

EARLY INDICATORS OF CONCERN REPORTING TOOL

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| **1. ADDRESS DETAILS** |
| Date concern was observed: |  | Number of previous Concerns: |  |
| Address Details |  | Accommodation type: |
|  |  | Nursing Home |[ ]
|  |  | Residential Care Home |[ ]
|  |  | Inpatient Unit |[ ]
| Post Code: |  | Supported Living |[ ]
| Tel Number: |  | Other: Please specify: |  |
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| **2. DETAILS OF THE SOURCE/REPORTING OF THE CONCERN** |
| Details of the person reporting the concern: |
| Name: |  |
| Designation: |  |
| Agency: |  |
| Tel Number: |  |
| Email Address: |  |
|  |
| Concern reported which care home staff member during stepped approach: |
| Name: |  |
| Designation: |  |
| Agency: |  |
| Tel Number: |  |
| Email Address: |  |
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| Linked to the response you received; please detail why you are escalating your concerns: |
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|  **3. EARLY INDICATOR OF CONCERN – Please select all that apply** |
| **3.1** |[ ]  **Concerns about Management, Leadership and Organisation** |
| a |[ ]  There is a lack of leadership by managers, for example, managers do not make decisions, set priorities or ensure staff are supported to complete their tasks successfully. |
| b |[ ]  The service/home is not being managed in a planned way but reacts to problems or crises. |
| c |[ ]  Managers appear unaware of serious problems in the service. |
| d |[ ]  The manager is new and doesn’t appear to understand what the service is set up to do. |
| e |[ ]  A responsible manager is not apparent or available within the service. |
| f |[ ]  There is a high turnover of staff or shortage of staff. |
| g |[ ]  The manager does not inform Social Work that they are unable to meet the needs of specific individuals. |
| Comments: |
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| **3.2** |[ ]  **Concerns about Staff Skills, Knowledge and Practice** |
| a |[ ]  Staff appear to lack the information, skills and knowledge to support people with specific needs e.g. dementia, profound and multiple disabilities, mental health, etc. |
| b |[ ]  Staff appear challenged by some individual’s behaviour and do not know how to support them effectively. |
| c |[ ]  Members of staff use negative or judgmental language when talking about individuals. |
| d |[ ]  Record keeping by staff is poor. |
| e |[ ]  Communication across the staff team is poor. |
| Comments: |
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| **3.3** |[ ]  **Behaviour, interaction and well-being of Residents – One or more of the residents:** |
| a |[ ]  Show signs of injury through lack of care or attention. |
| b |[ ]  Appear frightened or show signs of fear. |
| c |[ ]  Behaviours have changed. |
| d |[ ]  Moods or psychological presentations have changed. |
| e |[ ]  Behaviours potentially put themselves or others at risk. |
| Comments: |
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| **3.4** |[ ]  **Concerns about the service resisting the involvement of external people, isolating individuals, and lack of open-ness** |
| a |[ ]  Managers/staff do not respond to advice or guidance from practitioners and families who visit the service. |
| b |[ ]  The service is not reporting concerns or serious incidents to families, external practitioners, or agencies. |
| c |[ ]  Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families. |
| Comments: |
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| **3.5** |[ ]  **Concerns about the way services are planned and the delivery of commissioned support** |
| a |[ ]  There is a lack of clarity about he purpose and nature of the service. |
| b |[ ]  The service is accepting individuals whose needs they appear unable to meet. |
| c |[ ]  Individuals’ needs as identified in assessments, care plans or risk assessments are not being met. |
| d |[ ]  The layout of the building does not easily allow individuals to be supervised and adequately supported to socialise and engage safely with others. |
| e |[ ]  Agreed staffing levels are not being provided. |
| f |[ ]  Staff do not carry out actions recommended by external professionals. |
| g |[ ]  The service is “unsuitable”, but no better option is available. |
| h |[ ]  The collective needs of individuals/service user group appear to be incompatible. |
| Comments: |
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| **3.6** |[ ]  **Concerns about the quality of basic care and the environment** |
| a |[ ]  The service is not providing a safe environment. |
| b |[ ]  There is a lack of activities or social opportunities for individuals. |
| c |[ ]  Individuals do not have as much money as would be expected. |
| d |[ ]  Equipment is not being used or is being used incorrectly. |
| e |[ ]  The home is dirty and shows signs of poor hygiene. |
| f |[ ]  There is a lack of care of personal possessions. |
| g |[ ]  Support for the individuals to maintain personal hygiene is poor. |
| h |[ ]  Essential records are not kept effectively. |
| i |[ ]  Individuals’ dignity is not being promoted and supported. |
| Comments: |
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| **3.7** |  | **Other concerns – please specify:** |
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PLEASE DISCUSS EARLY INDICATORS OF CONCERN AND ANY REMEDIAL INTERVENTION PURSUED WITH YOUR LINE MANAGER PRIOR TO SUBMITTING THIS FORM.

ALL FORMS SHOULD BE SENT TO - EarlyIndicatorsOfConcern@falkirk.gov.uk

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**Section 4 for completion by recipient of early indicator of concern**

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| **4. INITIAL INQUIRY:** |
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| **Brief History and Outline of Current Concern:** (please indicate any previous concerns and actions taken including any previous or current social work contact, whom this has been discussed with i.e. Care Home Liaison Team, Police, GP, Occupational Therapy, Care Inspectorate etc) **Information gathered:****Outcome of Inquiry:****Recommendations:** |
| **5. LIST OF POSSIBLE OUTCOMES/PROCEEDURES – please select one:** |
|  |  | Y or N  |
| A | ASP procedures initiated for individual service users identified as being at risk of harm  |  |
| B | Large Scale Investigation initiated  |  |
| C | The concern has been discussed with the management of the service and appropriate action taken  |  |
| D | The regulatory body has been advised of concern for action as appropriate  |  |
| E | Police Scotland have been informed of concern as evidence that criminality may have taken place |  |
| F | Procurement Advisor within Falkirk Council has been informed and will monitor/review situation  |  |
| G | Concerns will be discussed in more detail by MDT membership at next EIOC meeting  |  |
| F | Other – please specify:  |  |

PLEASE PROVIDE FEEDBACK TO REFERRER AND SEND EIOC NOTIFICATION TO CARE HOME MANAGER

THANK YOU