



CONFIDENTIAL

CLIENT REFERENCE NO. 49,3524

ABUSE OF OLDER PEOPLE REPORT FORM

This form must be used by Fieldwork Team Managers / Fieldworkers to record the suspicion of abuse and determine the management of the investigation

Name of Older Person: MRS. GLADYS RICHARDS
Address: GLEN HEATHERS NURSING HOME
48 MHVIL ROAD
LEE ON SOLENT
Post Code: PO13 9LX
Date of Birth: 13.04.07
Source of Referral: Nursing staff, E6 ward, RHT Hasler.

Brief Factual Description of Circumstances (Further details to be entered on CR6)
Mrs Richards admitted to RHT Hasler 30.7.98 with fractured neck of femur, following fall. Daughters requested referral to SSD for advice re alternative placement as they have concerns about care given to Mrs Richards (1) That she has been unresponsive for approx 6 months - concern re medication (2) Assessment of care given after fall - walked on fracture - staff unaware of fall - home unable to provide policies/procedures on request. Referred 4.8.98

Nature of Allegation: Physical [checked] Legal/Finance [] Sexual [] Neglect [checked]
(Please tick) any that apply Psychological [checked] Social [] Institutional [checked] Other [] please state

Has any discussion taken place at this stage with other key individuals / professionals?
If so with whom? (details of discussion to be recorded on CR6) D/W saw daughters 4.8.98.
D/W Team Manager 5.8.98 - JH - recorded / ACM 2 contact
T/C to GP - on holiday until 17.8.98 ACM contact recorded 6/8/98
Inspectorate - ACM contact recorded 5.8.98.
Daughter - ACM contact recorded 5.8.98.
Dr Banks office - ACM contact recorded 6.8.91
Dr Banks assessment 4.2.98 rec'd by fax 6.8.91

Code A

Signed: [Signature] Job Title: Care Manager
Date: 6.8.98

AGREED ACTION

All of the information gathered will be discussed with the Team Manager.

Based on information gathered is this still a referral relating to abuse of an older person? *Further investigation required*

If "NO" reasons to be justified on client record sheet.

Team Manager to agree course of action as follows: (Please ring number as appropriate)
(reasons and details to be recorded on CR6)

1. Suspicion noted, no further action at present.

2. Suspicion noted, case to be monitored by

NAME:

YES NO

3. Social Worker to investigate (please tick)

NAME: *JAN HOWARTH*

(HASLTER HOSPITAL)

4. Refer within Social Services Department:

• Specify to whom: *NA*
(eg Approved Social Worker/Emergency Duty Team)

DATE:

5. Refer to another agency

• Please specify: *Health Inspectorate - Health Trust Consultant in Elderly people (Psych).* (eg Health/Police/Inspection Unit)

DATE: *5.8.98.*

TEAM MANAGER DECISION / ACTION TO BE TAKEN:

(Points of discussion with Service Manager to be detailed where appropriate)

(1) Call meeting with Health Inspectorate to further clarify our concerns about medication and guides concerning accidents and exchange information

(2) To meet with G.P and consultant re the regulation of the quimp of medication to the client and an assessment of the clients apparent decline mentally and physically over the past few months

(3) To call a full case conference re future care of client and decide on any action to be taken

(4) To keep the relatives informed.

Discussion recorded on ACTIS. JHogg - 6/3/98.

TEAM MANAGER SIGNATURE:

Code A

DATE: *6/3/98.*

SERVICE MANAGER SIGNATURE: *Service Manager*

(where Service Manager has been involved in discussions) *Long term sick*

DATE:

TEAM MANAGER CHECKLIST

1. Pink form on file signed by Team Manager / (Service Manager)

YES NO
(please tick)

2. Case Conference arranged / held *to be arranged.*

YES NO
(please tick)

3. Review planned *to be arranged.*

YES NO
(please tick)

Date of review:

4. Copy of this form to be sent to Principal Adviser Services for Older People, marked clearly "CONFIDENTIAL".

5. Details to be entered under existing screens on ACMS.

Brief circumstances to be entered as a note on the EVENT screen under a new type – ABUSE INVESTIGATION (OLDER PEOPLE).

Please indicate in the note which type(s) of abuse is alleged.

NB: If information needs to remain confidential this can be achieved via the "Be alert to" heading on sharing information where there is an option to say "NO" to sharing information with other professionals.

(Further guidance in the form of a checklist on entering this information on ACMS will be made available shortly).