

|  |
| --- |
| **Safeguarding Adults - Provider S42 Enquiry**  |

This template can be used by any professional or service provider when they are asked by the local authority to undertake a S42 Enquiry. Its purpose is to provide an appropriate format, and support consistency, to share the findings from a Care Act 2014 S42 Enquiry into a reported concern of abuse or neglect.

**The contents of this document are restricted and should only be reproduced or shared with the agreement of the report author. You are responsible for the safe storage, transfer and disposal of this document. Organisations are responsible for ensuring that employees undertaking S42 Enquiries have the necessary training and competency to fulfil the requirements of the role.**

|  |  |  |
| --- | --- | --- |
| **Provider Details** |  | **Alleged Victim’s Details** |
| **Name of service provider** |  |  | **Name of alleged victim** |  |
| **Address**  |  |  | **Address/Location** |  |
| **Person completing the Enquiry** |  |  | **Gender & Ethnicity** |  |
| **Designation**  |  |  | **DoB of alleged victim** |  |
| **Contact details** |  |  | **NHS number** |  |
| **Date of Concern** |  |  | **Unique identification number** |  |
| **Who reported the concern?****(Name, designation & contact details)** |  |  | **Next of kin or representative** **(Name, status/relationship, contact details)** |  |

|  |  |
| --- | --- |
| **Details of the concern** |  |
| Who, what, when, where, how? Was it witnessed? |
|  |

|  |
| --- |
| **Mental Capacity** |
| Is a Mental Capacity Act Assessment necessary in relation to the person’s participation in the safeguarding process; has it been completed? What was the outcome? Eg. Best Interests Decision to progress the Enquiry? Has the Local Authority arranged for an advocate to support/represent the adult? |
|  |

|  |
| --- |
| **Making Safeguarding Personal** |
| Put the person not the organisation at the centre of the enquiry. What does the adult at risk and/or their representative (with consent AND/OR in their best interests AND/OR their legal status) want to happen (desired outcomes)? |
|  |

|  |
| --- |
| **Risk Management** |
| What actions were taken when the concern was raised to remove or reduce risk of abuse? Were other adults placed at risk? What was done about this? Were the Police or health services involved? |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Time** | **Action Taken** | **By who** | **Outcome**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

|  |
| --- |
| **Enquiry information** |
| Details of Enquiry Action Plan. Eg. Who was interviewed? What records were reviewed? Chronology of events  |
| **Enquiry Action Plan Template:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Time** | **Action**  | **By who** | **Outcome**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Chronology of Events Template**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date & time** | **Source of Evidence** | **Event** | **People involved**  | **Actions/decisions taken** | **Significance**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 |

|  |
| --- |
| **Outcome of Enquiry** |
| Was the concern proven or disproven. Eg. disciplinary action, improvement notice, dismissal, referral to DBS, CQC, professional body, criminal conviction, training, supervision, monitoring arrangements, change of job role, medication adjustments, care planning and risk assessment. |
|

|  |  |
| --- | --- |
| **Outcome of Enquiry** |  |
| **Actions Required** |  |
|  |
|  |
|  |
| **Actions Taken** |  |
|  |
|  |
|  |

**Next Steps - Action Plan & Monitoring Arrangements Template:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Action**  | **By who?** | **When?** | **Outcome confirmed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |

|  |
| --- |
| **Organisational Learning**  |
| Are there lessons learnt for the organisation. E.g. change of policy, training plans, implications for other agencies for consideration. |
|  |

|  |
| --- |
| **Adult at risk/representatives view of the Enquiry**  |
| Have the adult at risk’s desired outcomes been achieved? Are they satisfied with the actions taken? Are any further actions required? |
|  |
| Date & Time **Enquiry** sent to Adult Social Care (ASC) Safeguarding Lead Practitioner. |  |

|  |
| --- |
| **Once completed, this report should be sent to the relevant ASC Safeguarding Lead Practitioner. Always use a secure network when sending the report via email - the Safeguarding Lead Practitioner can support this using the County Council managed file transfer service.** |