

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF ADULT AT RISK:** | | | | |
| **NAME:** | |  | | |
| **ADDRESS:** | |  | | |
| **DATE OF BIRTH:** | |  | | |
| **ETHNICITY:** | |  | | |
| **CLIENT CATEGORY:** | |  | | |
| **FUNDING AUTHORITY:** | |  | | |
| **PERSON OR SERVICE ALLEGEDLY CAUSING HARM:** | | | | |
| **NAME:** | |  | | |
| **STAFF MEMBER, SERVICE or RESIDENT:** | |  | | |
| **ADDRESS:** | |  | | |
| **DATE OF BIRTH:** | |  | | |
| **ETHNICITY:** | |  | | |
| **CLIENT CATEGORY:** | |  | | |
| **FUNDING AUTHORITY:** | |  | | |
| **STATUTORY SAFEGUARDING ADULTS CRITERIA** | | | | |
| **Please confirm you have considered whether the adult;** |  | | | **Tick to confirm** |
| 1. Has Care & Support Needs | | |  |
| 2. Is experiencing or at risk of the experience of abuse or neglect | | |
| 3. Is unable to protect themselves from the abuse and neglect due to their care and support needs? | | |
| **DETAILS OF ADVERSE INCIDENT:** | | | | |
| **DATE:** | |  | | |
| **TIME:** | |  | | |
| **WHAT HAPPENED:** | | | | |
|  | | | | |
| **HAS A CRIMINAL OFFENCE OCCURRED**  ***If yes the police needs to be informed*** | | | **YES / NO** | |
| **DID THE ADULT SUSTAIN ANY INJURIES OR SUFFER ANY HARM?** | | | **YES / NO** | |
| **WAS THE ADULT AT RISK OF EXPERIENCING ABUSE OR NEGLECT?** | | | **YES / NO** | |
| **DOES THE ADULT HAVE CAPACITY IN REGARDS TO THE INCIDENT** | | | **YES / NO** | |
| **WHAT OUTCOME DOES THE ADULT / THEIR ADVOCATE WANT?** | | | | |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HAS A SIMILAR INCIDENT OCCURRED?** | | | | | |
| **To the Adult at Risk** | **By the Alleged Perpetrator** | | | **Within the Service** | |
| **YES / NO** | **YES / NO** | | | **YES / NO** | |
| **HAVING CONSIDERED THE ABOVE.**  **USE THE FLOW CHART BELOW TO DETERMINE WHAT ACTION NEEDS TAKING:** | | | | | |
| **DOES A SAFEGUARDING CONCERN NEED TO BE RAISED?** | | | **YES / NO** | | |
| **DOES THE INCIDENT NEED TO BE DEALT WITH UNDER INTERNAL PROCEDURES?** | | | **YES / NO** | | |
| **WHAT ACTION WAS TAKEN:** | | | | |
|  | | | | |
| **WAS THE ADULT AT RISK / THEIR ADVOCATE SATISFIED WITH THE OUTCOME:** | | | | |
|  | | | | |
| **NAME OF PERSON COMPLETING THE FORM:** | |  | | |
| **SIGNATURE:** | |  | | |
| **DATE FORM WAS COMPLETED:** | |  | | |

**FLOW CHART**

|  |
| --- |
| **DO YOU BELIEVE THE ADULT MAY MEET ALL 3 STATUTORY CITERIA\*** |

**YES**

**NO**

**DID THE ADULT SUSTAIN**

**ANY INJURIES / SUFFER ANY HARM OR WAS THE ADULT AT RISK OF EXPERIENCING ABUSE OR NEGLECT?**

**YES**

**NO**

**HAS A SIMILAR INCIDENT OCCURRED?**

**YES**

**NO**

**RAISE A SAFEGUARDING CONCERN**

**DEAL WITH USING INTERNAL PROCEDURES or REFER TO UNIVERSAL SUPPORT SERVICES**

**Regulated services also have duties to report certain incidents to CQC**

**REPORT CERTAIN INCIDENTS TO CQC**

**\* Statutory Criteria**

1. Adult has care and support needs

2. Is at experiencing or at risk of the experience of abuse or neglect

3. Is unable to protect themselves from the abuse or neglect