


Provider-Led Concern Form Guidance

This is a guidance document is designed to assist with completion of Provider-Led Concern. Integrated Adult Safeguarding Unit has designed this form with prompts for the information we require as part of our screening process. The information you provide helps us to determine whether this is a Provider-Led Concern which will then require a Provider Led Enquiry, not a Concern at all and therefore an accident, or whether a Safeguarding investigation will need to be undertaken by Integrated Adult Safeguarding Unit; because of this we ask for as much relevant information regarding the adult and the concern as possible.

<p>Domain on thresholds document (1-12)</p>	<p><i>Please refer to threshold guidance document</i></p>  <p>New concern thresholds.docx</p>
<p>Has the Adult at Risk consented to this information being shared?</p>	<p><i>Please inform of any information around capacity</i></p>
<p>What does the person, or their representative, want to happen? (If Known)</p>	<p><i>Please seek to obtain views and desired outcomes of the enquiry of the adult or their representative</i></p> <p><i>Some example statements:</i></p> <p><i>I don't want this to happen again</i></p> <p><i>I want to assurance my needs will be met</i></p> <p><i>I want to feel safe</i></p> <p><i>I want more consistency in my staff team</i></p>
<p>Other people involved in the adults care e.g. relatives?</p>	<p><i>Inform of family, social worker, any other care providers etc.</i></p>
<p>Description of incident</p>	<p><i>Please provide thorough details of incident. Things to consider:</i></p> <ul style="list-style-type: none"> - <i>Did harm occur?</i> - <i>Is this a one of incident or has there been previous similar incidents?</i> - <i>Was there measures in place to reduce the risk of this incident happening?</i> - <i>Were the measures in place relating to the incident in the persons care plan/risk assessments and were these followed?</i> - <i>Could these documents be shared to help us gather a better picture?</i> - <i>Has this person been seen by the falls team?</i> - <i>If a care visit has been missed – what tasks should have been undertaken on the missed visit? How long was the adult without a care call for? Was medication missed?</i> - <i>If this is abuse of a service user by another service user – do those involved have capacity? Is this a one of occurrence? Was there any intent behind the incident?</i>

	<p>- <i>If medication was missed was this a controlled drug and therefor was the CDAO informed?</i></p>
Interim Measures	<p><i>Please outline what measures have been taken to ensure the person is safe and reduce risk of this occurring again.</i></p> <p><i>Things to consider:</i> <i>Was medical advice sought? What was the outcome of this?</i> <i>Is appropriate equipment/ resources now in situ?</i> <i>Have risk assessments/care plans been updated?</i> <i>Have relevant referrals been made such as requests for a review or a referral to the falls team?</i></p>

Once the form has been completed and sent to IASU, a Provider-Led Enquiry should commence. This should be recorded by the provider on a Provider-Led Enquiry Form and returned via email within 14 days.

The form should be completed electronically and emailed to careconcerns@halton.gov.uk

Should you require any advice or guidance please contact the Integrated Adult Safeguarding Unit on 0151 511 8555