



# DOS Premium Care Ltd

## Safeguarding Adults Concerns Form

### STRICTLY CONFIDENTIAL

This form should be completed in accordance with the Multi-Agency Policy and Procedures which can be found on the DOS Premium Care Website here: <https://www.dospremiumcare.co.uk>

You should complete this form with as much detail as possible. Lack of access to the necessary information should NOT delay reporting the alert.

You should first contact the DOS Premium Care Ltd support team on **01237 569 076**.

**You should then send the completed form as a confidential document to: DOS Premium Care Ltd, 182 Sackville Road, Hove, BN3 7AL**

The form can also be e-mailed to [office@dospremiumcare.co.uk](mailto:office@dospremiumcare.co.uk) with 'Safeguarding adults concern' as the subject.

REMEMBER: If you suspect that someone is being abused and they are in **immediate** danger you should ring the Police on **999**.

<b>Date of the concern:</b>
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<b>PART A</b>	
<b>1 Tell us about the adult at risk that you are concerned about:</b> <i>(please complete as much of this as is known – if not known put N/K)</i>	
Name:	
Gender:	
Home address:	
Telephone No:	
Age:	Date of Birth:
Ethnic Origin/Nationality:	Religion:
Primary support needs of the adult at risk (refer to guidance notes):	
Is the adult at risk aware of the safeguarding concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If No, why not?</i>	



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<b>Is the adult at risk involved with any other agencies?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> <i>If Yes, please provide details:</i>
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**2 Tell us about the main contact for the adult at risk**

<b>Name:</b>	
<b>Relationship to adult at risk:</b>	
<b>Are they the relative/carer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are they aware that this concern has been raised?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Contact address:</b>	<b>Telephone No:</b> <b>Mobile No:</b> <b>Email:</b>
<b>County:</b>	<b>Postcode:</b>
<b>Are they willing to be contacted?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	

**3a Tell us about the concern (s) being raised**

<b>Location of alleged incident/concern</b> (please give details):          <b>Type of location</b> (refer to guidance)	<b>Date and Time of alleged incident/concern:</b> Date:   Time:
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**What type of abuse is suspected? (Tick all that apply):**

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> <i>Neglect</i>        | <input type="checkbox"/> <i>Psychological</i>  | <input type="checkbox"/> <i>Financial &amp; material</i> | <input type="checkbox"/> <i>Physical</i>     | <input type="checkbox"/> <i>Sexual</i>         |
| <input type="checkbox"/> <i>Discriminatory</i> | <input type="checkbox"/> <i>Organisational</i> | <input type="checkbox"/> <i>Modern slavery</i>           | <input type="checkbox"/> <i>Self-neglect</i> | <input type="checkbox"/> <i>Domestic abuse</i> |

**And do you consider this abuse is also:**

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Hate Crime</i> | <input type="checkbox"/> <i>Sexual exploitation</i> |
|--|---|



**3a Tell us about the alleged incident/concern(s) being raised - continued**

**Factual details of the alleged incident/concern:**

*This should be **concise** and include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.*

*Remember to:-*

*Describe what happened;*

*Make it clear what is fact and what is opinion;*

*Record whether there were any witnesses to the incident; who they were and how they can be contacted.*

*(Please continue on a separate sheet if required)*



**3b Tell us what actions have been taken to reduce the risk of harm or abuse to the adult at risk.**

**Tell us what actions have been taken to ensure the safety of the adult at risk.**

**Where is the adult at risk now? (Include where they are in relation to the person alleged to have caused harm)**

**Is anyone else at risk of abuse?** Yes  No  Not Known

*If so give name(s) and details*

**In your opinion, does the adult at risk have the mental capacity to understand the risks within this safeguarding concern?**

Yes  No  Not Known

**If you are concerned about the welfare of the adult at risk have you contacted their GP or the ambulance service?** Yes  No

*If No, why not*

**If you think that a crime has been committed have police been contacted?** Yes  No

*If Yes, what was the outcome?*

*If No, why not?*

**Who did you speak to?**

**What was the Police Crime/Ref No?**



Who else has been informed of this concern?

**4 Details of person(s) alleged to have caused harm (if known)**  
*(please complete as much of this as is known and continue on a separate sheet if more than one is involved)*

**Name:**

**Address:**

**Occupation/Position/Title/Organisation:**

**Date of Birth:** **Gender:**

**What is the relationship of the person alleged to have caused harm to the adult at risk?**  
(please see list of options at the end of this form)

**Does the adult at risk know the person alleged to have caused harm?**  
Yes  No  Not sure

**Is the person alleged to have caused harm a person with care and support needs?**  
Yes  No  Not Known

**Is the person alleged to have caused harm the main family carer?**  
Yes  No  Not Known

**Is the person alleged to have caused harm aware of this alert?**  
Yes  No  Not Known   
*If yes, what is their response, and are there any hazards to be aware of?*



<b>5 Details of person raising the concern</b>	
<b>Name:</b>	<b>Job title</b> <i>(if applicable):</i>
<b>Organisation</b> <i>(if applicable):</i>	<b>Type of organisation:</b> (delete those that do not apply) <b>Health/Housing/District Council/NYCC/ Other/Police/Private /Voluntary</b>
<b>Contact address:</b>	<b>Telephone No:</b> <b>Mobile No:</b> <b>Email:</b>
<b>County:</b>	<b>Postcode:</b>
<b>Relationship to the adult at risk:</b> (please see list of options at the end of this form)	
<b>Who raised the concern with you?</b>	
<b>Date completed:</b>	



## Guidance Notes for completing this form

### Section 1 - Primary Support Reasons: Please enter one of the following:

Physical support	Mental Health support
Sensory support	Social support
Support with memory and cognition	No support reason
Learning Disability support	Not known

### Section 3a - Location of alleged incident/concern: Please enter one or more of the following:

Residential care	Hospital
Nursing care	Community service
Own Home	Other

### Section 4 - Details of person alleged to have caused harm

#### Please enter one or more of the following:-

- Social Care Support or Service Provider - public sector
- Social Care Support or Service Provider - private sector
- Social Care Support or Service Provider - voluntary (3rd sector)
- Relative / Family Carer
- Individual - known but not related
- Individual – unknown/stranger
- Primary Health Care staff
- Secondary Health Care staff
- Community Health Care staff
- Social Care Staff - care management & assessment
- Police
- Regulator, e.g. Care Quality Commission
- Other public sector staff
- Other private sector staff
- Other voluntary

### Section 5 – Details of the person raising the concern: Please enter one of the following:-

Domiciliary Care Staff	Self Referral
Residential Care Staff	Family member
Day Care Staff	Friend/neighbour
Social Worker/Care Manager	Other service user
Self -Directed Care Staff	Care Quality Commission
Other Social Care Staff	Housing
NHS - Primary/Community Health Staff	Education/Training/Workplace Establishment
NHS - Secondary Health Staff	Police
NHS - Mental Health Staff	Other