

East Renfrewshire Health and Social Care Partnership

Large Scale Investigation Procedures

|  |  |
| --- | --- |
| **Document Name** | Large Scale Investigation Procedures |
| **Owner** | HSCP |
| **Issued by** | Kate Rocks |
| **Version Number** | V2 |
| **Date Completed** | 1 July 2021 |
| **Review date** | 1 July 2023 |

Contents

[**Professional Judgment** 4](#_Toc73024844)

[**Defensible Decision Making** 4](#_Toc73024845)

[**Definition of a Large Scale Investigation** 4](#_Toc73024846)

[When to consider a Large Scale Investigation (LSI) 5](#_Toc73024847)

[Fig. 1 Large Scale Investigation Flowchart 6](#_Toc73024848)

[**Large-Scale Investigation Initial Notification** 7](#_Toc73024849)

[**Lead Investigation Officer (LIO)** 7](#_Toc73024850)

[**The Large Scale Investigation Planning Meeting** 8](#_Toc73024851)

[Purpose of the Large Scale Investigation Planning Meeting 9](#_Toc73024852)

[Escalation/Dispute Resolution 9](#_Toc73024853)

[Large-Scale Investigation Group (LSI Group) 10](#_Toc73024854)

[Communication with Individuals, Families and Carers 10](#_Toc73024855)

[Advocacy 10](#_Toc73024856)

[Media/Communication Strategy 10](#_Toc73024857)

[Cross Boundary 10](#_Toc73024858)

[Investigations by Police and other partners 11](#_Toc73024859)

[Notification of Agencies 11](#_Toc73024860)

[**Large Scale Investigation** 11](#_Toc73024861)

[Role of the Lead Investigation Officer (LIO) 11](#_Toc73024862)

[Communication with Partner Agencies 12](#_Toc73024863)

[Large Scale Investigation Regarding a HSCP Service 13](#_Toc73024864)

[Progressing an LSI 13](#_Toc73024865)

[Sharing of Information 14](#_Toc73024866)

[Weekly Investigation Team Meeting 14](#_Toc73024867)

[Review 14](#_Toc73024868)

[**Large Scale Investigation Review Meeting** 15](#_Toc73024869)

[**LSI Outcome Meeting and Report** 15](#_Toc73024870)

[**Appendices** 16](#_Toc73024871)

[Appendix 1 Principles for performing functions under the Adult Support and Protection (Scotland) Act 2007 16](#_Toc73024872)

[Appendix 2 Definitions 17](#_Toc73024873)

[Appendix 3 Agenda Sample 1](#_Toc73024874)

[Appendix 4 Early indicators of concern in care services for people with learning disabilities and older people 3](#_Toc73024875)

[Appendix 5 Script for Families 1](#_Toc73024876)

[Appendix 6 Sample Letter to GPs 3](#_Toc73024877)

[Appendix 7 Letter to Families/Proxies 5](#_Toc73024878)

[Appendix 8 Inquiry Checklist and Recording Template 7](#_Toc73024879)

[Appendix 9 Large Scale Investigation Outcome Report Format 1](#_Toc73024880)

[Appendix 10: Notification Guide 3](#_Toc73024881)

[Appendix 11 Risk Indicator – Health and Care Services 4](#_Toc73024882)

This procedure is aimed primarily at Team Managers, Service Managers and Heads of Service who, as officers of the local authority, may consider the need for a Large Scale Inquiry under the Adult Support and Protection (Scotland) Act 2007 or Act as the Chair or Lead Investigation Officer. The procedures are necessarily brief and should be read with reference to the Act itself, associated codes of practice, and the ERHSCP Adult Support and Protection Procedures and the Reporting Procedure for Commissioned Services.

## **Professional Judgment**

All practice takes place in an ethical and practice framework, these procedures set out that framework with East Renfrewshire HSCP and are intended to aid the application of professional judgment, not replace it. To that end all professionals must apply the following skills in their decision making:

* Ensure the balance of rights and needs, demonstrating an awareness of discrimination in all its forms
* Reflect critically on their own practice; and reason from a basis of experience and knowledge
* Consider the emotional impact of the work on themselves and others and use it as a source of understanding about behaviour of children, families, self and other professionals
* Apply everyday skills and wisdom with enriched skills drawn from training and practice experience
* Employ their knowledge of the law, policies and procedures and theories

The application of sound professional judgment may lead, in exceptional circumstances to deviation from the framework set out within this procedure to meet the individual needs of the adult. This should never be utilised solely for the interest of expediency or for the benefit of the professionals or organisations.

Where a decision is taken to act out with the procedures, this decision must be defensible and agreed in advance with the Team Manager or the Adult Support and Protection Service Manager.

## **Defensible Decision Making**

Every action under this procedure should flow from a defensible decision which is informed, balanced, proportionate and fair. These decisions should not be made in a defensive manner, avoiding risk or with fear of blame. They should evidence through effective recording and be reflective of a considered professional judgment, having regard for all available information, the views of the individual, and the principles of the legislation.

## **Definition of a Large Scale Investigation**

The Code of Practice (2014) to the Adult Support and Protection (Scotland) Act 2007 (the Act) states;

‘A Large-Scale Investigation may be required where an adult who is resident of a care home, supported accommodation, an NHS hospital 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 or service’

A Large-Scale Investigation (LSI) is a multi-agency response to such circumstances and should be considered where an adult is at risk of harm and there is concern that other adults may also be experiencing or be at risk of harm from the same source. An LSI can therefore apply to all adults at risk of harm who reside in care homes, are inpatients in hospitals, attend day care or receive care at home from a care provider. An LSI can also apply where individual adults living within the community are subject to harm from a common perpetrator or group of perpetrators who may be systemically targeting the adults.

This procedure can also apply where harm, or risk of harm, has the potential to include more than one adult but only one referral has been received.

### When to consider a Large Scale Investigation (LSI)

The following is a list of circumstances which may trigger consideration of a LSI. This list is not exhaustive and should not exclude consideration of other circumstances:

* An adult protection referral is received that involves two or more adults living within or cared for by the same service
* A referral is received regarding one adult, but the nature of the referral raises queries regarding the standard of care provided by a service
* Where more than one perpetrator is suspected
* Institutional harm is suspected
* A whistle-blower has made serious allegations regarding a service
* Where the complexity of the situation requires detailed planning and co-ordination
* There are significant concerns regarding the quality of care provided and a service’s ability to improve. These concerns could come from a regulatory body such as the Care Inspectorate
* An adult or adults are living independently within the community but are subject to harm from a perpetrator or group of perpetrators, or it is strongly suspected that more than one adult is subject to such harm
* The Procurator Fiscal investigating a death or serious injury has concerns regarding a service
* Concerns regarding an adult are raised following their admission to hospital or discharge. This may include concerns about a care service that are evidenced by an admission to hospital, or concerns regarding an NHS service area
* Concerns are raised via a complaint to the Care Inspectorate, NHS Board, East Renfrewshire Council or the Health and Social Care Partnership
* Concerns are raised by GPs, District Nurses, Dentists, Allied Health Professionals etc. who attend a service
* Concerns are raised regarding financial issues involving more than one service user

Fig. 1 Large Scale Investigation Flowchart

## **Large-Scale Investigation Initial Notification**

Upon receipt of an Adult Support and Protection referral or any other referral that indicates that an adult (or potentially more than one) has been or is at significant risk, immediate action should be taken without awaiting further stages in the procedure.

Concerns that more than one adult in a care or community setting may be at risk of harm will usually be received via adult protection referrals or assessment and planning activity. The receiving operational team will be responsible for information gathering, screening and decision making.

The Contracts and Commissioning team will be responsible for recording and information gathering for all notifications which indicate risk within a service and which do not relate to a specific person or multiple referrals in relation to one service. Where a notification is received in relation to a service which was not commissioned by East Renfrewshire HSCP, it is the responsibility of the Commissioning Manager to progress information gathering in conjunction with other local authority commissioning services’ with possible knowledge of service.

The Team Manager / Commissioning Manager will communicate circumstances which may trigger consideration of an LSI in writing to the Head of Service (or identified Senior Manager) with overall responsibility for the service. This notification should be made within 24 hours of receiving the referral.

The Head of Service (or identified Senior Manager) with overall responsibility for the service will oversee initial inquiries to establish if the matter is likely to require an LSI.

Contact should be made immediately with Police Scotland and relevant Health Managers. This inter-agency discussion will contribute to the initial inquiries. Where it is suspected that a crime may have been committed, Police Scotland will consider and/or undertake a criminal investigation. Possible outcomes from such inquiries are;

* Individual adult protection investigations. This would be the outcome if the harm is thought to be limited to one person who is affected, and this harm would be best addressed on an individual basis
* Initial LSI meeting. This would be the outcome where it is likely that an LSI is required to address ongoing adult protection issues and concerns that impact on multiple adults within the care setting, service or community

Within 48 hours of referral the Head of Service (or identified Senior Manager) will make a decision regarding the need for an LSI and communicate their decision in writing to the Chair of the Adult Protection Committee (APC) and Chief Social Work Officer (CSWO).

## **Lead Investigation Officer (LIO)**

The Head of Service will appoint a Lead Investigation Officer (LIO) who will lead the investigative process, identifying required staffing and resources to undertake the LSI activity. This should be a Senior Manager who has a Social Work qualification, is registered with the SSSC, is an authorised Council Officer as defined by the Act, and has substantial experience of adult protection fieldwork

The LIO will coordinate any immediate actions to protect an adult or adults which could include;

* A moratorium on admissions/referrals to the establishment or care service. This will be discussed with the CSWO who will make the final decision
* Immediate HR actions in relation to individual members of staff involved with the managed care service/setting. This is the responsibility of the care provider with advice from other agencies as appropriate
* Police action as required

*Please note that this is not an exhaustive list.*

The LIO must inform the Care Inspectorate of the possible LSI.

## **The Large Scale Investigation Planning Meeting**

The Large Scale Inquiry Planning Meeting will decide whether to proceed to a Large Scale Investigation. A Large Scale Investigation Planning meeting should be chaired by the relevant Head of Service and convened within five working days of the decision to hold a meeting.

In the absence of the Head of Service (or under exceptional circumstances), the CSWO will identify the appropriate Senior Manager to chair the Planning meeting.

If there are any delays in progressing the Large Scale Investigation Planning meeting, reasons for these should be recorded in the minute of the meeting.

A Business Support Manager should identify a key member of staff to assist with minute taking and dissemination, storage of information and other key tasks of the investigation. All minutes should be approved by the Chair and disseminated within 10 working days.

The meeting will be minuted by a Business Support Minute Taker and a copy of the Action Plan will be circulated to all participants (and relevant others) within five working days and the full minute within 10 working days. These minutes should then provide the basis for any subsequent investigation and further multi agency meetings.

The following people should be invited;

* A representative from the local authority legal section (always invited)
* Social Work Operations Manager (Localities) / Specialist Services joint manager and/or Professional Social Work Lead
* Relevant Team Manager(s)
* Contracts Manager
* Adult Support and Protection Service Manager
* Care Inspectorate
* Police Scotland
* Scottish Fire and Rescue
* Relevant health staff
* Independent advocacy services
* Representatives from other funding local authorities

The relevant manager and/or owner of the care setting or service should be invited unless their presence may compromise the investigation. A decision as to whether to exclude a representative from a care setting from the meeting will be taken by the Chair in consultation with relevant partners such as Police Scotland, the Care Inspectorate etc.

### Purpose of the Large Scale Investigation Planning Meeting

The purpose of this meeting is to agree and record an initial action plan if an LSI is to be progressed. The Chair of the Meeting will ensure concerns are recorded using the harm matrix (see [Appendix 11](#Appendix12)) with clearly identified actions and timescales for key personnel.

This meeting shall consider concerns raised and conclude a risk assessment based on the Early Indicators of Concern Model (see [Appendix 4](#Appendix5)) to inform decision making within this meeting.

The Chair should use the agenda contained within this procedure (see [Appendix 3](#Appendix4)). The aim of this meeting is to:

* Share available information from all key agencies
* Identify and assess apparent initial risk
* Confirm whether an LSI should be initiated
* Identify the objectives of any LSI
* Clarify any parallel investigations and roles within each agency and feedback mechanisms
* Identify and/or confirm lead officers and managers from each agency
* Identify single points of contact within each agency to establish a communications framework
* Confirm the role of independent advocacy in the LSI and the manner in which support will be offered to adults and their families
* Agree an initial risk management plan identifying key tasks to be undertaken, ownership and timescales. This may include any immediate protective measures for individuals that has not already been taken
* Agree a framework and timescales with SMART actions to progress and review the investigation
* Consider recommendation of a moratorium on admissions if a contracted care setting. If the service is an internal provision a stop on admission should be considered
* Identify a location centre for the investigation team along with any other resources required for the investigation
* Discuss provision for the sharing and secure storage of information that requires to be recorded and accessed by staff during the investigation. This should be supported by business processes and systems that allow approved staff to access, record and quickly retrieve key information

### Escalation/Dispute Resolution

If it is unclear, or there is difference of opinion, as to whether an LSI is required the matter will be referred to the CSWO for consideration. The CSWO may make a decision or ask that further inquiry be undertaken to determine the risk of harm before making a final decision.

### Large-Scale Investigation Group (LSI Group)

Participants in the Large Scale Inquiry Planning Meeting will be known as the Large-Scale Investigation Group (LSI Group). Consideration should be given as to whether other parties not in attendance should be invited to be part of the group for future meetings.

### Communication with Individuals, Families and Carers

The Large Scale Inquiry Planning meeting will specifically consider howindividuals, families and carers will be included and informed of the progress of the LSI, taking account of any factors which may impact on this communication, such as sensitivities or ongoing investigations by other partners.

The LIO will lead on the process of notifying service users and their proxies of the LSI, taking account of communication needs. This may include initially contacting service users and proxies as appropriate by telephone using a script (see [Appendix 5](#Appendix6)), following this up by letter (see [appendix 6](#Appendix7)) and arranging a meeting in the care establishment or other location if a care service is involved.

### Advocacy

The Large Scale Inquiry Planning Meeting will specifically consider how advocacy services are to be provided. Service users who are the subject of the LSI should always be offered independent advocacy and be given assistance to gain access to an advocacy worker.

It is especially important to involve an independent advocacy worker if the adult does not have capacity to agree to a referral and there is no welfare proxy (guardian or attorney) in place.

The meeting should agree a single point of contact for liaison with advocacy services. To assist the decision making process written reports should be forwarded to the chair of the LSI planning meeting. These will be collated by an identified Business Support Worker for the HOS / Chair.

### Media/Communication Strategy

The Large Scale Inquiry Planning meeting should consider any possible interest from the media in line with East Renfrewshire Council Media Protocol Guidance. Where media interest is likely, the appropriate communication officers from relevant agencies should identify a specific joint media strategy. Heads of Service will have the responsibility to prepare joint statements for the media in conjunction with the Communications Team as required.

The Large Scale Inquiry Planning meeting will identify how other Heads of Service, the CSWO, Senior Managers of strategic partners and the Chair of the Adult Protection Committee should be updated at key points of the process. The Head of Service should consult with the CSWO and Chief Officer to consider whether elected members need to be appraised.

### Cross Boundary

The Large Scale Inquiry Planning meeting will address any cross-boundary issues. Where service users are placed by a different local authority, responsibilities and/or actions of both East Renfrewshire HSCP and the placing authority must be discussed, agreed and recorded. The decisions must be communicated to the placing authority in writing. Assistance from the Contracts team may be necessary.

### Investigations by Police and other partners

In circumstances when a Police only investigation is concluded to be the primary initial intervention, this will take priority over any other investigation. This includes adult protection investigations, Care Inspectorate investigation (should complaints be registered) or any internal investigation and /or disciplinary procedure.

The Large Scale Inquiry Planning meeting will clearly identify whether partner agencies are obliged to undertake other investigations. For example, possible investigations could be undertaken by the NHS, internal HR departments, Scottish Fire and Rescue Service, the Office of Public Guardian (OPG), the Care Inspectorate, Health Improvement Scotland (HIS), the Mental Welfare Commission (MWC), and Council Trading Standards/Auditors departments.

### Notification of Agencies

If it is decided that an LSI is required, relevant notifications should be made to other appropriate agencies following the initial LSI meeting if these have not already been undertaken. Decisions regarding notifications will be made at the meeting and responsibility noted for action. Notifications should be made as soon as possible and no later than five working days following the date of the meeting.

The agencies that should be notified include;

* The Care Inspectorate (for concerns relating to Registered Care settings)
* Police Scotland (where there may be potential criminality)
* The Mental Welfare Commission (where the concerns relate to ill treatment and/or neglect to a person with a mental disorder)
* Healthcare Improvement Scotland (for concerns located within NHS care settings)
* East Renfrewshire HSCP Commissioning and Planning Manager
* The Office of the Public Guardian (OPG) (where relevant)
* East Renfrewshire Adult Protection Committee Chair
* Other placing or funding local authorities.

**This is not an exhaustive list and professional judgement should be applied.**

The Large Scale Inquiry Planning meeting should consider and record an Initial Action Plan. If an LSI is indicated a date for the LSI Planning Meeting should be scheduled.

## **Large Scale Investigation**

### Role of the Lead Investigation Officer (LIO)

The role of the LIO will be to plan and supervise all investigation activity, provide updates to the Chair of the LSI Investigation Group, relevant Heads of Service and the CSWO on a weekly basis and to all relevant parties as necessary.

The LIO will identify a team of practitioners who will conduct the investigation. All Senior Managers within the HSCP will be required to nominate staff to take part in the LSI. The team will comprise of Council Officers from across all care groups, Council Officer Team Managers and other relevant HSCP staff such as Occupational Therapists, Dieticians, Community Nurses and medical staff as necessary.

Release of practitioners and clinicians to undertake the LSI should be prioritised. HSCP managers should address practitioners’ existing workloads to ensure capacity to undertake the investigation.

The LIO should meet and communicate regularly throughout the process of the LSI with the manager and/or owner of the care establishment or service where relevant. Appropriate advice should be sought from Police Scotland and/or other partners to ensure no other investigation or actions are compromised by these meetings.

The LIO will meet with the investigation team on a weekly basis. Members of the investigation team should be appraised of all available information, any relevant background knowledge regarding the adults involved and any alleged perpetrator(s). It is expected that members of the investigation team will always attend these meetings.

Non-attendance should be agreed in advance with the LIO. Other relevant staff or representatives from other bodies may be invited to this meeting. For example, the ERHSCP Commissioning and Planning Manager and the Care Inspectorate will always be invited.

The LIO will ensure the investigation team are clear about their role, responsibilities, objectives and required actions at all times. The Lead Investigation Officer will identify key tasks to be undertaken, the staff who will undertake these tasks, and agree timescales for completion. This will include monitoring whether any immediate protective measures for individuals are required.

The LIO, in conjunction with the LSI Group, should carefully consider issues of staff welfare. Arrangements will be made for debriefing and supporting staff. Provision of counselling should be considered where appropriate.

### Communication with Partner Agencies

The Care Inspectorate will contribute to the LSI as agreed with all other parties and may also assist the investigation through the deployment of specialist staff where appropriate.

Agreement should be reached between the LIO and the Link Inspector from the Care Inspectorate in relation to the roles and responsibilities of all staff undertaking investigations in registered services.

The LIO will ensure that close co-operation is maintained with regulatory and inspection agencies where a regulated establishment or health setting is the site of the alleged abuse e.g. Care Inspectorate, Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission.

GPs involved in the care of any service user affected by the LSI should be contacted by letter to inform them of the ongoing process (see [Appendix 7](#Appendix8)). This may best be undertaken via the GP Clinical Director.

The Adult Support and Protection Service Manager will be available to offer advice and guidance and to participate in weekly investigation team meetings and any Case Conferences or Case Discussions.

### Large Scale Investigation Regarding a HSCP Service

If a Large Scale Investigation is conducted regarding a HSCP managed service, in order to prevent any conflict of interest neither the LIO nor investigating Council Officers should be from that service.

If during the investigation risks to any adult or group of adults are identified that relate to a staff member from any organisation, that organisation will be responsible for invoking disciplinary procedures and ensuring that any immediate risks are minimised or eradicated. The Large Scale Investigation Group should be informed of any such action.

Consideration should be given to the ethnic, religious, gender or LGBTQ factors during the investigation.

### Progressing an LSI

The LSI should broadly follow the process below dependant on the circumstances of the individual LSI.

* The LIO in conjunction with Council Officers and Team Managers allocated to the inspection will conduct an initial risk assessment of all service users involved to decide the priority of initial inquiries under S.4 of the Act. This will involve reviewing relevant Social Work and health records, ascertaining legislative status and considering the outcome of any assessments already completed such as from Dieticians, Care Home Liaison Nurses and Occupational Therapists.
* All service users will then be allocated to a Council Officer to undertake S4 inquiries to ascertain if the three point test has been met. If the Adult is considered an **Adult at Risk of Harm**  an investigation will progress under S.8 of the 2007 Act, if not the adult will be assessed and supported under section 12 of the 1968 Act.
* Other members of the investigation team may also be involved in undertaking and/or contributing to these inquiries, either in conjunction with the Council Officer or by means of separate assessments (such as moving and handling or dietary and fluid assessments) as identified by the LIO. Careful planning is required at this stage to ensure progression of the LSI and minimise disruption to the care service and service users.

Where the LSI is being conducted with regard to a care establishment, Council Officers should use the template provided (See [Appendix 8](#Appendix9)) to undertake their inquiries.

Council Officers undertaking inquiries will be allocated to a Team Manager. It is expected that Council Officers will discuss the progress of their inquiries with their Investigation Team Manager on a regular basis.

The Council Officers should adhere to ERHSCP Adult Support and Protection procedures. If for any reason this is not possible this should be discussed with the LIO and the reasons recorded.

The allocated Team Manager will be responsible for all business processes in relation to S4 inquiries and any subsequent progression to formal investigation under the Act.

### Sharing of Information

Consent for sharing of information should be obtained where possible. At all times consideration must be given and advice sought were necessary, to ongoing actions or investigation by Police Scotland and other partners. If an adult does not consent consideration should be given to:

* Whether the adult is subject to undue pressure
* The adult’s capacity to make informed decisions regarding the sharing of information
* Whether any other adult(s) may be at risk due to the non-sharing of information
* The urgency of the situation

Where an adult does not have capacity to give consent this should be sought from a proxy where relevant. Consent is not always required where risks are evident but should always be sought except in exceptional circumstances.

Ensuring consent for medical examination is the responsibility of any examining Medical Officer and should be considered in advance.

### Weekly Investigation Team Meeting

The weekly investigation Team Meeting will consider all relevant information obtained regarding individual service users throughout the course of the LSI. Each service user will be discussed at each meeting and progress of initial inquiries and of any subsequent formal investigation under the Act noted. The meeting will discuss and record concerns to identify themes that relate to deficiencies in care or other forms of harm.

The allocated Business Support worker should attend this meeting. They should complete a running minute and record outcomes and other decisions.

Once an inquiry for a service user is complete the Council Officer will discuss recommendations with their allocated Investigation Team Manager. The Council Officer will then feedback to the weekly Investigation Team meeting using the template provided (see [Appendix 8](#Appendix9)). The meeting will discuss the inquiry and the Council Officer recommendation and decide whether the criteria for an “adult at risk” under the Act has been met and whether any subsequent actions are necessary.

The Case Conference should be chaired by either the LIO or the responsible Social Work Senior Manager and this should be decided via discussion and agreement with the relevant Head of Service. If the Case Conference Chair is not the LIO they should be invited to the conference.

### Review

Following completion of S.4 inquiries on all relevant service users, a Care Management Review will be arranged for each adult. This review will be conducted by staff from the relevant local authority. All non East Renfrewshire reviews should be attended by the allocated Council Officer from the LSI. If the case is already allocated outwith the LSI to an ERHSPC Social Worker, the review will include this member of staff as well as the LSI allocated Council Officer. The review will follow the normal procedure for case reviews.

The outcome of the review will be discussed at the weekly LSI meeting. The meeting will consider whether any further action is required, which may include reconsideration of the outcome of the S4 inquiry.

The LIO may consider that service users should be reviewed six months following the cessation of the LSI to ensure that they continue to remain safe from harm.

## **Large Scale Investigation Review Meeting**

The LSI Group will meet and review the progress of the Large Scale Investigation at review meetings scheduledat the discretion of the Chair, at a minimum of six weekly. Information regarding the progress of the LSI for this meeting will be provided by the LIO.

The LSI Group can instruct the Large Scale Investigation team on any matter related to the investigation and each meeting should make a decision as to whether the Large Scale Investigation should continue, terminate or cease within a specified period or on a specified date.

This will be a multi-agency meeting chaired by Head of Service or CSWO. In the absence of the Head of Service (or in exceptional circumstances), the CSWO will identify the appropriate Senior Manager to chair the review.

There is a requirement that all attendees at this meeting have the required seniority to make instant decisions on the basis of facts presented and have control over resource allocation of staff if required to facilitate the process.

## **LSI Outcome Meeting and Report**

There should be a final report compiled by the LIO, HOS / Chair of LSI and Senior Manager / Lead Officer ASP to be presented to the Chair of the Adult Protection Committee and Chief Social Work Officer for their consideration as to whether further action is required.(see [Appendix 9](#Appendix10))

At this point of conclusion there should be consideration by the report to clearly highlight any learning from the process to be reported to Adult Protection Committee and to assist in ongoing development of practice and improvement for inclusion in the Adult Protection Committee Improvement Plan.

The Chair of LSI might further consider with the CSWO or Chair of APC whether any review is required of any matters highlighted within the process. This might be through an Initial Case Review or Significant Case Review.

The Independent Chair of the APC and CSWO will consider in full the report and agree actions to be progressed. These may be recorded in an Action Plan with reference to the APC Improvement Plan.

The Chief Officers Public Protection Group will be kept informed throughout the process of the LSI by the Chair of the APC, who will present an LSI Outcomes Report and any Action Plan on completion of the LSI.

The Chief Officers Public Protection Group may request updates at any time and should be provided with regular information on the progress of any action plans developed.

## **Appendices**

### Appendix 1 Principles for performing functions under the Adult Support and Protection (Scotland) Act 2007

The Act requires the following principles to be applied when deciding which measure will be most suitable for meeting the needs of the individual. Any person or body taking a decision or action under the Act must be able to demonstrate that the principles in sections 1 and 2 have been applied.

The principles in Section 1 require that any intervention in an adult's affairs under the Act should:

* Provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs; and
* Is of the range of options likely to fulfil the object of the intervention, the least restrictive to the adult's freedom.

The principles in Section 2 require that Social Work staff performing a function under Part 1 of the Act must also have regard to the following:

* The wishes of the adult - the present and past wishes and feelings of the adult, where they are relevant to the exercise of the function, and in so far as they can be ascertained. Efforts must be made to assist and facilitate communication using whatever method is appropriate to the needs of the individual
* The views of others - the views of the adult's nearest relative, primary carer, and any guardian or attorney, and any other person who has an interest in the adult's well-being or property, must be taken into account, if such views are relevant
* The importance of the adult participating as fully as possible in any decisions being made. The adult is provided with information at all stages and with necessary aids to communication to assist with that participation
* The adult is not treated less favourably than the way in which a person who is not an "adult at risk" would be treated in a comparable situation; and
* The adult’s abilities, background and characteristics – including: the adult's age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage – are fully taken into account

### Appendix 2 Definitions

|  |  |
| --- | --- |
| Adult at risk of harm | Under the Adult Support and Protection (Scotland) Act 2007 an “adult at risk” means a person aged sixteen years or over who:   * is unable to safeguard their own well-being, property, rights or other interests; * is at risk of harm, and * 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 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 well-being, 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 | Under the Adult Support and Protection (Scotland) Act 2007, harm “includes all harmful conduct" and, in particular, includes:-   * conduct which causes physical harm, conduct which causes psychological harm (e.g. by causing fear, alarm or distress) * unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion) * conduct which causes “self-harm”. |
| Institutional/organisational Harm | The abuse can either be a one-off incident or [an ongoing culture of ill treatment.](https://www.anncrafttrust.org/transforming-care-how-long-do-we-have-to-wait/) The abuse can take many forms:   * inappropriate use of power or control * inappropriate confinement, restraint, or restriction * lack of choice – in food, in decoration, in lighting and heating, and in other environmental aspects * lack of personal clothing or possessions * no flexibility of schedule, particularly with bed times * [financial abuse](https://www.anncrafttrust.org/keeping-safe-financial-abuse/) * physical or verbal abuse   This is not an exhaustive list. |
| Care Inspectorate | The Care Inspectorate is the independent scrutiny and improvement body. The Care Inspectorate also has a responsibility to investigate complaints it receives concerns regarding any care service and can take enforcement action under the Public Services Reform (Scotland) Act 2010. |
| Health Records | These are any records, in any format, which relate to an individual’s physical or mental health which have been made by or on behalf of health professionals in connection with the care of the individual. |
| Independent advocacy worker | A member of an advocacy service which operates independently of other service providers. Advocacy is about safeguarding individuals who are in situations where they are at risk of harm and who are not being heard. This often involves helping them to express their views and assist them to make their own decisions and contributions. |
| Mental Health Officer | A local authority Social Worker who has undergone specific post qualifying accredited training in mental disorder and mental health legislation. This person then has certain delegated powers under such legislation to act in conjunction with medical practitioners in the compulsory treatment of individuals with mental disorders. |
| Council Officer | East Renfrewshire Council’s Adult Support and Protection Inter-agency procedures defines a Council Officer as being a qualified Social Worker who meets the criteria and has undertaken specific Council Officer training. |
| Whistle Blowing | A means by which staff can safely raise their concerns within their organisation about matters of suspected or actual malpractice. This allows an individual to bypass the formal line management arrangements if necessary.  Please refer to NHS GGC and East Renfrewshire Council’s guidance relating to confidential reporting and whistle blowing. |

### Appendix 3 Agenda Sample

|  |  |  |
| --- | --- | --- |
| Large-Scale Investigation (LSI) Meeting  Agenda | | |
| Agenda Item | **Guidance** | **Notes** |
| 1. Welcome and Introduction | Apologies/invited but did not attend  Legislative context  Advocacy representation considerations |  |
| 1. Confidentiality statement |  |  |
| 1. Purpose of meeting |  |  |
| 1. Cause of Concern/investigation findings (amend as appropriate) |  |  |
| 1. Risk assessments/care plan |  |  |
| 1. Partner agency information |  |  |
| 1. Advocacy and service user liaison |  |  |
| 1. Information Sharing arrangements |  |  |
| 1. Media and communication |  |  |
| 1. Recommendations |  |  |
| 1. Review of Actions | Actions should be SMART |  |
| 12. AOCB |  |  |
| 1. Date of next meeting |  |  |

### 

### Appendix 4 Early indicators of concern in care services for people with learning disabilities and older people

The Scottish Government

<https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2014/02/early-indicators-concern-care-services/documents/identifying-applying-early-indicators-concern-care-services-people-learning-disabilities-older-people/identifying-applying-early-indicators-concern-care-services-people-learning-disabilities-older-people/govscot%3Adocument/00443002.pdf>

|  |  |  |
| --- | --- | --- |
| Examples from the Research LD | | |
| **Concerns about management and leadership**  The Manager can’t or won’t make decisions or take responsibility for the service  The Manager doesn’t ensure that staff are doing their job properly  The Manager is often not available  There is a high turnover of staff or staff shortage  The Manager does not inform Social Services that they are unable to meet the needs of specific service users | **Concerns about staff skills, knowledge and practice**  Staff appear to lack knowledge of the needs of the people they are supporting e.g. behaviours  Members of staff appear to lack skills in communicating with individuals and interpreting their interactions  Members of staff use judgemental language about the people they support  Members of staff are controlling and offer few choices  Communication across the staff team is poor  Abusive behaviours between residents are not acknowledged or addressed | **Concerns about residents’ behaviours and wellbeing**  Residents behaviours change – perhaps putting themselves or others at risk  Residents communications and interactions change – increasing or stopping for example  Residents needs appear to change  Residents skills change i.e. self-care or continence management  Residents behave very differently with different staff or in different environments e.g. day centre |
| **Concerns about the service resisting the involvement of external people and isolating individuals**  There is little input from outsiders / professionals. Individuals have little contact with family or other people who are not staff  Appointments are repeatedly cancelled  Members of staff do not maintain links between individuals and people outside of the service e.g. family, friends,  Management and/or staff demonstrate hostile or negative attitudes to visitors, questions and criticisms  It is difficult to meet residents privately | **Concerns about the way services are planned and delivered**  Residents needs are not being met as agreed and identified in care plans  Agreed staffing levels are not being provided  Staff do not carry out actions recommended by external professionals  The service is ‘unsuitable’ but no better option is available  The resident group appears to be incompatible  The diversity of support needs of the group is very great. | **Concerns about the quality of basic care and the environment**  There is a lack of care of personal possessions  Support for residents to maintain personal hygiene is poor  Essential records are not kept effectively  The environment is dirty / smelly  There are few activities or things to do  Residents dignity is not being promoted and supported |

Figure 2

|  |  |  |
| --- | --- | --- |
| Examples from the Research - Older People Services | | |
| **Concerns about management and leadership**  There is a lack of leadership by Managers, for example Managers do not make decisions or set priorities  The service/home is not being managed in a planned way, but reacts to problems or crises  Managers appear unaware of serious problems in the service  The Manager is new and doesn’t appear to understand what the service is set up to do  A responsible Manager is not apparent or available within the service. | **Concerns about staff skills, knowledge and practice**  Staff appear to lack the information, skills and knowledge to support older people/people with dementia  Staff appear challenged by some residents’ behaviours and do not know how to support them effectively  Members of staff are controlling of residents  Members of staff use negative or judgemental language when talking about residents  Record keeping by staff is poor | **Concerns about residents’ behaviours and wellbeing**  One or more of the residents-  show signs of injury through lack of care or attention  Appear frightened or show signs of fear  Behaviours have changed  Moods or psychological presentation have changed |
| **Concerns about the service resisting the involvement of external people and isolating individuals**  Managers/staff do not respond to advice or guidance from practitioners and families who visit the service  The service is not reporting concerns or serious incidents to families, external practitioners or agencies  Staff or Managers appear defensive or hostile when questions or problems are raised by external professionals or families | **Concerns about the way services are planned and delivered**  There is a lack of clarity about the purpose and nature of the service  The service is accepting residents whose needs they appear unable to meet  Residents’ needs as identified in assessments, care plans or risk assessments are not being met  The layout of the building does not easily allow residents to socialise and be with other people | **Concerns about the quality of basic care and the environment**  The service is not providing a safe environment  There are a lack of activities or social opportunities for residents  Residents do not have as much money as would be expected  Equipment is not being used or is not being used correctly  The home is dirty and shows signs of poor hygiene |

### Appendix 5 Script for Families

**Script for informing Families**

East Renfrewshire HSCP are currently undertaking a Large Scale Investigation (LSI) into ……..

The Adult Support and Protection Act 2007 allows for Large Scale Investigations where circumstances indicate there may be one or more adults at risk of harm within a care setting.

We consider a Large Scale Investigation when there is/are:

* A report of harm to an individual which may affect a number of 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

A planning group made up of people from several different agencies such as Social Work, Health etc was recently held and chaired by …………., Head of Service. A Lead Investigation Officer (LIO) has been appointed, ………...

The planning group will determine an action plan and multi-agency response to further investigate significant concerns and or/immediate risks. This may include whether all residents need to be reviewed and address immediate risks or determine particular themes that require further investigation.

……………… is registered with the Care Inspectorate. The Care Inspectorate has a regulatory role in considering the safety of all service users in any registered care service and regularly inspects and grades each service. ………….was inspected and as a result the grades are likely to reduce. These have not yet been published.

We will be holding a meeting for relatives in the near future. If you have any further questions please get back to me (give person your contact details). You will also be sent a letter with this information

**Likely Questions**

**Why is …………. being investigated?**

We have received information regarding the quality of care that requires further investigation.

**Is it serious?**

Yes, we treat every investigation seriously

**Is …….. going to close?**

There are no plans to close ……….

**How long will the investigation last?**

We don’t know how long the investigation will last at the moment but we will keep you updated

**Will we find out the outcome of the investigation?**

At this stage it is too early to say

**Are the Police involved?**

Any concerns of a criminal nature will be passed to Police Scotland

**Does the Care Inspectorate know about this?**

Yes – they are working closely with …………. Relatives can still pass complaints to the Care Inspectorate via the normal channels

**What does this mean for my relative?**

Your relative’s care plan may be reviewed as part of the Large Scale Investigation process.

**What is the risk to my family member?**

At present we do not have reason to believe your family member is at immediate risk.

**Do I have to move my relative?**

No

**I want to move my relative – can you help with this?**

Yes – Social Work would make arrangements and assist with this most likely through the formal review process

**I have concerns regarding my relative?**

I will take a note of the details and discuss it with my line manager. I will update you on any action that will be taken.

**Can I get a review for my relative?**

Yes – I will inform the Team Manager who will make arrangements for a review

### Appendix 6 Sample Letter to GPs



|  |  |  |
| --- | --- | --- |
| **Strictly Confidential** | Date: |  |
| Our Ref: | LSI/ |
| Your Ref: | LSI/ |
| Enquiries: |  |
| Tel: |  |

Dear GP Colleague

**Large-Scale Investigation: ………………..**

Renfrewshire Council are currently undertaking a Large Scale Investigation (LSI) into ……….. The Adult Support and Protection Act 2007 allows for Large Scale Investigations where circumstances indicate there may be one or more adults at risk of harm within a care setting.

Local authorities can consider a Large Scale Investigation when:

* A report of harm regarding an individual resident may affect other residents
* Concerns are raised about systematic issues which impact on the quality of care delivered across the care home.

The care provided by ………… will be investigated by staff employed by East Renfrewshire Health and Social Care Partnership. These staff will identify whether any resident is at risk of harm and whether the care provided by…………… meets the needs of all residents/service users.

…………… is registered with the Care Inspectorate. The Care Inspectorate has a regulatory role in considering the safety of all service users in any registered care service and regularly inspects and grades each service. …………..was recently inspected and as a result the grades are likely to reduce. These grades have not yet been published.

It is likely that General Practitioners for ………. residents will be contacted as part of the investigation. Should you have any concerns or questions regarding this matter, please feel free to contact myself any member of the Large Scale Investigation Management team as noted below.

………………… Lead Investigation Officer 0141 …..

……….. Large Scale Investigation Team Manager 0141 ….

………… Large Scale Investigation Team Manager 0141 …..

Yours faithfully

**……………..**

**Lead Investigation Officer**

### Appendix 7 Letter to Families/Proxies



**Our ref:** LSI

**Your ref:** LSI/

**Enquiries:** «Council\_Officer's\_Name»

**Tel:** «Council\_Officer's\_Contact\_No»

**Date:**

«Proxy's\_Name»

«Address\_1»

«Address\_2»

«Address\_3»

«Post\_Code»

Dear «Proxy's\_Name»,

**Large Scale Investigation:**

I am writing to you as the legal proxy and/or relative of «Resident's\_Name» to inform you that East Renfrewshire Health and Social Care Partnership are currently undertaking a Large Scale Investigation (LSI) into………... I have been appointed as the Lead Investigation Officer.

The Adult Support and Protection Act 2007 allows for Large Scale Investigations where circumstances indicate there may be one or more adults at risk of harm within a care setting.

Local authorities can consider a Large Scale Investigation when;

* A report of harm regarding an individual resident may affect other residents
* Concerns are raised about systematic issues which impact on the quality of care delivered across the care home

The care provided to «Resident's\_Name» by ……….will be investigated by staff employed by East Renfrewshire Health and Social Care Partnership. These staff will identify whether any resident is at risk of harm and whether the care provided by ………….meets the needs of all residents. You will be contacted as part of these inquiries.

…………is registered with the Care Inspectorate. The Care Inspectorate has a regulatory role in considering the safety of all service users in any registered care service and regularly inspects and grades each service. ……..was recently inspected and as a result the grades are likely to reduce. These grades have not yet been published.

A meeting will be held at ………on …………….to discuss the Large Scale Investigation and answer any questions. In the meantime please contact the allocated Council Officer for «Resident's\_Name» who is «Council\_Officer's\_Name» on «Council\_Officer's\_Contact\_No» if you have any queries.

The Advocacy Project provide is a free and confidential service that is independent of the NHS and Social Work. The Advocacy Project provides issue based advocacy and can support you or the resident to **Understand processes, Communicate with services and agencies and be involved in decisions. You can contact the Advocacy Project directly on 0141 420 0961 or ask the allocated social worker to make a referral on your behalf.**

Yours sincerely,

**…………**

**Lead Investigation Officer**

### Appendix 8 Inquiry Checklist and Recording Template

**Completing a S.4 inquiry under Large Scale Investigation (LSI) for a Care/Nursing Home**

When undertaking a S.4 enquiry under a Large Scale Investigation the Council Officer should aim to identify themes of concern as well as incidents of risk. The following indicators should be considered in addition to the usual enquiries made by a Council Officer and are intended as an aid to professional judgment and decision making. All enquiries should be recorded on Carefirst using the attached enquiry template.

|  |  |  |
| --- | --- | --- |
| S.4 enquiry under LSI Checklist | | |
| Indicator | **Evidence of indicator** | **Not considered- why?** |
| Environment   * Have you seen the individual’s room, common spaces and facilities that they should have access to? * Are these areas maintained to an acceptable standard and safe from hazards? * How does the individual access these areas? * Are doors locked? * If locked is there written consent within the care plan? * If locked, can the resident unlock the door and exit without support? * If locked, how does the individual access support of exit their room? * Does the individual have appropriate mobility aids? |  |  |
| Care Plan   * Does the individual have a care plan which reflects their needs? * Is there evidence the resident’s needs have been assessed? * Is there evidence that the care plan has been reviewed? Date(s)? * Is there evidence of the involvement of appropriate professionals such as GP, CPN etc.? * Does the care plan include individual preferences and information on the client’s behaviours and activities? * Does the care plan include a diagnosis (where appropriate)? * Is there evidence this care plan is being followed? * Do nursing/care notes reflect the care the individual requires? * Has the care plan been updated to reflect changes in circumstances (physical health, mental health, dietary needs etc.)? * How are these changes assessed and monitored? |  |  |
| Mobility and Moving and Handling   * Is all appropriate equipment available for the individuals? * Is it the correct equipment? (consult appropriate colleagues) * Is a moving and handling risk assessment complete and up to date? * Has the individual experienced falls? Other injuries? * Is there currently any evidence of injury to the individual? |  |  |
| Nutrition/Fluids   * Have the individual’s dietary needs been recorded? * Have the individual’s dietary preferences been recorded? * If they require a textured diet is there assessment to support this? * Are there any other dietary issues? * Has the individual’s weight been recorded? * Are there issues regarding weight loss or weight gain? * Have these been responded to appropriately? * Does the individual require their fluid intake to be monitored? * If yes, how is this recorded? * Is the recording of fluids satisfactory? |  |  |
| Medication   * Is all required medication recorded appropriately? * Is there any indication medication has been given incorrectly or not given? * If so has this been reported and/or medical advice sought? |  |  |
| Reporting of incidents   * Is there evidence that any concerns have been reported correctly? * Have any ASP referrals been received by East Renfrewshire HSCP? * Have appropriate reports been made to the Care Inspectorate etc.? * Has appropriate medical advice been sought? |  |  |
| Involvement of proxies and family   * Is there evidence of contact with the appropriate interested parties? * Is the individual’s capacity known and recorded? * Is a copy of any legal proxy held on file? * Are reviews carried out with family/proxies involved? |  |  |
| Continence Management   * Has the individual been assessed as requiring continence aids? * Are the correct aids available? * Is the individual’s continence well managed (if an issue)? |  |  |
| Finances   * Does the individual have capacity to manage finances? * Who manages the finances of the individual? * Does the individual have access to funds for personal use? |  |  |

### Appendix 9 Large Scale Investigation Outcome Report Format

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and address of Organisation subject to LSI (if appropriate) | | | | | | | | |  | |
| Agency reference of Individuals or Perpetrators (if appropriate) | | | | | | | | |  | |
| Date LSI commenced | | | | | | | | |  | |
| Date LSI concluded | | | | | | | | |  | |
| Introduction and Presenting Issues *(background to report and initial actions)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Service Users *(record of service users who were involved with this investigation)* | | | | | | | | | | |
| Initial | Carefirst | | Outcome | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
|  |  | |  | | | | | | | |
| Methodology *(method and chronology of investigation)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Findings (detailed by headings below) | | | | | | | | | | |
| Management | | | | |  | | | | | |
| Staff and Staffing Issues | | | | |  | | | | | |
| Care Concerns | | | | |  | | | | | |
| Practice | | | | |  | | | | | |
| Staff attitude and behaviour | | | | |  | | | | | |
| Training/Induction | | | | |  | | | | | |
| Adult Protection Reporting | | | | |  | | | | | |
| Criminal activity | | | | |  | | | | | |
| Recommendations *(what action is needed, by whom?)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Any other issues/themes? | | | | | | | | | | |
|  | | | | | | | | | | |
| Action plan required? | | Yes | |  | | No |  |  | | |
| If Yes who completed? | |  | | | | | | Date of completion | |  |
| Signed | |  | | | | | | | | |
| Designation & Date | |  | | | | | | | | |

### Appendix 10: Notification Guide

### Appendix 11 Risk Indicator – Health and Care Services

**Risk of serious harm** is defined as the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may be expected to be difficult or impossible.

The following lists are not exhaustive, this table is provided to aid decision making, but is not intended to replace professional judgment in assessing and managing risk.

|  |  |  |
| --- | --- | --- |
| **Level of Risk**: | | |
| **Very High Risk** | There is imminent risk of serious harm. | * immediate physical/sexual harm from another person (member of staff, resident, visitor etc.) * serious or repeated misuse/errors with medication * withholding/obstructing medical treatment * limited knowledge and lack of understanding of symptoms that would indicate the need for medical attention |
| **High Risk** | There are identifiable indicators of serious harm. The potential event could happen at any time and the impact would be serious. | * high number of vacancies and use of agency staff * evidence of poor moving and assistance * evidence of poor infection control * evidence of poor nursing practice * systematic institutional harm * prolonged period between illness/injury and seeking medical attention |
| **Medium Risk** | There are identifiable indicators of risk of serious harm. There is potential to cause harm and this is unlikely to change unless there is a change in circumstances. | * high staff sickness, use of agency staff * failure to meet an individual’s care needs appropriately * high number of complaints * high number of protection referrals * high number of falls * physical restraint * poor professional standards of practice and concerns re professional conduct * limited policies and procedures * poor implementation of organisational policies and procedures * unusual or suspicious injuries * unexplained or concerning behaviour of carers’ * hostile/rejecting behaviour by the carer |
| **Low Risk** | Current evidence does not indicate likelihood of causing serious harm. | * Low staff compliant * low sickness rate * consistency within staff team * strong leadership * clear documentation and recording of events * consistent reporting of incidents * minimal complaints * evidence of appropriate manual handling * evidence of professional practice and conduct * evidence of staff training in; Values, Dignity and Respect, Adult Protection, manual handling and infection control. Appropriate referrals for medical treatment |

Factors to consider when assessing risk: