Pan-Lothian
Large -Scale Investigation Protocol
May 2022

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1. Introduction

Under the Adult Support and Protection (Scotland) Act 2007 (the Act) Councils have a duty to make inquiries where it is known or believed that an adult may be an adult at risk of harm and that supportive and protective action may be required. The Act gives the Council the lead role in Adult Support and Protection investigations and makes no distinction between NHS premises and other settings.

This protocol has been agreed by East Lothian and Midlothian Public Protection Committee, City of Edinburgh Adult Protection Committee and West Lothian Adult Protection Committee. Each local authority will be the lead agency involved in any investigation process. It is designed to minimise risk to individuals and staff in any care setting, this includes the adult's own home. Service providers are expected to have their own procedures for staff within their organisations.

The need for guidance is set out in the Adult Support and Protection (Scotland) Act 2007 Code of Practice (2014) which states "local multi-agency adult protection procedures should include a procedure for Large-Scale Investigations".

Further the Code states a "Large-Scale Investigation (LSI) may be required where an adult who is a resident of a care home, supported accommodation, a NHS hospital ward or other facility, or receives services in their own home has been referred as at risk of harm and where investigation indicates that the risk of harm could be due to another resident, a member of staff or some failing or deficit in the management regime, or environment of the establishment of the service".

A LSI is a multi-agency response to circumstances where there is concern about an adult, or adults who may be experiencing harm or are at risk of harm. Adults at risk of harm, is a term defined by the Adult Support and Protection (Scotland) Act 2007 (see appendix 1). Where necessary supportive and protective action will be taken during the course of an investigation to mitigate the risk to the users of that service.

This protocol is relevant to adults living in the community as well as adults who may be receiving services from a registered care provider which can include care homes, day care, hospital or care at home provided by a care provider.

Whilst not an exhaustive list, potential scenarios for consideration of a LSI could include:

- **When an adult protection concern is received that involves a number of adults.** For example: more than one adult at risk has been potentially maltreated or neglected and as a result experienced significant harm (e.g. one domiciliary care worker intimidates and threatens more than one adult with learning disabilities in a supported living environment resulting in them being frightened and scared).

- **Where a number of harmers are suspected.** For example: two or more people work together to maltreat or neglect adult(s) at risk (e.g. carers/PAs work together to financially abuse adults living in their own home).

- **Where institutional harm is suspected**. For example: potential or actual harm due to poor or inadequate care or support or systematic poor practice that affects the whole care setting (e.g. residents must go to bed before night staff come on duty, cannot get food or drink during the night, call bells are taken off people and residents are left all night in soiled beds or pads resulting in a loss of dignity and experiencing degrading practices).

- **Where there have been three or more adult protection investigations within a 12-month period, related to the same service, where the collective outcome indicates that serious harm has been caused.** For example: financial harm investigated in January, medication errors resulting in harm investigated in April and missed calls resulting in serious harm referred in September – all by the same agency but different service users. All significant areas of concern signifying the agency may not be operating a safe service with continuous improvement.

- **Where a whistle-blower makes allegations about the management or culture of a service.** For example: a whistle-blower alleges the manager of a service instructs staff to water down the milk, use out of date food, portions of food are insufficient etc. – and intimidates or threaten them with the sack if they tell anyone else; staff often bring in extra food for residents who complain they are hungry.

- **Where the situation is very complex and where special planning and co-ordination of the investigation is required.** For example: the investigation will require input from a number of agencies and people such as medicines management, tissue viability, health and safety, dietician, Care Inspectorate, Police. Staff who have neglected people resulting in medication errors, pressure sores and unsafe equipment will of necessity require assessment from a variety of disciplines.

- **Where an investigation into one allegation leads people to strongly believe other people may also be victims of the same harm.** For example: an adult complains of being hungry because there is no food. A visit to the home identifies little food and staff shortages. Or it could be a complaint about inadequate heating or broken equipment that could result in harm (e.g. hoists or hand rails broken; degrading practice towards residents is established).

- **Where there are significant concerns about the quality of care provided and there are concerns about the services ability to improve.** For example: high number of low level concerns and complaints are being raised from various people and agencies, there is no registered manager, high staff turnover and generally the environment is poor and service users look neglected and uncared for; previous involvement with the service indicates the home does not improve quickly enough or is able to sustain improvements.

2. Purpose of Protocol

This protocol provides a standardised, systematic and transparent approach to the process of LSIs across adult services within Edinburgh and the Lothians. The protocol exists to ensure LSIs are carried out consistently by relevant agencies by:

- Offering a framework for an alternative process to holding large numbers of individual Adult Support and Protection Inquiries/Investigations and ensure there is adequate overview/co-ordination where several agencies have key roles to play.

- Facilitating a shared understanding of the purpose of the protocol among all agencies with statutory responsibilities for Adult Support and Protection across the Pan Lothian partnerships, NHS Lothian, J and E Division Police Scotland and the Care Inspectorate.

- Ensuring that ethical issues related to the protocol are recognised and managed appropriately, taking account of, and understanding the impact of cultural practices, balanced against an individual's right to be protected, the right to privacy, dignity, respect, and freedom of choice. Decisions taken under LSI are done so in the spirit of ASP legislation and adhere to its principles.

3. Criteria

A LSI should be considered when there is/are:

- A report of harm to an individual which may affect several other individuals also in receipt of care

- Concerns raised about systematic failure impacting on the quality of care delivered which may be placing individuals at risk of harm

- Multiple victims not in one setting: for example, several adults at risk in the community are potentially being systematically targeted by criminals, such as bogus workmen, hate crime and sexual exploitation. Although the police will have the lead responsibility to investigate, a LSI brings together key agencies to assist in that investigation and take a consistent approach to support and protect victims from harm.

- One or more reports are received from service users against other service users. In such circumstances, it may be appropriate to conduct individual Adult Support and Protection Case Conferences; however, experience indicates that taking a proactive approach which can address supervisory arrangements and/or the management of aggressive or sexualised behaviour is potentially more effective.

4. Key Legislation

Please refer to list of supplementary legislation under Appendix 2

- Adult Support and Protection (Scotland) Act 2007 and associated Code of Practice https://www.legislation.gov.uk/asp/2007/10/contents
- Adults with Incapacity (Scotland) Act 2000 https://www.legislation.gov.uk/asp/2000/4/contents
- Duty of Candour Procedure (Scotland) Regulations 2018 https://www.legislation.gov.uk/ssi/2018/57/made
- Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 – Part 3 Ill Treatment and wilful neglect https://www.legislation.gov.uk/asp/2016/14/contents/enacted

- The Mental Health (Care and Treatment) (Scotland) Act 2003https://www.legislation.gov.uk/asp/2003/13/contents

5. Information Sharing

This protocol is underpinned by the Data Protection Act 2018 and The General Data Protection Regulation (GDPR).

Any information that is considered to be Restricted Information will be shared separately with the attending officers but not the care provider. It is the responsibility of the chair person to ensure:

- An accurate minute is made of the LSI meeting(s)
- Risks are identified and reflected in the support and protection plan
- The LSI group have taken any immediate safety actions required
- All correspondence and documents generated for the purposes of the LSI are held and managed in accordance with existing information sharing protocols outlined above
- A final findings/summary report is produced

The retention period for all documentation pertaining to a Large Scale Investigation is 25 years.

6. Policy and Procedures

Each agency should act in accordance with their own Adult Support and Protection Policy & Procedures. Procedures and Guidelines for general reference also include;

- Adult Support and Protection (Scotland) Act 2007 and associated Code of Practice https://www.legislation.gov.uk/asp/2007/10/contents
- Adult Support and Protection Policy and Procedures

7. Notification and Authorisation

When an adult protection concern is received, it will initially be addressed as an individual 'ASP duty to inquire' contact. Where the harm or risk is due to a threat or deficiency within a provision of care, consideration will be given to the potential that other adults may also be experiencing harm or are at risk of harm. In such cases further information may be required to assist with a decision to progress to LSI.

Consideration should be given in such cases on the need to undertake an overarching Large Scale Investigation. Additional actions may be required to safeguard adults deemed to be at immediate risk, such actions should be taken straight away and should not wait for further stages in the procedure.

Where a decision has been reached to progress to a LSI, this should be reported through the Health and Social Care Partnership/Council's existing Governance structures (Chief Officer, Health and Social Care Partnership and Chief Social Work Officer).

The Adult Support and Protection Lead Officer is an integral part of the LSI process. Should the Lead Officer be unable to attend any of the meetings the chairperson must keep the Lead Officer informed of the progress and conclusion of the LSI. This information will be included in the LSI Report (Findings,

Outcome and Recommendations) for presentation to the Adult Support and Protection Committee and Chief Officers Group.

A record of the documents created in relation to each LSI will be held and catalogued in accordance with local retention protocols (see section 5).

8. Process

Notification of Concern

Concerns about an adult at risk being harmed in any care setting or at an individual's own home can be raised from a number of different sources, including:

- The individual(s)
- Multi-disciplinary professionals (e.g. social worker, GP, OT, nurses and Police including from Police Concern Report and/or IRD)
- Family/friends making a complaint about health and well-being or protection concerns
- Whistle-blowing within an organisation
- Procurator Fiscal investigating a death
- Individual client's admission to hospital
- Concerns highlighted via quality assurance/contract monitoring
- Concerns raised by the regulatory process
- Concerns raised by a member of the public

Duty To Inquire

When information is received and indicates more than one adult is at risk of being harmed within a care setting, or there is a concern of systematic failure in the delivery of care services which is likely to cause a risk of harm to the adult, the Council have a Duty to Inquire.

The inquiry should consider whether there is potential that other adults are also experiencing harm or are at risk of harm, and must include where relevant, an inter-agency referral discussion (IRD) with police, health and where necessary the Care Inspectorate. This can take the form of a multi-agency meeting and can act as a catalyst for progressing an LSI.

Multi-agency Meeting

The purpose of the Multi- agency meeting is to share information, identify risks and determine if any immediate action is necessary as well as identify ways to minimise risk. Where additional information is required a Multi-Agency meeting may be convened to determine if the criteria for LSI has been satisfied.

A Multi-Agency meeting should be convened as soon as practicable, no later than 14 calendar days after the initial concern has been received. Attendees of this meeting will be referred to as the Multi-Agency Group.

The meeting may be chaired by a senior manager, CSWO or Head of Service from the Health & Social Care Partnership.

The chair of the meeting will identify the key agencies who require to attend and should ensure that the meeting can take account of contract monitoring, quality assurance and commissioning in addition

to adult support and protection issues. Attendees should be of a sufficiently senior level to contribute to decision making and resource allocation as required.

The purpose of the Multi-Agency meeting is to consider two significant issues;

- Whether, based on all information available at this stage, an LSI Investigation is required (or not) and,
- Where an LSI Investigation is needed, to follow the authorisation process and proceed to plan that investigation.

The Multi-Agency meeting should cover the following key points (list not exhaustive):

- Share Information from all key agencies
- Identify the lead officers and managers from each agency
- Identify single points of contact within each agency so that a communication framework is established
- Decide which service users need to be interviewed, reviewed by whom, when and where
- Identify and assess risks
- Agree a risk management plan identifying key tasks to be undertaken, ownership and timescales which will include any immediate protective measures for individuals
- Agree a framework and timescales with SMART actions to progress and review the investigation
- Decide whether to recommend a moratorium on admissions if in a contracted care setting
- Clarify any parallel investigations and roles within each agency and mechanisms for reporting back
- Consider the need for any individual Adult Support and Protection Case Conference
- Consider the need for a Relatives Meeting to share information
- Consider application under Duty of Candour

The Multi-Agency meeting should also consider the impact of the LSI, including consideration of:

- The ongoing management of the service involved
- The impact on service users, families and staff
- How information should be disseminated to service users and their families
- Any inquiries already conducted (from social work, health and police)
- Information provided by the Care Inspectorate which will include all previous concerns/reports and complaints received by them

Initial Investigation and IRD

Where there are concerns of wilful neglect and concerns that other adults may be at a risk a report **must** be made to the Police. (IRD)

Contact should be made immediately with the Detective Sergeant, of the Public Protection Unit and the manager of the relevant Health and Social Care Partnership. This will be part of the IRD process and an initial action plan will be agreed which will consider:

- Whether any immediate protective action is required should individuals be at risk of imminent harm
- Whether the LSI process should be initiated, where there are identifiable risks of harm
- The urgency of this and who will take responsibility for arranging
- If the allegations relate to a registered service, then the Care Inspectorate should be alerted
- The need for a media and communication strategy (*see appendix 6)*

If there is a criminal investigation then decisions regarding primary and parallel processes and vice versa criminal investigation/disciplinary investigation will be considered, however it remains the Council's duty to co-ordinate the Adult Support and Protection process.
Where there is a criminal investigation, this will take priority over any disciplinary proceedings and the organisation should be advised accordingly. Consultation must be undertaken with the police to avoid any compromise in any investigation.

Where the organisation concerned contracts with the Council to provide a service, then the Contracts Officer/Strategy Team should be advised of any indications that the provider may be in breach of contract.

Where the decision of the IRD is to proceed to a LSI and there is to be no police investigation the relevant manager from the Health and Social Care Partnership will coordinate the investigation.

The manager of the service subject to the investigation should be notified by the relevant Health and Social Care Partnership manager prior to LSI. If this does not seem appropriate e.g. potential compromise to the investigation, advice should be sought from the police.

The Care Inspectorate may also have a role in keeping the manager appraised in terms of possible action under the Public Services Reform (Scotland) Act 2010. The Care Inspectorate may also be able to assist with specific elements of further investigation where this is required and is in line with their general responsibility to inspect with registered services.

At this stage the Lead Officer for Adult Support and Protection should be alerted, if not already.

All decisions taken must be recorded.

If a large number of adults could be at risk as a result of an emergency situation in a registered care services (such as failure of business or a situation requiring evacuation) consideration should be given to invoking emergency measures or arrangements. These must be done in conjunction with the appropriate authorities including where appropriate the Council, the Health and Social Care Partnership and NHS Lothian.

COSLA's Good Practice Guidance on the Closure of a Care Home should be referred to where short notice home closure is being considered

There is a duty under the Adult Support and Protection (Scotland) Act 2007 to consider the importance of independent advocacy and other services including communication aids to enable people to participate as fully as possible. Service users, or their primary carer/nearest relative, should routinely be given information about an appropriate independent advocacy service in all cases.

Where any media interest is likely, the LSI has a joint responsibility to agree a media strategy and to brief senior officers who may decide to direct/manage this process. The Lead Officer/Chief Social Work Officer for Adult Protection should advise the Chair of the Public/Adult Protection Committee when any LSI is initiated.

If the Multi-Agency meeting decides that all service users need to be reviewed, the level and type of review should be clarified, as well as which professionals need to be involved. Once assessments/reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the Council Officer/ASP Lead Officer and reported back to the next Multi-Agency meeting.

When the Multi-Agency meeting agrees restrictions on the registered care provider agency's business these actions need included in the LSI Adult Support Plan.

Where it is considered necessary to suspend admissions to a service, a recommendation setting out the key risks will be presented to the Chief Officer (CO) of the local Health and Social Care Partnership and Chief Social Work Officer (CSWO) to make a decision outcome about this. Where there is subsequent evidence that improvements have been made to mitigate or negate previous identified risk(s), this may be presented to the CO and CSWO for review to determine to lift the suspension on admissions. The lifting of suspensions may be absolute or may have conditions set in order to safely manage any transition period or ongoing risks. The recommendation to proceed with any restrictions on the registered care provider agency's business is made by the Chair of the LSI on behalf of the LSI meeting to the Chief Officer (CO) of the local Health and Social Care Partnership and Chief Social Work Officer (CSWO).

Chronology

The purpose of the chronology is to provide an easily accessible summary of information that enables further dialogue and exploration of the sequence of events that have occurred leading to the Multi Agency Strategy meeting. Consideration should be given to the use of an integrated chronology where two or more agencies have been involved with the service (e.g. Care Inspectorate and Social Work). The information should be clear, concise, and sufficiently detailed to enable analysis of sequence of events, and to support the discussion of the multi-agency meetings/Large Scale Investigation. The chronology should be updated until the Large Scale Investigation is concluded.

Where there has been a previous Large Scale Investigation in a 12 month period and where the provider may have re-registered under a different name the chronology should capture this information.

Large-Scale Investigation Meeting

Chair and attendees

Where practicable the chairperson should be independent of the service/s being investigated. Where the Local Authority/Health and Social Care Partnership are also the provider of the service concerned, the chairperson must be independent of the service to allow for objectivity and to reduce the possibility of a conflict of interest.

The Chair of the LSI Meeting will identify the key professionals required to attend the meeting. Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary.

The following may be considered for invitation as appropriate:

- Head of Service
- Chief Social Work Officer
- Service Manager
- Manager/Strategy and Policy/Resources Manager
- Lead Officer, Adult Support and Protection
- Council Communications Manager

- Clinical Director
- Chief Nurse,
- Detective Chief Inspector, Public Protection Unit
- Team Manager, Care Inspectorate
- Care Home Nurse Advisor
- Care Home Team – Team Manager
- Planning and Performance
- The investigating Council Officer
- Representative(s) from any other local authorities who are funding service users within the service concerned
- GP
- Independent Advocate(s)
- Council solicitor.
- A relevant manager of the service concerned where appropriate.

Scope of the Large-Scale Investigation Meeting

The LSI Meeting will:

- Share available information from all key agencies including police, health, council and the Care Inspectorate
- Identify and evaluate risks
- Agree how to progress the investigation
- Decide what further information is required and how that will be sourced
- Agree a risk management plan identifying key tasks to be undertaken, the persons responsible and agreed timescales. This will include any immediate protective measure for individuals (where not already addressed)
- For a Care Home – decide whether there will be a moratorium on admission
- Decide on the communications media strategy including the provider, service users, carers, wider public, other placing local authorities *(see appendix 6)*
- Consider the need for any individual Adult Protection Case Conference
- Decide on the provision of advocacy if appropriate
- Consider if a relatives meeting is necessary
- Determine whether it is necessary to progress to a multi-agency LSI as per this protocol
- Agree whether a review meeting is required and set a date if necessary

The chair should also give consideration to any Restricted Information such as information held by police as part of a police Investigation which cannot be shared freely e.g. with service provider. Where this is considered necessary the LSI meeting may be separated into two parts. The first part would comprise professionals only, where privileged or other confidential information may be discussed. The second part, which may take place immediately after the first part or at a point thereafter, should include the provider to hear feedback from the meeting, be appraised of key issues or concerns and be invited to participate in discussion relevant to progressing the actions and improvements required.

The Adult Support and Protection Lead Officer should inform the Chair of the Public/Adult Protection Committee of any LSIs, to ensure information is reported to Chief Officers Group/Critical Services Oversight Group.

Other concurrent investigations

Where there are ongoing concerns about an individual adult or adults, the presence of a concurrent Police, Care Inspectorate or other investigation should not delay the agreement and implementation of a protection plan for the adult/s at risk.

It may be that, during an investigation, further information emerges about a separate Adult Support and Protection concern. In these circumstances, there will be a need for an additional investigation of the individual concerned, a further IRD (where relevant) and an interim support and protection plan which is proportionate to the assessed risk in addition to the overarching LSI and action plan.

Reviews of Individuals

As part of gathering information to support the work of the LSI, individuals within the service may be reviewed. If the review identifies any immediate risks these must be addressed. Any outstanding concerns should be discussed with the Council Officer and relevant service manager and reported back to a LSI meeting.

If it is decided that residents require an allocated worker as a matter of urgency consideration will be given to who is most appropriate. This may, for example be a qualified Social Worker, Occupational Therapist, Nurse, or Professional Assistant. A Council Officer should continue to co-ordinate any protection plan until this is no longer required. It may, in some circumstances, be necessary to involve a Mental Health Officer

Specialist advice should be sought where necessary. This may include issues relating to moving and handling, nutrition, tissue viability, behaviour and medication management etc.

LSI Review meeting

Once the first LSI meeting has taken place a review meeting should be convened to review progress or conclude the investigation.

The timescale of the review must be proportionate to the risk of harm to all individuals.

The review meeting will:

- Consider reports from investigating social workers or other relevant workers, the police, the Care Inspectorate and any other relevant information that may be presented
- Ensure that appropriate Risk Assessments have been completed and Risk Management Plans are in place
- Agree any outstanding actions and date of next review (where required)
- Ensure that timescales are set for following up any outstanding actions

Where the review meeting decides to conclude the LSI, any protection plans implemented for individual adults at risk should be continued and reviewed in line with standard local Adult Support and Protection Procedures.

LSIs may have wider implications for local and national policy and practice. Where these are identified by the review group but have not been dealt with through other processes (e.g. local management reviews, multi-agency Significant Case Reviews etc.), the review group should make

recommendations, by way of an evaluation report and action plan, to the Public/Adult Protection Committee.

Media Strategy *(see appendix 5)*

Where it is anticipated that there could be media interest, the Chair of the LSI will agree a joint media strategy in conjunction with the communication/media/press officers from the relevant agencies. This may include agreeing a lead agency for any statements to be issued.

The Chair will also consider the need to brief senior officers, politicians, Critical Services Oversight Group (CSOG) etc.

Records

All decisions taken by the Multi- Agency LSI Meeting should be minuted and recorded and stored in accordance with local protocols. The minute should be agreed and signed off by the statutory agencies represented at the Multi Agency Meeting prior to distribution to attendees. All agencies are responsible for the secure storage of the minute and any other associated documentation associated with the LSI.

Minutes of the Multi-Agency meetings and subsequent LSI minutes will form the basis of the investigation record together with any reports submitted. Where investigations relate to an individual, case notes will also be recorded within the appropriate record.

The decision to end an investigation should be taken at the LSI and minutes should be circulated to this effect to all invitees.

Care Inspectorate Notifications

Since 2014, adult protection codes of practice have required that the Care Inspectorate is alerted to the occurrence of large scale investigations.

This is an expectation that is directed at Local Authorities and now, by extension, HSCPs.

Please notify us on the commencement of a large scale investigation **here.**

Please notify us of the completion of a large scale investigation **here.**

Author's name	Chair Pan Lothian LSI Group
Designation	Chair Edinburgh APC, East Lothian and Midlothian Public Protection Committee (EMPPC)
Date	12 May 2022
Review date	May 2024

Appendix 1 – Definitions

Adults at risk

Under the Adult Support and Protection (Scotland) Act 2007 an "adult at risk" means a person aged sixteen years or over who:

a) Is unable to safeguard their own well-being, property, rights or other interests;
b) Is at risk of harm, and;
c) Because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

All of the above criteria must apply to class an individual as an *'adult at risk'.*

The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their wellbeing, property, rights or other interests; all three elements of this definition must be met. It is the entirety of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Who is "at risk of harm"?

An adult is at risk of harm if another person's conduct is causing or is likely to cause the adult to be harmed.

Or

The adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm.

Harm

In the Adult Support and Protection (Scotland) Act 2007, harm includes all harmful conduct and, in particular, includes:

a) Conduct which causes physical harm;
b) Conduct which causes psychological harm (e.g. by causing fear, alarm or distress);
c) Unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion);
d) Conduct which causes "self-harm".

Appendix 2 - Key Legislation

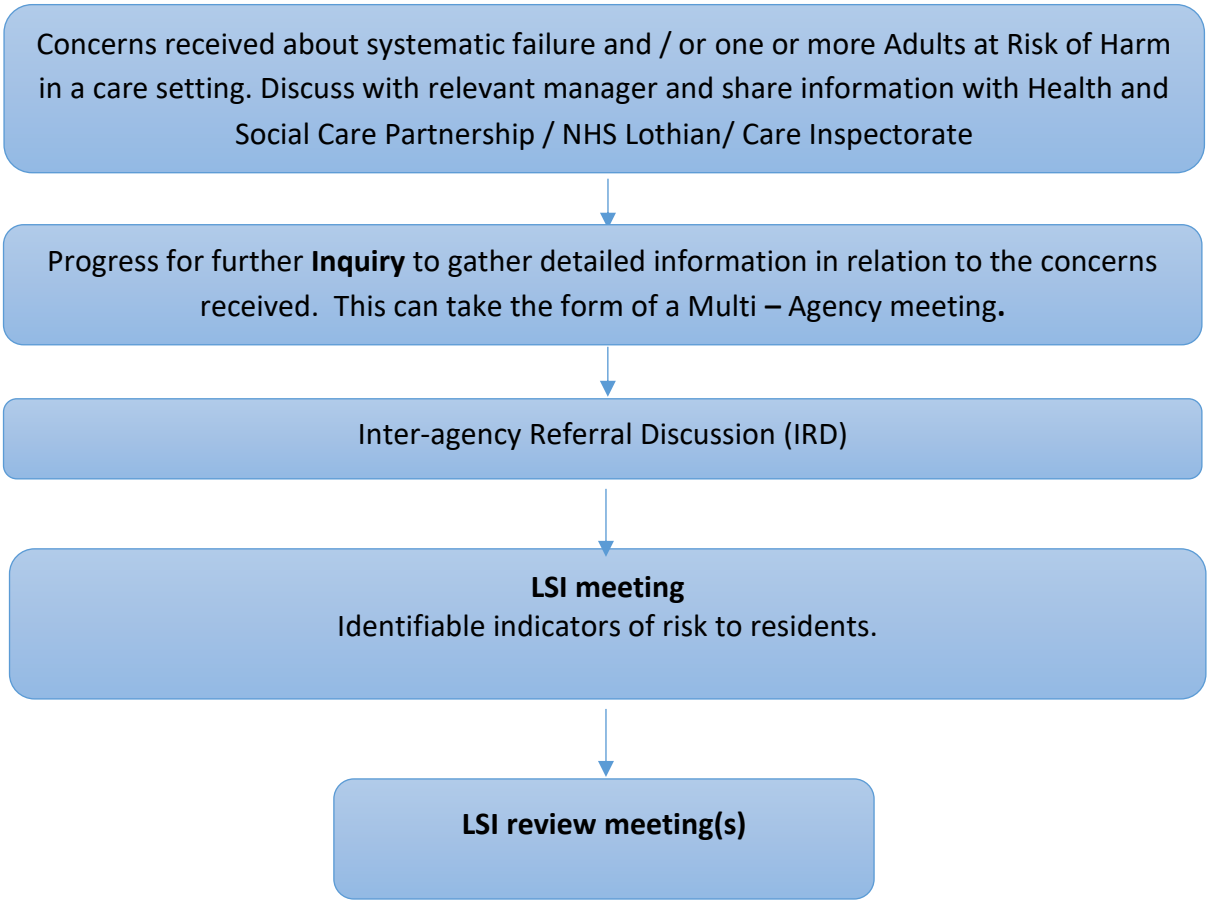
- Adult Support and Protection (Scotland) Act 2007 and associated code of practice.
- Adults with Incapacity (Scotland) Act 2000.
- Community Care and Health (Scotland) Act 2002
- Domestic Abuse (Scotland) Act 2011
- Equalities Act 2010
- Forced Marriage etc (Protection and Jurisdiction) (Scotland) Act 2011
- Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 - Part 3 Ill-treatment and wilful neglect.
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Protection from Abuse (Scotland) Act 2001
- Protection of Vulnerable Groups (Scotland) Act 2007
- Public Health etc (Scotland) Act 2008
- Public Services Reform (Scotland) Act 2010.
- Regulation of Care (Scotland) Act 2001
- Sexual Offences (Scotland) Act 2009
- The Mental Health (Care and Treatment) (Scotland) Act 2003.
- The Human Rights Act 1998.
- The Sexual Offences (Scotland) Act 2009
- The Social Work (Scotland) Act 1968, section 12, section 6.
- The National Assistance Act 1948, section 47.
- The Data Protection Act 2018.
- The General Data Protection Regulation (GDPR)

Appendix 3 – Adult Support and Protection Plan

Name of Agency / Organisation / Care Home:
Date of Plan:
Name/Title of LSI chair:

Risk / Concern	Action	By Whom	Timescale	Desired Outcome

Appendix 4 – Protocol Flowchart



Appendix 5 – Protocol for Inter-authority Adult Support and Protection Investigations

1.0 Introduction

1.1 These arrangements recognise the complexity for adults who may be at risk of harm whose care arrangements are complicated by cross boundary considerations. These may arise, for instance, where funding / commissioning responsibility lies with one local authority and where concerns about an adult at risk of harm subsequently arise in another. This would apply where the individual lives or otherwise receives services in another council area.

2.0 Aims

2.1 This protocol aims to clarify the responsibilities and actions to be taken by local authorities with respect to people who live in one council area, but for whom some responsibility remains with the council area from which they originated.

2.2 This protocol should be read in conjunction with section 53 of the Adult Support and Protection (Scotland) Act 2007 which defines:

- Council as *"a council constituted under section 2 of the Local Government (Scotland) Act 1994 (c.39)*; *and references to a council in relation to any person known or believed to be an adult at risk are references to the council for the area which the person is for the time being in"*.

- The Care Inspectorate is the independent scrutiny and improvement body and has a regulatory role in considering the safety of all service users in any registered care service under the Public Services Reform (Scotland) Act 2010.

3.0 Definitions

- **Host Authority** – The council where the adult at risk is currently located.
- **Placing Authority** – The Council with funding responsibility.

4.0 Principles

- The host authority will have overall responsibility for co-ordinating the adult support and protection arrangements.

- The placing authority will have a continuing duty of care to the adult at risk of harm.

- The placing authority should ensure that the provider, in contractual specifications, has arrangements in place for protecting adults who may be at risk of harm and for

managing concerns, which in turn link with local policy and procedures set out by the host authority.

- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.

- The host authority will make provision in service level agreements, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any adult protection concerns.

5.0 Responsibilities of host authorities

5.1 The host authority should always take the initial lead on investigation, following local procedures. This will include liaison with the police and co-ordinating immediate protective action, if appropriate.

5.2 The host authority will co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and all other relevant agencies.

5.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional harm. If the alleged harm took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.

5.4 The Care Inspectorate should be included in investigations involving regulated care providers and enquiries should make reference to their guidance regarding arrangements for the protection of adults who may be at risk of harm.

5.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

6.0 Responsibilities of placing authorities

6.1 The placing authority will be responsible for providing support to the adult at risk(s) and planning their future care needs. If there are a number of residents funded by the placing authority it is usually negotiated for that authority to undertake any reviews.

6.2 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and / or may be required to submit a written report.

7.0 Responsibilities of provider agencies

7.1 Provider agencies are responsible for ensuring all their staff can identify and respond appropriately to situations where harm is alleged.

7.2 Provider agencies should have in place suitable adult protection procedures to prevent and respond to harm which link with the local inter-agency policy and procedures set out by the host authority.

7.3 Providers should ensure that any allegation or complaint about harm is brought promptly to the attention of Social Work Services, the Police, and / or Care Inspectorate in accordance with local inter-agency policy and procedures.

7.4 Provider agencies will have responsibilities under the Regulation of Care (Scotland) Act 2001 to notify their local Care Inspectorate office of any allegations of abuse or any other significant incidents.

7.5 Provider agencies who have services registered in more than one local authority area will defer to the Care Inspectorate office relevant to the area in which the alleged harm took place.

8.0 Cross border placements

8.1 Where placing authorities have placed adults within English care home settings and incidents of harm are being reported through either the English adult safeguarding team or to the placing authority. Then discussion should happen between the placing authority and the English safeguarding team.

8.2 Immediate steps should be agreed and implemented to protect individuals involved.

8.3 The placing authority will organise an immediate review of the adult's situation and inform senior management of the outcomes and recommendations from the review.

8.4 Regular updates should happen between the English safeguarding team, the placing authority and Care Inspectorate.

Appendix 6 – Media Strategy

Any LSI may trigger media attention and preparation for this is useful. The agency leading on the communication strategy will largely depend on the nature/circumstances of the LSI. In completing this media strategy consideration should be given to agreeing an "if asked" statement with senior managers / Chief Social Work Officers and communications / media officers. Thought might also be required with regards to response (via communications / media officers) to social media issues.

N.B: Under no circumstances should any member of staff deal with enquiries from the media – all such enquiries should be referred to communication / media officers in statutory agencies.

Communication with	Y/N	Who by	Timescale	Agreed statement
CSWO / Head of Service				
Chief Officer HSCP				
Chief Nurse				
DCI, 'J' Division, Police				
Comms Dept Council				
Comms Dept Health				
Comms Dept Police				
Residents				
Relatives				
Other (Care Inspectorate / MWC / OPG)				
Other Local Authorities				