** 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:** |
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| **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.