Safeguarding (Adults) Alert

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| **Please return to:**  **gatewaytocare@calderdale.gov.uk**  **and password protect your document**  Calderdale Council is registered with the Information Commissioners Office (ICO) under the provisions of the Data Protection Act 2018. The Council takes its responsibilities under the Act very seriously.  The information provided by you is collected in order to investigate a safeguarding referral. We need to collect this information in order to maintain accurate records of the referral and any subsequent investigation process. Completion of this form/sharing your information with us constitutes explicit consent from you for us to process your data for this purpose. Processing is necessary to protect the vital interests of a data subject or another person.  Your information may be shared with other professionals and agencies in accordance with the allegation management process  Unless the information is required by law, you may withdraw this consent at any time by writing to the safeguarding manager at the e mail address above. In addition you have the right to see what information is held about you, to have inaccurate information corrected, to have information removed from our system unless we are required by law or a statutory purpose to keep it and the right to complain to the Data Protection Officer if you feel that your data has not been handled in accordance with the law.  Your information will be recorded on our system to maintain up to date records. This information will be kept for a maximum of 8 years from the date of closure of the referral or until such time as the data is reviewed by us or removed at your request.  The Data Protection Officer, Tracie Robinson, can be contacted at informationmanagement@calderdale.gov.uk |

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| **Person’s details** | | | | | |
| Name |  | | | Date of birth |  |
| Address |  | | | | |
| Town/City | |  | Post Code |  |
| Telephone number | Landline | |  | Mobile |  |
| GP Practice |  | | | | |
| CIS Number (if known) | |  | | | |

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| **Location of alleged abuse (if different from above)** | | | | |
| Name |  | | | |
| Address |  | | | |
| Town/City |  | Post Code |  |

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| **Mental capacity, awareness and consent** | | | |
| Does the person have mental capacity? | Yes | No | Not known |
| Is the person aware of this Safeguarding Alert? | Yes | No | Does not have mental capacity |
| Has the person consented to this Safeguarding Alert? | Yes | No | Does not have mental capacity |

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| **Alert source** | | | | | | |
| Name of alert source |  | | | | | |
| Organisation |  | | | Role |  | |
| Address |  | | | | | |
| Town/City |  | | Post Code | |  |
| Telephone number | Landline |  | | Mobile | |  |
| Does the alert source wish to remain anonymous? | | | Yes | No | | |
| Date of alleged abuse | | |  | | | |
| Date reported to Gateway to Care at Calderdale Council | | |  | | | |

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| **Safeguarding details** | | | | |
| Type of alleged abuse (indicate all applicable) | Physical  Neglect or acts of omission  Sexual  Psychological or emotional | | | Financial or material  Discriminatory  Institutional or poor practice |
| Other (please specify) | |  | |
| Name of person or organisation causing harm | |  | | |
| Telephone number | |  | | |
| Relationship to the person who has been harmed | |  | | |

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| **Safeguarding alert summary (actual harm caused / likelihood of harm)** | | |
| A summary of the incident/situation and who has been involved. Including information about the type, nature and severity of the abuse or risk of abuse. Make clear distinction of abuse that has occurred and concerns you have about a person experiencing a likelihood of abuse.  Include any relevant documentation ie. copies of risk assessments, reviews.  An assessment of the harm caused and/or risk:  eg 1: The level of harm was low as no injuries sustained and the person does not appear distressed following the incident. This is the first time that this incident has occurred and is unlikley to happen again due to…..  eg 2: The level of harm is significant/high as the person has now been admitted to hospital with a suspected fracture and appeared to be in a lot of pain. The person was at high risk and this was not effectively managed because….  eg 3: The level of of harm is low as no injuries were sustained. This is becoming a frequent issue and if there continues to be incidents like this there is a potential high risk that the person could obtain injuries such as…… | | |
| Does this alert require Designated Safeguarding Adults Manager involvement?  (concerns raised about a person, whether an employee, volunteer or student, paid or unpaid) | Yes | No |

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| **What immediate action has been taken to safeguard the adult at risk?** |
| (Please include the organisations that have been informed) |
| When making a decision about the Local Authority undertaking further enquiries they are required to consider the concern information against actions taken to safeguard the adult at risk. Actions taken should also be proportionate to the concern and any identified risks.  What measures can be put in place to minimise risks?  Not an exhaustive list….  1. Sought medical attention ie. Quest, GP, 111, emergency services.  2. Increased observations.  3. Reviewed a section of the care plan.  4. Enviromental change/Equipment provision.  4. Police notified if a crime is suspected.  5. Complete a risk assessment.  6. Staff - suspension  9. Increase staffing levels  Longer term actions?  1. Referral to other organisation ie. Dietician, Care home liaison, SALT, Physio, Occupational Therapy, Falls team, Tissue Viability Nurse, Telecare.  2. Plan a further review of the care plan, who will be involved.  3. Staff - interview, training, disciplinary. |

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| **What are the person’s views? What outcomes do they want from this Safeguarding Alert?** |
| Person centred practice and personalisation set out principles that underpin Safeguarding Adults work. Making Safeguarding Personal ensures that the persons views and wishes are at the forefront of any Safeguarding work.  - Where possible (if the they are available and will not be put at further risk) speak to (consider who is the best person to have the conversation) the person about the concern in a safe/private space. If this is not possible record this with the reason why eg. the person is in hospital.  Following the conversation make a record:  How do they feel about what has been discussed?  What do they want to happen?  If this has been discussed with anyone else eg. a relative or friend. Also record their views.  Explain to the person that you feel a Safeguarding concern should be raised to Social care. Consider how this is explained……  eg. A social worker will be involved to organise support for you to achieve your desired outcomes/to sort out this situation and attempt to stop it happening again.  If you are unable to obtain the views of the person due to them lacking the capacity with regards to the Safeguarding situation record this with evidence of your assessment.  The Mental Capacity Act 2005:  What is mental capacity and when might you need to assess capacity?  Having mental capacity means that a person is able to make their own decisions.  PRINCIPLE 1: You should always start from the assumption that the person has the capacity to make the decision in question.  PRINCIPLE 2: You should also be able to show that you have made every effort to encourage and support the person to make the decision themselves.  PRINCIPLE 3: You must also remember that if a person makes a decision which you consider eccentric or unwise, this does not necessarily mean that the person lacks the capacity to make the decision.  Under the MCA, you are required to make an assessment of capacity before carrying out any care or treatment – the more serious the decision, the more formal the assessment of capacity needs to be.  When should capacity be assessed?  You might need to assess capacity where a person is unable to make a particular decision at a particular time because their mind or brain is affected by illness of disability. Lack of capacity may not be a permanent condition. Assessments of capacity should be time- and decision-specific. You cannot decide that someone lacks capacity based upon age, appearance, condition or behaviour alone.  The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:  1. understand information given to them  2. retain that information long enough to be able to make the decision  3. weigh up the information available to make the decision  4. communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.  Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Also, you will need to involve family, friends, carers or other professionals. |

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| **Form completed by:** | |
| Name |  |
| Telephone number |  |
| Date |  |