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| **Somerset County Council Adult Safeguarding Service**  **Safeguarding Enquiry Review Meetings;** Individual/Provider  **Date of Meeting:** |

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| **Concerning;** | | | | | | | |
| **Name:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Post Code;** | | | **Phone Number;** | | | | |
| **1 Details of participants:** | | | | | | | |
| Persons Invited: | | Job Title, Organisation, Relationship | | Attended | Apology | No response | Report received |
|  | | Chair of meeting: | |  |  |  |  |
|  | | Minute taker: | |  |  |  |  |
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| **Comments;** | | | | | | | |

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| **2. Purpose of the meeting:** |
| To share agency updates in enquiry conclusion and progress made, or planned in recommendations.  Assess any on-going risk.  Agree the protection plan/s and how it will be reviewed and monitored.  Plan and further actions. |
| **3. Information Sharing & Confidentiality Agreement:** |
| This safeguarding meeting is held under the Somerset County Council’s multi agency safeguarding adults’ policy and procedures. The matters raised are confidential to the members of the meeting and the agencies they represent and will only be shared in the best interests of the adult/s at risk and with their consent, when it is appropriate to obtain it.  Any request to share information should be made through the chair of the safeguarding meeting.  Minutes of the meeting are distributed with the strict understanding that they will be kept confidential and in a secure place. In certain circumstances it may be necessary to make the minutes of this meeting available to solicitors, the civil and criminal courts, the Secretary of State in relation to the Disclosure and Barring Service (DBS), psychiatrists, professional staff employed by other Social Care agencies or other professionals involved in the welfare of the adult(s) at risk.  Any such disclosure must be reported to, and recorded by, the safeguarding adult meeting chair. |

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| **4. Summary of enquiry progress to date.** |
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| **5. Views and findings from service provision, including outcomes of investigations.**  (including feedback from various lines of enquiry and reports) |
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| **6. Views and findings from SCC and SCCG enquiries.**  (including feedback from various lines of enquiry and feedback) |
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| **7. The Adults at Risk; views of adults, their families, advocates, protection plans for individuals.**  (any new issues of concern, areas of risk, decision making capacity) |
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| **8. Enquiry outcome – has harm occurred and if so what category of abuse** |
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| **9. Risk assessment**  (is the provision of care safe) |
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| **10. Agreed actions;**  (Record specific areas of concern requiring with enquiries – consider how information will be shared with other parties, how the service improvement plan will be overseen, communication with adults at risk and family members) | | |
| Action Agreed | Person Responsible | Timescale for completion |
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| Please note any differences of opinion to the actions listed: | | |

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| **11. Further Meetings:** | |
| Is a further meeting anticipated? | Yes/No  Date |

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| **Appendices: List any reports to be attached to these minutes** |
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| **Signature of person chairing this meeting:** |  |
| **Date of signature:** |  |