

Section 42 Enquiry Report for Provider Organisations to Complete

You have been asked to complete a Section 42 Enquiry into an allegation of harm on behalf of North Northamptonshire Council.

The enquiry is being conducted following a decision by the Safeguarding Adults Team where it has been identified that the duty under Section 42 (2) of The Care Act 2014 has been triggered and the Local Authority is using its powers under the Act to cause an enquiry to be carried out.

The Safeguarding Adults Team has:

- a) obtained the persons consent to proceed with the enquiry
- b) deemed that this enquiry should be conducted in the person's best interests or in the best interests of other adults who may be at risk of harm
- c) agreed with an LPA that this enquiry is appropriate

The report contents are confidential and should not be reproduced copied or divulged without the consent of the Team Manager of the Safeguarding Adults Team.

However, the Local Authority retains the right to share the report with the adult or their representative. The report may be used as evidence in a criminal investigation or a Care Quality Commission investigation and may be used as evidence to support a referral to the Disclosure and Barring Service.

Please note the Local Authority retains the right to request additional information to support your findings and may, after quality assuring your enquiry, cause the Safeguarding Team to conduct a Section 42 enquiry into the concerns where it is felt the quality and depth of your enquiry has not been sufficient to address the issues.

Storing Information

Please ensure that you discuss with the person who was at risk of harm or their representative that this enquiry is being completed on behalf of the Local Authority and will be shared with the Local Authority who will store this and may share with other organisations to ensure that safeguarding issues are addressed.

Question	Answer
Date when the Local Authority requested you carry out this S.42 enquiry: (please note that the Local Authority allows 28 working days for completion)	
Name of Person carrying out S.42 Enquiry:	
Role of Person carrying out S.42 Enquiry:	
Name of Provider Organisation you are carrying this enquiry out on behalf of:	
Date of Completion:	



Question	Answer
Name of Person who Concern is about:	
Address of Person who Concern is about:	
Date of Concern:	
Type of Concern:	Please choose
Location where alleged safeguarding issue occurred:	

Question	Answer
Does the person at risk agree to further investigation?	Please choose
Does the person have capacity to make decisions related to the safeguarding enquiry?	Please choose
If necessary, did you carry out a Mental Capacity Assessment for the decisions that had to be made? e.g. change of care provider: <i>(If Yes Please attach as part of this report)</i>	Please choose



Support for Person at Risk of Harm During the Enquiry

Question	Answer
Did anybody (advocate/family/friend) represent or support the person during the enquiry?	Please choose
Who advocated on behalf of the person at risk?	
What are the views and concerns of the person at risk?	
Was the individual or individual's representative asked what their desired outcomes were?	Please choose
If Yes, please detail the person's views:	
Why was the individual or their representative not asked their desired outcomes?	

Best Interest Meeting

Question	Answer
If the person did not have capacity and decisions needed to be made, did a Best Interest meeting take place?	Please choose
If Yes, please summarise:	



Alleged Source of Risk	
Name of Source:	
Address of where abuse occurred:	
Contact Details of the Organisation:	
Relationship to the person being referred:	

People Engaged in Enquiry

Please list all that were involved in this Enquiry		
Name	Contact Details	Relationship to Person

People who Did Not/Could Not Engage with the Enquiry			
Name	Contact Details	Relationship to Person	Date(s) Contact Attempted

Meetings and Conversations (if Not Applicable please go to Risk Identification and Analysis)

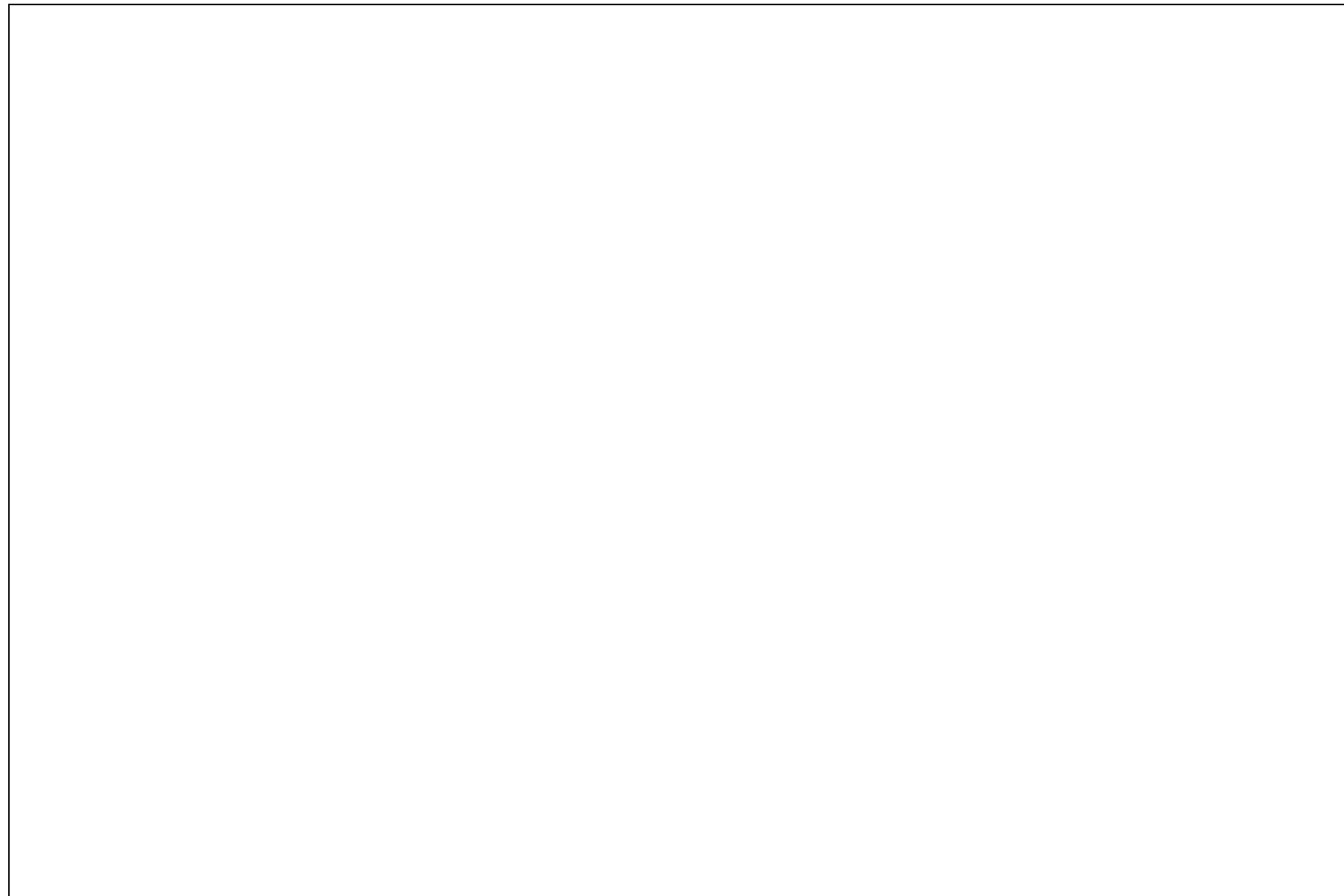
Question	Answer
Date of Meeting(s): (if not applicable please go to Risk Identification and Analysis)	
Type of Event: (for example Meeting, Duty Visit, Telephone Conversation, Face to Face Meeting.)	
Details:	
Name of People involved in Meeting:	
Was the Person at Risk involved?	Please choose
If not, why was the person not in attendance?	
Salient information gathered within the meeting:	
Any immediate/interim actions taken with rationale:	

Risk Identification and Analysis

Question	Answer
Source of Risk:	
Areas of concern you have been asked to investigate:	
Date when alleged harm took place:	
Did you identify any additional harm during your enquiry? Please give details:	
Where did this harm take place?	
Did you identify any ongoing risk to the individual or others?	Please choose
If Yes, please describe:	

Summary of Enquiry (Please detail an overview of your enquiry)

The purpose of an enquiry is to decide whether or not the Local Authority or another organisation should do something to help and protect the adult. The enquiry should establish facts; ascertain the views and wishes of the person, assess the persons needs for protection support and redress and how these are to be met; safeguard from abuse in line with the persons wishes; decide what follow up actions are required with regard to the person or organisation responsible for the harm and enable the adult to achieve resolution and recovery.



Enquiry Outcome

Question	Answer
Is a Safeguarding or Action Plan required? (If yes, please attach)	Please choose
Actions taken: (if a Safeguarding Plan or Action Plan is being put in place, this can be a brief overview)	
Target date for review and completion of plan:	
Are you satisfied that this safeguarding enquiry can now be closed by your organisation?	Please choose
If answered No, please give details of actions your organisation will be taking:	
Were the person's desired outcomes achieved?	Please choose
Outcome(s) for the adult or others - please describe all that apply:	

Risk Assessment and Outcome following action taken as part of the Section 42 enquiry

What was the level of risk to the person following the Section 42 enquiry? Please choose from the options below:

Risk Remained: (please provide details on how this risk is to be managed if not part of the safeguarding plan)	☐
Risk Reduced: (please provide details of how the risk has been reduced if different to the safeguarding plan)	☐
Risk Removed: (please provide details)	☐
No Risk Identified: (please provide details)	☐
Outcome for the person at risk of harm: (description)	

Outcome for the person alleged to have caused harm? (description):

Outcome(s) for the person/organisation alleged to have caused harm (please select all that apply):

☐ Action by Contracts/Commissioning	☐ Disciplinary action
☐ Action by CQC	☐ Management if access to adult in need of care
☐ Action by Provider	☐ Police action
☐ Action under MH Act	☐ Referral to court mandated treatment
☐ Advice and guidance provided	☐ Referral to registration body
☐ Community Care Assessment Services	☐ Referral to DBS removal from property or service
☐ Increase monitoring	☐ Restriction of access to finances
☐ Counselling/training/treatment	☐ Review of Care Plan
☐ Criminal prosecution	☐ No further action
☐ Dealt with as a clinical incident	☐ Other

Appendix 1 Safeguarding Plan

(if a Safeguarding/Action Plan is required and you do not have your own template, please complete the below)

Please consider what steps need to be taken to assure safety in the future; any support, treatment or therapy including advocacy that is required; any service modifications that are required; any on-going risk management that is required and any action taken in relation to the person or organisation that caused the concern.

Please list the details of those involved in the development of the safeguarding plan:		
Name	Role	Organisation (if applicable)



Question	Answer
Concern/Risk:	
Action to address risk:	
Expected Outcome:	
Responsibility and Timescale:	
Date Plan will be reviewed:	
Who is responsible for reviewing:	

**This form is a tool used to evidence the internal investigation you have already undertaken.
Please ensure this is fully completed and any supporting evidence is also included with the form.**