



Social Services DEPARTMENT

CONFIDENTIAL

ABUSE OF OLDER PEOPLE REPORT FORM

CLIENT REFERENCE NO. 493524

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 MILVIL ROAD
LEE ON SOLENT

Post Code: PO13 9LX

Date of Birth: 13.04.07

Source of Referral: Nursing staff, E6 ward, R.H. Hasler

Brief Factual Description of Circumstances (Further details to be entered on CR6)

Mrs Richards admitted to R.H. 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 [ ] Legal/Finance [x] Sexual [ ] Neglect [x]
(Please tick) any that apply Psychological [x] Social [ ] Institutional [x] 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 AMZ contact
T/C to GP - on holiday until 17.8.98 AMZ contact recorded 6/8/98
Inspectorate - AMZ contact recorded 5.8.98.
Daughter - AMZ contact recorded 5.8.98.
Dr Banks office - AMZ contact recorded 6.8.98
Dr Banks assessed 4.2.98 rec'd by fax 6.8.98

Code A

Signed: Date: 6.8.98 Job Title: Case Manager

### 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: .....

3. Social Worker to investigate (please tick) YES  NO

NAME: *JAN HOGGARTH*  
*(HAGLOR 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 ACHS. Code A - 6/8/98*

**Code A**

TEAM MANAGER SIGNATURE: ..... DATE: *6/8/98*

SERVICE MANAGER SIGNATURE: *Service Manager* ..... DATE: .....

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

### TEAM MANAGER CHECKLIST

Print form on file signed by Team Manager / (Service Manager)

- 2. Case Conference arranged / held *to be arranged.*
- 3. Review planned *to be arranged.*

(please tick) YES  NO

(please tick) YES  NO

(please tick) YES  NO

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).