

# Inter-Agency Safeguarding Adults Concern Form

## STRICTLY CONFIDENTIAL

If you suspect that someone is being harmed and they are in **immediate** danger you should ring the police on 999. Where a crime has been committed and the police require informing but there is no immediate danger call **101** for further information see guidance at the end of this form). In all other situations, please contact the relevant Local Authority (as detailed below). If there are any concerns about children please refer to the relevant contact within the Local Authority (see guidance).

Please complete the form in full. All completed forms should be emailed and a follow-up telephone call made to ensure safe receipt.

### Section 1 - Details of adult at risk of harm or abuse

Name	Diana Doorsy	DOB	10/10/1965	Gender	female
Home Address	flat 37, Hollywood Rd, Middlesbrough			Post Code	TS4 3BT
Current Address	James Cook University Hospital, Marton Rd, Middlesbrough			Post Code	TS43BW
Ward Number (if hospital)	ward 1	Unit Number (if hospital)	400 793 1000		
Telephone Number	01642 850850 ETX 54501	Religion	R/C		
Ethnicity	White Other	Nationality	Croatian		
Interpreter needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Language Required	Serbian		
In your opinion does the Adult At Risk have the mental capacity to understand what happened to them?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the adult aware of the Concern?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, why not?					
Does the adult consent to the Concern being raised?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the Adult at risk have any care /support needs or vulnerabilities?				yes, Stroke, insulin dependant diabetes, below knee amputation left leg, wheelchair user, pressure ulcer to right heel.	
As a result of their care and support needs/ vulnerabilities, is the adult unable to protect themselves?				yes	

### Section 2 - Details of concern being raised

Location of alleged incident/concern		Own Home			
Other:					
Address where incident occurred	flat 37, Hollywood Rd, Middlesbrough	Post Code	TS4 3BT		
Date of incident/concern	28/03/2022	Time of incident/concern	08:00		
Please indicate the type of abuse suspected					
Discriminatory	Domestic	Financial or Material	Modern Slavery	Neglect and acts of Omission	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organisational	Physical	Psychological	Self-Neglect	Sexual Abuse	Sexual Exploitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factual details of alleged incident/concern					
This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.					
<p>Diana has presented in A&amp;E following a fall due to low blood sugars. This is her 9th attendance this month. She had agreed to a social work referral on those previous attendances, so she could have support at home with a package of car. Diana cancelled support services before they commenced on each occasion. On this presentation she has become very emaciated, having lost a significant amount of weight. Paramedics report that there appeared to be no food in her house, and evidence of hoarding. They assessed it as a score of 6 on the clutter scale. Diana's pressure ulcer has also worsened from a Category 3 to a category 4 on this attendance. The district nurses cannot regularly gain access to provide wound care, but Diana has been assessed as having capacity to make this decision, and is fully aware of the risks which include bony infection, sepsis and potentially death. (information given using Trust translation services) Diana does not take her insulin regularly and declines a district nurse referral to support her with this. She has not been taking her regular medications and when she was assessed in relation to this decision, it was apparent she was not taking them because she could not collect them herself. Translation services were used to discuss with Diana about raising a safeguarding concern to help support her independence. She agreed to this and she suggested an electric wheelchair as a possible solution to some of her needs, such as getting in shopping and collecting medication. She wants to remain as independent as possible and this is extremely important to her and she made reference to her experiences during the war in her country.</p> <p>Diana speaks limited English and lives alone in a 7th floor flat, she has no known family or friends in the UK.</p>					
Making Safeguarding Personal (MSP)					
Please discuss with the Adult if safe and able to do so					

<b>What are the views and wishes of the Adult?</b>
Diana wants to continue living in her own home
<b>What would the Adult like to happen as an outcome of the Concerns?</b>
Diana wishes to maintain her independence and freedom to come and go, without waiting around for care staff to arrive. she would like an electric wheelchair to help her pick up her own prescriptions and shopping.

### Section 3 - Current Situation

<b>Where is the adult now in relation to the alleged perpetrator?</b>	now on ward 1
<b>Is the adult in immediate danger of further abuse?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please describe	
safe in hospital	
<b>Has the adult taken any necessary steps or actions to try to address the abuse or neglect? If so, please explain</b>	
unknown	
<b>Have any immediate actions been identified to reduce the potential for further abuse?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please describe	
admitted to ward for blood glucose management and treatment of pressure ulcer. Diana accepts medications administered and is eating and drinking well.	
<b>Are there any other people (including children) who may be at risk of harm?</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please describe the risk that remains and the names of others potentially at risk	
Please consider if you need to contact the Police	
Call 999 if there is an immediate danger to the Adult or others.	
Where a crime has been committed and the police require informing but there is no immediate danger please call 101.	
<b>Is criminal activity suspected?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, have the police been contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the outcome?	
<b>Police Crime/Reference Number</b>	
If No, please explain reason for this	

### Section 4 - Family / Representative Details

It may not always be appropriate to consult family/friends, please consider:			
<ul style="list-style-type: none"> <li>If the Adult has capacity and does not want them informing</li> <li>If you are putting the adult at risk by informing (e.g. Domestic Abuse)</li> </ul>			
<b>Name</b>	Doris Days	<b>Relation to Adult</b>	Sister
<b>Contact Address</b>	372, corpus Christie St, Zagreb, Croatia	<b>Post Code</b>	ZX75TP
<b>Telephone Number</b>	97853727728		
<b>Are they a Carer?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Are they aware of this concern?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If No, why not?		Diana did not want her informed	

### Section 5 - Details of the person alleged to have caused harm

<b>Name</b>	n/a	<b>DOB</b>		<b>Gender</b>	
<b>Home Address</b>		<b>Post Code</b>			
<b>Current Address</b>		<b>Post Code</b>			
<b>Ward Number (if hospital)</b>		<b>Unit Number (if hospital)</b>			
<b>Telephone Number</b>					
<b>Job Title (if applicable)</b>		<b>Organisation</b>			
<b>What is the relationship of the alleged perpetrator to the adult?</b>					
<b>Does the alleged perpetrator live with the adult?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Is the alleged perpetrator the main Carer?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Do you consider the alleged perpetrator to have care and support needs?</b>					
<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the alleged perpetrator aware of the Concern?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Only discuss this Concern with the alleged perpetrator if it is safe to do so and there is no further risk to the victim or others.</b>					
If No, why not? If Yes, what was there response?					

### Section 6 - Other Involvement

Who else has been informed of this concern?					
Care Quality Commission	Commissioning	Continuing Health Care	NECS (Medicines)	Public Health	Service Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					
Name	Organisation	Telephone Number	Email		

#### Section 7 - Details of person raising concern

<b>Name:</b>	Jane Aire	<b>Job Title:</b>	Ward Sister
<b>Organisation (if applicable)</b>	South Tees Hospitals NHS Foundation Trust		
<b>Contact Address</b>	ward 1 James Cook University Hospital Marton Rd	<b>Post Code</b>	TS43BW
<b>Telephone Number</b>	01642 850850 54501		
<b>Relationship to the adult at risk of harm or abuse</b>	professional-ward sister		
<b>Have you completed your own organisation's internal process (e.g. Datix)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Form Completed By</b>	Jane Aire	<b>Date Completed</b>	28/02/2022
<b>Signature</b>	Jane Aire		