

# Part C

## CONCLUSION OF THE SAFEGUARDING ADULTS ASSESSMENT/ INVESTIGATION (STRICTLY CONFIDENTIAL)

To be completed once a decision is taken to conclude the Safeguarding Adults Assessment/Investigation.

To be completed and forwarded to the Safeguarding Adults Team ordinarily within 8 weeks of the Notification.

Part C completed by: \_\_\_\_\_

Job title: \_\_\_\_\_

Agency (please be specific): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Notification of Alert – Part A completed:

Date of Safeguarding Adults Strategy Discussion Meeting – Part B completed:

Name of alleged victim/adult at risk: \_\_\_\_\_

Address of alleged victim/adult at risk: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

### Dates of Meetings held during Assessment/Investigation:

Dates	Minutes forwarded to the Safeguarding Adults Team	Action Plan forwarded to the Safeguarding Adults Team
1. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
2. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
3. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
4. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
5. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
6. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>

Other: \_\_\_\_\_

Name of agency/organisation/service managing the Safeguarding Adults Assessment/Investigation: \_\_\_\_\_

Name of Chair of Assessment/Investigation Meetings and job title: \_\_\_\_\_

# 1 AGENCIES ATTENDING ASSESSMENT/INVESTIGATION MEETINGS

(Please tick as many as apply)

Adult Services <input type="checkbox"/>	Commission for Social Care Inspection <input type="checkbox"/>	Independent Care Home <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Police <input type="checkbox"/>	Independent Day Service <input type="checkbox"/>	Northumberland Tyne & Wear NHS Trust <input type="checkbox"/>
Sunderland Royal Hospital <input type="checkbox"/>	Voluntary Agency <input type="checkbox"/>	Independent Home Care Agency <input type="checkbox"/>	Education/community services <input type="checkbox"/>
Alleged victim/adult at risk <input type="checkbox"/>	Family member(s)/relatives/carer of alleged victim/adult at risk <input type="checkbox"/>	Independent advocate for alleged victim/adult at risk <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged victim/adult at risk <input type="checkbox"/>
Alleged perpetrator <input type="checkbox"/>	Family member(s)/relatives/carer of alleged perpetrator <input type="checkbox"/>	Independent advocate for alleged perpetrator <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged perpetrator <input type="checkbox"/>
Housing association/Housing Strategy/Sheltered Housing Scheme <input type="checkbox"/>	Safeguarding Adults Team <input type="checkbox"/>	Financial representative including Welfare Rights, Receivership Administrative Team or bank/building society <input type="checkbox"/>	Representative from Domestic Violence services <input type="checkbox"/>
Community Mental Health Partnership <input type="checkbox"/>	Learning Disabilities Partnership <input type="checkbox"/>	Sunderland City Council <input type="checkbox"/>	Other Local Authority <input type="checkbox"/>
Childrens Services <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/> _____		



### 3 OUTCOMES FOR ALLEGED PERPETRATOR/AGENCY OR SERVICE

Not Applicable:

**Action (please tick as many as apply)**

**Timescale**

Police Action  \_\_\_\_\_

Criminal Prosecution  \_\_\_\_\_

Disciplinary Action  \_\_\_\_\_

Action by commissioning or placing authority  \_\_\_\_\_

Action by regulatory body/CSCI  \_\_\_\_\_

Action by Healthcare Commission  \_\_\_\_\_

Referred to PoVA List  \_\_\_\_\_

Referred to MAPPA/Non-MAPPA  \_\_\_\_\_

Carer's assessment offered  \_\_\_\_\_

Management action e.g. increased supervision, training  \_\_\_\_\_

Counselling or support  \_\_\_\_\_

Removed from property or service  \_\_\_\_\_

Community care assessment and services  \_\_\_\_\_

Action under the Mental Health Act  \_\_\_\_\_

Case review  \_\_\_\_\_

Management of access to alleged victim  \_\_\_\_\_

No further action  \_\_\_\_\_

Other (please specify): \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4 OUTCOME OF THE INVESTIGATION

Alleged abuse was:

Substantiated

Not Substantiated

Not determined/Inconclusive

Not applicable

Date case closed: \_\_\_\_\_

(this refers to the conclusion of the assessment/investigation)

## 5 SAFEGUARDING PLAN

Following the conclusion of the Assessment or Investigation is the adult still at risk or is there the possibility of on-going risk? Yes  No

If the answer is yes to the above question, a Safeguarding Plan should have been produced at the last Assessment/Investigation Meeting.

Has a Safeguarding Plan been produced? Yes  No

If a Safeguarding Plan has been produced, it needs to be forwarded along with the Part C, to the Safeguarding Adults Team.

## 6 REVIEW

Is there a need to hold a Review? Yes  No

If yes please indicate:

1. Reason for the Review:

To review Safeguarding Plan

To update/confirm outcomes/actions set at last Assessment/Investigation Meeting

Other (please specify): \_\_\_\_\_

2. Structure of the Review:

Review Meeting (Meeting must be held if reviewing Safeguarding Plan)

Gathering of information to update outcomes

Timeframe for Review: \_\_\_\_\_

(must be held no later than 6 months following the last Assessment/Investigation Meeting)

## 7 INFORMED OF DECISION AND OUTCOME

All relevant people should be informed that the issues have been addressed

Note: Please state if/where not applicable

Alleged victim/adult at risk Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Carer/family members Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Relevant Staff/volunteers Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Alerter Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Other (please specify): Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

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Please indicate here if you feel it would be beneficial to review this case in the Safeguarding Adults Reflective Practice Sub-Group Yes  No

If you have indicated Yes, a member of the Safeguarding Adults Team will contact you to discuss further

Signature of Safeguarding Manager: \_\_\_\_\_

Date Part C completed: \_\_\_\_\_

Minutes of the last Assessment Investigation meeting Attached   
To follow:  by (date) \_\_\_\_\_

Safeguarding Plan: Attached  N/A   
To follow:  by (date) \_\_\_\_\_

Please complete and return Part C of the Form, immediately upon completion to:

**The Safeguarding Adults Co-ordinator  
Safeguarding Adults Team  
Leechmere Training Centre  
Carrmere Road  
Sunderland  
SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part C, as necessary. Additional Information Attached: Yes  No