SOLIHULL SAFEGUARDING ADULTS

TOOLKIT

2013

Working Together
to safeguard adults
in Solihull

Working Together
to safeguard adults
in Solihull

Solihull Safeguarding Adults Practice Toolkit

This toolkit provides practitioners and managers with forms, checklists and aide memoires for all Safeguarding Adults work.

The forms, checklists and aide memoirs contained within this Toolkit have been produced to help staff with all the different stages and assessments in the Safeguarding Adults Procedures.

These forms, checklists and aide memoires must only be used in conjunction with the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands.

These documents DO NOT replace the Safeguarding Adults electronic recording system.

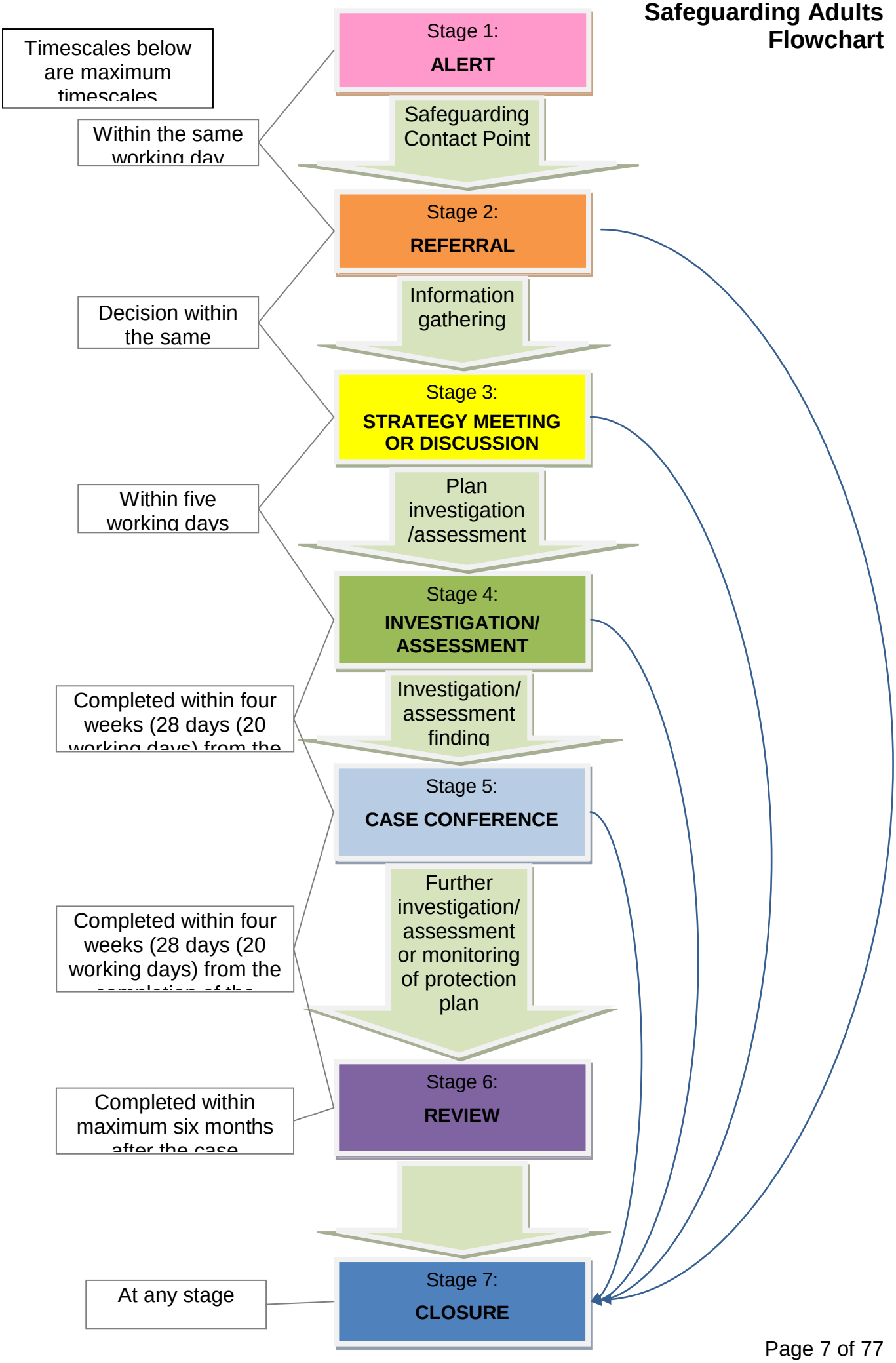
All forms, checklists and aide memoires used must be retained for future reference and must be stored in accordance with Solihull MBC Records Management Policy.

These forms can be used simply as an aide memoire, or as a checklist with staff ticking or crossing what they have done or what is not required – or they can be used for staff to complete as a written record.

Some pages in this document have been left blank so each form can be seen as a stand alone form.

Contents

Safeguarding Adults Flowchart



Safeguarding Adults Alert/Referral Form - Checklist	
Victims details	
Name	
Address	
Date of Birth &/or Age	
Gender	Ethnic Origin
GP – Name & Address	
Does this person know a referral is being made? What does this person want to happen?	
What is the allegation? What has happened? What has been the impact on this person? What, where, when, who and how it came to light. Details of witnesses.	
Is the person currently at risk? Is immediate action required to protect the adult at risk? Are any other people at risk? What other agencies are involved?	
Has any action already been taken (e.g. police, ambulance, GP contacted, anything removed?).	
Is there anything to suggest this person does NOT have mental capacity?	
Where is this person now and how can they be contacted?	

Alleged Person Causing Harm details	
Name	
Address	
Date of Birth and/or Age	
Gender	Ethnic Origin
What is the person causing harm's relationship to the victim?	
If the person causing harm is a person employed by a health and social care provider – what action has been taken?	
Does the person causing harm live with the victim?	

Referrer's details	
Name	
Address	
Date of Birth &/or Age	
Gender	Ethnic Origin
Referrer's relationship and involvement with victim and/or person causing harm.	
Is this a whistle blowing situation?	

Working Together
to safeguard adults
in Solihull

Solihull Safeguarding Adults
Risk Assessment and Management Tool

NAME:	Care First Number:	DOB:
Address & Telephone No:		Date:

Type of Risk:
Factors that increase the risk/harm:
Factors that decrease the risk/harm:

Likelihood of it occurring or reoccurring:			**Consequence/Impact**:	
High	**Medium**	**Low**	**HIGH**	Serious harm/concern or life threatening to one or more people
Highly likely or almost certain to happen or recur - possibly frequently	Likely to happen or recur	Do not expect it to happen or recur but is possible	**MEDIUM**	Some harm or concern to one or more than one person
			LOW	Minimal harm or concerns to one person

Risk Assessment score from table below				
IMPACT	**High**	**Amber - 7**	**Amber - 8**	**Red - 9**
	Medium	**Green - 4**	**Amber - 5**	**Amber - 6**
	Low	**Green - 1**	**Green - 2**	**Green - 3**
LIKELIHOOD		**Low**	**Medium**	**High**

Next steps/action:					
No Further Safeguarding Action	Strategy Meeting – Multi Agency	Investigation	Large Scale Investigation	Case Conference	Protection Plan
MARAC assessment/referral		Name of manager accepting responsibility:			

Name & position of person completing risk assessment:

Additional Information Gathering Checklist	
Internal records	E.g. Care First, HR records and EPEX. Is the alleged victim or the alleged person causing harm known to Solihull MBC? If the referral involves a service regulated by CQC, checks should be made with the Care Quality Monitoring team. Is there anyone else receiving support/service from the alleged person causing harm?
Health professionals	Is the alleged victim or the alleged person causing harm, known to them and under what circumstances? The GP DN may be able to provide crucial information. Has the alleged victim attended A&E? When, why, what was the outcome?
Police	Contact with Solihull Vulnerable Persons Officers should always be considered. Has a crime been committed? Is the alleged victim or the alleged person causing harm known to them and under what circumstances?
Other agencies	Is the alleged victim or the alleged person causing harm receiving a service, e.g. Residential or nursing care, domiciliary or day care? What is the agency's view of the situation?
Care Quality Commission (CQC)	If the incident relates to a service regulated by CQC, their records should be checked. What does the service's latest CQC Inspection Report say? Is there a registered manager in post?

Organising a Strategy Meeting Checklist	
Attendees	**Required / invited.**
Allocated **social worker**	
Other key care management workers e.g. Reviewing Officers	
Care Quality Commission Must be invited if the allegation involves a regulated service. If they are not going to attend they MUST be asked to provide a written report.	
Police MUST be invited where criminal offences have been committed or suspected or where the police can provide intelligence/information crucial to safeguarding adults at risks.	
Health representative [e.g. GP, community nurse, psychiatrist, CPN, SALT, hospital staff etc.] MUST be invited if there are concerns about an individual's health. If they cannot attend their involvement & information should be ascertained before the meeting.	
Service Provider(s) [e.g. residential or nursing home, day and support services if appropriate] The only exception to NOT inviting a service provider is if the owner/manager are implicated in the abuse. Partnership working is essential to good safeguarding.	
Direct Payments Support service – if the alleged victim receives a direct payment or personal budget.	
Legal Services – if required.	
Care Quality Monitoring Team – if it involves a Contracted Service. Must be invited if the allegation involves a contracted service. If they are not able to attend they SHOULD be asked to provide a written report.	
Department of Work and Pensions – if it involves benefit concerns.	

If the service is a very specialist service, invite the specialist commissioner, e.g. if the victim is detained under the Mental Health Act	
Representatives from placing authority if different to where abuse occurred	
Independent Mental Capacity Advocate (IMCA) – if one has been instructed at this stage.	
General Advocate – if one is involved at this stage	
Contact with **The Coroner** MUST be made – if the alleged victim has deceased and there are concerns related to the death.	
Domestic Abuse Services – if the situation is domestic abuse.	
Any other relevant services e.g. Ambulance Service Fire Service Housing	
Minute Taker	
MAKE SURE THERE IS SOMEONE WHO CAN REPRESENT THE VICTIM'S VIEWS, WISHES AND CHOICES.	
Other requirements	
Suitable venue Accessible Sufficient room	
Refreshments Especially if the meeting is going to exceed an hour.	
Possible car parking for anyone with a disability	
Ensure there are copies of written reports for attendees	
Signing in and Confidentiality sheet	

Strategy Meeting(s) Agenda Aide Memoire	
1.	**Welcome, introductions, apologies and role of attendees** • Identify who was invited and why • Who has attended • Who has sent apologies and • Who has not attended • Who has been excluded and why. • Clarify with the participants their role in this meeting.
2.	**Housekeeping and confidentiality** • Advise attendees the meeting has been convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and remind everyone that the proceedings are confidential. • Tell attendees if any information needs to be shared, this should first be checked with the Chair, either within the meeting or afterwards. • Inform attendees that the minutes of the meeting will be circulated to all attendees and those who have given apologies. • Identify if anyone else requires a copy of the minutes.
3.	**Purpose of the meeting** • Confirm the purpose of the meeting – who the meeting relates to – who made the referral etc. • Explain the structure of the meeting. • Share agenda with all attendees. • Emphasise partnership working.
4.	**Details of suspected abuse** • Confirm the details of the suspected type of abuse, suspected person causing harm, suspected duration of abuse, place of abuse etc. • Consider if the situation is Domestic Abuse/Hate Crime. • Share what action has been taken since the alert and at this meeting. • **Come back to this at the end of the meeting and agree the types of abuse suspected/to be investigated.**
5	**Information from each agency and Reports received** Each attendee should be asked to contribute to this section giving: • brief background to the alleged victim and alleged person causing harm (If appropriate) • brief background on the service provider (if appropriate) • information on current situation • Feedback on what they have done or can do. Make sure everyone attending is asked to contribute.

6.	**Mental Capacity** • Identify attendee's perception of the alleged victim's mental capacity. • Identify if a capacity assessment has been completed or needed.
7.	**Views of Adult at risk** • Identify / confirm the alleged victim is aware of the meeting. • Share the alleged victims and their families (if not the alleged abuser) views, wishes and choices are at this time. Do we know what outcome they want? • Discuss if the alleged victim would benefit from an advocate or IMCA.
8.	**Risk Assessment** • Consider the safety of the alleged victim and any other possible victims. • Identify the current risk assessment and risk management plan. • Record any differences in opinions or disagreements.
9.	**Actions** Identify the agreed actions from this meeting – record any disagreements. What is to happen next. • If No further Safeguarding Action required – identified what else is required – signposting, care management, complete closure etc. • Investigation required – agree scope and investigating officers and timescale. • Protection Plan – if risks are high, implement a protection plan immediately. • Identify who will be the lead person for the alleged victim, their family and service provider – may be the same person, may be different people. • Identify who and what is going to be feedback to the alerter. • Identify who else needs to know safeguarding activity is proceeding – e.g. GP. • Identify what each individual attendee is required to do. • Check with minute taker they have all the information they need to write the minutes.
10.	**AOB** Ask all attendees if they feel all relevant issues have been identified and discussed. **Date, time and venue for next meeting** Agree time and date of next meeting so everyone is aware of the set timescales they have to work to.

Confidentiality & Signing In Sheet Template

Working Together to safeguard adults in Solihull

Solihull Metropolitan Borough Council

Ref:

Team address

Solihull

Tel: 0121 …..

Web: www.solihull.gov.uk/adultabuse

Date:

Safeguarding Planning Meeting re…….

Confidentiality Reminder

The documents, other materials and discussion at this meeting are highly confidential and can only be used in ways agreed at the meeting in order to protect and safeguard an adult at risk. The notes of the meeting are confidential in the same way and should be stored safely and securely and not distributed without reference to the Chair of the meeting.

You have been asked to sign the attendance list below which establishes your agreement to comply with the Confidentiality Reminder above and as a record of your attendance.

Name	Signature	Contact details/email address

Minutes of Safeguarding Adults Meeting Template

Working Together to safeguard adults in Solihull

Solihull Metropolitan Borough Council

Ref:

Team address

Solihull
Tel: 0121 .....
Web: www.solihull.gov.uk/adultabuse

Safeguarding Adults – Meeting minutes

STRICTLY CONFIDENTIAL

These minutes are strictly confidential and must not be photocopied. Permission must be obtained from the Chair of the meeting before they are shown to other people.

PLEASE NOTE: These minutes do not purport to be an exact record of the meeting in its entirety, but aim to reflect the key points as captured by the minute taker. Requests for amendments to these Minutes should be forwarded in writing to the Chair of the meeting, within seven days of the circulation date; otherwise they will be taken as an accurate record.

Name **CareFirst Number**	*Caution: Some agencies may need the individual's address or DOB to identify the person*			
Date of Meeting **Date Minutes circulated**				
Venue of meeting				
Present	***Name***	***Job/role***	***Organisation /agency***	***Contact details***
Apologies	***Name***	***Job/role***	***Organisation /agency***	***Contact details***
Non Attendees *List everyone who was invited, did not come and did not give apologies*	***Name***	***Job/role***	***Organisation /agency***	***Contact details***

Copies of Minutes to *Additional to those present or who have sent apologies*	***Name***	***Job/role***	***Organisation /agency***	***Contact details***

Introductions & housekeeping	The Chair advised that this Safeguarding Adults Meeting was being convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and reminded everyone that the proceedings were confidential. If any information needs to be shared, this should first be checked with the Chair. Minutes of the meeting will be circulated to all attendees and those who have given apologies.
Purpose of meeting	
Details of suspected abuse *For each individual type of abuse, explain what happened, detail suspected person causing harm, suspected duration of abuse, place of abuse etc.*	**Discriminatory**
	Emotional
	Financial
	Institutional
	Neglect
	Physical
	Sexual
Information from each agency and Reports Received	
Mental Capacity	
Views of Adult at risk	
Risk Assessment	

Actions	• Case Close **(COMPLETE SA 8)** • Investigation **(COMPLETE SA 4)** • Large Scale investigation • Protection plan **(COMPLETE SA 6)**

Agreed actions			
Action to be taken		**Responsible person**	**Date**
1	The first agreed action MUST be who and what will be feedback to the adult at risk. *This must be the first action if they do not attend.*		
2	The second agreed action MAY be who and what will be feedback to the alerter.		
3	The third agreed action should be to identify who else needs to know safeguarding activity is proceeding – for example - GP		
4			
5			
6			
7			
8			
9			
10			

CAADA – DASH Risk Identification Checklist

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[1] for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present ☑. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is **not the case** please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	☐	☐	☐	
2. Are you very frightened? Comment:	☐	☐	☐	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	☐	☐	☐	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s) .....) try to stop you from seeing friends/family/doctor or others? Comment:	☐	☐	☐	
5. Are you feeling depressed or having suicidal thoughts?	☐	☐	☐	
6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?	☐	☐	☐	
7. Is there conflict over child contact?	☐	☐	☐	
8. Does (……) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	☐	☐	☐	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	☐	☐	☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	
12. Does (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	☐	☐	☐	
13. Has (……..) ever used weapons or objects to hurt you?	☐	☐	☐	

[1] Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick Box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You ☐ Children ☐ Other (please specify) ☐	☐	☐	☐	
15. Has (…….) ever attempted to strangle/choke/suffocate/drown you?	☐	☐	☐	
16. Does (……..) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	☐	☐	☐	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	☐	☐	☐	
18. Do you know if (……..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐	☐	
19. Has (…….) ever mistreated an animal or the family pet?	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?	☐	☐	☐	
21. Has (……..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs ☐ Alcohol ☐ Mental Health ☐	☐	☐	☐	
22. Has (……) ever threatened or attempted suicide?	☐	☐	☐	
23. Has (…….) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions ☐ Non Molestation/Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐	☐	☐	☐	
24. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐	☐	
Total 'yes' responses				

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:
What are the victim's greatest priorities to address their safety?
Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No If yes, have you made a referral? Yes/No **Signed:** **Date:**
Do you believe that there are risks facing the children in the family? Yes / No If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made ……

Signed: **Name:**	**Date:**

Practitioner's Notes

Mental Capacity Assessment Hints & Prompts for completing Carefirst Screens	
1	Can capacity be assumed in line with the first principle of the Mental Capacity Act 2007?
	• Mental capacity is the ability to make a decision. • All adults have the right to make their own decisions. • It is important to balance peoples rights to make decisions with their safety and protection when they can't make decisions to protect themselves. • Some people may need help to be able to make decisions or to communicate their decision.
2	Nature of the decision to be made
	• What is the specific decision required? • What are the consequences of the decision? • What support does the individual require for them to make the decision?
3	Nature of impairment/disturbance
	• What is the individual's impairment/disturbance? • And how does it affect the way their mind or brain works? • Is the impairment/disturbance permanent, partial, temporary or does it change over time?
4	Understanding information about decision to be made
	• What practical steps have been taken to help the individual make the decision? • What communication media was used, verbal, written etc? • Was an accessible form used – easy read, pictures, audio etc? • Has treating the individual medical condition which affects their decision making capacity been considered? • Has a structured approach programme to improve the person's capacity to make the decision been used?
5	Retaining the relevant Information
	• What evidence is there that the person is able to hold the information in their mind long enough to use it to make an effective decision? • Have items such as notebooks, photographs, posters, videos and voice recorders been used to help the person to record and retain the information?
6	Weighing up the relevant information
	• What evidence is there to demonstrate the person was able to weigh up the information and use it in their decision making?

7	Communicating the decision
	• Is there anything stopping the person communicating – e.g. they are unconscious or in a coma? • What communication method does this person normally use? • What communication method has been used for this decision? • Could someone else help with communication?
8	Conclusion
	• What is the conclusion? • Does the individual have capacity? • Why has the person been assessed as not having capacity?
9	Best Interests determination
	Was the following undertaken to work out the best interest of the person? • Encouraging participation from the individual • Identifying all the things that the person would take into account if they were making the decision themselves. • Finding out the persons views – past and present wishes or feelings, their beliefs and values. • Assumption based on the person's age, appearance, condition or behaviours have NOT been made. • Who else was consulted? • Are there any other options that would be less restrictive?
10	Is an IMCA required?
	An IMCA *may* be instructed to support someone who lacks capacity to make decisions concerning: • Adult protection cases, whether or not family, friends or others are involved.
11	Details of any action taken in relation to IMCA
	When was an IMCA instructed?
12	Outcome

The Investigation Plan	
What are you investigating? Ensure the scope is clear otherwise there is a risk of the investigation running out of control.	
Contact / interview the alleged victim Is a Mental Capacity assessment needed?	*When, where, does the individual need support?*
Who else should be interviewed? • Alleged abuser? • Alleged victims family/carers • Witnesses • Other relevant people – DN, GP etc	Who? Where?
Where will interviews take place?	
The sequence of interviews. Who needs to be seen first?	When?
Identify the purpose of each interview.	Why?
Is there a need for medical examinations? • Who will do this?	
What documents/written information needs to be seen, examined?	
What key places need to be visited?	
What documents need to be seen? • Care plans • Risk assessments • Medication record charts etc etc	
Would other people with specialist skills and knowledge help? • Care Quality Monitoring Team • Medicines management team • Infection control • Health and safety etc	

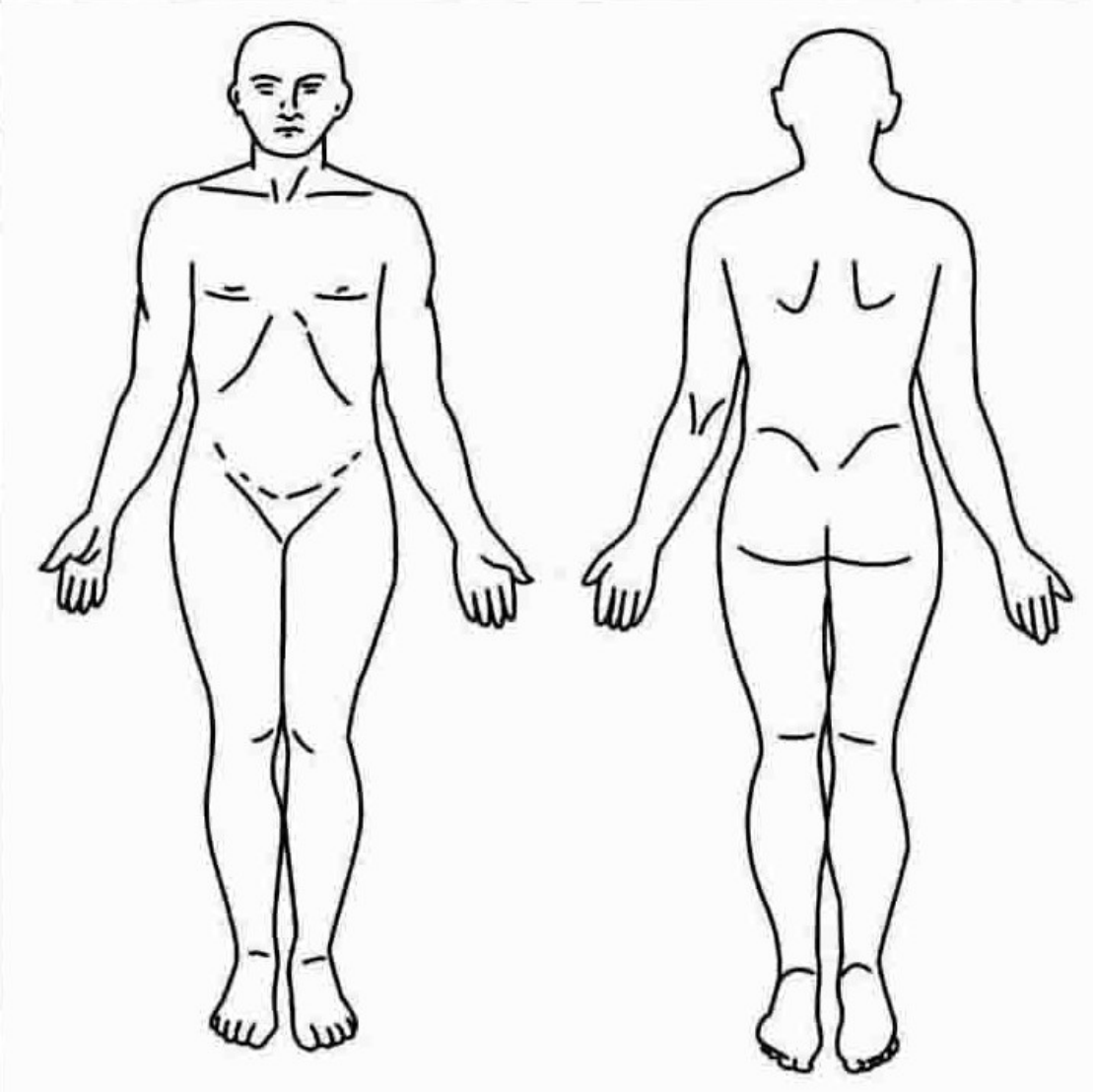
The Investigation Report - format	
Basic details	*Name* *Address* *DOB* *NOK details* *Health details*
Alert details	*Full details of referral (including the alleged abuse type that was investigated) and terms of reference for the investigation.*
Chronology of significant events	*In date order.*
Date adult at risk seen/interviewed and their account and views	
Adult at risks identified outcomes	1. *Identify her the outcomes the adult at risk has identified they want*
	2.
	3.
Adult at risk – mental capacity	*Detail here:* • *The decisions and issues* • *Adult at risks mental capacity* • *IMCA involved or needed*
Investigation findings *This part of the report should summarise and analyse the information gathered against each type of abuse and include details of how the investigation was conducted – who was spoken to, what records were scrutinised etc. Include body map if appropriate.*	**Discriminatory**
	Emotional
	Financial
	Institutional
	Neglect
	Physical
	Sexual

Any other information to support the investigation findings	
Is anyone else at risk?	
Is a case conference recommended?	
Matters for the conference to consider	*Including any outstanding matters from the investigation*
Risk Assessment	*The risk assessment should consider likelihood, consequences, risk and protection.*
N.B. ***All written material should contain a confidentiality statement and should not be removed from the meeting without the approval of the Chair.***	

Body Map

Name: ……

Date: ……



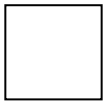
Notes:……

……

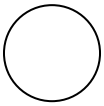
……

Genogram

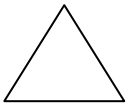
A well constructed genogram can clearly show the adult's family structure using agreed symbols and connections.



Male



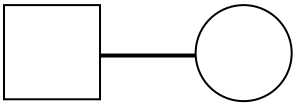
Female



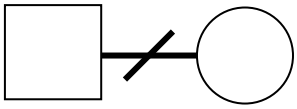
Gender unknown
e.g. pregnancy

Death

Miscarriage / termination

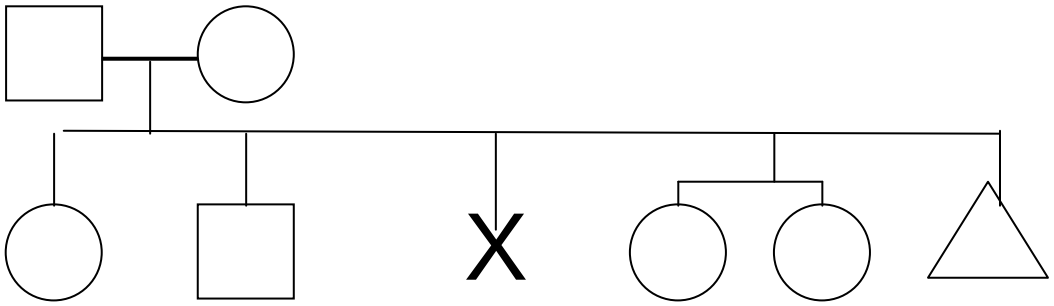


Enduring relationship
(Marriage or cohabitation)



Separation / divorced

EXAMPLE



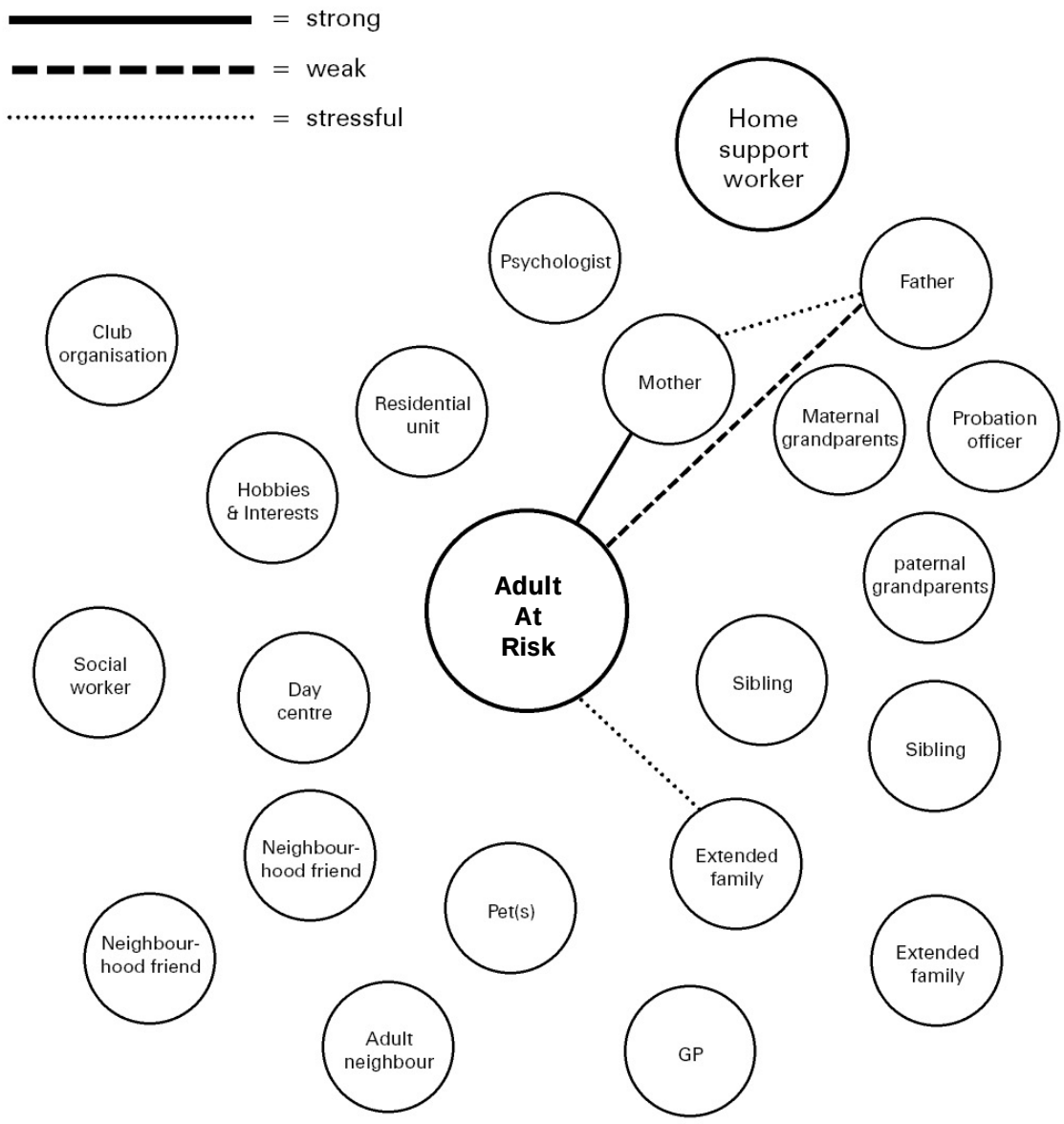
Male and female in an enduring relationship

first child female, second child male, then miscarriage/abortion followed by twin girls followed by pregnancy – gender unknown

Ecomap

A well constructed ecomap can show a complete picture of all significant contacts in an adult at risk's life. It can help identify positive and negative influences and contribute to planning for the adult's welfare and safety.

- Place the adult at risk in the centre as needed.
- Draw different types of lines to indicate the nature of the relationship.
- Insert actual names.
- Add or delete circles as appropriate.



Organising a Case Conference Checklist	
Attendees	**Required / invited.**
Lead Investigator	Must attend
Support investigators	Desirable but not essential
Adult at risk and/or their advocate	Must be invited and supported to attend.
Individuals or agencies who have contributed to investigation	Must be invited and encouraged to attend. If they cannot attend, they must provide a written report before the meeting.
Individuals or agencies who might be involved in implementing a protection	Must attend
Minute taker	Required
Police	Required if they are the lead investigator otherwise optional
Health representative	Optional – depends on individual situations.
Care Quality Commission	Optional
Family members **Caution: If not person causing harm.**	Should be invited if they are likely to be closely involved in implementing a protection plan or at the expressed wish of the adult at risk
MAKE SURE THERE IS SOMEONE WHO CAN REPRESENT THE VICTIMS VIEW, WISHES AND CHOICES. IF THEY ARE UNABLE TO ATTEND THEN ???	
Other requirements	
Suitable venue Accessible Sufficient room	
Refreshments Especially if the meeting is going to exceed an hour.	
Possible car parking for anyone with a disability	
Ensure there are copies of written reports for attendees	
Signing in and Confidentiality sheet	

Case Conference Agenda Aide Memoire	
1.	**Welcome, introductions, apologies and role of attendees** • Identify who was invited and why • Who has attended • Who has sent apologies and • Who has not attended • Who has been excluded and why. • Clarify with the participants their role in this meeting.
2.	**Housekeeping and confidentiality** • Advised attendees the meeting has been convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and remind everyone that the proceedings were confidential. • Tell attendees if any information needs to be shared, this should first be checked with the Chair. • Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies. • Identify if anyone else requires a copy of the minutes.
3.	**Purpose of the case conference** Confirm the purpose of the case conference - . • To bring together the adult at risk, their advocate and carers, (as appropriate) and professional staff who will be responsible for providing services and managing risks. • To identify aspects of unresolved concern. • To draw up a Protection plan and identify a key worker. • To identify aspects of unmet need. • To set clear outcomes for the adult at risk, person(s) causing harm and involved organisations • Explain the structure of the meeting. • Share agenda with all attendees. • Emphasise partnership working.
4.	**Details of suspected abuse** • Agree the details of the type of abuse, person causing harm, duration of abuse, place of abuse etc. • Share what action has been taken since the alert/strategy meeting and this meeting. • Come back to this at the end of the meeting and agree the types of abuse suspected/to be investigated. • Confirm what was identified as the outcome the adult at risk identified they wanted
5.	**Investigation findings** • Ensure everyone has a copy of the investigation report • Share briefly the investigation scope and process • Feedback investigation findings. What did the investigation find? .

6	**Attendees contribution** Enable each attendee to contribute.
7.	**Mental Capacity** • Confirm victim's mental capacity status and when a capacity assessment was completed.
8.	**Views of adult at risk** • Identify/confirm the alleged victim is aware of the case conference if they have not attended. • Ensure the alleged victims and their families (if not the alleged person causing harm) views, wishes and choices are heard. • **CHECK – have the outcomes the adult at risk identified been met?**
9.	**Risk Assessment** • Share current risk assessment for the victim and any other possible victims and risk management plan(s). • Record any differences in opinions or disagreements.
10.	**Case Conclusion** • **Substantiated – fully:** This refers to cases where "on the balance of probabilities" it was concluded that all the allegations made against the individual or organisation believed to be the source of the harm or neglect were proved. Where allegations of multiple types of abuse are being considered against an individual or organisation then all will need to be proved for it to be defined as fully substantiated. • **Substantiated – partially:** This refers to cases where there are allegations of multiple types of abuse being considered against an individual or organisation. Verification will be partial where "on the balance of probabilities" it was concluded that one or more, but not all, of the alleged types of abuse were proved. For example, a referral that includes allegations of physical abuse and neglect, where the physical abuse can be proved on the balance of probabilities, but there is not enough evidence to support the allegation of neglect will be partially substantiated. • **Inconclusive**: This refers to cases where there is insufficient evidence to allow a conclusion to be reached. This will include cases where, for example, the individual subject to the referral, the individual believed to be the source of the risk or a key witness passed away before they could provide statements as part of the assessment or investigation. • **Not-substantiated***:* This refers to cases where "on the balance of probabilities" the allegations are unfounded, unsupported or disproved. • **Investigation ceased at individual's request**: This refers to cases where the individual at risk does not wish for an investigation to proceed for whatever reason and so preclude a conclusion being reached. Referrals which proceed despite this, for example where a local authority has duty of care to protect other residents in a care home setting or multiple individuals in supported housing, will not come under this definition.

11	**Case Conference Outcome** Identified the agreed actions from this meeting – record any disagreements, unresolved areas and unmet needs. • **No further safeguarding activity is required** – the case conference has identified no further action is needed in respect of the safeguarding procedures. Further care management involvement or referral on to another agency may however be required. • **Protection plan required** – the case conference determines that the adult at risk has, or may have been abused and there is a risk of future or continuing abuse therefore a protection plan must be developed with the individual. An individual refusal to accept a protection plan must be recorded and alternative support and advice should be provided if possible. • **Action required in relation to the person causing harm**– the case conference determines that action is required in relation to the perpetrator. Different action will be required depending on who the perpetrator is. • **Issues for services involved have been identified** – the case conference determines the service(s) are required to take action to ensure such situations do not happen again. The case conference should have identified the actions which are required, the timescale and must identify a person or organisation who will monitor the action plan with clear instructions on what should happen if the provider does not comply with the action plan. • **Issues for commissioning and contracting have been identified** – the case conference identifies which the commissioning or contracting departments should be made aware of. The case conference should clearly identify and record the issues and identify how they will be passed to the commissioning and contracting directorate. • **Issues for multi agency working have been identified** – the case conference identifies issues which they believe impact on the Multi Agency Procedures. The case conference should clearly identify and record the issues and identify how they will be passed to the Safeguarding Adults Manager. If the case conference believes the issues are indicating a Serious Case Review is, or may be, required the Chair of the Case Conference must discuss these issues with their line manager immediately. • **Identify who will be the lead person for the alleged victim, their family and service provider –** may be the same person may be different people. • **Identify what each individual attendee is required to do.** • **Check with minute taker they have all the information they need to write the minutes.**
12	**AOB** Ask all attendees if they feel all relevant issues have been identified and discussed. **Date, time and venue for Review of Protection Plan (if required)** The time and date of next meeting will be determined by the risk assessment.

Protection Plan checklist	
Actions to reduce risk of abuse from individuals – is there a person posing a risk? If yes, then the protection plan should consider:	Has a criminal offence taken place and has it been reported to the Police? Are there any bail conditions restraining contact or behaviour? Should an application for a court order be made e.g. restraining contact or behaviour or an anti-social behaviour order? Should an application for a civil order be made e.g. an injunction restraining contact or behaviour? Should access to programs for supporting behaviour change e.g. to end domestic violence, drug abuse or gambling be considered? Who will meet with the person causing harm to feed back the results of the risk assessment and to negotiate changes they should make? Should a hazard warning be placed on organisations electronic computer systems to alert other to the situation?
Financial abuse	Is an application to the Court of Protection to change Continuing or Enduring or Finance and Property Lasting Power of Attorney - or Receivership required? Is an application to Department of Work and Pensions to change appointee required? Should agreement with bank, post office or building society about arrangements for withdrawals be made?
Abuse of position of decision maker for person	Is an application to the Court of Protection to change Personal Welfare Power of Attorney required? Is an application to displace person acting as nearest relative Mental Health Act 2007 required?
Abuse by a carer	Should a Carer's Assessment be offered or undertaken? Would support, training and information to the carer improve the care they are able to offer? Could alternative carers or respite care help?

Alleged abuse by a member of staff or a volunteer	What action is required to safeguard the alleged victim or other possible victims? Employers are responsible for their own organisations actions. The Protection Plan can not require a staff member is suspended but it must be satisfied the employer has taken appropriate action to safeguard the adult at risk. Possible actions are: Suspension pending investigation or allocated work in area with no direct contact with service users Regulator notified of incident and action taken. Increased training and supervision Dismissal Report to professional body e.g. Nursing and Midwifery Council (NMC)/General Social Care Council (GSCC).
Abuse by another service user **None of this should be undertaken without the alleged person causing harm being informed and supported.**	Increased supervision/guidance of the other service user. Increased observation and appropriate interventions to prevent abusive behaviour by other service users. Change the service provided to a service user so that they do not cause a risk to other people. Service user moved to a different service where they will not pose a risk.
Actions in relation to a person at risk	
Protecting a person in their own home	Change door locks and increase home security. Create a safe haven within the home. Increase visits and contact by friends, family and workers. Install Police alarm, panic alarm.
Getting away from the abuse	Have an emergency safety plan. Increase time in another location - home of friend or family, resource centre or respite care. Place of safety - e.g. women's refuge or respite care. Preventing a forced marriage.

Support to stay safe	Advocacy Support services Services which improve self-esteem and confidence e.g. survivors' support groups Activities that increase a person's ability to protect themselves e.g. self-defence or assertiveness classes. Counselling and therapeutic services.
Compensation	Civil action suing a person or organisation for the damages they have caused. Application for criminal injuries compensation
Actions by the provider	Implementation of changes required following an organisational review e.g. of staffing levels, recruitment, policies, procedures, staff training, working practices and culture. Implementation of requirements made in recommendations or by a complaints investigation. Increased or improved risk monitoring and quality assurance measures
Requirements by other bodies	Implementation of requirements made by the appropriate regulator e.g. Care Quality Commission. Enforcement action by Care Quality Commission. Implementation of recommendations made by a Serious Case Review, Domestic Homicide Review, Judicial review or Ombudsman report. Implementation of requirements made by commissioner of the services or care contracts team.
Actions by other bodies	Suspension of contract by a commissioner. Ending of contract by a commissioner and initiate moving people or changing care provider. Deregistration of a provider by the Care Quality Commission. Removal from companies register or Charities register. Prosecution of company directors e.g. Corporate Manslaughter, Health and Safety, Wilful Neglect (MCA).

Organising a Protection Plan Review Meeting Checklist	
Attendees	**Required/invited.**
The **individual** (the adult at risk)	
Support for the individual – family, advocate, IMCA etc.	
Allocated **social worker**	
Person who was appointed to oversee the protection plan – If different to the individual's social worker.	
Service Provider(s) [e.g. residential or nursing home, day and support services if appropriate] If the individual is in receipt of any services.	
Health representative [e.g. GP, community nurse, psychiatrist, CPN, SALT, hospital staff etc.] If it is felt they would be beneficial to the review of the protection plan.	
Direct Payments Support service – if the alleged victim receives a direct payment or personal budget. If it is felt they would be beneficial to the review of the protection plan.	
Legal Services – if required.	
Care Contract Monitoring Team – if it involves a Contracted Service. If it is felt they would be beneficial to the review of the protection plan.	
Department of Work and Pensions – if it involves benefit concerns. If it is felt they would be beneficial to the review of the protection plan.	
Representatives from placing authority if different to where abuse occurred.	
Minute Taker	

MAKE SURE THERE IS SOMEONE WHO CAN REPRESENT THE VICTIM'S VIEWS, WISHES AND CHOICES.	
Other requirements	
Suitable venue Accessible Sufficient room	
Refreshments Especially if the meeting is going to exceed an hour.	
Possible car parking for anyone with a disability	
Ensure there are copies of written reports for attendees	
Signing in and Confidentiality sheet	

Protection Plan Review Agenda Aide Memoire	
1.	**Welcome, introductions, apologies and role of attendees** • Identify who was invited and why • Who has attended • Who has sent apologies and • Who has not attended • Who has been excluded and why. • Clarify with the participants their role in this meeting.
2.	**Housekeeping and confidentiality** • Advised attendees the meeting has been convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and remind everyone that the proceedings were confidential. • Tell attendees if any information needs to be shared, this should first be checked with the Chair. • Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies. • Identify if anyone else requires a copy of the minutes.
3.	**Purpose of the meeting** • Confirm the purpose of the meeting – to review the protection plan, does it need changing? Continue? Change? Stop? • Explain the structure of the meeting. • Share agenda with all attendees. • Emphasise partnership working.
4.	**Details of the protection plan** • Confirm the details of the protection plan
5	**Views of Adult at risk** • The meeting should start with feedback from the individual either by them in person or via their representative which may be an informal representative, or formal representative such as an advocate • Identify what has worked well • Identify what has not worked so well • Identify what the individual perception of the current situation is – has the abuse stopped? Does it still continue? • Identify the person perception of the current risk is • Identify the person's long tem wishes are.

6.	**Information from Each Agency and Reports Received** Each attendee should be asked to contribute to this section giving: • brief background to their role, responsibilities and involvement • information on current situation • Feedback on what they have done or can do. Make sure everyone attending is asked to contribute.
7.	**Mental Capacity** • Identify attendee's perception of the alleged victim's mental capacity. • Identify if a capacity assessment has been completed or needed.
8.	**Risk Assessment** • What is the current risk assessment? • Consider the safety of the alleged victim and any other possible victims. • Identify the risk management plan. • Record any differences in opinions or disagreements.
9.	**Outcomes/Actions** Identified the agreed actions from this meeting – record any disagreements. What is to happen next. • Current plan to continue • Change required to protection plan • Protection plan to move to care management • Risk assessment rating to be agreed which will determine when the next review should take place. • Identify what each individual attendee is required to do. • Check with minute taker they have all the information they need to write the minutes. • Outcome – adult at risk
10	**AOB** Ask all attendees if they feel all relevant issues have been identified and discussed. **Date, time and venue for next meeting** (if appropriate) Agree time and date of next meeting so everyone is aware of the set timescales they have to work to.

Organising a Large Scale Investigation Checklist	
Lead senior manager (Team manager/senior practitioner) & Investigating worker/s.	
Senior **Police Officer** [Detective or Duty Inspector], and Vulnerable Persons Officer & Investigating police officer/s.	
Health representatives – such as GP, DN etc.	
Coroner – if there are concerns about a death or a number of deaths.	
Care Quality Monitoring Manager & the service's contract monitoring officer.	
If the service is a very specialist service, invite the specialist commissioner e.g. if the person is detained under the Mental Health Act.	
Care Quality Commission representation - Local Area Manager and Inspector for the service.	
Specialist professionals relevant to the case such as Tissue Viability Nurse, Medicines Management, Infection Control etc.	
Health and Safety officer – if relevant to the case	
Representative from the SMBC **Legal Services** Department.	
Where appropriate, the **management of any establishment** concerned.	
Advocates and or **Independent Mental Capacity Advocate** if appropriate.	
Department of Work and Pensions – if it involves benefit fraud.	
SMBC fraud officer if it involves fraud against the Solihull MBC.	
Trading Standards Officer if relevant to the case such bogus callers, distraction burglaries involving large number of adults at risk victims.	
Housing representatives if relevant to the case.	
NOTE: Senior staff for organisations and departments should attend these meetings so agenda items as detailed below can be actioned as a matter of priority.	

	Large Scale Investigations **FIRST Strategy Meeting Agenda Aide Memoire**
1.	**Welcome, introductions, apologies and role of attendees** • Identify who was invited and why • Who has attended • Who has sent apologies and • Who has not attended • Who has been excluded and why. • Clarify with the participants their role in this meeting.
2.	**Housekeeping and confidentiality** • Advised attendees the meeting has been convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and remind everyone that the proceedings were confidential. • Tell attendees if any information needs to be shared, this should first be checked with the Chair. • Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies. • Identify if anyone else requires a copy of the minutes.
3.	**Purpose of the Large Scale Investigation STRATEGY MEETING** Confirm the purpose of the meeting - . • To consider the most appropriate way to deal with the investigation. • Scope out the remit of the investigation required. • To agree the timescales and general risk factors. • Identify the management responsibilities where the investigation crosses boundaries. • Confirm roles and involvement of other involved authorities. • Agree who, how and when should be notified that an investigation is taking place NB staff, relatives, media, advocates? • Identify all possible victims and ensure the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands are followed in respect or risk assessments, case conferences and protection plans. ***Care must be taken to ensure individual victims do not get overlooked in the large scale investigation process.*** • Consider support mechanisms for staff. • Identify numbers of investigators required, locations for conducting interviews, evidence gathering. • Decide resource issues e.g. a need to set up a dedicated investigation team? • Consider actual or contingency planning of alternative placements. • Identify issues of confidentiality and access to records. • Agree timescales for further meetings. • Ensure a strategy to link legal, criminal or regulatory activity that is taking place. • Develop a communication strategy – who will keep key people informed throughout the process and when the investigation has concluded. Key people may include victims and their families, service provider(s), senior manager, Safeguarding Adults Board, Solihull MBC Board, and Elected Members etc. • Identify any practice, policy and organisational gaps and learning. • Consider if Advocacy is required

4.	**Details of suspected abuse** • Confirm the details of the suspected type of abuse, suspected person causing harm, suspected duration of abuse, place of abuse etc. • Share what action has been taken since the alert and this meeting. • Come back to this at the end of the meeting and agree the types of abuse suspected / to be investigated.
5	**Attendees contribution** Enable each attendee to contribute.
6.	**Mental Capacity** • Ensure all agencies understand the issues around mental capacity. • Confirm how individual agencies will ensure capacity assessment has been completed where needed.
7.	**Adult at risk** • Ensure individual victims do not get overlooked in the large scale investigation process. • Make sure alleged victims and their families (if not the alleged abuser) views, wishes and choices are ascertained. • Also ensure alleged victims and their families (if not the alleged abuser) are kept informed of what is happening on a regular basis. • Check that individual Safeguarding Adults processes are being followed.
8	**Risk Assessment** • Consider the safety of all alleged victim at regular intervals throughout the process. • Identify the current risk assessment and risk management plan. • Record any differences in opinions or disagreements.
9.	**Actions** Identify the agreed actions from this meeting – record any disagreements, unresolved areas and unmet needs. • Scope of the investigation – be clear • Agree who will be doing what • Set a timeframe • Identify key people for liaison with victim(s), provider and communication to senior staff. • Consider staff support. • Check with minute taker they have all the information they need to write up the minutes.
10	**AOB** Ask all attendees if they feel all relevant issues have been identified and discussed. **Date, time and venue of any further meetings** Agree the next meeting date and time before the meeting closes.

Large Scale Investigations Progress/follow up Meetings Agenda Aide Memoire	
1.	**Welcome, introductions, apologies and role of attendees** • Identify who was invited and why • Who has attended • Who has sent apologies and • Who has not attended • Who has been excluded and why. • Clarify with the participants their role in this meeting.
2.	**Housekeeping and confidentiality** • Advised attendees the meeting has been convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and remind everyone that the proceedings were confidential. • Tell attendees if any information needs to be shared, this should first be checked with the Chair. • Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies. • Identify if anyone else requires a copy of the minutes.
3.	**Purpose of the Large Scale Investigation MEETINGS** The purpose of ongoing Large Scale Investigation meetings will be to: • Receive updates on the investigation. • Ensure there is no investigation slippage. The Scope of the investigation may need to be reviewed and renegotiated. Care must be taken not to extent the scope beyond the original remit. • Confirm timescale – ensure they are being kept. Identify factors that are impacting on timescales. It is important that Large Scale Investigations are completed in a timely manner and do not drag on and on. • Review number of victims. ***Care must be taken to ensure individual victims do not get overlooked in the large scale investigation process.*** • Evaluate risk assessment and management. • Confirm communication strategy is being followed – who will keep key people informed throughout the process and when the investigation has concluded. Key people may include victims and their families, service provider(s), senior manager, Safeguarding Adults Board, other significant partners and Elected Members etc. • Continuously identify any practice, policy and organisational gaps and learning.
4.	**Details of suspected abuse** • Confirm the details of the suspected type of abuse, suspected person causing harm, suspected duration of abuse, place of abuse etc. • Share what action has been taken since the referral and this meeting. • Come back to this at the end of the meeting and agree the types of abuse suspected / to be investigated.

5	**Attendees contribution** Each attendee should be asked to contribute to this section giving: • What they have done • What they have found • What they still have to do • Identifying any issues or investigation slippage. Make sure everyone attending is asked to contribute.
6.	**Mental Capacity** • Ensure all agencies understand the issues around mental capacity. • Confirm how individual agencies will ensure capacity assessment has been completed where needed.
7.	**Adult at risk** • Ensure individual victims do not get overlooked in the large scale investigation process. • Make sure alleged victims and their families (if not the alleged abuser) views, wishes and choices are ascertained. • Also ensure alleged victims and their families (if not the alleged abuser) are kept informed of what is happening on a regular basis. • Check that individual Safeguarding Adults processes are being followed and identify where each is in the process.
8	**Risk Assessment** • Consider the safety of all alleged victim at regular intervals throughout the process. • Identify the current risk assessment and risk management plan. • Record any differences in opinions or disagreements.
9.	**Actions** Identify the agreed actions from this meeting – record any disagreements, unresolved areas and unmet needs. • **Outcomes and action plans for individuals** Large Scale Investigations may identify a number of victims. The Multi Agency procedures for risk assessment, case conference and protection plans must be followed for each individual victim. • **Outcomes for practice, policy and organisations** It is likely Large Scale Investigations will identify learning for practice, policy and possibly individual organisations. These outcomes must be identified within the multi agency meetings and recorded in the minutes. These outcomes must then be communicated to the Safeguarding Adults Operational Sub Committee either via the Safeguarding Adults Manager or the Chair of this Sub Committee. This sub committee will consider the issues identified and: • Include the issues into their Workplan. • Consider if the issues need to be escalated to the Safeguarding Adults Board. • Decide if the issues should be referred to one of the other sub committees. • Identify if the issues are indicating a Serious Case Review is required.
10	**AOB** Ask all attendees if they feel all relevant issues have been identified and discussed. **Date, time and venue of any further meetings** Agree the next meeting date and time before the meeting closes or identify investigation closed.

Large Scale Investigation Case Conference Agenda Aide Memoire	
1.	**Welcome, introductions, apologies and role of attendees** • Identify who was invited and why • Who has attended • Who has sent apologies and • Who has not attended • Who has been excluded and why. • Clarify with the participants their role in this meeting.
2.	**Housekeeping and confidentiality** • Advised attendees the meeting has been convened under the Safeguarding Adults Multi Agency Policy and Procedures for the West Midlands and remind everyone that the proceedings were confidential. • Tell attendees if any information needs to be shared, this should first be checked with the Chair. • Inform attendees minutes of the meeting will be circulated to all attendees and those who have given apologies. • Identify if anyone else requires a copy of the minutes.
3.	**Purpose of the case conference** Confirm the purpose of the case conference - . • To bring together the adult at risk, their advocate and carers, (as appropriate) and professional staff who will be responsible for providing services and managing risks. • To identify aspects of unresolved concern. • To draw up a Protection plan and identify a key worker. • To identify aspects of unmet need. • To set clear outcomes for the adult at risk, person(s) causing harm and involved organisations • Explain the structure of the meeting. • Share agenda with all attendees. • Emphasise partnership working.
4.	**Details of suspected abuse** • Confirm the details of the abuse, person causing harm, duration of abuse, place of abuse etc. • Share what action has been taken.
5.	**Investigation findings** • Ensure everyone has a copy of the investigation reports • Confirm the investigation scope and process • Feedback investigation findings. What did the investigation find?
6	**Attendees contribution** Enable each attendee to contribute.

7.	**Mental Capacity** • Confirm victim's mental capacity status and when a capacity assessment was completed.
8.	**Adult at risk** • Confirm who has been a victim • Confirm the alleged victim(s) are aware of the case conference. • Ensure the alleged victims and their families (if not the alleged person causing harm) views, wishes and choices are heard. • CHECK the status of all the individual victims safeguarding procsesses – what stage are they at?
9.	**Risk Assessment** • Share current risk assessment for the victim and any other possible victims and risk management plan(s). • Record any differences in opinions or disagreements.
10.	**Actions** Identify the agreed actions from this meeting – record any disagreements, unresolved areas and unmet needs. • **Outcomes and action plans for individuals** Large Scale Investigations may identify a number of victims. The Multi Agency procedures for risk assessment, case conference and protection plans must be followed for each individual victim. • **Outcomes for practice, policy and organisations** It is likely Large Scale Investigations will identify learning for practice, policy and possibly individual organisations. These outcomes must be identified within the multi agency meetings and recorded in the minutes. These outcomes must then be communicated to the Safeguarding Adults Operational Sub Committee either via the Safeguarding Adults Manager or the Chair of this Sub Committee. This sub committee will consider the issues identified and: • Include the issues into their Workplan. • Consider if the issues need to be escalated to the Safeguarding Adults Board. • Decide if the issues should be referred to one of the other sub committees. • Identify if the issues are indicating a Serious Case Review is required.

The Safeguarding Adults Pressure Ulcer Investigation Report	
1	**The Individuals relevant past history.**
	Significant health history – physical and mental *Has there been rapid onset and deterioration in health* *Individuals compliance, capacity and behaviour*
2	**The Individuals Care Regime**
	Where were they at the time the pressure ulcer was identified? *Where were they prior to this?* *Were they receiving support from a regulated service – what is their quality rating?* *What is Care Contracts view of the quality of care provided by this service? Are there other recent similar incidents?* *Were they assessed? – was the assessment robust?* *Did the individual care plan identify risk and appropriate measures to be taken?* *Was there specialist equipment in place?* *Is there evidence the care plan was implemented?* *Is the service able to give account for staff skills, competences in this area and staff to resident/patient ratio – days and nights?* ***OR*** *Were they living alone?* *Who was providing support?* *What is the relationship?* *Carer's description, age, disability etc.* *Support networks?* *Was support and help sought? When? From whom?* *Was support accepted – all, in part, none?*
3	**The Individuals Mental Capacity**
	Mental Capacity assessment completed?
4	**The Individual mobility**
	History and just prior to pressure ulcer identification *Did the care plan include care needs specific to mobility?*
5	**Hydration and Nutrition**
	Evidence of intake monitoring *Fluid monitoring* *Regular weight records – any cause for concern.* *Care plan includes hydration and nutrition.*
6	**Medication**
	Note use of sedation – is the individual immobile for extended periods? *Is pain assessed and managed?*

<table>
<tr><td>7</td><td colspan="3">Individual’s general appearance
At the time of the referral what were the general indicators of care? Clean nails, emaciated, oral care, lucid, generally well presented?</td></tr>
<tr><td>8</td><td colspan="3">Individuals and relatives/significant others views
What is the individual’s view of the care and support they have received?
What are the views and opinions of the individual’s relatives/significant others, of the care and support the individual has received?</td></tr>
<tr><td>9</td><td colspan="3">Conclusion - What does the above suggest/indicate?</td></tr>
<tr><td></td><td>Pressure ulcer was unavoidable</td><td>OR</td><td>Pressure ulcer was avoidable</td></tr>
<tr><td></td><td>“Unavoidable” means that the person receiving care developed a pressure ulcer even though the provider of the care had:

- evaluated the person’s clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and
- recognised standards of practice;
- monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or
- the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence”.</td><td></td><td>Avoidable” means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following:
i. evaluate the person’s clinical condition and pressure ulcer risk factors;
ii. plan and implement interventions that are consistent with the persons needs and goals, and
ii. recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.”</td></tr>
<tr><td></td><td>NO FURTHER SAFEGUARDING ACTION REQUIRED</td><td></td><td>FURTHER SAFEGUARDING ACTION REQUIRED such as a Protection Plan AND at this stage the police must be involved when wilful neglect may be considered.</td></tr>
</table>

Financial Profile & Care Planning Checklist	
Financial Profile / Support Plan	
What finances are involved: • Benefits • Private pension • Bills to be paid • Shopping • Sale of property	
Does the individual have capacity to manage own finances? Consider what support is required to enable and empower the individual to manage own finances.	
Does the individual have anyone currently helping with management of finances? Who? What is their relationship to the individual? Are there any concerns about "grooming"? Under what authority is this person managing the individual's finances? Enduring Power of Attorney (EPA), Lasting Power of Attorney (LPA) Appointeeship, Deputyship? **Ask for evidence**. Is the individual happy for this person to manage their money? How much power and control does that individual have? Does this person understand their role and responsibilities and the liability they have?	
If there is no one supporting the individual with their finances, is support required? Why is support required? What support is required?	
Is a Mental Capacity Assessment required?	

Financial Management Care Plan	
What is required? • Collection of Benefits (day) • Bills to be paid (which and when) • Shopping (when) Note: PIN's MUST not be shared.	
Who is best placed to support an individual to manage their finances? Should this arrangement be made formal – via EPA, LPA, Appointeeship, and Deputyship? Ensure they are aware of their roles and responsibilities and liabilities.	
If a service provider is going to support an individual with their finances – the following must be adhered to: • Staff are trained • Full records are kept and monitored • Receipts are kept for all financial; transactions • Staff are aware of the agencies polices and procedures especially the gifts policy • The individual must always be consulted and informed about their money and financial matters • Money must only be used in the individual's best interest • Bank and building society accounts must be in the name of the individual	
Accessibility and security • Individual must be able to access their own money when they wish • Safe storage must be identified and used	
Reporting concerns Establish to whom concerns will be reported to and at what stage they must be reported.	
A copy of this care plan must be shared with the individual and those managing individuals' finances so everyone is aware of roles and responsibilities.	

Medication Assessment Prompts

The following prompts will help to ensure SAFE medicine administration, However if in doubt about any issues in relation to medicines and medication consult a clinician such as a G.P, D.N or Pharmacist

1	**Support** - Does an individual require support with medication? • Why do they need support? • What can be done to empower the individual to self administer? • Consider accessing a MUR (Medicines Use Review) from a community pharmacist or a Medication Review from the individual's GP. • Does the individual attend Day Care and need to take medication with them? • Ensure Care Plan gives appropriate time between visits in line with prescribing requirements. **CQC states** – • When a care worker **assists** someone with their medicine, the person must indicate to the care worker what actions they are to take on each occasion. • If the person is not able to do this or if the care worker gives any medicines without being requested (by the person) to do so, this activity must be interpreted as **administering** medicine.
2	**Repeat prescriptions** - Does an individual require help to order and collect repeat prescriptions from GP/Pharmacist? • Who will be doing this? • When do medicines require re-ordering/when do they run out? Make sure they are re-ordered before they run out and do not over order and stock pile. • Make sure each Patient Information Leaflet (PIL) is available with medicines.
3	**Storage** - Where are medicines stored/kept and where should they be kept (e.g. fridge)? • Location • Who has access? • Do they need to be put out of anyone's reach?
4	**Recording** – Can those assisting identify who has or has not taken prescribed medication? • MAR Charts available (Medication Administration Record). • Is there a signature record sheet so people can identify the owner of the signature/initials? • What is the procedure if someone refused to take one or more of their medicines? • Who will be responsible for recording changes to medication?

5	**Multiple carers** – Is there more than one agency/carer supporting this individual with medication? • There may be more than one agency/organisation such as 2 domiciliary care agencies, a domiciliary care agency and a health care professional? • Identify a **LEAD** agency/organisation. • Is there an 'informal' carer supporting the individual as well as an agency – such as a family member or neighbour? • Be clear about roles and responsibilities and recording.
6	**Multiple people in the house** – Is there more than the service user living in this property and are they taking any medication? • There may be risks of giving the individual someone else's medication. • There may be risks someone takes the service users medication – caution if children in the property or regularly visiting the property.
7	**Missed medications** – what are the risks of not taking/missing one or more doses? • Is this individual particularly vulnerable if their meds are missed? • What are the risks? • What should someone do if they identify one or more doses have been missed? Who should they contact and in what order? • What is the procedure if someone refused to take one or more of their medicines?
8	**Special requirements** – are there any special requirements for any/all medicines? • Before or after food – make sure care plan reflects this. • Specific drugs such as Warfarin • Controlled drugs which require greater safeguards.
9	**Competence** – are we sure the persons supporting with medicines management and administration are competent – whether this is an agency or an informal carer? • With agencies – make sure training is provided. • Ask about their quality monitoring processes to ensure staff are competent and follow care plans. • Check their latest CQC inspection report – if CQC identify a concern about medication administration caution will be required. • With informal carers – check out they understand what they are doing and that they know how and when to access help.
10	**Professionals involved** – consider who else is involved or may play a part in the individual's medication regime. • GP • DN • Pharmacist • Consultant etc

COMMUNAL SETTING QUESTIONNAIRE CHECK LIST			
SERVICE PROVIDER			
THE INJURED PERSON (the victim)			
CARE FIRST No			
Does the Injured Person have sufficient mental capacity to make a decision to complain with regard to this incident?		**YES**	**NO**
Comments			
Do they have a general vulnerability to be targeted?		**YES**	**NO**
Comments			
Does the Injured Person have a tendency to acquiesce?		**YES**	**NO**
Comment			
Did they show any distress?		**YES**	**NO**
Comment			
Did they suffer any injury?		**YES**	**NO**
Comment			
Do they have the ability in awareness to move away?		**YES**	**NO**
Comment			
Do they have an ability to express wishes/feelings?		**YES**	**NO**
Comment			

Do they feel intimidated by the person causing harm?	**YES**	**NO**
Comment		
Do they have an Advocate?	**YES**	**NO**
Comment		
THE PERSON CAUSING HARM		
CARE FIRST No		
Do they have sufficient mental capacity to be responsible for their actions with this incident?	**YES**	**NO**
Comment		
Do they have a tendency to behave in this way?	**YES**	**NO**
Comment		
Do they have a tendency to target people?	**YES**	**NO**
Comment		
Did the incident occur in passing?	**YES**	**NO**
Comment		
Was the incident intentional?	**YES**	**NO**
Comment		
Was there any provocation from the Injured Person initially?	**YES**	**NO**

Comment		
Are new behaviour management measures now in place after this incident?	**YES**	**NO**
Comment		
Outcome – Is a safeguarding referral required?	**YES**	**NO**
Comment		
NAME OF PERSON COMPLETING THIS		
POSITION		
DATE		

Standard GP letter – informing of a Safeguarding adults investigation **** delete before sending***

IAN JAMES
DIRECTOR OF ADULT SOCIAL SERVICES

Address
Address
Post Code

Tel: 0121 … ….
Fax: 0121 … ….
Email: ????@solihull.gov.uk
www.solihull.gov.uk

Your Ref:	Please ask for:
Our Ref:	Date:

Dear >>>

Re: Safeguarding Adults Investigation – name of person and DOB

I am writing to inform you that the above named patient of yours is currently subject to a Safeguarding Adults Investigation.

The alleged abuse we are investigation is Physical, sexual, psychological, financial abuse, neglect, discriminatory, institutional abuse.

If you have any information that could help us with our investigation please could you contact the lead officer for this investigation who is …… and they can be contacted on 0121 … …

When the Safeguarding Adults investigation has been concluded we will write and let you know.

Yours sincerely

Name
Job title

Standard GP letter – informing of a Safeguarding adults investigation has concluded and a protection plan has been put in place *** delete before sending***

IAN JAMES
DIRECTOR OF ADULT SOCIAL SERVICES

Address
Address
Post Code

Tel: 0121 … ….
Fax: 0121 … ….
Email: ????@solihull.gov.uk
www.solihull.gov.uk

Your Ref:	Please ask for:
Our Ref:	Date:

Dear >>>

Re: Safeguarding Adults Investigation – name of person and DOB

I am writing to inform you that the safeguarding Adults investigation we were conducting in relation to above named patient of yours has concluded

The alleged abuse we investigated was Physical, sexual, psychological, financial abuse, neglect, discriminatory, institutional abuse.

The outcome of our investigation is ……

The following Protection Plan is now in place……..

If you have any concerns about the safety and well being of this patient at any time please contact us on 0121 … …

Yours sincerely

Name
Job title

HEFT – Notification of a Protection Plan

If Heart of England Foundation Trust needs to be aware:

- of all or part of an individuals Protection Plan
- a protection plan has changed or
- A protection plan has ceased

forward the details to the following people – who will ensure this is flagged and clearly identified on the individuals electronic records held by them

Jenny Birch & Glenda Bird (Admin support)
Phone number – 0121 424 9235
FAX number – 0121 4249553