

County Durham Safeguarding Adults Initial Decision Form

Name/Title/Address		D.O.B:	Referral Date and Time:	
		Age:		
Details of Alleged Perpetrator if known	Name:	Address:		
	D.O.B:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Initial Risk Assessment:	Details			
<ul style="list-style-type: none"> ▪ Based on referral details and consultation with relevant parties 				
Safety of Victim	Are you satisfied that service user is safe?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Decide to Invoke Procedure.	Details			
Guidance <ul style="list-style-type: none"> ▪ Client consent to Safeguarding intervention ▪ Report Serious Incident to Senior Manager ▪ Referral to Child Protection Team ▪ Multi-agency plan for investigation/assessment of risk (strategy meeting) ▪ Who is to attend, When, Where ▪ Inform CQC (if registered service), Police, MAPPAs 				
Executive Strategy authorised	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details	
Decide not to Invoke Procedure:	Details			
<ul style="list-style-type: none"> ▪ Rationale for decision- e.g. consent not given ▪ Has referrer been informed? (if referral came via CQC they must be informed and any other external source they have acted for) ▪ Record any disagreement with the referrer about the decision & follow up planned ▪ What action, if any, to be taken with referral e.g. Care management / Care co-ordination 				
Decision made not to invoke procedure (Tick all relevant categories)	Has referrer been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Has CQC been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Has external source that CQC act for been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Consent to Safeguarding intervention refused?	<input type="checkbox"/>		
	What action taken: close case	<input type="checkbox"/>		
	ongoing care management	<input type="checkbox"/>		
	ongoing care co-ordination	<input type="checkbox"/>		
Person Responsible:	Decision Date:			