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**HEALTH AND SOCIAL CARE PROFESSIONALS EYES AND EARS FORM**

## Before completing the Eyes and Ears form consider if the concern meets safeguarding criteria. Please refer to guidance for raising a safeguarding concern: <https://www.rotherham.gov.uk/adult-social-care/worried-adult>

## TRFT staff: <https://thehub.rothgen.nhs.uk/TeamCentre/CorporateServices/safeguarding/Pages/How-to-Raise-an-Adult-Safeguarding-Concern.aspx>

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| --- | --- | --- |
|  | **Date**  | ? |
|  |  |  |  |  |  |
|  **Name of care****Home, or service** |  | **Address**. |   | **Tel. No** |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient/****client details, if applicable**  |  | **Tel. No**.. | Click here to enter text. |

**YES/NO**

|  |  |
| --- | --- |
| 1. **Do you have a concern? If so what is the nature of the concern?**
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| --- |
| **Comments:** *Click here to enter text.* |

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| 1. **Are there any concerns with the environment? eg: detectable odours, inappropriate storage of equipment, cleanliness in the area of the home you are visiting?**
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| **Comments:** *Click here to enter text.* |

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| 1. **Was a member of staff available to support you on your visit?**
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| **Comments:** *Click here to enter text.* |

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| 1. **Was the care plan appropriate and equipment/facilities available for you to use? eg: person centred plan, hand washing facilities, dressings etc.**
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|  **Comments:** *Click here to enter text.* |

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| 1. **Do you have any general concerns? Eg: staffing, social stimulation**
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| --- |
| **Comments:** *Click here to enter text.* |

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| --- | --- |
| 1. **Has the patient/client or relative/significant other, expressed any concerns/issues in regards to the care/treatment provided or environment?**
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| --- |
| **Comments:** Click here to enter text. |

***Please e-mail this form to:*** ***Commissioningenquiries@rotherham.gov.uk***

Name and contact details of person completing the form: