

**Provider Led Enquiry Report**

**April 2019 – Version 0.3**

**Introduction:**

This report is to be completed by Provider Services to assist in a Section 42 Safeguarding Adult Enquiry coordinated by the London Borough Croydon.

On occasion the provider of services is best placed to lead on parts of the Enquiry (The Care Act 2014 www.legislation.gov.uk) due to factors such as access to information, an established relationship with the client and a need to find out what has happened to prevent it happening again. Note, the provider report is not the Section 42 Enquiry but rather informs the enquiry.

Provider led enquiry reports should be completed within a specified timeframe as agreed with the Enquiry Social Worker responsible for the case.

The Local Authority retains overall responsibility for the Section 42 enquiry and will give the provider the terms of reference to guide the report (See page 3) . The report will be checked by the enquiry social worker and requests may be made for further information.

The Care Act 2014 contains a duty of candour to ensure that full disclosure of all appropriate and relevant information is carried out. All Section 42 Enquiries should be carried out in a spirit of joint working as professional partner agencies. The ultimate goal is the safety of the service users and preventing harm from occurring again to others. Each safeguarding case contains opportunities to learn and improve practice. It is asked that those involved in safeguarding cases are open to such learnings, and accept the role that partner agencies can playas critical friends.

**Terms of Reference for the Provider led Enquiry Report** The Social Worker, leading the Enquiry, will identify the categories of abuse to be considered in this enquiry. The Provider Service will need to include the following information in this report:

1)

2)

3)

4)

5)

6)

(Expand as required)

**Provider Led Enquiry Report**

 **(Note: Type to expand sections as required as per each report)**

**Part A**: **Client Details**

**Name of the Adult:**

**1) D.O.B: AIS:**

**2) Address of adult:**

**3) Communication:** Does the adult have communication or sensory needs? (If yes, please outline how these will be accommodated during the safeguarding process):

**4) Information Sharing:** General information sharing principles apply – the consent of the adult involved should be gained; if information is to be shared without consent, the adult should be informed what information will be shared, with whom, and why. In cases involving service quality concerns in regulated and/or commissioned services, information must be shared with the CQC and relevant commissioners of services (e.g. Local Authority, CCG’s, NHS England).

**5) Mental Capacity:** If there are no concerns about mental capacity, please obtain consent from the adult progress the enquiry and to share information**.** If the adult has not consented to the safeguarding enquiry, e.g. the client lacks capacity and the safeguarding is being carried out in their best interest, vital and or public interest please explain: **(**TheMental Capacity Act 2005[www.legislation.gov.uk](http://www.legislation.gov.uk))

**6) Funding Agency:** Which Local Authority, CCG, CHC or private individual is funding the placement/ service? Please outline any joint funding agreements:

**7) Family members /significant others**

|  |  |  |
| --- | --- | --- |
| **Name**  | **Contact Details**  | **Relationship to the adult**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**8) Background Information:** a brief synopsis of the adult at risk, their current health, care and support needs and living arrangements

**9) Allegation of abuse/ Summary of concern:** What is the allegation? Who is making it and when was it made? Cover areas such as who, when, how, where, why aspects of the concern, If multiple allegations then break these down chronologically. What was the impact/ severity of the incident? Were others at risk?

**10) What are the Adults views and desired outcomes:** The meeting with the adult (if appropriate) to elicit their views desired outcomes in respect of the safeguarding concern/s raised. Please outline these in terms of what does the adult (or their representative) want as an outcome, what does being safe entail for them, how would they like this achieved? What do they want professionals to do for them/ or not do? What changes would they want made? What do they think the ongoing risks are?

**11)**  List of Evidence

(EXPAND THIS TABLE AS REQUIRED)

|  |  |  |
| --- | --- | --- |
| **Activity (interview, review of paper work, CCTV, etc)**  | **Supporting Documentary Evidence****(records & charts, witness statements)** | **Date of activity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**12) Summary of Findings and Analysis of Evidence:** Consider the original report/ allegation and all the evidence that you have established, consider any gaps in the evidence base. Explain clearly whether or not you think the abuse has occurred or not and why you reach this conclusion. If multiple abuse is alleged please separate evidence & analyse within the report and record your views using the evidence and professional opinion.

Make a recommendation regarding the outcome of the provider led enquiry based on the balance of probabilities. (Substantiated, not substantiated, partially substantiated, inconclusive)

**13) Recommendations to reduce further risk/Safeguarding Plan:** How are you going to help keep the person safe in future, free from neglect and abuse? Does staff training and organisation practice need to improve or be altered? Do we need the assistance of other partners (i.e. specialist health professionals, equipment, 3rd sector agencies, etc), as a disciplinary process required? (Consider complaints, HR activity, DBS referrals in the response) Describe what action has been taken? Has feedback been given to the client? Has there been learning for the Provider? Could this be avoided again? Have risk assessments been updated for clients and the provider, were next of kin contacted and what were their views? Have support/ care plans been update as required?

**14) Referrals to Professional Bodies and Multi-Agency Panels**

Consider referrals to professional bodies: i.e. HCPC, NMC, DBS, MARAC & Risk & Vulnerability Panel.

**15) Authorisation of Report**

**Name of Author:**

**Job Title:**

**Author signature** ……………………………. **Date:**

**Report Quality Assured by**……………………………**Date**:

**Appendix 1**

**Safeguarding Plan -** Adult safeguarding plans should be person-centred and outcome-focused. Adult safeguarding plans should be made with the full participation of the adult, or their representative or advocate as appropriate. Wherever possible, adult safeguarding plans should be designed to reflect and aim to achieve the desired outcomes of the adult.

Please attach a safeguarding plan with the Provider Led Report.

***What sort of actions should be included adult safeguarding plans?***

 Adult safeguarding plans can cover a wide range of interventions and should be as innovative as is helpful for the adult. The Care Act statutory guidance states that in relation to the adult, safeguarding plans should set out:

 What steps are to be taken to assure their safety in future?

 The provision of any support, treatment or therapy including on-going advocacy;

 Any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an Office of the Public Guardian Deputy)

 How best to support the adult through any action they take to seek justice or redress;

 Any on-going risk management strategy as appropriate; and,

 Any action to be taken in relation to the person or organisation that has ameliorate risks.

Outcomes for adult safeguarding plans can be as high level or detailed as the circumstances require, and as the law allows. Actions should aim to be **S.M.A.R.T. -**

 **Specific -** try to be very clear about exactly what action is going to be taken. Name the person/people responsible for each action.

 **Measurable -** you should be able to clearly quantify or demonstrate that the action or outcome has been achieved.

 **Achievable -** you need to make sure that you are able to attain the action or outcome.

 **Realistic -** try to make sure that the action you are planning is the most practical way to achieve the improvement you want.

 **Time constrained -** make sure you state the time period in which each action will be accomplished.

This document is confidential when completed so only send & store securely