

## Carmarthenshire County Council

as a partner of

The Mid and West Wales Regional Safeguarding Board

### Service Provider Concern / Incident Report

This referral form is to be used by any person wishing to raise a concern which relates to the standard or quality of care/ support given to individuals by a provider agency or organisation.

Agencies and organisations must also use this form to report incidents or concerns which need to be brought to the attention of the Local Authority but may not require a referral or action under the Wales Safeguarding Procedures.

*(For further guidance on Safeguarding /Service Standard/incident thresholds, refer to the Mid and West Wales safeguarding Board, Adult Safeguarding Thresholds Guidance Document)*

**Concerns about service standards within Health Board premises/services should follow Health Board agreed internal processes (and not through the use of this form).**

If there is an identifiable adult who:

- Is experiencing or is at risk of abuse or neglect.
- Has needs for Care & Support (whether or not the Local Authority is meeting any of those needs).
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk thereof.

then a safeguarding report must be made to the local authority. If the concern relates to the actions or behaviours of a person working with adults with care/support needs, a safeguarding report must also be made to the local authority. Reports of this nature must be made using the Mid and West Wales Multi Agency Referral Form (MARF). All Safeguarding and Service Concern/Incident Reports relating to the Carmarthenshire area must be sent to: [adultsafeguarding@carmarthenshire.gov.uk](mailto:adultsafeguarding@carmarthenshire.gov.uk)

For advice and guidance please contact Carmarthenshire Delta Well-Being on 0300 333 2222

If more than 3 adults are experiencing or at risk of abuse or neglect then only one **Safeguarding report needs to be made to the local authority in the name of the service provider agency/organisation/setting.**

( question? Do we want the scenario described above to come in on a MARF or service concern form? **MARF Form.**

## Service Provider Concern/ Incident Report

DETAILS OF PERSON MAKING REFERRAL:			
Name:	Agency/Role:	Date:	
Relationship to service user:			
Telephone:	Email:	Signature:	
Please provide details of the action you, as the referrer, have taken to address the Service concern/ incident prior to this referral being made:			
Outcome:			
PROVIDER OF CONCERN: <i>Note: Do not use this form to report concerns about Health Board services. Such concerns must be reported directly to the Health Board, who will follow agreed internal processes</i>			
Provider Name:	Service type:	Number of service users if known	
Provider address, including post code:		Telephone:	
Is provider aware of the referral? Yes / No / Don't know	Is provider known to Social Services, Health or Police? Yes / No / Don't know		
SERVICE USER'S DETAILS: (For incident reports)			
Please consider if a safeguarding report to the local authority is necessary			
Name:		Ref Number:	
Current address, including post code:		Telephone:	
Are there any other vulnerable persons, including children affected by this concern?			

ABOUT THE CONCERN/INCIDENT:																				
Primary area of concern:																				
<b>Other areas of concern:</b> (tick <u>all</u> relevant boxes) <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td>Attitude of staff <input type="checkbox"/></td> <td>Poor standard of care <input type="checkbox"/></td> </tr> <tr> <td>Continuity of care <input type="checkbox"/></td> <td>Nutrition/hydration <input type="checkbox"/></td> </tr> <tr> <td>Care planning <input type="checkbox"/></td> <td>Recording of information <input type="checkbox"/></td> </tr> <tr> <td>Medication <input type="checkbox"/></td> <td>High turnover of carers / Loss of care staff <input type="checkbox"/></td> </tr> <tr> <td>Poor communication <input type="checkbox"/></td> <td>Missed Calls <input type="checkbox"/></td> </tr> <tr> <td>Cleanliness <input type="checkbox"/></td> <td>Breach of confidentiality <input type="checkbox"/></td> </tr> <tr> <td>Environment/culture <input type="checkbox"/></td> <td>Missed calls <input type="checkbox"/></td> </tr> <tr> <td>Early/late calls <input type="checkbox"/></td> <td>Single carer on multiple carer calls <input type="checkbox"/></td> </tr> <tr> <td>Duration of call not adequate to meet needs <input type="checkbox"/></td> <td>Leadership/Management <input type="checkbox"/></td> </tr> <tr> <td>Training <input type="checkbox"/></td> <td>Poor Service User Engagement <input type="checkbox"/></td> </tr> </table>	Attitude of staff <input type="checkbox"/>	Poor standard of care <input type="checkbox"/>	Continuity of care <input type="checkbox"/>	Nutrition/hydration <input type="checkbox"/>	Care planning <input type="checkbox"/>	Recording of information <input type="checkbox"/>	Medication <input type="checkbox"/>	High turnover of carers / Loss of care staff <input type="checkbox"/>	Poor communication <input type="checkbox"/>	Missed Calls <input type="checkbox"/>	Cleanliness <input type="checkbox"/>	Breach of confidentiality <input type="checkbox"/>	Environment/culture <input type="checkbox"/>	Missed calls <input type="checkbox"/>	Early/late calls <input type="checkbox"/>	Single carer on multiple carer calls <input type="checkbox"/>	Duration of call not adequate to meet needs <input type="checkbox"/>	Leadership/Management <input type="checkbox"/>	Training <input type="checkbox"/>	Poor Service User Engagement <input type="checkbox"/>
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Other - Please State:																				

<b>Date of concern/ incident:</b>	<b>Has the concern/incident been resolved?</b> Yes / No / Don't know
<b>DETAILS OF THE CONCERN/INCIDENT:</b> <i>(including how and why those concerns have arisen if known, and what action has already been taken to resolve the matter)</i>	

<b>WHO HAS RAISED THE CONCERN?</b>						
Name	Address, inc Post Code	Telephone no.	Relationship to victim (if any)	Occupation / Employer if appropriate	When was the disclosure made	
Does the reporter wish to remain anonymous? Yes / No If yes, explain why: <i>(excludes professionals)</i>						
<b>ABOUT THE PEOPLE WHO WITNESSED THE CONCERN(S)/INCIDENT:</b>						
Name of Witness	Address, inc Post Code	Telephone no.	Relationship to victim (if any)	Is witness a child?	Is witness an adult at risk?	Is witness aware of referral?
<b>ADDITIONAL INFORMATION:</b>						

**VIEWS OF THE PERSON:** *(If the service user does not want any action to be taken, this can be overridden where there are others who may be at risk)*

**What are the views and wishes of the person(s) involved/affected? What would the person(s) like as an outcome to this referral? What would they like to happen?**

**NOTE:** Be aware of information security when sharing or emailing this completed document and ensure you adhere to data protection/GDPR principles and boundaries of confidentiality.