



Warning Indicators Policy for Social Care Records in Adult Services

Reviewed and updated by:

Jeffrey Walker	Snr, Business change Manager
Martin Lawrence	Data Protection Officer and Information Governance Manager
Paul Grimsey	Policy Manager Adult Services

In consultation with:

Nicky Scutt	Senior Manager Childrens Services – Eclipse project
Valerie Cannon	Principal Children and Families Social Worker

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1. INTRODUCTION

1.1 Policy Summary and Principles

Policy Summary

- 1.1.1 The purpose of the warning indicator on case records is to provide a means by which staff and other service providers are made aware of issues that might place them or the service user at risk.
- 1.1.2 When a staff member becomes aware of a reason to believe that there may be a significant additional risk, that is not covered by other safeguarding policies, and that someone working with an individual or people associated with them should be aware of, the staff member should use the Warning Indicator Policy Process to assess and record this risk information on the persons service user record (Care First or equivalent) so that the possible risk is highlighted to staff and partner agencies who may work with that person in the future.
- 1.1.3 When you are working with someone where there is a warning indicator for them or someone connected to them recorded on their service user record the reasons for indicator should be considered individually to decide how to manage any risk safely and proportionally.
- 1.1.4 Managers should regularly check the warnings that are scheduled for review, or needing attention, for their team or service. For Care First use the Warning Reports described in the Chapter on Warnings (chapter 5. pg9.) in the Care First Systems Manual.

Principles

- 1.1.5 Section 2 of the Health and Safety at Work etc Act 1974 places a duty on the employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees. Sections 7 and 8 of the Health and Safety at Work etc Act 1974 places a duty on every employee to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with and not to intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare while at work.
- 1.1.3 All staff planning to undertake visits to or office-based interviews with service users will be expected to check the warning indicator before proceeding.
- 1.1.4 The warning indicator is part of the CareFirst care management system and will be accessible to all staff that currently have access to the system. Staff who do not have access to the system but have direct

contact with members of the public will need to arrange for such information to be obtained from a colleague in the Department who has access.

- 1.1.5 Staff wishing to record such an indicator must ensure that the information it contains is adequate, relevant and not excessive for the purpose it is being recorded. Article 6(1)(c) of the General Data Protection Regulation creates a legal basis for recording this type of data on individuals where the indicator can be justified to protect staff. All indicators must only be held for as long as it is necessary for the specified purpose and the regular review of such data is therefore an essential part of these procedures.
- 1.1.6 The use of warning indicators should form only part of actions taken to ensure the safety of staff or to respond to violent incidents. Reference should be made to the Council's [unacceptable-customer-behaviour/](#) and [violence and aggression policy.](#) which outline the procedures to be followed in preventing and dealing with incidents.
- 1.1.7 This policy should be read in conjunction with other Directorate wide policies and procedures including:
 - CareFirst System Guidance on Warning Indicators (staff only) [sharepoint. Care first - systems Manual – Chapter 5 Warnings](#)
 - Lone Working Policy (staff only) [sharepoint. Lone working](#)
 - [How to access your personal data](#)
 - [Data Protection Policy](#)
 - Subject Access Request
- 1.7.8 **Ensure that the Police have been informed if you are aware of any significant risk to the public or to staff in public services in general.**

2. REPORTING WARNINGS BETWEEN ADULT AND CHILDRENS SERVICES

- 2.1. Childrens services use a different record management system Eclipse. As Adults and Childrens services will be working on different systems they will no longer be able to see each other's warnings. Staff are therefore required to contact the relevant service direct to share the any risk information that is likely to be relevant to the other service.
- 2.1. For both services, attempts should be made in the first instance to determine who the allocated worker is so that contact can be made directly with the appropriate Practitioner. If it is not possible to ascertain who the allocated worker is the following steps should be taken:
 - For Childrens service needing to report warnings to their Adult Service colleagues contact Care Direct Plus
 - For adult services needing to report warnings to their Children's Service colleagues contact the Multi Agency Safeguarding hub (MASH).

3. CATEGORIES OF WARNINGS TO BE RECORDED

3.1 Categories of warning

The warning indicator is subdivided into the following categories:

3.1.1 **Child Protection** – this is a unique category that the CareFirst system itself uses for all children currently subject to a Child Protection plan by Devon.

3.1.2 **Risk to Children** –

- I. Someone who has been identified within the Multi-Agency Public Protection Arrangements as presenting a significant risk of harm to children.
- II. Someone who has been convicted of an offence against a child
- III. Someone who has been found to have harmed a child or to present a risk of significant harm to a child in a civil court, usually through family Court Proceedings

3.1.3 **Risk to Adult At Risk of Abuse or Neglect** – Those people who are identified within Multi-Agency Public Protection Arrangements MAPPA <https://mappa.justice.gov.uk/connect.ti/MAPPA/grouphome> or Multi-Agency Risk Assessment Conference MARAC <https://new.devon.gov.uk/dsva/information-for-professionals/marac/> as presenting a risk of significant harm to adults at risk of abuse or neglect.

3.1.4 **Adult at risk** – Those who are currently subject to a Safeguarding Adults Action Plan within an active Adult Safeguarding process.

3.1.5 **Risk to Self** - Those individuals who have been identified by an appropriately qualified health professional as being at significant risk of suicide or self- harm.

3.1.6 **Risk to Staff** – this identifies specific risks to staff and service providers. These apply to such actions perpetrated by the service user; their associates or any member of their household. This includes:

- Risk of assault
- Risk of verbal abuse or harassment (sexual, racial, religious, disability etc.)
- Significant risk as a result of pets, livestock or pests

3.1.7 **Missing Person** – Applies to people notified as missing.

3.1.8 **Disclosure Risk** – Disclosing information about the client or their family may place them at risk from others.

3. REQUIREMENTS AND PROCESS FOR EACH WARNING CATEGORY

Warning category	Child Protection	Risk to Children	Risk to Vulnerable Adult	Vulnerable Adult at Risk	Risk to Staff	Missing Person	Disclosure Risk
Added when	Automatically when a Child has a Child Protection Plan	Notified in the Independent Reviewing Unit	Notification from MAPPA process that person presents significant risk to vulnerable adult(s).	Where risk assessment (confirmed in safeguarding process) confirms vulnerable person is at significant risk of harm	A risk to staff has been identified within documented risk assessment.	On notification from other authority or police	Risk assessment indicates that service user (and/or family) are at significant risk if information is disclosed.
Documentation required	CP Care Plan on CareFirst	Notification email/letter/details of phone call	MAPPA notification or document	Risk assessment + record of decision within safeguarding process	Risk assessment.	Notification email/letter/details of phone call	None
Authorised by	Child Protection officer	Children's Safeguarding Manager	Responsible Manager	Responsible Manager	Line Manager of staff member completing risk assessment	DSCB admin or Adult Safeguarding Team admin	Line Manager of staff member completing risk assessment
Added by	CareFirst System	DSCB Admin	Responsible Manager	Responsible Manager	Worker	DSCB Admin	Worker
Subject notified by letter when added	Subject notified within Child protection process	No	No	Subject notified within adult safeguarding process.	Yes (for exceptions see section 3 below).	No	No
Reviewed by / when	See Child Protection process	DSCB Admin, after 75 years	Community Health and Social Care Team (Responsible Manager) – minimum standard of annual review	Community Health and Social Care Team (Responsible Manager) – minimum standard of annual review	The worker, at next case review or 12 months	DSCB Admin, after 6 months	Worker, after 12 months
Removed when	Child no longer has a Child Protection Plan	Subject dies or after 75 years	Review of risk assessment indicates reduction of risk	Review of risk assessment indicates reduction of risk to the point at which concerns can be monitored or addressed via Care Management process.	No longer a threat to staff against all evidence/criteria	Person found or no further evidence that they are missing.	Threat determined to no longer exist
Subject notified by letter when removed	No	No	No	Yes	Yes	No	No

3.1 Considerations prior to recording a warning indicator

- 3.1.1 Certain categories of risk - including Child Protection, Risk to Children, and Risk to Vulnerable Adults – will lead to a warning being entered on the DCC case record in all cases where the trigger event has occurred.
- 3.1.2 In those instances where the warning entry is discretionary, practitioners and managers should consider the nature, degree and significance of potential risk and use their professional judgement when deciding whether to record a warning indicator. Clearly a physical assault on a practitioner would warrant use of the indicator, whereas an offensive comment may require other options to be considered in discussion with the line manager.
- 3.1.3 Where the information has come from a third party, additional caution should be exercised. Consideration should be given to the authority of the source and the extent to which the information can be verified. However if it is reasonable to conclude that a genuine risk would accrue to any member of staff visiting a particular individual a risk assessment should be completed and consideration given to recording a warning indicator. If in doubt take advice from a senior manager. DCC has a responsibility to properly exercise its duty of care toward employees in taking measures to ensure safety.
- 3.1.4 The authorisation of warning by responsible manager must be retained within the case record. Practitioners may need to seek their approval early if a warning indicator is urgently required.
- 3.1.5 The line manager must ensure that the recording of the indicator is factual, evidenced and professionally documented, taking into account the considerations above. The date of the record must be recorded together with the name of worker, manager and team to enable the review of the decision at any future date.
- 3.1.6 The worker must ensure that reasonable attempts are made to communicate and to support the individual to understand the nature of the warning being considered. Where the individual is a minor, or an adult needing support to understand the nature of the concerns and the implications of the warning, their next of kin, advocate or appropriate adult should be included.
- 3.1.7 The worker should be aware that the record of the warning will be actively disclosed to the individual concerned in all but the most exceptional circumstances (and non-disclosure must be authorised by the responsible manager). In those cases where the warning indicator is not actively disclosed, the service will still hold a duty to consider disclosure if a Subject Access Request is later received

3.1.8 A subject can have multiple warnings on their record. Each category of warning must be supported by the appropriate documentation as directed above and be authorised as identified above. Information should be updated to ensure that any new occurrences are taken into account when the warning is reviewed.

3.1.9. Relevant records (as outlined above) must be available within case record to support warning indicator. In the case of Risk to Staff this will be a risk assessment that should be completed by the worker, and authorised by the line manager. In all situations where there is a risk of assault, threats to, or harassment of staff, the use of a warning indicator should be considered by the worker involved in discussion with their line manager, and the decision should be recorded.

3.2 Compliance with the Data Protection legislation

3.2.1 Personal data can be recorded and processed where it is necessary to protect people from serious risk or where the processing is necessary for the Council to comply with a legal obligation.

3.2.2 Where the person has not consented to the recording or processing of their information there may be other justification for the recording or processing of the information. As employers have a duty of care towards their staff, for example, under health and safety legislation, article 6(1)(c) of the General Data Protection Regulation creates a lawful basis for processing of information in markers. Any information that is recorded must be adequate, relevant and not excessive for the purposes it is being recorded.

3.2.3 Recording / Processing of personal information may be necessary without the consent of the data subject (person who the information is about) in order to protect their vital interests.

3.2.4 For sensitive information (physical or mental health or condition), processing may be necessary:

- in order to protect the vital interests of the data subject or another person in a case where:
 - consent cannot be given by or on behalf of the data subject or
 - it is not possible or reasonable to obtain the consent of the data subject or
- in order to protect the vital interests of another person, in a case where consent by or on behalf of the data subject has been unreasonably withheld.

4. THE RECORDING PROCESS

4.1 Recording the warning

- 4.1.1 The warning “Notes” field **MUST** be used to summarise the relevant information; indicate where more detailed supporting information/ assessment is held within the case record; and indicate which manager has authorised the warning, see- [sharepoint. Care first - systems Manual – Chapter 5 Warnings](#)
- 4.1.2 The warning indicator should also summarise key points of guidance about how the risk should be managed. Recommendations for action might include advice on the number and/or gender of staff that should see the person posing the risk at home or at an office base. Such advice might also include a judgement as to whether the person should not be interviewed either at home or out of the office.
- 4.1.3 It is **NOT** acceptable to record “see line manager” or any other named person as this person may not be readily identifiable or available to the person viewing the record.
- 4.1.4 The guidance from the Information Commissioner would consider recording warnings to be fair and lawful where it is “based on a specific incident or expression of clearly identifiable concern by a professional, rather than general opinion about that individual”. Practitioners must therefore note the source of the information in any risk assessment that provides the evidence to support a warning being added.

4.2 Informing the subject

- 4.2.1 Missing Persons, Risk of Disclosure and Child Protection warning indicators do not require the subject to be informed. The subject will be notified during the Multi-Agency Public Protection Process if they are assessed as presenting a risk to children or vulnerable adults, and the implications of this will be explained to them. Notification to the subject is considered to have been achieved through that process, and therefore does not need to be repeated.
- 4.2.2 Best practice states that in order to comply with the Data Protection Act 2018 and the General Data Protection Regulation individuals who have been identified as presenting risks to others should be informed once the decision has been made to add a marker to their record. It is a required part of the process to write to the individual indicating what has led to the marker, and when this will be reviewed. Sample letters are provided in Appendix A.
- 4.2.3 The worker must ensure that reasonable attempts are made to communicate and to support the individual to understand the nature of the warning being added to their record. Where the individual is a minor, or an adult needing support to understand the nature of the concerns and the implications of the warning, their next of kin, advocate or appropriate adult should also be advised.

- 4.2.4 There may be exceptional cases where there is reason to believe that informing the individual would in itself increase the risks presented to others. In such cases the individual should not be informed if such a decision can be justified in terms of substantial risk to staff or others. All reasons for this decision must be clearly recorded (and reference to this should be included in the warning “Notes” field).
- 4.2.5 The Data Protection Act 2018 gives individuals the right to request access to the personal data held about them (Subject Access Request). Where there is a Warning Indicator against an individual's record, this should be disclosed to the individual. In exceptional circumstances however revealing the existence of, or reasons for, the Warning Indicator may also lead to a substantial risk to staff or other individuals. In such cases advice should be sought from Data Protection Officer - <https://inside.devon.gov.uk/task/gdpr/contact-the-data-protection-officer/>
- 4.2.6 The service user/carer will be advised that they have a right to request a review of the warning which has been entered on their case record. See Section 5 below.

4.3 Reviewing the Warning

- 4.3.1 The warning must be reviewed within the schedule indicated above. The subject should be advised that the warning has been reviewed, and what the outcome of this review has been. If the warning is being continued, the subject should be advised when the next review will be undertaken. The review process is detailed in Section 4 below. Standard letter to support this communication Appendix B.

4.4 Guidance

- 4.4.1 Guidance will be offered to make staff aware of:

- Their duty to report all violent or threatening incidents or professional expressions of concern about real or potential violence.
- Who such incidents should be reported to (normally their line manager or otherwise more senior manager).

5. WHAT TO DO IF A SERVICE USER HAS A WARNING

- 5.1. This section describes the action that staff should take upon finding a warning indicator displayed for a service user they are dealing with or person related to them. Bear in mind that warnings can be displayed on a person related to the service user you are dealing with. Check the service user's network to ensure access to all relevant warnings.

5.2 When a warning indicator is displayed, those staff involved in contact with the individual should:

- 5.2.1 Access the relevant risk assessment, and other relevant information held within the case record, in order to understand the nature and extent of the risk presented and the nature of the warning before making a decision to contact a service user.
- 5.2.2 Discuss any concerns with the Line Manager and seek any additional support or security that may be advised.
- 5.2.3 Ensure that other members of staff who may deal with the service user (within the team/service) are made aware of the issues relating to that person having a warning recorded. In particular, ensure if the case is transferred to a new worker, full details of any warnings are provided before the worker contacts the service user.
- 5.2.4 Take action to protect staff in other departments of the Council by passing on information to appropriate persons who are known to have contact with the service user. See also section 4.4 below concerning information passed to external agencies.

5.3 In addition to the above, line managers should:

- 5.3.1 Assess the risk of worker making contact with a service user about whom a warning has been recorded, and take appropriate action to safeguard the worker's health and safety.
- 5.3.2 Ensure that local procedures are in place to enable the sharing of warning information between staff of your team/service.

5.4 Passing warnings on to other departments / agencies

- 5.4.1 Information can be shared with other departments within Devon County Council and with other agencies, subject to provisions relating to confidentiality and data protection. The Protocol for Sharing Person-Identifiable Information between Organisations provides further guidance. This information can be shared without the consent of the individual concerned if sharing is necessary to safeguard public safety.
- 5.4.2 The individual concerned should be informed that the information has been shared (unless that disclosure would in itself significantly increase the risk presented to others).
- 5.4.3 Decisions about sharing information with other agencies should be authorised by the Manager identified in 2.2 above, usually within the context of authorising the warning. Any decision not to inform the individual concerned that information has been shared should also be authorised by the Line Manager. All decisions and actions taken in respect of sharing information should be recorded on file (usually by the responsible worker as the warning is added).
- 5.4.4 If the warning indicator is amended or deleted the other organisation(s) to which information has previously been sent should be informed of the change.

5.4.5 In passing information warnings to another agency, the worker responsible should ensure that:

- The information is passed to the relevant person in that agency (line manager or above).
- The information attached to the warning is strictly on a “need to know” basis.
- That information is only passed if it is clearly in line with the purpose of warning indicators as outlined in these procedures i.e. only in relation to the safety of staff in that organisation.
- The content and date of information passed, and by whom, is recorded on the case record.

6. REVIEWING THE WARNINGS

6.1 Reviewing timescales

6.1.1 All warnings, apart from the system generated Child Protections ones, should have a warning review date set.

6.1.2 The timescale within which a warning will be reviewed would normally be decided when the warning is added to the case record.

6.1.3 Unless other factors influence the timescale, review of the warning indicator could coincide with other reviews that may be governed by statutory requirements or DCC policy.

6.1.4 Risk to Staff warnings can have a longer timescale than a year provided a risk assessment has been completed and a reason for a longer timescale given.

6.1.5 The review requires the completion of a risk assessment or equivalent form that documents the decision taken, the reason and by whom. In the case of Risk to Staff then a specific CareFirst form is completed to ensure that this information is captured.

6.1.6 Bear in mind that the timescale for a review and the reason to add or keep a warning may be communicated with the individual by letter or through a 'Subject access request'. Therefore appropriate documentation of reasoning is required.

6.1.7 Where a case is transferred to another team the responsibility for reviewing the warning should be communicated to the 'receiving' Team Manager.

6.1.8 Where a case is closed, any warning indicators still attached to the service user should be reviewed. In most cases the warning should be closed. If there is a HIGH level of risk, the warning indicator may remain active, on the

basis that any future services provided should be immediately aware of the risk.

6.1.9 If a case is re-opened at a subsequent date the allocated worker/line manager will also review the warning indicator at the point of new assessment.

6.1.10 Warnings will also be ended when a client's record reaches the end of its retention period.

6.2 The review

6.2.1 The decision to end or keep the warning indicator should be based solely on the assessment of risk, specifically in relation to those concerns which prompted the warning to be added.

6.2.2 The following information should be considered during any review of the risk presented:

- The severity of the incident(s) necessitating the warning.
- The existence of any subsequent warnings or other information available about the subject (and/or their associates).
- The amount and nature of any subsequent contact with the service user by the Department's staff and others.
- Any known changes in the service user's (or their associates') circumstances that might affect the potential for further incidents.
- The removal or rectification of any hazards.
- Any decision to end a warning should take fully into account the views of all staff and managers involved, including partner agencies where appropriate.

6.2.3 The review should include the opportunity for the individual or their representative to be involved. If the individual is a minor, or an adult needing support to understand or participate in the review process, their next of kin, advocate or appropriate adult should be included.

6.2.4 If the review decides that the risk continues, then where appropriate the individual should be advised by letter (sample letter in Appendix B below). The warning record must be updated, and future review scheduled.

6.2.5 When a warning indicator is ended, this will be retained as historical information on file. Where appropriate the individual should be informed that the indicator has been ended (sample letter Appendix B below)

6.3 Complaints process

6.3.1 Any individual has the right ask for a warning noted on their case record to be reviewed. The review would in the first instance be carried out by the individual or team responsible for the warning (see 5.1 and 5.2 above).

6.3.2 The outcome of the review will be that the warning flag is retained, amended, or removed.

6.3.3 If the individual does not agree with the decision of the review or if they are concerned about the process followed, the route for registering their concerns is through the Complaints process.

Appendix A – Care First Process

[sharepoint. Care first - systems Manual – Chapter 5 Warnings](#)

Appendix B – Standard Letters

STANDARD LETTER 1

Dear

USE OF WARNING INDICATOR

I am writing to inform you that a warning indicator has been linked to your name on our records because (Give reasons, i.e. a description of the incident or other reasons for use of the Indicator).

Please note that information about this indicator may be shared with other services within Devon County Council and with external partner agencies/service providers only where there is justification for doing this under the Data Protection Act 2018 and the General Data Protection Regulation. You will be informed who we have shared this information with. For more information about how we process personal data please visit our privacy notice - <https://new.devon.gov.uk/privacy/privacy-notices/>

It is the policy of Devon County Council to use warning indicators if there is sufficient reason to believe that individuals may pose a risk to our staff or other service providers. We reserve the right to use Warning Indicators to reduce the risks to our employees.

Any Warning Indicator will only have been applied with due regard for the Health and Safety at Work Act 1974 and the Data Protection Act 2018 and the General Data Protection Regulation.

The use of this Indicator will be reviewed on a 12 monthly basis or at any time if additional information is received.

Under the Data Protection Act 2018 and the EU General Data Protection Regulations you have the following rights;

- The right of access to your own personal data
- The right to request rectification or deletion of your personal data
- The right to object to the processing of your personal data
- The right to request a copy of the information you provide us in machine readable format
- The right to withdraw your consent to any processing that is solely reliant upon your consent

If you want to exercise any of these rights or find out more about Devon County Council's Data Protection Policies please contact our [Data Protection Officer](#). tel. 013923000

If you believe that the use of this warning indicator is not justified, or that circumstances have changed and the Warning Indicator should no longer be applied, please contact me at the above address.

Yours sincerely

STANDARD LETTER 2

Dear

CONTINUATION OF WARNING INDICATOR

You have previously been informed that a Warning Indicator has been linked to your name and that it would be reviewed after 12 months.

This review has taken place and a decision has been reached that the Warning Indicator will continue to be linked to your name.

This situation will be reviewed again in 12 months time and you will be notified of the outcome of the process.

Any Warning Indicator will only have been applied with due regard for the Health and Safety at Work Act 1974 and the Data Protection Act 2018 and the General Data Protection Regulation.

Under the Data Protection Act 2018 and the EU General Data Protection Regulations you have the following rights;

- The right of access to your own personal data
- The right to request rectification or deletion of your personal data
- The right to object to the processing of your personal data
- The right to request a copy of the information you provide us in machine readable format
- The right to withdraw your consent to any processing that is solely reliant upon your consent

If you want to exercise any of these rights or find out more about Devon County Council's Data Protection Policies please contact our [Data Protection Officer](#). tel. 013923000

A copy of Devon County Council's procedure for staff entitled 'Guidance on the use of Warning Indicators' is available to you on request.

If you believe that the use of this Warning Indicator is not justified, or that circumstances have changed and the Warning Indicator should no longer be applied, please contact me at the above address.

Yours sincerely

STANDARD LETTER 3

Dear

REMOVAL OF WARNING INDICATOR

You have previously been informed that a Warning Indicator had been linked to your name.

In line with Devon County Council's procedure this has been reviewed and the Indicator against your name has been ended on the system.

Should you wish to discuss this situation, please contact me at the above address.

Yours sincerely

Appendix C – Total Communication Letters

Date:

Please ask for:

Dear

	<p>In.....we told you we would check your warning sign. The law says we must do this.</p>
	<p>These laws are called the Health and Safety Act 1974, the Data Protection Act 2018 and the General Data Protection Regulation.</p>
	<p>We have decided to keep your warning sign on the computer.</p>
	<p>We will have another meeting in</p>
	<p>At this meeting we will decide if we need to keep the warning sign.</p>
	<p>You can ask Devon County Council for more information about the rules for warning signs.</p>
	<p>If you are not happy with your warning signs please contact Devon County Council</p>

Dear

	<p>We are writing to tell you that there is a warning sign about you on our computer.</p> <p>This is because:</p>
	<p>You have shouted at someone.</p>
	<p>You have hit someone.</p>
	<p>Your dog is dangerous.</p>
	<p>There are sharp needles in your house.</p>
	<p>Your home is dangerous.</p>
	<p>Sometimes you say things that aren't right or true in a way that could be harmful.</p>

	<p>We may need to tell other people working with you about this warning. We are allowed to do this by the law.</p>
	<p>This will help them to be safe when they work with you.</p>
	<p>These laws are called the Health and Safety Act 1974, the Data Protection Act and General Data Protection Regulation.</p>
	<p>You can ask Devon County Council for more information about the rules for warning signs.</p>
	<p>We will check your warning sign in (state month).</p>
	<p>If you are not happy with your warning signs please contact Devon County Council.</p>

From

Date:

Please ask for:

Dear

	In.....we told you.....
	We have had another meeting about your warning sign.
	We have decided to take your warning sign off the computer.
	This is because.....
	If you want to talk to me about this please contact Devon County Council

From

Appendix D

Risk Assessment/Review Form

Person's name:

CareFirst ID:

Details of Risk

Date of assessment:

Worker completing form:

Role of worker:

Person(s) posing the risk

Reason(s) for risk assessment:

Include details of most recent incident (if applicable) and date.

Give details of any triggers / influences that may have contributed to the issues that staff should be aware of.

For example: Was the person under the influence of drugs / alcohol or other substances at the time of the incident? Was the person facing unusual, stressful or provocative behaviour from others at the time? Consider if the behaviour was associated with psychiatric difficulties, physical factors or circumstances, for example, dementia, fear of loss or significant changes.

Who is at risk?

Name	Relationship to person	Level of risk (low, mod., high)

Summary of risks

Only tick those with a level of risk

Risk	High risk <i>likely to suffer harm</i>	Moderate risk <i>possibility of harm</i>	Low risk <i>unlikely to suffer harm</i>
Access to property - Are there any hazards associated with getting in and out of, to and from the service user's home safely? Consider loose guttering; poor lighting; slippery steps/pathways and risks associated with the location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression / verbal abuse – Have there been any incidents where verbal aggression or threats have been displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals - Are there any animals (pests, pets, livestock etc.) that would appear to be dangerous, out of control or a source of infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabric of building - Are there any hazards inside and outside associated with the fabric of the building? Consider damaged floorboards/covering, broken/cracked windows and so on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire risk / fire setting - Could there be a risk of fire? Consider ignition sources/accumulation of combustible material and arson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy smoking - Could those involved be exposed to risks from passive smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control - Universal infection control procedures must be followed at all times. Is there any reason for being more vigilant in infection control procedures? Consider vulnerability to infection; standards of cleanliness and personal hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing episodes – Is the service user at risk of absconding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfounded allegations – Is the service provider at risk of unfounded allegations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities - Any utilities/appliances that, after visual inspection, do not appear to be in safe working order? Consider unsafe appliances/equipment; heating and ventilation; unsafe gas/electricity supply; lack of mains water supply etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence - Have there been any violent incidents directed at people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons - Have there been any incidents where weapons of any sort were involved or the person is known to have weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note any known previous prosecutions and/or known police involvements associated with this/these risks?

Is there deterioration in the person's behaviour or general condition? Yes No

Assessment of Risk

On the basis of past history and current circumstances does there appear to be a continuing risk? Yes No

What is the overall level of risk?

High risk = likely to suffer harm High Moderate Low
Moderate risk = possibility of harm None
Low risk = unlikely to suffer harm

Warning flag action: Add/keep flag required End existing flag No flag

Can the person be informed of the decision without causing further escalation or risk to staff or others? Yes No

If not then give reasons not to write to the person.

Date of next review if warning is to remain active:

This date determines how long the warning would be retained for before being reviewed. The review date on the warning should be set to this date.

Risk Management - to be completed if there is a moderate – high risk

Action required to reduce Risk

What approaches, including safe working practices, should be adopted to eliminate/reduce the risk of future occurrences, for example, means of diffusion, appropriate intervention, levels of training and supervision of those involved. Specify any personal protective equipment that must be made available as a final source of protection. What actions (if any) need to be taken to protect other service users?

Contingency Plan

What procedures / contingencies are to be followed in the event of a further incident?

Specify any other service providers directly involved with this person or the household that should be made aware of these risks.

Who has been involved in developing this plan?

Name	Designation	Agency

Are there any differences of opinion about the plan?

Yes

No

If Yes, give details

The outcome of this assessment should be shared with the relevant staff

Authorisation

Form completed by:

Date completed:

Authorised by :

Date authorised: