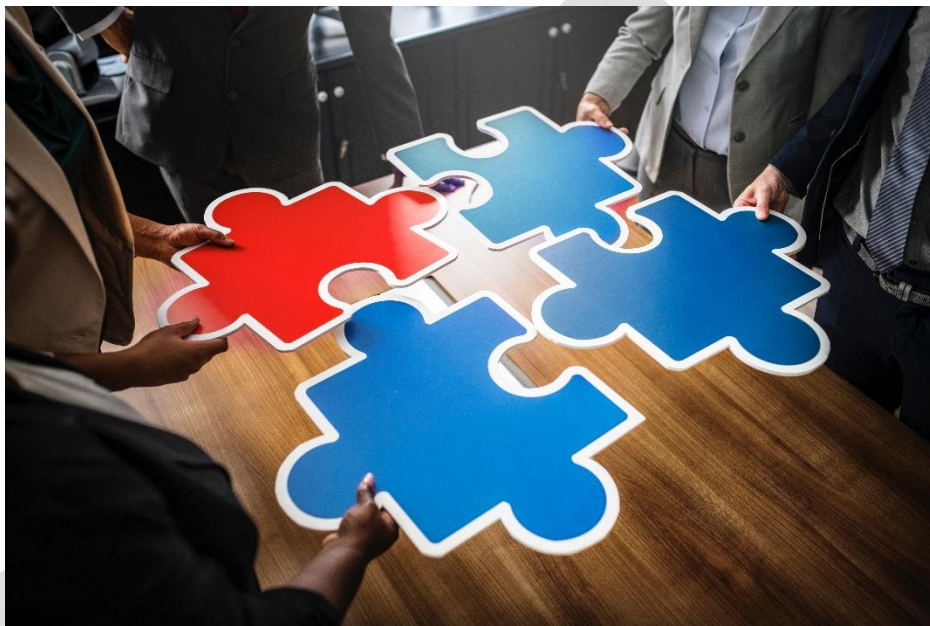




South Gloucestershire Safeguarding Adults Board



Multi- Agency Procedures

To be read in conjunction with the Safeguarding Adults multi-agency policy agreed by:

Safeguarding Adults Boards for Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Somerset

Reviewed: September 2023

Review Due: September 2025

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Reporting a Concern

If you urgently need to make a safeguarding referral the number for South Gloucestershire is:

01454 868007

Other neighbouring area contact points for safeguarding concerns are:

Bath and North East Somerset:	01225 396000
Bristol	0117 922 2700
Gloucestershire	01452 426868
North Somerset Council	01275 888801
Somerset County Council	0300 123 2224
Wiltshire	0300 456 0111

In principle the concern should be reported to the authority which covers the location where the abuse is alleged to have taken place.

Contacting police

If you are concerned that an adult is in immediate danger or if there is a crime in progress involving an adult then contact the police on 999.

If you believe that a criminal offence has occurred but it is not in progress and no one is in immediate danger, then contact police using 101 or [report online](#) .

Professionals can also report safeguarding concerns to the Avon and Somerset Constabulary Lighthouse Safeguarding Unit via the secure e-mail address: LighthouseNorthEast@avonandsomerset.pnn.police.uk.

Please follow your internal policies relating to when to notify police about a death (typically when unexpected and/or suspicious circumstances).

Background and Overview

These procedures are designed to give further information for people working in South Gloucestershire who may need to use the Safeguarding Adults process.

These procedures must be read in conjunction with the Policy and Procedures developed by the agency that you work for and the Safeguarding Adults Multi Agency Policy agreed by South Gloucestershire Safeguarding Adults Board (along with Bristol, Bath and North East Somerset, and Somerset Boards). These procedures give an overview of what needs to be done in the multi-agency process. Each agency must have its own internal procedures which detail the actions that staff should take and which link to these procedures at key points such as raising a concern, sharing information, and attending meetings. The key is to communicate the relevant information with the relevant people or organisations to safeguard the adult who is or may be at risk.

Adult Safeguarding is now on a statutory footing. Both the policy and procedures are based on the Care Act 2014 and the Statutory Guidance published in 2023. Staff will need training in order to have the skills to work within these policies and procedures which do not attempt to replace good training.

The Social Care Institute for Excellence provide resources to support the understanding of adult safeguarding. Their website is:
<http://www.scie.org.uk/adults/safeguarding>

The Safeguarding Adults multi-agency policy gives the detail of who is covered by Adult Safeguarding processes and the principles involved. It is worth remembering that underpinning these procedures are the principles of:

- **Well-being** which relates to
 - Personal dignity, including treating the individual with respect.
 - Physical and mental health.
 - Emotional wellbeing.
- **Mental Capacity** further information can be found below
- **Making Safeguarding Personal**
 - Involving the person in their safeguarding and ensuring that their views and wishes are kept central to the process
- **The Six Safeguarding Principles**
 1. **Empowerment**
People being supported and encouraged to make their own decisions and informed consent
 2. **Prevention**
It is better to take action before harm occurs.
 3. **Proportionality**
The least intrusive response appropriate to the risk presented.
 4. **Protection**
Support and representation for those in greatest need.

5. Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. Accountability

Accountability and transparency in safeguarding practice.

The statutory guidance to the Care Act 2014 also makes it clear that safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action: and
- The core duties of the police to prevent and detect crime and protect life and property (Chapter 14 Statutory guidance to Care Act 2014)

Who do we safeguard?

The Care Act 2014 Safeguarding duties apply to the Local Authority in respect of an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs), and;
- Is experiencing, or is at risk of, abuse or neglect, and:
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The responsible Local Authority is the one covering the location where the abuse has taken place.

Types of abuse (for further information see the multi-agency policy and/or the SCIE website)

- Physical abuse
- Domestic abuse including Coercive Control and non-fatal strangulation
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglects and acts of omission
- Self-neglect

Process

Raising a concern

If the person you are concerned about appears to meet the criteria above, is a resident of South Gloucestershire and/or the harm has occurred in South Gloucestershire you need to contact the First Contact Team at South Gloucestershire Council on:

01454 868007 or CSODesk@southglos.gov.uk

(If it is out of office hours and the matter is urgent you should call the Emergency Duty Team on 01454 615165). If there is an imminent risk of serious harm and/or the matter might involve criminal activity please ring the police first using 999.

If you are not certain whether the person meets the criteria then speak to the First Contact Team who will be able to advise and support you. **If you are in any doubt please phone.**

The Safeguarding Adults Multi Agency Policy describes types and patterns of abuse. It is essential that whenever there are concerns about a person that could amount to abuse, neglect or self-neglect this should be reported.

It is worth thinking about what has caused you to be concerned. Sometimes this is straightforward, for example you may have witnessed an incident. In other instances it can be more difficult and you may have a “feeling” that something is going on because of a change in the person’s behaviour which causes you concern. The Multi Agency Safeguarding Policy contains examples of abuse in an appendix at the end of the document. If you are in any doubt you should phone the First Contact Team to talk through your concerns.

The First Contact Team may discuss your concerns with a senior social worker and will come to one of three outcomes:

- The concern does not meet the criteria for a safeguarding enquiry and is better dealt with through other means, such as a care management review or a multi-professionals meeting. This will ensure any risks are managed and that everybody knows who is involved in working with the person.
- The situation requires a notification report. This would be a concern which has not caused harm but still needs to be recorded. If this relates to a provider service then they will be asked to send in a written incident report and /or risk assessments. Further information about the types of incidents that may require notification can be found below.
- A full safeguarding concern needs to be raised so that further enquiries can be carried out. You may be asked to complete a safeguarding concern form (also called an SA1). The First Contact Team will send you the correct form to complete. It is important that you fill it in and return it as soon as possible. It is essential that the information you provide is accurate and is clear about what has been seen/heard and what is opinion.

The safeguarding decision-maker will then gather further information if necessary and make a decision about whether a formal enquiry, under Section 42 of the Care Act 2014 is required. This is sometimes referred to as a 'Section 42 enquiry' or a 'statutory enquiry'.

Some concerns will not meet the criteria for a Section 42 enquiry but the safeguarding decision maker may still decide to carry out an enquiry because of the level of risk involved. This is called a 'non-statutory enquiry'. There is no difference in process between a Section 42 enquiry and a non-statutory enquiry.

Safeguarding Enquiry

The Care Act gives the duty to the Local Authority to manage the Safeguarding process. A social worker will co-ordinate the enquiry but may ask practitioners from other organisations to carry out some work on their behalf including completing an enquiry report. This is referred to under the Care Act as a 'caused enquiry'

The Team Manager or a Social Work Senior Practitioner from the Safeguarding Team will be responsible for decision making, setting the framework for the enquiry and any meetings which are required. In other words the Local Authority maintains overall responsibility for the Safeguarding process.

Initially, there will be a discussion to review the information that has been provided, discuss the risk and agree how the enquiry will take place. This will normally be a discussion between the social worker and their manager. In more exceptional circumstances this discussion will be a larger multi-agency meeting. This discussion will be held as soon as possible as it is important to reduce risk quickly.

If the risk is ongoing a multi-agency meeting will be held to decide on a further risk management plan/agreed actions. Further reviews can be arranged as required if the risk remains ongoing. Timescales can be flexible to meet individual's needs and wishes and ensure a proportionate response to the level of risk.

Risk Assessments and Safeguarding Plans will be used as a means of sharing risk with the person and others, and to plan what steps can be taken to mitigate the risks.

At any stage in this process the decision may be made that the situation does not need to remain in safeguarding. A letter to that effect will go to the referrer and will tell them what is happening e.g. the situation is now safe, the person has been referred for a social work review, or signposted to another service.

Whistleblowing

Whistleblowing is the act of reporting concerns about malpractice, wrongdoing, or fraud. All staff, paid or unpaid, who work with an adult who is experiencing, or at risk of, abuse or neglect, have an individual responsibility to raise concerns about poor practice and a right to know that their employer will support them if they are acting in

good faith. Wherever possible, the anonymity of the professional reported will be respected by the investigating body.

All agencies should promote a culture of professional reporting and have in place policies which value good practice and encourages this. Professional reporting can be difficult for the member of staff and must be recognised as important and courageous.

Agencies should ensure that staff who professionally report in good faith are:

- Supported and reassured when information is shared
- Provided with ongoing support during any investigation that may follow
- Supplied with information about external sources of support
- Supported by their organisation
- Not treated in ways that might be regarded as punitive

Involving the adult in their safeguarding (Making Safeguarding Personal)

Making Safeguarding Personal is now core practice within safeguarding adults. It places people at the centre of any safeguarding that relates to them.

It is essential that people are involved as early as possible in the process. They should be made aware of the concern and why it is being raised as soon as possible. Ideally they should give their consent to the concern being raised, but it is not essential. If the person does not or cannot consent then it may still be necessary to carry out safeguarding enquiries in order to protect them (if they lack capacity to consent or the risk is very high), or if there are risks to others.

The person should be included in discussions about them and where required they should be offered an advocate either from their family/friends if appropriate or through paid advocacy. Where possible people should attend meetings about them or have a representative/advocate who can do this.

The key element is establishing with the person from the beginning what their views and wishes are and what they would like to happen. This is described as their desired outcomes. These outcomes may need to be re-negotiated but it is crucial to record and share them as soon as possible. During the process outcomes should be reviewed with the person as they may change their wishes as the enquiry progresses. At the end of the enquiry there should be a discussion with the person to see how far these outcomes have been met.

A "Think Family" approach should also be considered, looking at the family as a system which must work for all its members. Further information can be found on the [SCIE Website](#)

In South Gloucestershire everyone whose safeguarding enquiry progresses beyond the initial discussion stage is given the opportunity to give feedback on the process.

Mental Capacity Act 2005

The Mental Capacity Act 2005 must underpin all work undertaken by professionals and other staff throughout the social care and health systems, however funded.

All staff must be familiar with the five statutory principles (as laid out in the Act and the Code of Practice) which are:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

In respect of Safeguarding mental capacity becomes relevant at a number of points and separate assessments will be required for specific decisions such as does the person have the capacity to understand what a safeguarding enquiry/process is? Have they capacity to understand "x" risk? Have they the capacity to understand the protection plan? All staff need to have had training on Mental Capacity appropriate to the work they are doing.

Safeguarding Notifications

Sometimes incidents occur which do not appear to meet the criteria for an enquiry but could be indicators of poor practice within a care setting. These situations will not normally require a full safeguarding enquiry, but need to be logged so that any patterns or themes can be easily identified which may indicate that there is a culture of poor professional practice within an organisation. For further information see the [Organisational Safeguarding Guidance](#)

The following incidents should be reported to the First Contact Team, unless they occur in an acute health setting, as in these situations there is an internal reporting system through to the ICB.

Care providers should contact the First Contact Team to report incidents and submit the relevant Incident Notification Form (See Appendix 2). The fully completed form should cover what appears to have gone wrong and what actions have been taken. For example: is this a training issue for staff, have staff not followed the care plan, have the person's needs changed and do they need a reassessment?

Care providers should report the following incidents:

Falls

Falls should be reported to the First Contact Team whenever there is harm. This may be an injury such as a cut, a bruise or a fracture, but may also be emotional harm, for example serious and lasting loss of confidence.

Falls should be reported whenever there is evidence that the care plan, including manual handling guidance has not been followed, whether or not the person has been injured.

It is not normally necessary to report an accidental fall where no harm has occurred. However, if a person falls frequently then this should be discussed with the First Contact Team so that a decision can be made whether or not this needs further investigation.

Medication errors

All medication errors should be reported to the First Contact Team. It is essential that the information provided includes whether there was harm, that health advice has been sought, received and followed, what has happened to ensure there is not a recurrence and what has happened to the staff member(s) responsible.

Person on Person incidents

These can range from extremely serious assaults including sexual assaults to more minor incidents which may not appear to cause harm. In care homes it must be understood that these are incidents which are happening within a person's normal home, in a place where they should be able to feel safe and relaxed. It is important that the needs of the perpetrator are not seen as outweighing the rights of other people who live with them. These situations will need careful risk assessment leading to robust plans.

Some of these incidents may reach the threshold for criminal investigation and these must always be reported to the police as well as safeguarding. If a decision is made not to report an incident to the police the reason for this should be clearly recorded. All Person on Person incidents in a care home setting must be reported to the First Contact Team.

Missed Visits

Missed visits to people's own homes by domiciliary care agencies should be reported to the First Contact Team in the following circumstances:

1. If the visit is missed because of a fault by the agency – such as the carer misreading the rota and not turning up; or
2. If the visit is cancelled by the agency; or
3. If the agency contacts the service user to rearrange the timing of the visit and the alternative time offered is not acceptable to the service user, so the visit is then cancelled

It is important to note that the above list of notifications is not exhaustive. If any incident occurs which you feel may be a result of abuse, neglect or self-neglect, even if no harm has occurred, you should contact the First Contact Team for advice.

Care Quality Commission (CQC)

All registered providers will also need to consider reporting to the CQC. “Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.”

Criminal Offences and Adult Safeguarding

Everyone is entitled to the protection of the law and access to justice.

Behaviour which amounts to abuse and neglect can also constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making safeguarding enquiries, where criminal activity is suspected then the early involvement of the police is essential.

Criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult are considered throughout, even if they do not wish to provide evidence or support a prosecution. The welfare of the adult and others is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their well-being.

If the adult has mental capacity and does not want any action to be taken this does not prevent the sharing of information between relevant professionals. There will be some instances where information does need to be shared with the police without the person’s consent due to it being in the wider public interest, such as large scale abuse or where children or other adults may be at risk. Professionals need to be able to assess the risk of harm and be confident that the adult is not being unduly influenced, coerced or intimidated. They also need to be confident that no one else is at risk.

The police have a range of special measures available to facilitate the gathering and giving of evidence by vulnerable and intimidated witnesses, and these should be considered from the onset of any police investigation.

Resolution of professional differences (Escalation)

Continual feedback is an important part of self-improvement and raising standards. Listening and responding to concerns and complaints enables us to adjust and improve services and systems. Providing a formal but clear way for concerns to be expressed and taken seriously is one way in which we can demonstrate our respect for our partners and stakeholders. Partner organisations should refer to the

[Resolution of Professional Differences](#) (Escalation Policy) for information about the process.

People in Positions of Trust

It is important that there is a clear process for managing situations where people working with adults at risk (whether in a paid or unpaid capacity) behave in ways which could put an adult at risk. Where an incident has occurred as part of their work/volunteer role this can be dealt with through the individual safeguarding process. This should include ensuring that appropriate referrals are made to the Disclosure and Barring Service (DBS) and/or professional bodies such as the NMC.

Where the incident occurs outside of work then the Safeguarding Adults Manager at the Local Authority should be informed so that a similar process can be put in place although it will not be linked to a specific service user. There is a separate Policy relating to [Managing allegations against people in Positions of Trust](#) which contains more information.

Information sharing/confidentiality

The sharing of information is a key activity in keeping adults who are at risk of harm safe. This has been highlighted by a large number of Serious Case Reviews and Safeguarding Adults Reviews which have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information then death or serious harm might have been prevented.

Where an adult has suffered harm or is at risk of it then consideration must always be given to the sharing of information. Where risk does exist then the decision to share information or not must be recorded and an explanation given. Wherever possible the person's consent should be obtained to share information in line with the Making Safeguarding Personal principles of keeping people at the centre of their safeguarding. However there are circumstances where the right to privacy has to be balanced against the right to live free from harm and abuse.

The following principles may help practitioners when making decisions about what information to share. The most important consideration is whether sharing information is likely to support the safeguarding and protection of a person.

Necessary and proportionate consider how much information you need to release. Information must be proportionate to the need and level of risk.

Relevant only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

Adequate information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to the person.

Secure wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Record information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester.

If you are unsure then speak to the First Contact Team and seek advice.

Personal identifiable data is protected by the Data Protection Act 2018 and for health records the Health Records Act also applies. Neither legislation precludes the sharing of information. Where a crime has or may be committed the Crime and Disorder Act applies.

The Safeguarding Adults Board has an information sharing agreement for its members. There are also specific requirements within the Care Act about information sharing when a Safeguarding Adults Review is required and this will be included in the relevant procedures.

Historic abuse

Where an adult reports abuse which happened whilst they were a child it is essential to seek advice from the adult safeguarding team who will make the necessary contacts. These situations are often complex and decisions will be required about who should lead on the investigation, who will offer support to the adult etc. The following will all be considered by the safeguarding team.

- If the adult does not have care and support needs they will be supported to go to the police who will decide whether or not they can investigate.
- The Children's department of the Local Authority where perpetrator currently is must be informed, in order that any current links to children (e.g. grandchildren) are identified.
- If the person is/was a professional working with children then the Local Authority Designated Officer (LADO) should be informed by emailing [lodo@southglos.gov.uk](mailto:lado@southglos.gov.uk) or phoning 01454 868508. The LADO is responsible for:
 - providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers

- managing and overseeing individual cases from all partner agencies
- ensuring the child's voice is heard and that they are safeguarded
- ensuring there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made
- monitoring the progress of cases to ensure they are dealt with as quickly as possible
- recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care

Where the abuse is historic but happened to an adult this would be followed up in the normal way under the Safeguarding Adult multi-agency policy and procedures with decisions to be made about which area would take the lead.

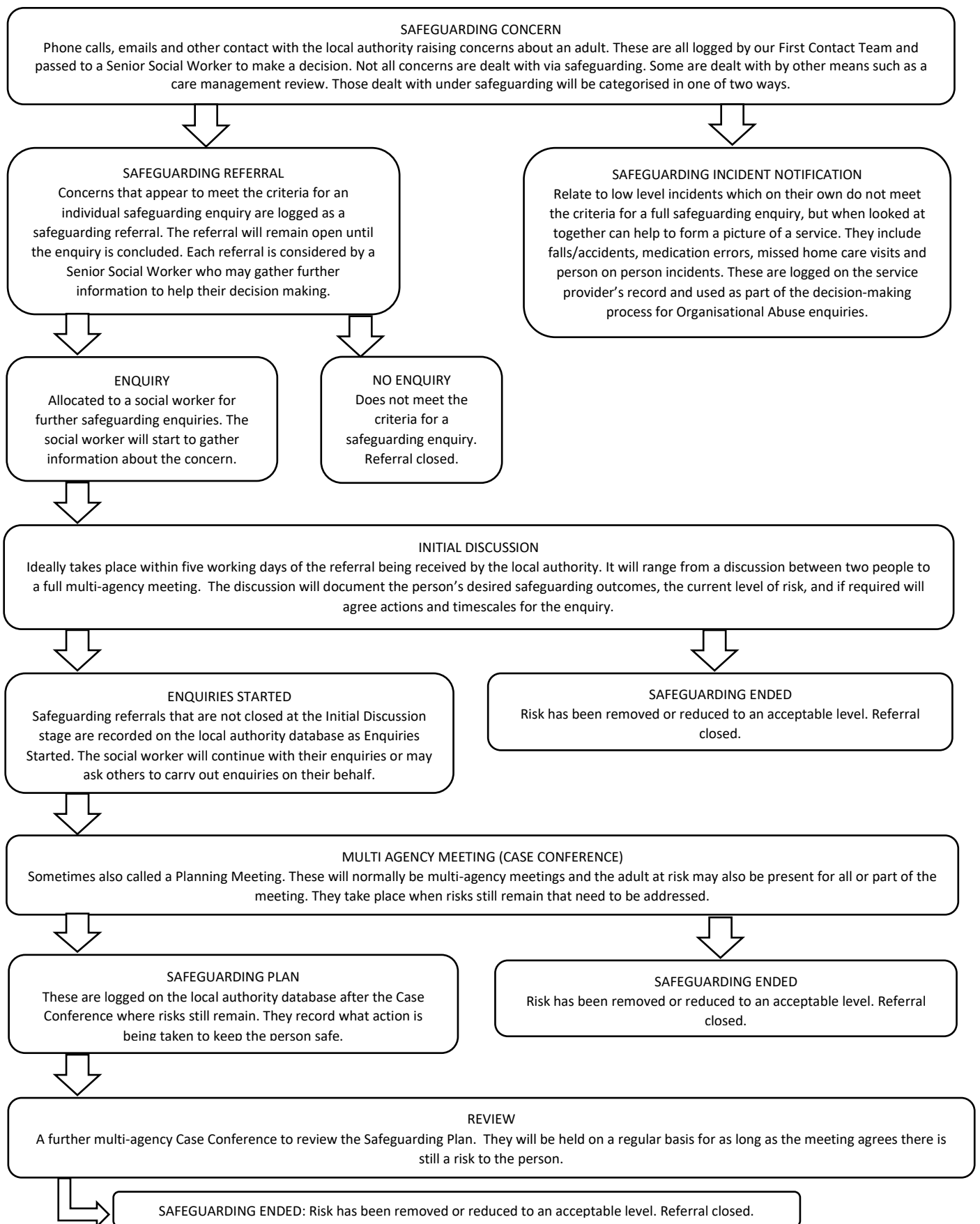
Managing multiple investigations

There will be many occasions when there need to be multiple investigations for example a safeguarding enquiry, a police investigation, a complaint, a root cause analysis, and/or disciplinary investigation. It is essential that there is agreement about the priority and order of these to ensure that one process does not impede another. A multi-agency discussion should lay out this process and ensure that all the relevant agencies/personnel are aware of their part in the process and timescales.

Organisational Safeguarding

There is separate [guidance](#) covering this which is available on the Safeguarding Adults Board Website.

Appendix 1: Safeguarding Process Flowchart



Appendix 2: Safeguarding Notification Forms

Safeguarding Incident Notification Form

Person on Person Incidents

PLEASE COMPLETE IN FULL - Bold your options selected please

Persons Details	
Full name	
Date of Birth	
Full Address and Postcode	
Funding authority	

Details of the incident	
What is the relationship of the person causing Harm to the individual	Another Resident/Service User – please provide name and date of birth Family Member/Visitor – please use an SA1 Member of Staff – Please use an SA1
Date and time of incident	
What happened (please detail any physical or emotional injuries)	
What has been done to prevent this happening again (please tick as many boxes as appropriate)	Risk Assessment Updated Staff Training Increased observation Referrals to other professionals Support to staff member Disciplinary Action Other – please provide details

The person's views	
Does the person have mental capacity in relation to this incident?	Yes No
If yes, what are their views about the incident and do they feel safe?	

If no, please state who is representing the person, their relationship to the person and what their views are about the incident and if they feel the individual is safe.	
Does the person/representative know that this has been reported	Yes No

Person completing this form	
Full name	
Role	
Provider Name (if appropriate)	
Telephone No.	
Email Address	
Date this form sent to South Gloucestershire Council	

Please e-mail to: CSOdesk@southglos.gov.uk

For information about completing the form contact South Glos Council First Contact Team 01454 868007.

Safeguarding Incident Notification Form

Falls

PLEASE COMPLETE IN FULL - Bold your options selected please

Persons Details	
Full name	
Date of Birth	
Full Address and Postcode	
Funding authority	

Details of the incident	
Was the person injured?	No - please note if this is the case and you have no other concerns you do not need to report this to us Minor – e.g. graze, small cut, minor bruising Significant injury - provide details including if any medical attention was required
Was the care plan and risk Assessment Followed?	No Yes
Are you concerned a neglect of care occurred	No Yes
Date and time of incident	
What happened?	
What has been done to prevent this happening again? (please tick as many boxes as appropriate)	Risk Assessment Updated Staff Training Increased observation Referrals to Falls prevention Support to staff member Disciplinary Action Other – please provide details

The person's views	
Does the person have mental capacity in relation to this incident?	Yes No

If yes, what are their views about the incident and do they feel safe?	
If no, please state who is representing the person, their relationship to the person and what their views are about the incident and if they feel the individual is safe.	
Does the person/representative know that this has been reported	Yes No

Person completing this form	
Full name	
Role	
Provider Name (if appropriate)	
Telephone No.	
Email Address	
Date this form sent to South Gloucestershire Council	

Please e-mail to: CSOdesk@southglos.gov.uk

For information about completing the form contact South Glos Council First Contact Team 01454 868007.

Safeguarding Incident Notification Form

Medication Error

PLEASE COMPLETE IN FULL - Bold your options selected please

Persons Details	
Full name	
Date of Birth	
Full Address and Postcode	
Funding authority	

Details of the incident	
Date and time of incident	
What was the incident	Missed Medication Wrong Dosage Wrong Medication Other – please provide details
What was the impact on the person	No Impact There was an impact
Please explain what happened, including the type of the medication	
What medical advice was sought/attention required? NB Medical should always be sought prior to completion of this form	Please provide details
What has been done to prevent this happening again (please tick as many boxes as appropriate)	Risk Assessment Updated Staff Training Increased observation Referrals to other professionals Support to staff member Disciplinary Action Other – please provide details

The person's views	
Does the person have mental capacity in relation to this incident?	Yes No
If yes, what are their views about the incident and do they feel safe?	
If no, please state who is representing the person, their relationship to the person and what their views are about the incident and if they feel the individual is safe.	
Does the person/representative know that this has been reported	Yes No

Person completing this form	
Full name	
Role	
Provider Name (if appropriate)	
Telephone No.	
Email Address	
Date this form sent to South Gloucestershire Council	

Please e-mail to: CSOdesk@southglos.gov.uk

For information about completing the form contact South Glos Council First Contact Team 01454 868007.

Safeguarding Incident Notification Form

Missed Visit

PLEASE COMPLETE IN FULL - Bold your options selected please

Persons Details	
Full name	
Date of Birth	
Full Address and Postcode	
Funding authority	

Details of the incident	
Date and time of missed visit	
What type of visit was it	Single Carer Visit Double Up Visit Sitting Service
What tasks should have been completed during the visit? (please tick as many boxes as appropriate)	Medication Shopping Personal Care Social Support Other – please provide details
How long was the visit scheduled to last	
Did the missed visit tasks include any Moving and Handling or use of equipment	No Yes – please provide details
Why was the visit missed?	Staff Sickness Rota Error Staff Shortage/Recruitment Issue Communication Issue Other – please provide details
What was the impact to the person of the missed visit? i.e. did the person go without because of the visit not happening	No impact – i.e. if tasks were completed by someone else – please provide details of who covered these tasks There is an impact – please provide details

What has been done to prevent this happening again (please tick as many boxes as appropriate)	Risk Assessment Updated Staff Training Support to staff member Disciplinary Action Other – please provide details
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The person's views	
Does the person have mental capacity in relation to this incident?	Yes No
If yes, what are their views about the incident and do they feel safe?	
If no, please state who is representing the person, their relationship to the person and what their views are about the incident and if they feel the individual is safe.	
Does the person/representative know that this has been reported	Yes No

Person completing this form	
Full name	
Role	
Provider Name (if appropriate)	
Telephone No.	
Email Address	
Date this form sent to South Gloucestershire Council	

Please e-mail to: CSOdesk@southglos.gov.uk

For information about completing the form contact South Glos Council First Contact Team 01454 868007.