Care Quality Concerns Referral Form

User Guide

Introduction

Delivering high-quality care is essential to ensuring individuals receive the support they need in a respectful and effective manner. The Care Quality Concerns Referral Form is a simple and efficient tool for reporting issues related to the standard of care provided.

This guide explains how to use the form to address care quality concerns such as inadequate service delivery, poor communication, delays, or breaches in agreed standards of care. Completing this form ensures that any problems are identified and resolved quickly, contributing to the continuous improvement of care services.

Whether you are a carer, In receipt of care, family member, or professional, this guide provides clear, easy-to-follow steps on how to complete and submit the form. By using this process, you help ensure care providers maintain and improve their service quality.

You will need

- Your Details: Provide your name, role, contact details, and indicate if you wish to remain anonymous or can be contacted for follow-up.
- Organisation of Concern
- Include the name, address, type of service, and the registered manager's name.
- Incident/Concern Details
- Specify the date, type of concern, and a brief description of what happened.
- Person(s) Affected
- Add the names, dates of birth, and any known reference numbers. State if they are aware of this referral.
- Organisation's Response
- Note if management was informed and any actions taken to address the issue
- Notifications and Additional Information
- Confirm if the CQC has been notified and include any other relevant information.

Notice

Please complete this form if you have care quality concerns regarding a service provider in Wolverhampton e.g. Supported Living, Home Care, Residential home, Nursing home, Day Centre, Extra Care, Advocacy and Shared lives.

This form can be completed by a service provider, a professional visiting the service, a person using the service, the person's representative such as a friend or family member or anyone else with care quality concerns.

This form is to be completed when a quality concern has been identified or when an incident has occurred that is not related to harm, abuse, neglect, or exploitation. Please include as much detailed information as possible. If you require support completing this form please contact: *PeopleQualityAssurance.&Compliance@wolverhampton.gov.uk.*

Please note that while this referral may not prompt an immediate visit to the service, it will aid in identifying trends and patterns. Information from this referral will be kept confidential and only shared with relevant agencies as legally required in accordance with this referral.

Do not complete this form if the concern relates to the abuse of an adult aged 18 and over, who has care and support needs, who is experiencing or at risk of abuse or neglect, and as a result of those care and support needs is unable to protect themselves against the abuse or the risk of it, a safeguarding referral must be submitted via the Electronic Multi-Agency Referral Form (EMARF) via the following link: *https://marf.wolverhampton.gov.uk/.*

For safeguarding concerns, please refer to the safeguarding guidance *https://www.wolverhamptonsafeguarding.org.uk/*

If there is imminent risk to life then please call emergency services on 999.

This form is not a substitute for raising a safeguarding referral.

If you believe that an adult may require a review of their needs, contact Adult Social Care via the following link: *Adult Social Care Contact Form*.

Alternatively, contact Adult Social Care on 01902 551199 during office hours. Emergency out of office hours 01902 552999.

For further details on how the City Council will use you data please refer to the Councils Privacy Notice: *Privacy and Cookies Notice | City Of Wolverhampton Council.*

Section 1:

Your details

If you want to stay anonymous, please still fill in your details. We will keep your information private.

1. **Name:** Fill in your full name.

   Job Title/Relationship/Designation: Write your role, job title or relationship to the individual.

   Service/Organisation: Write the name of the service or organisation you work for.

2. **Email:** Fill in your email address so we can contact you.

   Phone Number: Write your phone number.

3. **Answer the question:** Are we able to contact you if we need more information?

   Use the dropdown menu to select:
   Yes: If you are happy for us to contact you.
   No: If you do not want us to contact you.

4. **Answer the question:** Do you wish to remain anonymous?

   Use the dropdown menu to select:
   Yes: If you want your name to stay private.
   No: If you are okay with sharing your name.

5. **Look over the form to make sure everything is correct. Submit the form as instructed**

Your Privacy is Protected: *If you fill in your details but want to stay anonymous, we will keep your information private. Make sure you fill in all the important parts of the form so we can deal with your concern effectively.*

Section 2:

Organisation of Concern

If the service is owned by an organisation with multiple services, please ensure information is correct.

1. **Organisation Name:** Enter the full name of the service you are reporting concerns about.

   Ensure the name is accurate and complete to avoid confusion.

2. **Address:** Provide the full address of the organisation, including:
   - Street address
   - City or town
   - Postcode

   Verify the address for accuracy.

3. **Please select from the drop down box which care service you are raising a concern over**

4. **Registered Manager:** Enter the name of the registered manager responsible for the service.

   If unsure: you can speak to the service and request the name of the manager.

Review the Information: Double-check all details to ensure accuracy and completeness before submitting.

Correct any mistakes or omissions to avoid delays in addressing the concern

Section 3:

Concern/Incident Information

Please ensure you provide as much information as possible to help us on assessing the concern/risk.

1. **When did it happen:** Find the "Date Concern/Incident took place" section.

   Click or tap to choose the date the incident happened. If you don't know the exact date, pick a date that's close.

2. **Please select the category of care quality concern from the drop down below.**

3. **In the "Details of concern/incident" section:** explain the situation.
   - Input what happened and where it happened.
   - Say who was involved and what the result was.

4. **For anyone involved or affected by the concern:**
   - Input full name.
   - Their date of birth.
   - If you know, their PER Number or NHS Number.*
   - This is professionals use only*

5. **Answer the question:** "Does the person know you are raising this concern?"
   - Tick **"Yes"** if they know.
   - Tick **"No"** if they don't.

6. **Answer the question:** "Was the management of the service made aware of the incident/concern?"
   - Tick **"Yes"** if you told them
   - Tick **"No"** if you haven't told them yet.

7. **In the "Has the service taken any action?" section:**
   - Please tick **Yes** or **No** if the service has taken action

8. **Find the "Have the relevant authorities been notified?" section:**
   - Please tick **Yes** or **No**

Review the Information: Double-check all details to ensure accuracy and completeness before submitting.

Correct any mistakes or omissions to avoid delays in addressing the concern.

Section 4:

Any other relevant information

Any extra information that can be provided will also help us to assess the Concern/Risk

Think About the Concerns You've Noticed:
- Is there anything that doesn't feel right or needs to be improved?

Examples:
- Problems with the care staff.
- Issues with routines or schedules.
- Concerns about safety or cleanliness.

Describe the Problem Clearly Use simple, clear sentences.
- Include the who, what, where, and when if you can.

Example:
- "Carers didn't arrive until 9 PM last Tuesday, which meant Dad missed his evening medication."

Explain How It Affects Your Loved One
- Share why the issue is a concern and how it impacts their health, safety, or happiness.

Example:

- "Mum feels upset when her meals are late because she needs to eat regularly to manage her diabetes."

Give Any Suggestions (If You Have Them) If you have ideas for how to fix the problem, include them.

Example:

- "It would help if carers could stick to a set schedule for visits."

Keep It Short and Focused Write only the key details.

If you have multiple concerns, use bullet points to keep it simple:

- The bathroom hasn't been cleaned properly this week, and it smells bad.
- The carers don't always record when medication is given.
- My brother didn't have fresh clothes available for three days

---

Double-check it's relevant and make sure your comments are about the quality of care being provided and how it can be improved.

Example of What to Write:

- "The care staff often arrive late in the mornings, which makes my dad anxious and delays his breakfast. This has been happening for about two weeks. It would help if the schedule could be more consistent."

Review the Information: Double-check all details to ensure accuracy and completeness before submitting.

Correct any mistakes or omissions to avoid delays in addressing the concern

Thank You for Submitting Your Care Quality Concerns

This form is designed to report concerns about the quality of care provided by services in Wolverhampton, such as Supported Living, Home Care, Residential Homes, and more. It is not for safeguarding concerns involving abuse, harm, neglect, or exploitation. Safeguarding issues should be reported using the Electronic Multi-Agency Referral Form (EMARF) at *https://emarf.wolverhampton.gov.uk/* or, if there is an immediate risk to life, by calling 999.

FAQ & Key Information

Who Can Use This Form?

- Service providers
- Professionals
- People using the service
- Friends or family members of those using the service
- Anyone with concerns about care quality of a service who is over the age of 18 years old

What is the Purpose of the Form:

- To report concerns or incidents related to care quality that do not involve harm, abuse, or neglect.

What Happens After Submission?

Your form will be sent securely to the Quality Team in the Commissioning Department of the council. If necessary, your concern may be shared with the Black Country ICB, Care Quality Commission (CQC), or other relevant internal social care departments within the City of Wolverhampton Council to address the issue.

When Not to Use This Form?

For safeguarding concerns, submit a referral through the EMARF system at this link: *https://emarf.wolverhampton.gov.uk/*. If there is an urgent risk to life, call 999 immediately.

Need Additional Help?

For safeguarding guidance: visit Wolverhampton Safeguarding Together: *www.wolverhamptonsafeguarding.org.uk/*

For adult care review:
contact Adult Social Care:

- Office hours: **01902 551199**
- Out of hours emergencies: **01902 552999**

Completing this form will not always trigger to a visit to a service. Though providing accurate and detailed information in this form, you are contributing to the improvement of care services in Wolverhampton

You can get this information in large print, braille, audio or in another language by calling 01902 551155 or emailing translations@wolverhampton.gov.uk

wolverhampton.gov.uk 01902 551155

WolverhamptonToday Wolverhampton_Today @WolvesCouncil

City of Wolverhampton Council, Civic Centre, St. Peter's Square, Wolverhampton WV1 1SH

WCC 2461 06/2024