Dumfries and Galloway Good Practice Guidance: Adult Support and Protection for Care Homes

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1. Introduction

1.1 The Adult Support and Protection (Scotland) Act 2007 The Adult Support and Protection (Scotland) Act 2007: A short introduction to Part 1 of the Act - gov.scot (www.gov.scot) seeks to protect and benefit adults at risk of being harmed. The Act requires Dumfries and Galloway Council (via Social Work) and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It provides a range of measures which can be used to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

1.2 This is especially important for adults who live in care homes. While social work is the lead agency in ASP, we all have a role to play to protect and support adults at risk of harm. Dumfries and Galloway Care Home Providers seek to protect and benefit adults at risk of harm. All staff have a responsibility to protect and promote the well-being of adults.

1.3 These responsibilities form part of the National Care Home Contract and are required as part of the Health and Social Care Standards (HSCS). Protection links to the new Health and Social Care Standards headline outcome 'I have confidence in the people who support and care for me' and the descriptive statements below:

- HSCS 3.20 - I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities
- HSCS 3.21 - I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.
- HSCS 3.22 - I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.
- HSCS 3.23 - If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.
- HSCS 3.24 - If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.
- HSCS 3.25 -I am helped to feel safe and secure in my local community.

  Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)

2. Purpose of Guidance

2.1 This guidance has been created to enhance keeping adults who live in care homes safe from harm and is intended to support creating a positive culture. Care homes that encourage open conversations about harm, and where suspected or alleged harm can be readily reported, will be well placed to prevent incidents and respond effectively.

2.2 It was created collaboratively by a multiagency group of practitioners, named above including representatives from local care homes. We aim to establish a unified approach to dealing with adult protection concerns and adults with changing needs across all care homes in Dumfries and Galloway.

2.3 This guidance is for Care Home managers, care home staff, visiting professionals and may also support adult and their families understanding of ASP and what best practice looks like in the Care Home Sector.

2.4 We would like to thank Inverclyde Council, Falkirk HSCP and Clackmannanshire and Stirling HSCP for supporting this work and to give credit to Renfrewshire's Care Homes: Enhancing Adult Support and Protection Practice.

2.5 This guidance can be accessed electronically via Dumfries and Galloway Public Protection Web Site.

3. Prevention and Promoting Safe Care

3.1 It is expected all care home managers and staff will have familiarised themselves with the content of this guidance and can access a copy to refer to as required.

3.2 It is expected service providers will have their own Adult Support and Protection (ASP) policies and procedures which complement and align with Dumfries and Galloway Public Protection, Adult Protection Guidance, Practice Standards and Operational Procedures.

3.3 It is expected service providers will work to prevent or minimise the risk of harm occurring with:

- safer recruitment practices
- safe and responsive staffing levels and staff that have the right skills to meet the needs of the service users.
- appropriate training including adult protection training as mandatory.
- staff who are able to demonstrate a clear understanding of their responsibilities to protect individuals from neglect, abuse, bullying and exploitation.
- opportunities for regular, supervision, observed practice and forums to discuss and review good practice guidance.
- a clear and accessible complaints, issues and concerns policy for residents, families, staff and others.
- a clear, easily accessible and effective whistle blowing policy.

3.2 The SSSC Adult Support and Protection Smartphone App is available to download at: Adult Support and Protection (sssc.uk.com) or our local ASP App can be found at Adult support and protection (Dumfries and Galloway) | Right Decisions

4. Adult Support and Protection

Who is an Adult at Risk of Harm?

4.1 The Adult Support and Protection (Scotland) Act 2007 defines an Adult at Risk of Harm as a person (aged 16 or over) who meets the following threshold referred to as the three point test:

1. unable to safeguard their well-being, property, rights or other interests
2. at 'risk of harm' (either from another person's behaviour or from their own behaviour) and
3. affected by disability, mental disorder, illness, physical or mental infirmity and are more vulnerable to being harmed than adults who are not so affected.

4.2 All 3 points of the criteria must be satisfied to be an 'adult at risk of harm' as defined by legislation and to meet the threshold.

4.3 The definition of '**unable**' is "lacking the skills, means or opportunity" and is not the same as lacking capacity.

4.4 The definition of '**incapacity**' is being unable to undertake one or more of the following in respect of an issue which requires a decision:

- acting on decisions
- making decisions
- communicating decisions
- understanding decisions
- retaining the memory of decisions.

This must be assessed and determined by a medical practitioner.

4.5 The presence of a particular condition or disability does not automatically mean that a person is an adult at risk of harm. A person can have a disability or condition and be perfectly able but unwilling to look after their own health, safety and well-being. Their circumstances should be considered as a whole. All 3 points of the test must be satisfied to meet the threshold of an 'adult at risk of harm' as defined by legislation.

4.6 Where there are protection concerns for a child or young person between the age of 16 and 18 years who is resident or visiting the care home then consider that both the Adult Support and Protection (Scotland) Act 2007 and the Children and Young People (Scotland) Act 2014 may be appropriate. In Dumfries and Galloway, it has been agreed that referrals for 16 -17-year-olds are made to Children and Families Social Work in the first instance via the Single Access Point (for contact details see Section 17). Managers from within children and families social work and adult social work will determine

best service and legislation to proceed under, depending on the young person's circumstances and needs.

4.7 It may not always be possible to determine if an individual fits the specific ASP definition and criteria. **For avoidance of doubt, where any person is suspected to be an adult at risk of harm they should be treated as such, until their status is deemed otherwise by Social Work Services.**

What is meant by Risk of Harm?

4.8 An Adult is at 'risk of harm' if:

- another person's conduct is causing (or likely to cause) the adult to be harmed
- the adult is engaging (or likely to engage) in conduct, which causes (or is likely to cause) self-harm.

4.9 The definition of 'conduct' includes self-neglect or the neglect or other failures to act by another person with carer responsibilities including paid carers.

What is Harm?

4.10 The definition of 'harm' includes all harmful conduct and in particular includes:

Physical Harm: This means hurting a person's body or stopping a person moving about. Examples may include:

- physical assault of punching, pushing, slapping, tying down, giving food or medication forcibly, denial of medication
- use of medication other than as prescribed
- inappropriate restraint
- restriction of movement by removal of mobility aid, use of inappropriate seating
- not completing appropriate risk assessment and implementing preventative measures.

Psychological Harm: This means hurting someone mentally by making them feel scared or upsetting feelings. Perpetrators may be staff, visitors or other residents. Examples may include:

- shouting, bullying, humiliation, ridiculing
- inappropriate humour
- isolation: leaving a person alone for too long, not allowing them to be with others
- sensory deprivation
- not providing access to a care call/resident alarm system.

Financial Harm: This means stopping a person from having their money or belongings. This could be where the person has the capacity to deal with their finances or where it comes to the attention of care home staff that there is concern that the person's legal representative, including Guardian or Power of Attorney is abusing that relationship to take money or other assets. This

may be done as a deliberate criminal act or through a misplaced belief that authority has been granted to them to do so. Examples may include:

- stealing money from a person
- stopping someone using their own money
- stopping someone using the things they own
- not keeping a person informed of financial status
- valuables/money going missing without satisfactory explanation.

Sexual Harm: This means getting a person to be involved in sexual acts or activities they don't want to do or don't understand; or the person being prevented from expressing themselves as a full sexual being. Examples may include, but not limited to:

- making a person have sex
- taking photos at private times that are intimate and/or inappropriate
- making a person look at sex DVD's or photos
- getting a person to do sexual things for money or presents
- failing to recognise or take appropriate action to support a person's sexual health, expression and practice.

Neglect: This means stopping a person getting the things they need to be well. Examples may include:

- stopping a person from accessing health, care or educational services, not making professional referrals to services or not supporting the adult to attend appointments
- withholding necessities of life such as food, medicine and pain relief and heating
- failing to promote wellbeing
- ignoring physical or medical needs
- failing to meet basic hygiene needs including nailcare and oral health needs

Self-Neglect: This is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions or poor mental health. Examples may include:

- lack of self-care to an extent that it threatens personal health and safety
- neglection to care for one's hygiene, health or surroundings
- inability to avoid harm as a result of self-neglect
- failure to seek help or access services to meet health and social care needs
- inability or unwillingness to manage one's personal affairs

Discriminatory Harm: This means hurting someone by being hateful or bigoted towards them or their family; or may occur as a result of neglect, lack of knowledge and training. Examples may include:

- harassment, mistreating or behaving differently towards someone due to their sex, sexual orientation, gender reassignment, disability, age,

marital status or in a civil partnership, religion or belief, and race including colour, nationality, language, ethnicity or national origin.

- not making or refusing to make adjustments to take account of someone's religion and beliefs in terms of how their care and nutritional needs are met or in a palliative and end of life context.

Who can cause harm?

4.11 Anyone can cause harm. It could be a friend, relative, worker, carer, professional, partner, volunteer or other adults at risk. More than one person may be involved in abusing the adult.

Where can harm happen?

4.12 Harm can happen anywhere; in social or health care setting, family home, own home, someone else's home, hospital ward, care home, social club, places for social activities, public places.

5. Organisational or Institutional Abuse

5.1 All of the above types of harm can happen in a care setting and can include:

- Discouraging visits or the involvement of relatives or friends
- Run down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents' abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

5.2 **Further signs and indicators:**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care

- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and education activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual person-centred care plans
- Lack of management overview and support

5.3 **A care home is the adult's home and must be treated as such. All staff have a duty of care to raise concerns about institutional abuse via their own whistleblowing policies and procedures and, to report to social work and the care inspectorate. All registered care staff must practice in accordance with the SSSC codes of practice**

5.4 The SSSC Code of Practice for Social Service Workers sets out clear standards of professional conduct and practice that social service workers must meet in their everyday work.

5.5 Workers are responsible for making sure they meet the required standards and that nothing they do, or don't do, harms the wellbeing of people who use services. To download the SSSC COP, use the SSSC Codes of Practice - Scottish Social Services Council

6. The Role of the Care Inspectorate in Adult Support and Protection

6.1 The Care Inspectorate has a role to support the lead agencies that have responsibility for adult and child protection. The Care Inspectorate have a duty of cooperation, responsibilities as a corporate parent and responsibilities for scrutiny and improvement activity in regulated services. In this way they seek to protect adults and children at risk from harm.

6.2 When the Care Inspectorate receives a concern or complaint which indicates that an adult or child may be at risk of harm they will make a direct referral to the local authority. When they make this referral, they are asking the lead agency if the concern meets the thresholds for investigation. If it does, the local authority will take this concern forward and investigate when appropriate.

6.3 The lead inspector will request information from the service, the local authority and Police Scotland about the progress and outcome of any referral. Contact would generally be made with the lead agency within one month from a protection referral being made.

6.4 Where a referral does not meet the threshold for an ASP investigation, the police and/or social work may decide not to investigate and take no further action. In this instance the Care Inspectorate will assess the information and respond to any risk identified with appropriate scrutiny action. This may be a

complaint investigation or an inspection to ensure the standards of support continue to meet the general health and wellbeing needs of all those experiencing care.

6.5 When a registered provider becomes aware of a potential allegation about the risk of harm, they **must notify the Care Inspectorate immediately**. The provider must make the notification using the e Form an 'allegation of abuse' which can be generated in the providers' e-portal. The lead inspector for the service will request information to help inform further actions. This will include:

- confirmation that an AP1 (Appendix 1) was sent to the local authority
- sharing information appropriately
- contacting any relevant statutory agency
- follow-up by telephone, email or visit
- recording outcomes/actions
- reviewing the inspection plan for the service.

6.6 **When a registered service makes a referral to the local authority, in line with legislation, they must notify the Care Inspectorate**. The Care Inspectorate will seek confirmation about outcomes and actions from the service and the local authority.

6.7 The Care Inspectorate may carry out scrutiny activity, such as an inspection, in parallel with any ASP investigation in order to contribute to a multi-agency approach. This may be important where a risk of harm is identified and there are concerns about the safety and welfare or potential safety and welfare of individuals and/or the quality of care provision in general. For example:

- when concerns are raised about the failure to deliver services which is placing those who use them at risk of harm
- when a report of harm to an individual may also affect a number of other individuals who use the care service.

6.8 The care inspectorate have produced comprehensive guidance on the records care providers must keep and the notifications they must make: Notifications (careinspectorate.com)

7. Consent and Adults

7.1 Adults are autonomous and have the right of self-determination. Even in circumstances in which an adult does not have the capacity to give or withhold consent, the Adults with Incapacity (Scotland) Act 2000 provides for the adult's past or present wishes to be taken into account so far as it is reasonable or practicable to do so. This also includes the views of the nearest relative, any guardian, power of attorney or other person authorised to speak on the individual's behalf. Legislation including the Adult Support and Protection (Scotland) Act 2007 supports information sharing without consent when it is necessary to protect an adult at risk.

7.2 Where the adult is agreeable and able to consent their next of kin (NOK) would normally be advised about any ASP concerns including the actions

taken to safeguard the adult at risk. The consent of the adult at risk is not required where the person has a verified and enacted 'Welfare Power of Attorney' (POA) or a Guardian.

7.3 Please be aware that a NOK, POA or Guardian should not be advised about concerns where they are the source of concern and/or the police have stated not to as part of their consideration of the complaint.

What if the person requires immediate medical assistance or there is concern for their immediate safety do I need consent?

7.4 Seek appropriate medical assistance and where required contact emergency services (Police, Scottish Ambulance Service). This includes situations where criminality is suspected. Uncertainty about consent and capacity should not prevent the provision of urgent medical assistance or contact with emergency services. The seeking of medical assistance should not be delayed even where an offence is suspected to have been committed, and the police have been contacted. Health, Police, Scottish Ambulance Service and Scottish Fire and Rescue have agreed protocols between them when responding to situations where criminality is suspected. The manager/senior person on duty or on call should ensure that the necessary practical steps to manage any immediate risk to the adult at risk and other service users have been taken (Section 9.1).

What if I suspect an offence has been committed and do I need the adult's consent?

7.5 Unless one or more of the following apply the person's consent is usually required before the police are contacted:

- the adult is at immediate risk of significant harm
- the adult does not have the capacity to understand his/her choice or consequences (Section 4.4)
- there is concern the adult is being unduly pressurised to withhold their consent
- the situation involves a volunteer, service provider or employee of any organisation/agency
- there is a public safety concern, and it is in the public interest to override consent because of the seriousness of the incident or concern and/or risk to other people
- an employee, other resident, volunteer or any visitor to the care home witnessed a crime being committed.

7.6 Please note that whilst consent is not required in respect of any of the situations outlined above, good practice is that the adult at risk should be included in the process and given the opportunity to give their view and that this is recorded.

8. Responding and Reporting Guidelines

Supporting the Adult at Risk

8.1 In the event that an adult at risk tells a member of staff about something that has happened to them that causes concern it is important that the member of staff acts in a supportive manner.

Staff should:

- continue to listen with care
- reassure the adult at risk he/she was right to tell, if appropriate
- acknowledge the adult at risk feelings as expressed by them
- protect evidence.

Staff should not:

- investigate
- show disbelief
- be judgmental
- introduce personal or third party experiences of abuse
- display strong emotions
- promise confidentiality
- tamper or disturb any physical evidence. In cases of physical or sexual harm this could include allowing or supporting the person to change clothing, clean themselves, wash clothing/bedding; clean, touch or remove items from the place where the harm happened.

9. Reporting Concerns

9.1 Where staff suspect an adult is being abused or harmed, concerns should be escalated immediately to the most appropriate senior member of staff available on duty. This would include situations where there are suspicions regarding managers, colleagues, visitors, volunteers and situations where staff observe occurrences or behaviour themselves. This will also include situations where staff receive information about such occurrences or behaviour that leads them to suspect that an adult at risk is being abused or neglected out with the home. Confidentiality cannot be kept even when this has been requested by the adult at risk (Section 7).

9.2 Staff should write down the nature of their concerns including anything the adult at risk may have told them. Staff should as far as possible record the words used by the adult. Staff should not investigate the concerns but make a record of the key information and events (see appendix 1). The most senior member of staff may want to consider gathering relevant information, notes and records from other staff as required. This should be done before the members of staff go off duty. Notes and statements should be signed and dated by both the staff member(s) and the most senior person on duty. The notes and records of events may be required to be shared with police and/or social work.

9.3 The manager/senior person on duty should **ensure that the necessary practical steps to manage any immediate risk to the adult at risk and other service users have been taken.** In situations involving staff this may include pursuing disciplinary action including suspension of staff where required. The **manager/most senior person on duty is responsible for ensuring that adult protection concerns are reported directly and within 24hrs to Social Work Services, and where necessary immediately to the Police (contact details can be found at Section 17)**. When out with hours, please contact the out of hours social work team. An AP1 (Appendix 1) confirming all referral details should be submitted to Social Work within 24hrs of the concern being identified (AccessTeam@dumgal.gov.uk)

9.4 Any concerns raised should be managed in line with the providers' internal ASP procedures. This may include reporting to a senior manager/senior person for oversight and monitoring purposes.

9.5 Manager/senior person on duty making direct contact with Social Work Services and/or the Police must make a note of the following:

- date and time of the contact
- name, and full contact details of those contacted
- full details of who should be contacted for future follow up.

9.6 For 'Out of Area Placements' where there is adult protection concerns regarding an adult residing in a care home in Dumfries and Galloway these should be reported to Dumfries and Galloway Social Work (Section 17). This includes residents placed by another local authority. It is good practice for the care home manager to also notify the placing authority that there are adult protection concerns and that referral to Dumfries and Galloway Social Work has taken place. The legal responsibility for undertaking inquiries and investigations under the Act lies with the local authority where the person is. Dumfries and Galloway Social Work will liaise with the placing local authority in order to progress. Where the adult has changing needs and requires a review the local authority that placed the adult in the home should be contacted. Responsibility for all care management issues lie with the placing authority that funds the placement including Free Personal Care. This is agreed as part of the National Care Home Contract.

10. Feedback

10.1 Social Work Services and/or the police will provide feedback to the Care Home Manager/designated manager acknowledging the referral and that the concerns raised are being addressed.

10.2 If the Care Home Manager or designate is unhappy with the response from Social Work Services, they should contact the responsible Service Manager for the relevant Adult Services Team via the Single Access Point (Section 17) and outline their concerns to them.

11. What Happens Next?

11.1 It is the duty of Social Work Services to make a decision as to whether the referral meets the threshold for an investigation. Where the referral does meet the threshold social work will investigate matters of concern in relation to the protection of the adult at risk. Where appropriate other investigations may also be triggered. This may include investigations by Police, Mental Welfare Commission, Care Inspectorate and Public Guardian (Section 13).

11.2 The investigating Social Worker (known as the Council Officer) and or the Police Officer may require to speak directly to the person who raised the concerns. All care home staff must co-operate fully with any enquiries.

11.3 Under the Adult Support and Protection (Scotland) Act 2007 council officers lead all initial inquiries and investigations. Their investigation will include speaking with the adult and any other relevant party, including next of kin, Power of Attorney's/Guardians, Carers and paid care providers (this list is not exhaustive). The council officer will use various tools to understand the adult's situation, as well as make recommendations for the way forward. This includes putting together a chronology, carrying out a risk assessment and analysis of the situation, to inform recommendations and the next steps. Where appropriate this will include a protection plan. The Council Officer has a duty to offer independent advocacy to support this process. Care homes may also refer to advocacy with the person's agreement (www.dgadvocacy.co.uk).

11.4 With support from those involved with the adult, the council officer will establish if an adult meets the 3-point criteria Adult Support and Protection (Scotland) Act 2007 (legislation.gov.uk) and should remain under ASP processes. This would normally mean that an Adult Support and Protection Case Conference would be arranged. Care home providers may be asked to attend this and should do so where invited, to support planning for the adult at risk of harm.

11.5 The Case Conference, will be person centered and include the adult, unless it would cause further harm and distress. For example, where an adult lacks the capacity to understand the process. Where this is the case the council officer should make alternative arrangements to gain their view or support the adult to attend part of the meeting.

11.6 Following a case conference, care home staff with an on-going working relationship with the adult at risk in a support role may be invited to join the core group/team established to contribute to the protection planning and delivery of support. Care home staff should attend and contribute to these meetings.

11.7 Where a situation involves staff then the employer will have responsibilities to address issues of risk from staff involved and where appropriate pursue disciplinary action against staff and make referrals to all relevant regulatory bodies.

11.8 Where the referral does not meet the threshold for adult support and protection, consideration will be given to action and support required under other legislation. The decision may be that no further action is required by

social work, however in some cases the matter may result in a Self-Directed Support review or be referred to another agency to assess information and consider whether any further action is required by them.

12. Large Scale and Complex Investigations

12.1 A large-scale investigation (LSI) is a multi-agency response to circumstances in which there may be a risk of serious harm within a care setting. This may be either in residential care, day care, care at home or in a healthcare setting. The circumstances could have arisen during a short timeframe or have cumulatively occurred over a longer period. Additionally, there could be circumstances where the seriousness of the harm experienced by one individual and potential impact on others, would merit an LSI. An LSI would be considered when:

- concerns are raised about the systemic failure in the delivery of services which is placing those who use them at risk of harm
- a report of harm to an individual which may affect a number of other individuals also in receipt of care
- multiple victims exist not in the one setting, for example, adults living in the community who may be systematically targeted
- multiple allegations are received from those using services against others using that service.

12.2 The purpose of a LSI is to support understanding and learning about factors which may be impacting on the health, wellbeing and/or safety of individuals in receipt of care. It should be a transparent, inclusive process where the objectives are an understanding of any need for improvement in service delivery and a plan to achieve this.

12.3 LSIs balance a supportive approach with a statutory duty under Adult Support and Protection legislation. Thinking about proactive work early on can avoid the need to go down the statutory route, embed support and partnership with services, and flag future concerns at an earlier stage.

12.4 There are many ways that local services work proactively in order to prevent or reduce the need for LSIs. Good practice in Dumfries and Galloway and across Scotland includes the following:

- Regular analysis of the patterns of ASP referrals coming from local providers. Do they seem disproportionately high or low? If so, proactive reaching out to these services to investigate the reasons for the excess or lack of ASP referrals, including contracts and commissioning colleagues in these discussions, and providing any support identified, can help prevent a LSI in the future.
- Proactive work when a new provider sets up in the local area, building up relationships from the beginning.
- Sustained strengths and relationship-based work with local providers and ensuring providers don't only experience social work at a time when things are going wrong. This both builds trust and helps develop the soft intelligence needed for supportive work in the event of future ASP

involvement. Care Homes can expect support from the Homes Teams where adults require review of their support needs and or may require the input from visiting professionals such as, OT, Physio and Speech and Language Therapy.

- Using the Early Indicators of Concern in Care Services Early Indicators of Concern in Care Services - gov.scot (www.gov.scot), which are specifically designed to help health and social care practitioners in Scotland intervene at an earlier stage to prevent the significant deterioration in service quality associated with abuse and neglect. Sharing these with local care providers can also help establish a shared language between the Local Authority and providers about standards in care.
- A designated team to support and address any early concerns. In Dumfries and Galloway Care Homes can expect support from Care Home Tactical Team and Commissioning (via Contracts Team). This includes joint assurance monitoring visits and CHTT also provide training and awareness sessions to supplement care homes own training responsibilities. The CHTT offer collaborative Support or Improvement plans which can be implemented as a bespoke supportive service to the services that need/request them. The Commissioning Team works closely with the CHTT to help support Care Homes, including the jointly conducted assurance monitoring visits and the issuance of annual contract monitoring returns. Contract monitoring exercises aim to ensure contractual obligations are met, to support the management of risks, to help support service improvements and to provide ongoing follow-up and support to care provider partners.
- Creating provider chronologies, which capture significant events, and can help quickly build up a picture of an individual provider meaning concerns are identified at an earlier stage.
- Being transparent with local providers about local ASP procedures, including what might trigger a LSI, and encouraging providers to reach out at an early stage if they identify any patterns of concern themselves.
- Considering the difference between ‘poor care’ and ‘harm’. These can be difficult differences to draw, and poor care can foreshadow harm. Having robust mechanisms for addressing poor care concerns through Social Work and the HSCP can help prevent the need for a LSI. The contracts and commissioning team also have a role in escalating issues.

12.5 Where an LSI is being considered for a care home, an initial referral discussion will take place. This will be led by Social Work. Where it is decided by Social Work that the threshold has been met for a LSI, a multiagency LSI Inquiry meeting will take place. Good practice is to fully involve the care home from the earliest stage possible throughout the process.

12.6 According to circumstances the following, amongst others, may also be involved alongside the care home:

- Police Scotland
- Local Health Board

- the Care Inspectorate
- the Office of the Public Guardian
- the Mental Welfare Commission
- Health Care Improvement Scotland
- other council services
- other services within the local authority area, including independent advocacy
- other councils and partnerships may become involved if they have adults placed in the service subject to the LSI.

12.7 Social work and the multidisciplinary team will work with the 'least restrictive principle' to keep the adult(s) safe. For example, if a provider has a history of compliance and improvement and have already commenced risk mitigation activity, the decision may be that an LSI is not required, but an improvement framework is put in place and monitored. Local Partnership Guidance will want to consider how this links to their incumbent quality assurance framework with regard to contract monitoring and quality assurance.

13. Other Agencies with Interest in Protection Concerns

Disclosure Scotland

13.1 If the concerns investigated or notified involve a member of staff, you should as a provider be aware of your legal duty to refer members of staff to Disclosure Scotland for consideration for listing as barred from working with children or adults at risk (a protected adult when using a regulated care service). A referral to Disclosure Scotland is required if a member of staff has harmed, or placed at risk of harm, a child or protected adult. This would result in the member of staff being dismissed, or would have resulted in dismissal had he/she not left their post. This may be necessary as a result of a child or adult protection investigation.

Referral to SSSC or other professional regulators

13.2 If the concerns suggest that a registrant working in a registered service (not childminding) may have breached their code of conduct, the appropriate professional regulator should be informed as soon as possible.

13.3 Where the SSSC is the relevant professional regulator, providers are required to complete a care inspectorate notification form regarding the allegation of misconduct.

13.4 If the staff member is registered with another professional regulator, for example the Nursing and Midwifery Council (NMC), you should refer individual staff using the referral form on the NMC website. Providers must also make a notification to the care inspectorate.

Mental Welfare Commission

13.5 If the adult at risk of harm lacks capacity and has a mental condition as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 then the Mental Welfare Commission needs to be informed - http://www.mwcscot.org.uk/

The Care Inspectorate Contact Centre

13.6 The Contact Centre 0345 600 9527 (formerly National Enquiry Line) is the first point of contact for any member of the public or professional contacting the Care Inspectorate verbally and online. This includes general enquiries, queries, ASP concerns, complaints and signposting where appropriate.

14. Where an Adult's Needs Change

14.1 There are many situations where the distinction between concern about an adult with changing needs and an Adult at Risk under ASP is unclear. It is recognised that care home staff will be caring for people whose care needs may be complex and this may be impacting on risks to themselves and others. Although the person may be considered to meet the defined criteria of the Adult Support and Protection (Scotland) Act 2007 this may not be the most effective way to address issues for those persons who will be very vulnerable and may need additional support. It may be more appropriate to review the adults needs in a multidisciplinary way via a review of their care and support.

14.2 For the avoidance of doubt. it is important to seek the advice of Social Work professionals. This should be done by following the guidance and they will advise what route/criteria the situation will take i.e. an Adult Support and Protection concern to refer as an AP1, or to be reassessed with full multi-disciplinary involvement.

14.3 A person may be in need of additional care and/or support. This usually means an individual who requires an assessment/reassessment of their needs in order to support them in their community (includes care settings). Depending on their circumstances this could include multi-disciplinary input from Homes Teams, Community Mental Health, the Ideas Team, or other social work teams. Advice should also be sought from the Social Work Services as the person may require a reassessment of their needs. If in doubt who this is, please contact the Single Access Point.

14.4 If it is known that a person requires to be reassessed, it is good practice to advise the person that they are being referred for assessment. The relevant family member/contact/Next of Kin/active guardian or power of attorney should also be informed. It is crucial that medical opinion is sought from the person's GP and/or other appropriate health professionals. A medical cause to the change in behaviour should be ruled out and acted upon i.e. delirium.

14.5 If the adult has been presenting with new behaviours or changes to their condition it is important to address any possible unmet needs. This should be done in collaboration with the family members, staff on the unit and relevant professionals.

14.6 Notifications for an allegation of abuse must be made to the Care Inspectorate and the Commissioning Team immediately (Section 15). A notification should include as much information as possible:

- who was involved?
- what happened?

- what has been done to manage the immediate risks?
- who has been contacted to help reassess the situation?

14.7 Social Work is responsible for determining the most appropriate legislation to progress the situation. Assistance can be provided under the auspices of three other pieces of legislation which can also be used to support and protect adults:

- Adults with Incapacity (Scotland) Act, 2000
- Mental Health (Care and Treatment) Scotland Act, 2003
- National Health Service and Community Care Act 1990
- Self-directed Support (Scotland) Act 2013

15. Commissioning Team and Care Home Tactical Team

15.1 The Strategic Commissioning Team Commissioning@dumgal.gov.uk and Care Home Tactical Team dg.carehometacticalteam@nhs.scot should also be notified of any Significant Event to inform contact monitoring. Commissioning and the Care Home Tactical Team do not lead ASP concerns; therefore, it is important to report all concerns to social work via the Single Access Point as well.

Notifications to the Care Inspectorate

15.2 Registered services must report all allegations of abuse (as defined in adult support and protection and child protection legislation) involving someone using a service immediately including:

- details of occurrence
- persons involved
- actions taken.

15.3 For notifications to the Care Inspectorate the provider must make the notification using the e-Form for an ‘allegation of abuse’ which can be generated in the providers’ e-portal.

15.4 Refer to ASP Threshold for further guidance.

16. Visiting Professionals

16.1 Adults who live in Care Homes will require the support of visiting professionals, depending on their circumstances and level of need, as they would do if they lived independently.

16.2 This could include the following (but not limited to):

- Occupational Therapists (OT’s)
- Physiotherapists
- Community Nurses
- Specialist Nurses i.e. diabetic, epilepsy or for any other specific conditions
- Speech and Language Therapist

- Social Workers or care coordinators
- Other Homes Teams Staff
- Third sector and voluntary staff

16.3 It is the responsibility of visiting professionals to report any concerns and risk of an Adult Support and Protection nature via their single agency procedures e.g. health, police, social work.

16.4 Concerns and/or risk of harm should be assessed, and where it is deemed that professional advice/recommendation have not been followed in the service, including but not limited to:

- Incorrect mobility aid or technique
- Incorrect modified diet
- Skin damage (bruising, skin tear, pressure sore), where preventative measures have not been taken

Then an AP1 form should be submitted.

16.5 An AP1 referral to social work should be made where there is concern regarding any of the types of harm detailed in section 4. Through the AP1 process Social Work has the power to investigate therefore it is important to know that AP1s can lead to lessons learned and improvement opportunities for people who live in Care Homes.

16.6 It is not enough to raise with Care Home direct. As professionals we have a duty of care and in the case of health and other statutory practitioners a duty to raise an ASP referral. Health Professionals can seek support and advice from their managers and/or the NHS Public Protection Team.

16.7 Again, it may not always be possible to determine if an individual fits the specific ASP definition and criteria. For avoidance of doubt, where any person is suspected to be an adult at risk of harm they should be treated as such, until their status is deemed otherwise by Social Work Services.

16.8 It is good practice for a visiting professional to seek consent from the adult and advise the Care Home manager or most senior member of staff available on the day that a referral to Social Work will be made. Any immediate action to keep the adult safe identified and the adult views should be detailed in the referral. The exception would be where there is concern that this may put the adult at further risk, or the adult is unable to give consent (see section 7).

16.9 Where the referral does not meet the threshold for adult support and protection, consideration will be given to action and where appropriate support under other legislation or services e.g., review of adult's needs via Self-Directed Support, or referral to specialist services around falls or dementia support. Again, this will ultimately be a Social Work decision, however in doubt contact your single agency public protection advisor (health) or the Single Access Point.

17. Contacts

Agency/Organisation	Contact Details
Dumfries and Galloway Social Work Services	Single Access Point: 030 33 33 3001 AccessTeam@dumgal.gov.uk Social Work Services - Out of Hours Service socialworkoutofhours@dumgal.gov.uk
Care Inspectorate	Contact Centre 0345 600 9527
HSCP Strategic Commissioning Team	Commissioning@dumgal.gov.uk
Come Home Tactical Team	dg.carehometacticalteam@nhs.scot
Police Scotland	Telephone 101 to report your concerns to your local police office (phone 999 in an emergency)

18. Further Reading and References

18.1 More detailed procedures are set out in Dumfries and Galloway Multiagency Adult Support and Protection Procedures, most recent AP1 and further resources can be found at: https://www.dgppp.org.uk/information-professionals/adult-protection/report-concern-about-adult-professional

18.2 The links to the Adult Support Protection (Scotland) Act , the accompanying Code of Practice; and the Adults with Incapacity (Scotland) Act 2000 and accompanying Code of Practice can be found at: https://www.gov.scot/policies/social-care/adult-support-and-protection/

18.3 The link to Scottish Care -Tell Someone can be found at:

http://www.scottishcare.org/resources/tell-someone/

Appendix 1: What is relevant Information?

Relevant details relating to the case should include:

- Name, address, date of birth, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical health, any communication difficulties; mental health, assessment/view of capacity and any associated statutory orders, or whatever information is available.
- The staff member's job title and the reason for their involvement.
- The nature and the substance of the allegation or concern.
- Details of any care givers and/or significant others.
- Details of the alleged perpetrator, where appropriate, and his or her current whereabouts and likely movements over the next 24 hours, if known.
- Details of any specific incidents (e.g. dates, times, injuries, witnesses, evidence (such as bruising). Where any incidents are witnessed by a member(s) of staff this should be clearly recorded.
- Background relating to any previous concerns.
- Any information given to the person, their expectations and wishes if known. Specify if the person had not consented to share information and their reason for this.

Checklist:

- Record the date, time and where the harm is alleged to have taken place or where it was witnessed.
- Record details of anyone else who was there.
- Record what the adult at risk of harm says using the words of the person making the disclosure even if they seem rude or embarrassing.
- Tell the adult at risk you need to speak to your manager and where required clarify that confidentiality cannot be kept.
- Try to separate the factual information from any opinions.
- Date and sign your report. Senior person on duty should counter sign and date.
- Don't forget your report may be required as part of any legal action or disciplinary proceedings and that your report may be required to be shared with Social Work and Police.
- Managers in services also need to report to the Care Inspectorate and Dumfries and Galloway Commissioning if the person alleged to be causing the harm is a member of staff.
- As required Managers in Services may also require to notify the SSSC and other regulatory bodies and Disclosure Scotland Protection of Vulnerable Groups Scheme where there are concerns regarding a staff members suitability to practice/remain in workforce.

  http://www.sssc.uk.com/

http://www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm

- Social Work Services and/or Managers in Services may be required to notify the Mental Welfare Commission of particular incidents where the specified criteria are met.

  http://www.mwcscot.org.uk/

Appendix 2: ASP Training Resources

There are many useful resources to support understanding of Adult support and protection at the Dumfries and Galloway Public Protection Website https://www.dgppp.org.uk/information-professionals/adult-protection

This includes:

https://www.dgppp.org.uk/information-professionals/find-training-and-development/level-1-raising-awareness-adult-support-and-protection-elearning-course

Access to online training and the Multi-Agency Training Calander
https://www.dgppp.org.uk/information-professionals/find-training-and-development

https://www.dgppp.org.uk/information-professionals/training-and-development-professionals/types-training

Information regarding supporting adults with dementia

The Herbert Protocol – Which helps Police in their search for missing vulnerable people. Download the flyer and form below for more information

TURAS offers further opportunity to develop your knowledge and skills of Adult Support and Protection to Informed Practice (Level 1) register for:

Turas learn and complete the following https://learn.nes.nhs.scot/64316

A Trauma-Informed approached is now a central component of Adult Support and Protection. Use the link below to develop your knowledge and skills around a Trauma-Informed approach. Developing your trauma skilled practice 1: understanding the impact of trauma and responding in a trauma-informed way.

https://learn.nes.nhs.scot/24384/national-trauma-training-programme/traumaskilled/developing-your-trauma-skilled-practice-1-understanding-the-impact-of-trauma-and-responding-in-a-trauma-informed-

The SSSC Adult Support and Protection Smartphone App is available to download at: Adult Support and Protection (sssc.uk.com).