to a deprivation of liberty, consider whether the person's needs could be met in a less restrictive way.
- Any restrictions placed on the person while in hospital or in a care home must be kept to the minimum necessary, and should be in place for the shortest possible period.
- Take proper steps to help the relevant person retain contact with family, friends and carers. Where local advocacy services are available, their involvement should be encouraged to support the person and their family, friends and carers.
- Review the care plan on an ongoing basis. It may well be helpful to include an independent element, possibly via an advocacy service, in the review.

The Acid Test – Supreme Court judgement 19 March 2014
P v Cheshire West and Chester Council and another
P and Q v Surrey County Council

The 'acid test':

1. Is the person subject to continuous supervision and control? All 3 aspects are necessary.
   AND
2. Is the person free to leave? The person may not be saying this or acting on it, but the issue is about how staff would react if the person did try to leave.

In all cases, the following are not relevant to the application of the test:

- the person's compliance or lack of objection;

- the relative normality of the placement (whatever the comparison made); and

- the reason or purpose behind a particular placement.

Visit www.kent.gov.uk/mentalcapacityact for the judgement as well as useful information on MCA and DOLS.

Authorising a deprivation of liberty

The DOLS process for obtaining a standard authorisation or urgent authorisation can be used where individuals lacking capacity are deprived of their liberty in a hospital or care home. The Court of Protection can also make an order authorising a deprivation of liberty - this is the only route available for authorising deprivation of liberty in domestic settings such as the adult's own home and supported living arrangements. This route is also available for complex cases in hospital and/or care home settings.

The Link between DOLS and Safeguarding Adults Processes

Where the Best Interests Assessor (BIA) concludes that deprivation of liberty is not occurring, a DOLS authorisation would not be granted. In cases where authorisation is not granted because the best interests assessment fails for other reasons, e.g. the deprivation is not considered to be in the relevant person's best interests, or mental capacity assessment fails because the person is assessed to have capacity, then it becomes a situation of unlawful deprivation of liberty and potential safeguarding concern.

When this happens, the relevant Supervisory Body (SB) authoriser is immediately alerted by the DOLS office so that they are aware of the seriousness of the unlawful situation. The

DOLS office will also immediately inform the Managing Authority that DOLS authorisation is not granted and the relevant person is now being unlawfully deprived of their liberty. The responsibility then falls on the individual SB to contact the MA and agree to take things forward as appropriate, so that action is taken to end the unlawful deprivation of liberty as swiftly as possible and safeguarding alerts raised where appropriate.

6 Priority for Referral and Assessment of the Concerns

- **REFERRAL TO THE SOCIAL SERVICES AGENCY MUST TAKE PLACE AS SOON AS POSSIBLE AFTER THE ABUSE HAS BEEN RECOGNISED OR DISCLOSED. GUIDANCE AND FLOWCHARTS FOR MAKING A REFERRAL CAN BE FOUND IN GUIDANCE 6 AND 7. THE ADULT PROTECTION ALERT FORM (AP1) FOR KENT COUNCIL CAN BE FOUND IN APPENDIX 1 OF THIS DOCUMENT AND THE SAFEGUARDING ADULT FORM (SAF) FOR MEDWAY COUNCIL CAN BE FOUND IN APPENDIX 2. FOR FURTHER CLARIFICATION PLEASE SEE PROTOCOL SECTION 4.3).TO REPORT CONCERNS TO THE SOCIAL SERVICES AGENCIES IN KENT AND MEDWAY REFER TO THE USEFUL ADDRESSES GUIDANCE SECTION 38. IF YOUR CONCERNS ARISE OUT OF HOURS THE TEAM, WILL TAKE ANY EMERGENCY PROTECTIVE ACTION CONSIDERED NECESSARY AND PASS THE ALERT TO THE APPROPRIATE TEAM AT THE RELEVANT SOCIAL SERVICES LOCAL OFFICE FOR PLANNING ACTION TO BE TAKEN.**

- **WHERE ABUSE IS ALLEGED TO HAVE OCCURRED WITHIN A SERVICE PROVIDED BY AN ACUTE HOSPITAL TRUST THE ISSUES SHOULD BE REPORTED TO THE RELEVANT HOSPITAL SAFEGUARDING COORDINATOR OR TO THE SOCIAL SERVICES AGENCY WHO WILL PASS THE REFERRAL OF ALLEGED ABUSE TO THE HOSPITAL ADULT PROTECTION LEAD MANAGER. PLEASE SEE PROTOCOL SECTION 17 & 17A.**

9 The Planning/Strategy Process

3 If the issues do not appear to constitute abuse and other processes are indicated the Assistant Director/Service/Area Service manager should sign off the adult protection case and specify what other actions are required. The referrer must be advised of this decision. If they disagree with this decision they should be advised to put their concerns in writing to the manager concerned. This will then be registered as a formal complaint. If a staff member of the social services agency disagrees with the decision taken by the senior manager they may refer their concerns to the chair or the deputy chair of the Kent and Medway Adult Protection Board.

4 They need to hold a formal planning/strategy meeting to explore the issues more widely.

9.1 When is a formal planning/strategy meeting required?

A formal planning/strategy meeting **must** be considered where any or all of the following factors are present:

a Several people/agencies have concerns and a meeting will aid decision-making;

b Several individuals may be at risk;

c Several agencies are likely to be involved in investigation/assessment;

d A criminal prosecution is possible;

e Other legal or regulatory action may be necessary;

f One or more members of staff have been implicated/suspended;

g Where there is a need to clarify employment status of one or more individuals;
This will be important in regard to non-traditional services including people employed via direct payment

h The issue may attract media interest.

10 Proceeding to an Investigation

10.2 Who is responsible for what?

If the police are involved they will be fully responsible for any criminal investigation, the evidence of vulnerable adults is usually captured on video so that this can be used as the witnesses evidence in chief in a criminal trial should the case come to court.

- Where the police have initially taken the lead for investigation and subsequently determine that there will be no further police action, the social services agency are responsible for ensuring that a thorough investigation is undertaken. This should include making suitable arrangements to interview alleged perpetrators.

- Where the alleged abuse has taken place in a regulated service **and formal statements are required under the Health and Social Care Act 2008.** The regulator is responsible for ensuring that any action in relation to regulatory concerns is conducted within the requirements of the Act. (This work **may** be carried out in parallel with other investigatory activities).

- Where the alleged abuse has taken place in a non-regulated service but one which is commissioned, e.g. supporting people, adult fostering, day care or work opportunity service, the social services agency should take the lead but be supported by other appropriate professionals, which may include the manager of the service.

13 Responsibilities

13.1 What are my responsibilities as a designated senior officer (DSO)?

s Ensuring that action points from formal meetings are circulated within 2 working days. It is good practice for the full minutes to be circulated within 10 working days unless exceptional circumstances make this impossible.

t. Ensuring that the outcomes of the case are conveyed to relevant parties.

17 Guidance Notes for Adult Protection Protocol between Adult Social Services in Kent and Medway and Acute Hospital Trusts

Flowchart 17a summarises the most appropriate response to adult protection concerns arising within services managed by Acute Hospital Trusts.

For safeguarding adults concerns arising in services managed by the acute hospital Trusts the Hospital Safeguarding Coordinator (HSC) will be the responsible Designated Senior Officer (DSO) for the Case unless the Trust delegated the responsibility to another manager for a particular case.

Contact Details for Nominated Hospital Safeguarding Coordinators:

Adult Protection Guidance

Guidance Section 17 - Financial Abuse

Record keeping

- Receipt and payment entries should be supported by relevant, verifiable, documentation. This should include weekly/monthly time sheets for carers, providing the care and weekly/monthly invoices from the care provider/personal assistant for the cost of the care they have provided. This information should be held by the client and made available to Care Managers or Auditors on request. Minimum financial limits should be set above which invoices/expenditure vouchers must be obtained; and below which supporting documentation may not be considered practicable or of material financial significance.

20 Protocol for Assessing and Reporting Medication Errors – See Appendix 1 Threshold Guidance for Assessing and Reporting Medication Errors

Protocol for Assessing and Reporting Medication Errors

Multiagency Thresholds Guidance for Assessing and Reporting Medication Errors

Introduction
The purpose of this protocol is to support a consistent approach to applying thresholds for adult safeguarding referrals in relation to medication errors. This is to be used by both primary and secondary care settings including:

- Intermediate care settings
- Nursing and Residential Care Homes
- Community based services e.g. domiciliary care services, district nursing
- General Practice, including dispensing GPs
- Hospital wards/ departments (including Community Hospitals, Acute Health services and Mental Health services)
- Supported Living Services/ Shared Lives
- Domiciliary Care services
- Community Pharmacies

What is a medication error?
Every day approximately 2.5 million medicines are prescribed to patients in hospital or the community[1]. While most medicines are used in a safe and effective way, medication errors are one of the most common causes of patient harm, accounting for 20% to 30% of reportable incidents in NHS organisations[1].

A medication error is defined as an error in the process of prescribing, dispensing, preparing, administering, monitoring, storing and providing medicines advice, regardless of whether any harm occurred.[2]

Errors may result in an incident, an adverse event or a 'near miss'. Medication incidents have a number of causes: -

- such as lack of knowledge,
- failure to follow systems and protocols,
- inadequate level of staff competency / training
- poor communication including written or verbal instructions. Please refer to Threshold Guidance for Assessing and Reporting Medication Errors to assess whether a safeguarding referral is needed or not.

The Care Quality Commission (CQC) sets essential standards of quality and safety for regulating health and social care providers, with Outcome 9 looking specifically at the standards for the management of medicines. Therefore, Health and Social care providers must have clear procedures in place regarding the prescribing, dispensing, administration,

storage and documentation of medicines, which includes arrangements for reporting adverse events, adverse drug reactions, incidents, errors and near misses relating to medicines.

These arrangements should encourage local and where applicable, national reporting, learning and promoting an honest, open and fair culture of safety. They must also ensure that staff have the requisite level of training and competency regarding medicines management.

In addition, registered doctors, nurses, pharmacists or allied health professionals have a duty to work within their professional code of practice and competency level.

When would a medication error be considered as a safeguarding concern?
Examples of errors which should be considered appropriate for referring into safeguarding:

- Any medication error that leads to harm or death.
- Any medication error requiring medical intervention to assess patient or service user for actual or potential harm e.g. GP consultation or attendance at A&E
- The medication error was a deliberate act
- Medication is administered covertly without appropriate consultation/supervision
- The medication error is part of a pattern or culture e.g. same drug, same carer or same vulnerable person, taking into account the duration and frequency of the incidents
- The medication error involved the administration of a Controlled Drug (CD)
- The medication error involves more than one adult e.g. missed drug rounds
- The medication error involves medication often associated with misuse / abuse e.g. benzodiazipines, opioids.

This is not an exhaustive list and incidents should be assessed on an individual basis taking into account the needs, wishes and health of the vulnerable adult concerned, in addition to discussion with line manager, Safeguarding lead, pharmacist/pharmacy advisory service and where indicated with the Local Authority (Kent or Medway) under this multi-agency safeguarding protocol.

The safety of all patients and service users in health and social care organisations is paramount.[3] Continual medication errors, even if they cause no harm, are a key indicator to prompt the review of systems, staff compliance and training needs regarding medicines management. The safety and wellbeing of vulnerable adults must always be considered when medication errors occur and are investigated.
All NHS organisations are required to report and investigate medication errors as per specific organisational policy or procedure. Since July 2013[3], non-NHS providers are only required to notify the CQC about medication errors that cause:

- A death
- An Injury (checked CQC July 2013 document mentions “injury” in respect of medication error not serious injury)

- Abuse, or an allegation of abuse
- An incident reported to or investigated by the police.

Organisations should seek advice from their local health and safety, local pharmacy advice service or governance department regarding the need to inform:

- Health and Safety Executive (HSE),
- National Patient Safety Authority (NPSA)
- Medicines and Healthcare Regulatory Authority (MHRA)
- Registrants Professional Body e.g. NMC, GMC, AHP

References:

1: Link to CQC Guidance published July 2013

http://www.cqc.org.uk/sites/default/files/media/documents/guidance_on_statutory_notifications_asc_ih_pdc_pa_reg_persons_v5.pdf

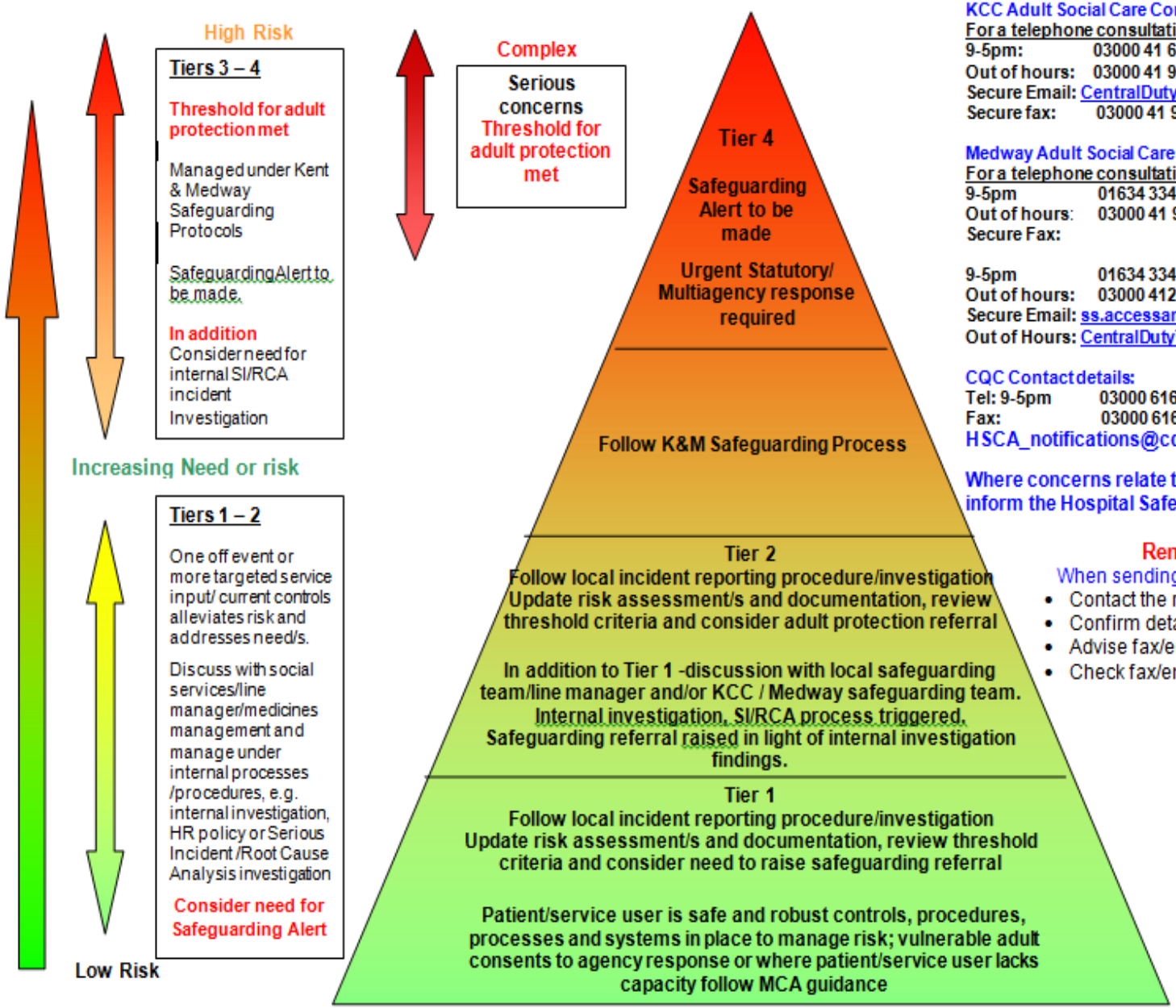
2: Link to NICE Guidance for care homes

http://www.nice.org.uk/guidance/sc/SC1.jsp

3: Link to National Patient Safety Authority

http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/

Threshold Guidance for Assessing and Reporting Medication Errors



KCC Adult Social Care Contact details:
For a telephone consultation
9-5pm: 03000 41 61 61
Out of hours: 03000 41 91 91
Secure Email: CentralDutyTeam@kentgcsx.gov.uk
Secure fax: 03000 41 91 91

Medway Adult Social Care Contact Details
For a telephone consultation
9-5pm 01634 334466
Out of hours: 03000 41 91 91
Secure Fax:

9-5pm 01634 334504
Out of hours: 03000 412 345.
Secure Email: ss.accessandinfo@medway.gov.uk.cjsm.net
Out of Hours: CentralDutyTeam@kentgcsx.gov.uk

CQC Contact details:
Tel: 9-5pm 03000 616161
Fax: 03000 616171
HSCA_notifications@cqc.org.uk

Where concerns relate to NHS acute trust setting inform the Hospital Safeguarding Lead

Remember:
When sending confidential information:
- Contact the recipient individual or agency
- Confirm details of secure email/fax
- Advise fax/email being sent
- Check fax/email received

Threshold Guidance for Assessing and Reporting Medication Errors

All agencies must have robust procedures in place to provide assurance in relation to the prescribing, dispensing, administration, storage and documentation of medicines and must ensure their staff have the requisite level of training and competency regarding medicines management,
(Registered practitioners have a duty to work within their sphere of practice and competency level)

<table>
<tr>
<td colspan="2">Lower Level Harm
Tiers 1-2
• Follow organisations incident reporting procedure
• Consider impact of recurrent minor incidents/errors
• Consider impact of recurrent quality in care/practice concerns
• Discuss with line manager/GP/Doctor/Pharmacist
• Discuss with local safeguarding Lead or Local Authority (KCC /Medway)
• Consider patient/service users ability to consent
• Consider need for safeguarding alert
K&M Multi Agency SVA Protocols 2014</td>
<td colspan="2">Harmful Significant Harm
Tiers 3 - 4
• Complete Safeguarding Alert
• Follow local incident reporting procedure/investigation
• Consider need to initiate SI/RCA investigation process
• CQC notification

These incidents/concerns should be addressed under multiagency safeguarding protocols for Kent and Medway.</td>
<td>Critical
Tier 4
• Complete Safeguarding Alert
• Agencies contribute to statutory investigation process
• CQC notification

These incidents/concerns should be addressed as potential criminal matter – contact Police/Emergency Services immediately</td>
</tr>
<tr>
<td>▪ Missed medication/ administration error on one occasion-no harm or distress experienced by vulnerable adult

▪ Delay in administration of medication, but no significant harm or distress experienced by vulnerable adult.

• Sufficient organisational measures in place i.e. gaps in provision and/or uptake of training, supervision, audit

• Vulnerable adult and/or their representative identifies medication error, but are satisfied with agency actions/response

No harm to vulnerable adult</td>
<td>▪ Recurring missed medication or administration errors

▪ Medications not available when vulnerable adult is transferred to or discharged from care environment

▪ Insufficient organisational measures in place to provide assurance

▪ Complaint from vulnerable adult and/ or their representative but, following investigation, they are satisfied with agency actions/ response

No harm to vulnerable adult</td>
<td>▪ Missed drug round or recurrent episodes of missed medication or error/s
▪ Medication error involving controlled drug occurs

▪ Medication error involving insulin, anticoagulants, antipsychotics, dementia drugs

▪ Use of medication that is not consistent with the vulnerable adults needs or expressed wishes
▪ Pain inadequately controlled causing deterioration in physical and/ or mental health

▪ Unsafe practice or systems for the prescription, dispensing, administration, storage or documentation of medicines

▪ Referrer or vulnerable adult and/or representative express concerns not resolved
Actual harm or risk of significant harm to one or more vulnerable adults</td>
<td>▪ Deliberate maladministration of medications
▪ Covert administration of medication without proper medical authorisation or consent from vulnerable adult

▪ Adverse side effects experienced as a result of the maladministration of medication.

▪ Medical intervention required following medication error e.g. GP consultation /A&E attendance

▪ Inappropriate sedation of patient

▪ Absence of, or inadequate monitoring of drug levels

▪ Medication error involves medication often associated with drug misuse or abuse e.g. benzodiazepines, opioids

▪ MCA not considered when vulnerable adult chooses not to take medication.

Actual harm or risk of significant harm to one or more vulnerable adult/s</td>
<td>▪ Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death of a vulnerable adult/s
▪ Vulnerable Adult and/or their representative have identified serious concerns and Tier 4 response is their desired outcome

▪ Urgent remedial action required and implemented through safeguarding adults or quality improvement strategies

Serious harm or death of vulnerable adult/s</td>
</tr>
</table>

Source Acknowledgement: Newcastle Safeguarding Adults Board – Safeguarding Threshold Guidance
YP - Final agreed ppg 21.05.14

21 Adult Protection Operational Guide for the Social Services Agency Staff

Decisions may include:

- Level of risk
- Does the vulnerable adult understand the risk and potential consequences
- Mental capacity – Record known information and consider if a MCA is required.
- If the vulnerable adult lacks or appears to lack mental capacity to make decisions related to their safety consider liaison with relatives initially and keeping them informed about the progress of the case.
- Which agency takes the investigative lead e.g. If crime - police.
- Who is going to be involved
- If financial abuse do you need to make contact with the Office of the Public Guardian?
- Time scale
- Status of alert i.e. open/closed
- With whom you need to share the information and how
- In high profile cases prepare a briefing for Senior Managers and the Press Office
- Consider if any issues raised may affect children or other vulnerable adults(directly or indirectly)
- Is DBS referral indicated at this time
- Date of next meeting

Closures - When the Adult Protection Case Conference recommends closing the alert:

The DSO must:

Audit the case using the agreed audit tool

- Complete the alert/referral and closure form.
- Passes all papers to the Assistant Director/service manager/associate director for sign off.
- They pass all the papers to local administration officer.
- Local administration officer completes the adult protection closure on the AP system.
- Adult Protection case papers to be stored in the 'closed' section of the client file.
- If the case was co-ordinated by a host locality or authority they should retain the original AP papers as they were responsible for the work and the placing locality/authority should have copies to be placed in the closed section of the clients file.
- DSO and Senior Manager consider possible need for formal debriefing and arrange as per protocol

NB. Even if the police do not pursue a criminal investigation/prosecution, the social services agency is responsible for ensuring that a comprehensive non-criminal investigation is completed and the case must be referred back to the safeguarding meeting to decide if abuse happened 'On the Balance of Probability'.

22 Adult Protection Planning Checklist

k. Has the employment status of the alleged perpetrator(s) been clarified, this must also include anyone employed via a direct payment, or any non-traditional direct payment.

n. If a home or organisation has a KCC/Medway contract, have commissioning been consulted? Is any action required, regarding the contract, prior to any investigation being carried out? Contract actions need to be agreed and recorded between the commissioning manager and the DSO/ Assistant Director/Service Manager regarding any variation to the contract. e.g. temporary suspension of placements.

24 Investigation/Assessment Checklist

This checklist may assist you to consider specific issues involved in investigation and assessment of cases of abuse or suspected abuse:

1. Do you have clear terms of reference for the investigation/assessment? Does this take into account investigatory actions that will be required if the police do not pursue a criminal case?

2. Consider both the detective and protective aspects of the investigation.

27 Manager's Checklist

As the DSO your overall responsibilities include:

o) Ensuring that any assessment/investigation carried out with or without the support of other agencies is fully recorded and that there is a **written summary** of the findings on which to base decisions.

p) Where the police have initially taken the lead for investigation and subsequently determine that there will be no further police action, the social services agency are responsible for ensuring that a thorough investigation is undertaken. This should include making suitable arrangements to interview alleged perpetrators

q) Ensuring that decisions taken, at planning/strategy meetings or case conferences, are appropriately minuted including decisions about: the vulnerable adult(s); the person responsible; the service setting/agency.

Useful addresses

Useful Addresses, telephone and fax numbers amended

Appendix 2 - Adult social care safeguarding alert form (SAF)

Medway Council Serving You

Form Instructions

Purpose of this form

This form is for any agency, organisation or individual who wishes to alert us to any concerns or allegations of abuse. This could be about yourself or another vulnerable adult.
Your concerns may also be about an organisation which provides health or social care support for instance a care home or hospital.

Completing this form

Submit this form with as much information as possible to avoid delay.
If information is not known please record 'not known'.

Returning this form

You can submit this form by
Completing the form online at: **www.medway.gov.uk/abuse**

Email us at: **ss.accessandinfo@medway.gov.uk**

Post the completed form to
Adults and Children's Services Team
Customer Contact
Gun Wharf
Dock Road
Chatham
Kent ME4 4TR

How we use your data
Whilst we will try to maintain anonymity where this is requested, this may not always be possible. We will do everything we can to ensure that the information you share with us is kept confidential.

What happens next
On receipt of this form Medway Council Adult Social Care may work in partnership with other agencies, services and relevant people to support you or somebody you think may need protecting.

If you would like help alerting us to your concerns
If you would like to discuss your concerns or require help and support to complete this form please contact us on **01634 334466**.

1a. Who are you concerned about:

Yourself ☐ A care home ☐ Supported living ☐

Another person ☐ Homecare service ☐ Other ☐

Name and address of care home or service you are concerned about:

1b. Tell us about the person you are concerned about

Full name of the person you are concerned about

Their current home address

Phone Mobile

Date of Birth (if known)

Approximate age (if DOB not known)

Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐ Not known ☐

Ethnic origin / or nationality

Preferred language / method of communication

Is the person you are concerned about aware of this alert

Have they agreed to you sharing your concerns

Why do you think this person is vulnerable

Is the person in receipt of health / social care services Yes ☐ No ☐ Not known ☐

Provide details of the service provided – i.e. care manager or community nurse

2a. Tell us about the current situation of the person(s) you are concerned for

Does the person continue to be at risk of harm Yes ☐ No ☐ Not known ☐

If the answer to either of the above is yes, please describe the risk that remains and the names of any other adults / children potentially at risk

(Only refer to identified risk that relates directly to the concern)

2b. Tell us about the alleged abuse or incident

Date of incident

Time of incident

Location or address of incident

Brief factual details of the incident or concern
This should include a clear factual outline of the concern being raised with details of people and places where appropriate (Continue on separate sheet if required)

Tick which form(s) of abuse you think may have occurred

Physical ☐ Neglect ☐

Sexual ☐ Discriminatory ☐

Emotional ☐ Institutional ☐

Financial ☐ Not known ☐

If the person suffered any injuries please give a brief and accurate description

Has a body chart been completed Yes ☐ No ☐ Not known ☐

(If completed attach to this form or forward as soon as possible)

Give details of any medical attention sought

Were the emergency services or a doctor informed Yes ☐ No ☐ Not known ☐

Provide any details

Date and time when the doctor or the emergency services informed

Name of doctor informed (if known)

Detail any actions taken to date to safeguard the person(s) or organisation

Give names and contact details of any professionals or organisations aware of this alert (i.e. the Police or the Care Quality Commission)

If police have been contacted tell us the crime or incident number

Give names and contact details of any witnesses

3. Details of any relatives or main carer

Name of the relative or main carer of the person you are concerned about

What is their relationship to the person you are concerned about

Their contact address

Phone Mobile

Email

Is the relative / carer aware of this alert Yes ☐ No ☐ Not known ☐

4. Details of person(s) believed to have caused harm

Full name of person believed to have caused harm

Gender: Male ☐ Female ☐ Transgender ☐ Prefer not to say ☐ Not known ☐

Date of Birth

Address of person believed to have caused harm

Does this person live with the vulnerable adult Yes ☐ No ☐ Not known ☐

If so, in what capacity e.g. spouse, fellow resident, carer etc

Organisation (if working with vulnerable people)

Occupation

Position

Title

What is the relationship between the person believed to have caused harm and the person who is the subject of this concern

Social Care Support - Public Sector ☐

Social Care Support - Private Sector ☐

Social Care Support – Voluntary ☐

Relative / family carer ☐

Known individual but not related ☐

Unknown individual / stranger ☐

Primary Healthcare Worker ☐

Secondary Healthcare Worker ☐

Police ☐

Regulator ☐

Other Public Sector ☐

Other Private Sector ☐

Other Voluntary Sector ☐

Is the person believed to have caused harm aware that you are reporting this

Yes ☐ No ☐ Not known ☐

5. Details of the person disclosing the abuse

If the concerns were disclosed to you by a third party please record their details here and your details in section 6

Note: We cannot guarantee anonymity but will do all we can to keep details confidential if you or they prefer.

Date reported to you (if applicable)

Discloser's name

Job title and / or relationship to person you are concerned about

Organisation discloser works for (if applicable)

Discloser's contact address

Phone Mobile

Email

Can your / their details be shared with third parties

Yes ☐ No ☐ Not known ☐

Would you / they would prefer to remain anonymous

Yes ☐ No ☐

Give your / their reasons for remaining anonymous

6. Details of person completing this form

Your name

Date form completed

Your job title and / or relationship to person you are concerned about

Care home / organisation / service provider (if applicable)

Contact address and postcode

Phone

Mobile

Email	

Record any other details you wish to share, regarding the circumstances of your concerns here.

When you have completed this form you can send it to us via the following methods:

Email: ss.accessandinfo@medway.gov.uk

Secure Fax: 01634 334504

Postal Address:
Adults and Children's Services Team
Customer Contact
Gun Wharf
Dock Road
Chatham
Kent
ME4 4TR

To speak to somebody between 8:30am – 5pm, Monday – Friday: 01634 334466

Outside these hours you can contact: 0845 7626777