**Lancashire Safeguarding Adults Board**

**Safeguarding Concerns Checklist**

Where abuse or neglect is suspected this checklist & referral form can aide professional judgement to ensure that your service is taking appropriate action. The completed form can also be used to refer your safeguarding concern to the Customer Access Service and, if appropriate, to notify the Care Quality Commission (CQC).

The CQC, Contracts or Commissioners may ask to see evidence of the actions that have been taken following a potential safeguarding concern. This form will help to ensure the correct level of information is available to assist with your decision making and provides a standardised approach to raising a safeguarding concern within Lancashire.

**When raising a safeguarding concern completed forms should be sent to** [**ACSCustomer.Services@lancashire.gov.uk**](mailto:ACSCustomer.Services@lancashire.gov.uk)

**Section 1 – Details of the Adult at Risk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The name of the individual |  | | | |
| Their Date of Birth |  | | | |
| Their Address & Post Code  (Name of unit, if living in a care home) |  | | | |
| The GP Name and address |  | | | |
| Their medical diagnosis e.g. dementia or disability |  | | | |
| Does the individual have capacity regarding the safeguarding concern? | Yes: |  | No: |  |
| Record details: | | | |
| Has the safeguarding concern been discussed with the individual | Yes: |  | No: |  |
| Record details: | | | |
| Has the individual been asked what outcome they would like in relation to the safeguarding concern? | Yes: |  | No: |  |
| Record details: | | | |
| If the individual lacks capacity regarding the safeguarding concern, has their representative/advocate, been informed? | Yes: |  | No: |  |

**Section 2 – Details of the person reporting the concern**

|  |  |
| --- | --- |
| Name of person reporting the concern |  |
| Name of the employee organisation |  |
| Position in the organisation |  |
| Relationship to the adult at risk |  |
| The work Address & Post code (if different) |  |
| The office telephone number |  |

**Section 3 – Details of person(s) alleged to have caused harm (if appropriate)**

|  |  |
| --- | --- |
| Name(s) |  |
| Date of Birth (if known) |  |
| Address & Post Code |  |
| The capacity that they know the adult at risk |  |

**Section 4 – Summary of the incident, including details of the specific incident, dates and times (if known) and what has been put in place to prevent this occurring again**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of the safeguarding concern(s) including dates and times. |  | | | |
| The impact on the individual |  | | | |
| Was this a foreseeable incident e.g. Had the same incident occurred previously? | Yes: |  | No: |  |
| Record details: | | | |
| If yes, was a risk assessment in place? | Yes: |  | No: |  |
| Record details: | | | |
| If a risk assessment was in place, was this followed? | Yes: |  | No: |  |
| Record details: | | | |
| Describe the steps that have been put in place to prevent this from occurring again.  *Within this section, please include any immediate actions taken, further learning, changes to systems as well as any training or disciplinary action as appropriate.* | **State the immediate actions you have taken:**    **Additional information:** | | | |
| If a medication error has involved a controlled drug, this must be reported to [**www.cdreporting.co.uk**](http://www.cdreporting.co.uk/) |  | | | |

**Section 5 - Actions taken to protect the adult at risk from harm (if appropriate)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the relevant professional advice been sought if appropriate i.e. medical/Police? | Yes: |  | No: |  |
| If yes, what advice was given? |  | | | |
| Has this incident resulted in the need for treatment or additional support? |  | | | |
| Are there new risk assessment/strategies in place? |  | | | |
| Has any other additional support been put in place - supervision/observations etc? |  | | | |
| Details of referrals made to other agencies e.g. falls team, tissue viability or mental health services etc. |  | | | |

**Section 6 – Safeguarding Checklist Summary of actions taken and professional reasoning**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Raise a safeguarding concern | Yes: |  | No: |  |
| Record details: | | | |
| Inform Police | Yes: |  | No: |  |
| Record details (Include log number): | | | |
| Referral to Disclosure and Barring Service | Yes: |  | No: |  |
| Record details: | | | |
| Notify Care Quality Commission | Yes: |  | No: |  |
| Record details: | | | |
| Seek further advice/guidance | Yes: |  | No: |  |
| Record details: | | | |
| Actions put in place & learning shared | Yes: |  | No: |  |
| Record details: | | | |

|  |  |
| --- | --- |
| **Safeguarding Concerns Checklist Completed By:** |  |
| **Position in the Organisation:** |  |
| **Date of Completion:** |  |
| **If raising a safeguarding concern return completed forms to:** [**ACSCustomer.Services@lancashire.gov.uk**](mailto:ACSCustomer.Services@lancashire.gov.uk) | |