APP7

REGIONAL ADULT PROTECTION PROCEDURES

CLOSURE / TRANSFER SUMMARY MEETING

PRIVATE AND STRICTLY CONFIDENTIAL

NOTE:
The contents of these reports are not to be reproduced, copied or divulged.

Information obtained at a case discussion is not to be discussed with or revealed to others without first obtaining written permission from the source of the information.

Any important omissions or inaccuracies in these reports should Be notified to the Chairperson within 7 days: otherwise it Will be assumed that the reports are agreed.

NAME:	**ADDRESS:** Exact Location: can we insert drop down of all contracted care homes and facilities? If new one off service comes on line we will need to contact Encompass for amendment	**POSTCODE:**
DATE OF REFERRAL:	**DATE OF BIRTH:**	**H&C NO:**

Adult Protection investigation completed ☐Yes ☐No

Summary of Investigation outcomes discussed at case discussion:

Select relevant themes for improvement:
Communication; ☐ recording; ☐ Incident Reporting; ☐ Medication; ☐ moving and handling; ☐ behaviour support; ☐ assessment and care planning; ☐ restrictive intervention; ☐ pressure ulcer care; ☐ management of individuals monies; ☐ purposeful activities and social inclusion; ☐ service user on service user incidents; ☐ staffing; ☐ conduct; ☐ management systems; ☐ governance; ☐ training; ☐ supervision; ☐ culture and practice; ☐ user and carer engagement.

AGREED ACTION

Adult Protection to be closed ☐ Yes *(if yes complete Section One only)* ☐No

To be transferred ☐Yes *(if yes complete Sections One and Two)* ☐ No

Reasons for decision

SECTION ONE (Adult Protection to be closed)

Reason for Closure	Client unwilling to proceed ☐	
	Trust Investigation Complete ☐	Learning and recommendations identified

		Yes ☐ No ☐
	Joint Protocol Investigation Complete ☐	
	Criminal Prosecution ☐	Criminal Conviction ☐
	Refer to RQIA for response ☐	Refer to another agency ☐
	Refer to HR ☐	Refer to Professional Body ☐

Has anyone expressed a contrary view to closure? ☐Yes ☐No
(if yes specify)

Has the service user been informed in writing? ☐Yes ☐No

Has the referrer been notified of outcome**?** ☐Yes ☐No

Have relevant others been informed in writing? ☐Yes ☐No
(if yes specify) (include contracts; HR; RQIA; other professionals)

Has service user and / or carer feedback been completed? ☐Yes ☐No

SECTION TWO (Ongoing Protection activity to be transferred)

☐ Transfer of DAPO function
(*specify*) Date of Transfer

☐ Transfer of Investigating Officer function
(specify) Date of Transfer

☐ Transfer Adult Protection to other Trust
(specify) Date of Transfer

☐Other
(specify) Date of Transfer

☐ Date electronic recording system updated

SIGNATURE OF INVESTIGATING OFFICER	**DATE**
SIGNATURE OF DAPO	**DATE**

Form forwarded to:
Care Manager ☐ Receiving DAPO ☐ Receiving IO ☐ Care Provider ☐ Client/Carer ☐
Relevant other ☐