



BUCKINGHAMSHIRE COUNTY COUNCIL

SAFEGUARDING ENQUIRY REPORT

Care Act 2014
Section 42

Name of Service:

- Give full details of person(s) completing enquiry report

Name of Client/Patient:

- Please list all clients/patients involved

Details of Safeguarding Concern(s):

- Give full details of the safeguarding incident(s)
- Please include identifying details for all individuals (if known)

Process of enquiry:

Prior to making any enquiries:

- Gain consent from the client or their representative to continue with the safeguarding process
- If appropriate complete a mental capacity assessment for the safeguarding process (please return evidence of MC assessment with this form)
- Consider whether the client requires an advocate during the safeguarding process
- Consider client's ethical, cultural and religious beliefs

- What actions have you taken to gather information?
- Who have you spoken to and what did they say?
- Have you held any meetings? Or obtained information from other sources?

Summary of wishes and desired outcomes of the adult:





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- *Establish clients views/wishes regarding the concerns and ask them for their desired outcomes (what do they want to happen as a result of the enquiry e.g. police involvement, NFA, improvement of care, etc.)*
- *If client lacks capacity please consult relatives/representative/advocate*

Seriousness of Risk to the adult alleged to have been harmed:

- *What has happened or could have happened as a result of the abuse/neglect? How serious is the risk?*
- *If abuse/neglect continues what are the risks? How serious is the risk?*
- *Is it likely that the risks will continue in the absence of a safeguarding plan?*

Seriousness of Risk to the adult alleged to have caused harm:

- *Are there any risks to the alleged perpetrator?*
- *If there are risks, how serious are they?*
- *Is it likely that the risks will continue in the absence of a safeguarding plan?*

Evaluation of evidence:

- *What have you found from your enquiries?*
- *Has abuse/neglect occurred? If so, by whom?*
- *Have there been practice failings or has there been poor quality of care?*
- *Are there any wider implications or transferable risk management required?*
- *Please send copies of any relevant supporting documents as necessary.*

Views of relevant others:

- *Have there been others involved? If so, what are their views?*





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Describe whether the desired outcomes of the adult and/or their representative have been met, please explain how they have been met:

- *Have the desired outcomes been met? If so, how? If not, why not?*

Recommendations, Timescales and Learning Outcomes:

- *Please list all actions which have been taken/will be taken in order to reduce risks or meet the desired outcomes of the individual*
- *If learning outcomes have been identified, please list who will be responsible for ensuring that they are actioned upon and give timescales*

Print Name & Signature of Person completing report:

Designation:

Date:

Print Name & Signature of Senior Manager signing off the report:

Designation:

Date:

