

Safeguarding Quality Performance

Tier 1 Incident Referral Form

Please complete all sections on the form providing as much detail as possible:

Details of Service User:	
Name and Address of Service Provider:	
Service User Name:	
Service User Date of Birth: (if known)	
Tel No of Service:	
Mosaic ID (If known):	
Date and time of incident:	
Name of Social Worker (if known):	

Details of Staff Member completing the Incident form (this should be the person who has been involved in the incident or witnessed concerns):	
Name of staff member completing form:	
Job Role	
Managers Email address:	
Address/Place of work:	

Details of incident (please include as much information as possible):
<ul style="list-style-type: none"> Brief details of incident

- Please advise of any known clinical diagnosis of the Service User
- Was medical attention required? If so, explain further
- Was there any other Service User/member of staff involved in the incident
- Does the Service User have capacity?
- Source of Risk details (if known)

Please provide brief details of any internal investigation undertaken and what changes has the Service/Organisation made or implemented to reduce the risk of similar incidents reoccurring?

Agreed Action(s) (for example):

- Any staff re-training;
- Required changes to policies/procedures;
- Re-assessment of Service User; updating of risk assessments;
- Referral to other Professions as appropriate e.g. Speech & Language Team, Moving and Handling Team, GP/District Nurse/Social Worker, Tissue Viability Nurse (TVN); Later Life & Memory Service (LLAMS); Reporting Injuries Diseases Dangerous Occurrences (RIDDOR)
- Have Family members been informed of the incident (if appropriate)

Please make sure you retain a copy of this completed form for inspection purposes by:

PMMD Quality Performance Officer oversight when they complete any monitoring visits.

Care Quality Commission (CQC) (if necessary)