**London Borough of Camden**

**Safeguarding Adults**

**Provider Enquiry Report**

**Section 1: To be completed by Local Authority Enquiry Officer prior to sending to provider**

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| **Name of Adult at Risk:** |  | **Mosaic No:** |  |
| **DOB:** |  |
| **Address:**  |  |

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| **Details of Local Authority Enquiry Officer and Safeguarding Adults Manager (SAM)**  |
| **Role** | **Name / Team**  | **Contact Details** |
| Enquiry officer |  |  |
| SAM |  |  |

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| **Date report to be completed by:**  |  |

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| **Summary of concern being investigated** |
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| **Type of Abuse**  |
| Choose an item. |

**Section 2: To be completed by the provider**

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| **Provider – Details of named contact undertaking enquiries** |
| **Name** | **Role**  | **Contact Details** |
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| **Reasons for any delay in meeting timeframe:** |  |

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| **Process of Investigation** |
| * *What steps you have taken to make enquiries*
* *Who have you spoken to*
* *Any interviews carried out*
* *What documents you have examined*
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| **Findings** |
| * *Factual information you have gathered*
* *Please attach any supporting documents*
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| **Views of the adult** *(or their representative)* |
| * *What is their account of events?*
* *Has anything like this happened to them before?*
* *What impact has it had on them?*
* *What do they want to happen?*
* *If the adult can’t express their views, is there someone else close to them who can eg family, advocate?*
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| **Summary and conclusions** |
| * *Your analysis of the alleged abuse or concern based on what you found out*
* *Whether abuse or neglect has likely occurred*
* *Your views on the seriousness of the alleged abuse or concern*
* *Risk assessment – is the abuse or neglect likely to continue or re-occur, what could mitigate this*
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| **Lessons learned**  |
| * *Did we learn anything from this? Is there wider learning?*
* *What changes might be needed as a result of this?*
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| **Recommendations and actions** |
| * *What actions have already been taken to make the person safe and mitigate further harm*
* *What further actions are recommended to address the risks*
* *When will these be done and who by*
* *Examples might include: Referral to police, disciplinary procedure/suspension, spot checks, supervision discussion, further training, review of care arrangements, onward referrals*
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| **Has CQC been notified?** |
|  Yes No  Date: |

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| **Completed and Signed by:** |  | **Date:** |  |