** DYFED POWYS POOR PRACTICE-SERVICE STANDARDS REFERRAL FORM (PPSSRF)**

***This referral form is to be used by when poor practice/standards are identified by providers of services and/or care. Poor practice standards identified within Health Board premises/services should follow agreed internal processes (and not through the use of this form).***

**Poor practice is a concern which relates to the quality and standards of service delivery. Useful elements in deciding if poor**

**practice has occurred, which does not require action under the Safeguarding policy & procedure to safeguard the adult, are to ascertain if the concern is a ’one off’ incident to one individual, has resulted in no harm and/or has indicated a need for a defined action?**

(*For further guidance on Poor Practice / Service Standard Thresholds, refer to the CWMPAS Adult Safeguarding Thresholds Guidance Document)*

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| **DETAILS OF PERSON MAKING REFERRAL:** |
| **Name:**       | **Agency/Role:**       | **Date:**       |  |
| **Relationship to service user:**       |  |
| **Telephone:**       | **Email:**       | **Signature:** |
| **Please provide details of the action you, as the referrer, have taken to address the Poor Practice / Service Standard prior to this referral being made:**       |
| **Outcome:**       |
| **PROVIDER OF CONCERN:** *Note: Local Authority Contracted Services only – NOT Health Board, who will follow agreed internal processes* |
| **Provider Name:**       | **Service type:**       | **Ref Number:**       |
| **Provider address, including post code:**       | **Telephone:**       |
| **Is provider aware of the referral?** Yes / No / Don’t know | **Is provider known to Social Services, Health or Police?** Yes / No / Don’t know |
| **SERVICE USER’S DETAILS:**  |
| **Name:**       | **Ref Number:**       |
| **Current address, including post code:**       | **Telephone:**       |
| **Are there any other vulnerable persons, including children affected by this concern?**       |

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| **ABOUT THE POOR PRACTICE / SERVICE STANDARD (PP/SS):**  |
| **Primary area of concern:**       |
| **Other areas of concern:** (*tick all relevant boxes*) Attitude of staff [ ]  Poor standard of care [ ]  High turnover of carers [ ]  Nutrition/hydration [ ]  Care planning [ ]  Recording of information [ ]  Medication [ ]  Loss of care staff [ ]  Poor communication [ ]  Missed Calls [ ]  Cleanliness [ ]  Breach of confidentiality [ ]  Environment/culture [ ]  Missed calls [ ]  Early/late calls [ ]  Single carer on multiple carer calls [ ]  Carers not staying for planned duration of care call [ ]  Leadership/Management [ ]  Training [ ]  Poor Service User Engagement [ ]  Other - Please State:       |
| **Date of PP/SS:**       | **Has the PPs/SS been resolved?**  Yes / No / Don’t know |
| **DETAILS OF THE POOR PRACTICE / SERVICE STANDARD:**  *(including how and why those concerns have arisen, if known)* |
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| **WHO HAS RAISED THE CONCERN?** |
| **Name** | **Address, inc Post Code** | **Telephone no.** | **Relationship to victim (if any)** | **Occupation / Employer** | **When was the disclosure made** |
|       |       |       |       |       |       |
| **Does the reporter wish to remain anonymous?** Yes / No**If yes, explain why:** *(excludes professionals)*       |
| **ABOUT THE PEOPLE WHO WITNESSED THE CONCERN(S):** |
| **Name of Witness** | **Address, inc Post Code** | **Telephone no.** | **Relationship to victim (if any)** | **Is witness a child?** | **Is witness an adult at risk?** | **Is witness aware of referral?** |
|       |       |       |       |       |       |       |
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| **ADDITIONAL INFORMATION:**   |
|       |
| **VIEWS OF THE SUBJECT:** *(If the service user does not want any action to be taken, this can be overridden where there are others who may be at risk)* |
| **What are the views and wishes of the service user? What would the service user like as an outcome to this referral? What would they like to happen?**       |

**NOTE:**  Be aware of information security when sharing or emailing this completed document and ensure you adhere to data protection principles and boundaries of confidentiality.