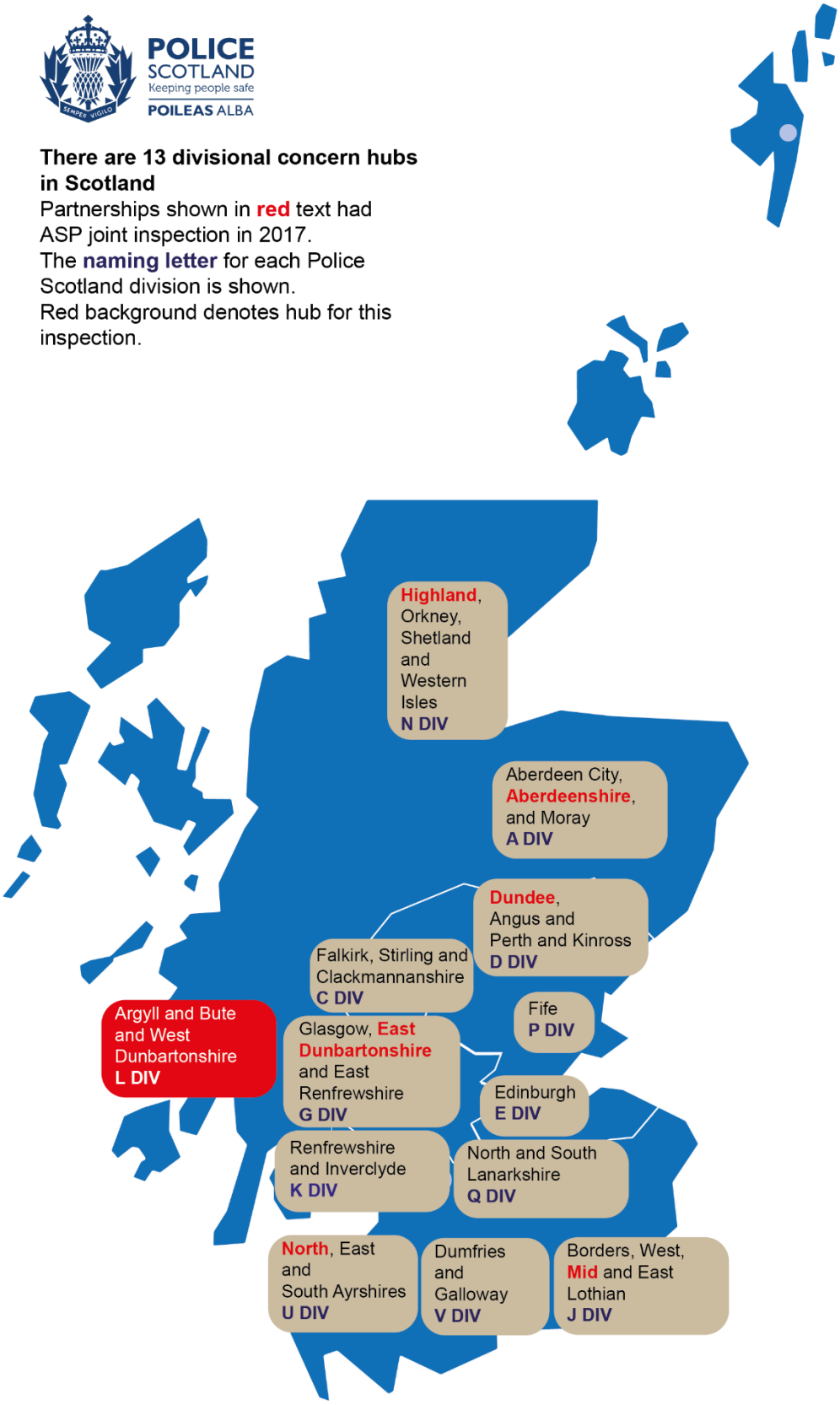
JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Argyll and Bute Partnership September 2021

Contents

Map showing divisional concern hubs



Joint inspection of adult support and protection in the Argyll and Bute partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these 26 inspections and the previous inspection work we undertook in 2017- 2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the Argyll and Bute area were safe, protected and supported.

The joint inspection of the Argyll and Bute partnership took place between June 2021 and September 2021.

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1.__Definition_of_adult_protection_partnership.pdf

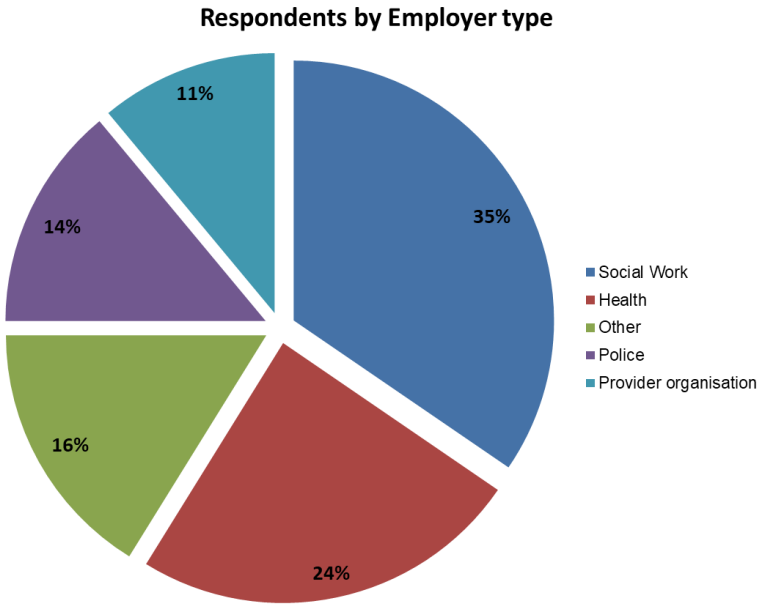
2 https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included four proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

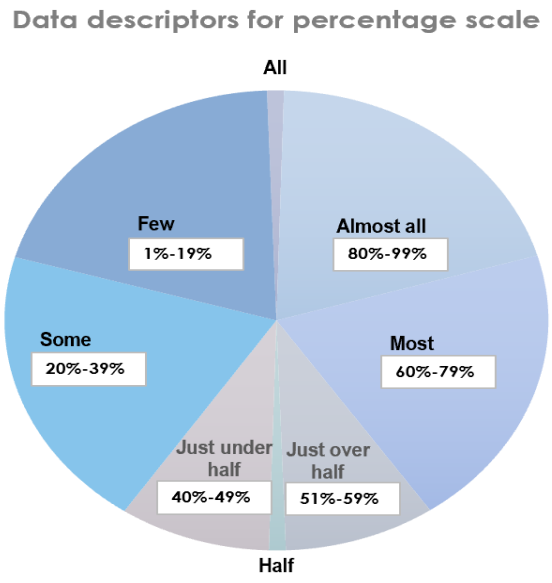
Staff survey. One hundred and thirty-six staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.



The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of fifty adults at risk of harm where their adult protection journey progressed to at least the investigation stage. It also involved the scrutiny of recordings of forty adult protection initial inquiry episodes where the partnership had taken no further action, in respect of further adult protection activity, beyond the duty to inquire stage.

Staff focus groups. We carried out two focus groups and met with twenty-six members of staff from across the partnership to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Adults at risk of harm were safer due to effective multi-agency working.
- The partnership conducted a comprehensive audit of adult support and protection practice to determine how effective systems were at protecting adults at risk of harm.
- A range of adult support and protection learning and development sessions and online training were made available to all staff. Staff knew where to get advice if they had concerns about an adult at risk of harm. Staff raised concerns regarding adult support and protection timeously and most staff said referral processes were clear and well understood.
- Adults at risk of harm benefitted from social contact, support and advice from staff and volunteers. This was particularly helpful during the periods of restriction due to Covid-19 when risks associated with isolation increased.
- Investigations were collaborative, well documented and effective.
- Strategic leadership recognised the impact of financial harm and implemented effective governance to minimise risks.

Priority areas for improvement

- All relevant partners should be invited to participate in case conferences and review case conferences.
- The 'three-point test' is an essential factor in determining if the adult is at risk of harm. The application of the test should be clearly documented during initial inquiry to show decision making rationale.
- All adults at risk of harm should have a risk assessment, which is comprehensive.
- There should be a consistent approach to preparing and recording chronologies for all adults at risk of harm who require one.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries and investigations were carried out timeously, largely meeting timescales set out in the partnership's procedures.
- All investigations, carried out by multi-agency partners, appropriately and accurately determined if the adult was at risk of harm. This demonstrated the investigative processes were effective in assessing levels of risk.
- There were good systems in place to ensure social workers who led investigations completed role-specific training to equip them with the necessary skills to carry out their roles effectively.
- The processes for recording risks were not coherent. The partnership should implement a consistent approach to ensure risk assessments are completed for all adults at risk of harm.
- The partnership should make effective use of chronologies to ensure key events in the adult at risk of harm's life are recorded. This will support more robust investigation and assessment of risk.
- The council officer may require support from a second worker. The partnership should, where appropriate, make better use of health staff to support this role.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns

The partnership had an effective system for screening and triaging initial inquiries. Referrals were dealt with by an appropriate locality team. Where the adult at risk of harm was known to a specific social work team, efforts were made to maintain continuity of allocation. Social work oversight of initial inquiries was apparent in almost all cases.

Initial inquiries into concerns about adults at risk of harm

Initial inquiries reflected the principles of the Adult Support and Protection (Scotland) Act 2007. For almost all cases, decisions made not to proceed to further investigation were appropriate. Communication between partner agencies was evident in almost all initial inquiries. Staff were positive about communication and information sharing. Some health staff said they did not know how to apply the three-point test.

In some cases, there was no information to support the application of the three-point test other than 'met/not met'. Additional information should be included, to reflect the partnership's vision to promote the adult's safety, even when the three-point test is not met. More detailed information should be recorded to validate how the partnership reached key decisions within the initial inquiry stage.

Investigation and risk management

Chronologies

There was not a consistent method for preparing chronologies, some were standalone forms, and others were included in risk assessments and investigation reports. Just over half of files did not have a chronology when it should have, and most lacked detail. Chronologies were rated as weak in half and unsatisfactory in a few of the files we read. Important information such as significant life events was missing which meant partner agencies would be less able to carry out a complete assessment for the adult at risk. The few chronologies that were more comprehensive contained useful information about the risks and interventions provided by multi-agency partners.

Risk assessments

There was no increase in files containing risk assessments when we compared our analysis against the partnership's own audit carried out in May 2019. Only half of files contained a risk assessment and the quality of information in the risk assessments was adequate or worse for just over half. Information recorded in risk assessments is an essential part of keeping people safe from harm. For these reasons, this is a key area for improvement.

Positively, when risk assessments were completed, almost all were done timeously and there was strong evidence to demonstrate multi-agency partner views were included in the risk assessment. There was some indication that risk assessments that were completed more recently were of a better standard. The partnership should build on these examples to improve the overall quality and value of risk assessments.

Full investigations

The quality of investigations was rated as good or better for most cases. Adult protection investigations were conducted when appropriate in almost all instances. Almost all investigations were carried out within allocated timescales and in keeping with the needs of the adult at risk of harm. In some cases, it went straight to investigation without missing key initial inquiry processes. This demonstrated the partnership's ability to assess and manage higher levels of risk promptly.

Almost all investigations had a second worker. A health professional should have been the second worker on nine occasions, but a health professional was involved just once. Information in files clearly indicated there was an unfilled role for health in the investigative assessment and decision-making processes. The partnership should consider the contribution health professionals can make in conducting investigations.

The partnership should ensure the Scottish Fire and Rescue service and all other partners with a duty to cooperate are included in key stages of the adult protection processes when this is appropriate. Information from file reading highlighted that Fire and Rescue representatives were not involved in an adult protection investigation where they should have been.

Adult protection case conferences

Case conferences were convened when appropriate for almost all adults at risk of harm and were well conducted and effective. In most cases relevant partner agencies were invited to attend case conferences, however on a few occasions key agencies were not involved and should have been. In some case conferences held, the adult at risk of harm was not invited to attend. The reason for non-attendance was recorded in most files. Unpaid carers were also invited to attend case conferences and did so most of the time.

Frontline staff and senior managers who attended our focus groups said that due to meetings being carried out virtually using electronic devices, relatives could support the adult at risk of harm remotely given there was no need to travel. Positively, GPs and medical consultants found it easier to attend virtual case conferences.

Some minutes taken at the time of case conference contained risk assessments and chronologies which were not available elsewhere in the record. This meant access to the case conference minute was required to obtain key information about the adult at risk of harm, potentially leading to confusion in urgent circumstances.

Adult protection plans / risk management plans

Protection plans were a key strength for the partnership. Most adults at risk of harm had an up-to-date protection plan in place while half had risk assessments. This suggests that some risk assessments were not being documented appropriately. Where available, almost all risk assessments and protection plans showed multi-agency involvement. Most of the respondents completing our staff survey said they were confident that adult support and protection plans capture all of the risks identified at case conferences.

Involving the adult and their representative in the development of the plan is an essential part of managing risks. Most respondents in our staff survey agreed that where appropriate, the adult at risk of harm, or their representative, were involved in developing the protection plan. Almost all adults at risk of harm were involved in the key stages of the adult support and protection process, including risk management planning.

Adult protection review case conferences

Review case conferences provided an opportunity for partner agencies to evaluate current plans and consider whether changes were required to better manage the safety and wellbeing of the adult at risk of harm. Adult protection review case conferences were carried out timeously for almost all adults at risk of harm who required one. A few review case conferences were not carried out when they should have been. Furthermore, three cases did not effectively determine what needed to be done to protect the adult at risk of harm. The formal records of these meetings should be further developed to ensure people involved in the review have a clear understanding of the discussions and agreed action plans.

Implementation / effectiveness of adult protection plans

A protection plan should support the risk assessment, providing actions to address known or potential risks. There were weaknesses in the quality of information recorded in protection plans with just over half assessed as adequate or worse. It was significant that some adults at risk of harm who required a protection plan, did not have one.

Large-scale investigations

One large-scale investigation was completed by the partnership in the last two years, and it achieved a positive outcome for the adults at risk of harm. The partnership sought advice from the Care Inspectorate and other partnerships to ensure procedures were in line with the West of Scotland Large-Scale Investigation guidance.

Adults at risk of harm, relatives and staff were involved in the investigation process to determine actual and potential risks within the service associated with the large-scale investigation. The adult protection committee had oversight of the investigation. The committee worked collaboratively with the Care Inspectorate and service provider to share information with relevant people about progress of the investigation. A number of recommendations were set out in the investigation's findings which the service has begun to address to improve the health, safety and wellbeing of people receiving care in the service.

The partnership recognised that staff lacked knowledge of large-scale investigations. Additional training was put in place to increase knowledge and raise awareness of large-scale investigations.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

The leadership and governance of adult support and protection in the partnership was effective. The responsibility for adult support and protection was shared by Argyll and Bute Council, NHS Highland and Police Scotland. Despite the challenges associated with meeting the needs of people across a diverse landscape, relationships with partner providers and the third sector were strong. Multi-agency meetings were held monthly, providing an opportunity for partner agencies to discuss how best to plan and support adults who were at most risk of harm. Meetings highlighted the benefits of sharing information to ensure early interventions were provided for the adult at risk of harm.

The partnership conducted an ongoing review of its adult protection recording processes. This resulted in adult support and protection referral and investigation forms being updated to promote consistency in recording across all partner agencies. Positive outcomes for adults at risk of harm were mainly due to multi-agency working.

Additional training was made available to all agencies to support a wider understanding of the importance of information sharing and cooperation among partners. Just over half of all respondents who completed our staff survey said that multi-agency training strengthened their contribution to joint working. Police staff felt access to adult support and protection training could be improved, which may strengthen partnership working among agencies.

Health involvement in adult support and protection

The contribution health professionals made to improving outcomes for adults at risk of harm was commendable. Almost all the records we reviewed assessed health contribution to improved outcomes for adults at risk of harm as good or better. We evaluated how well community and acute health services implemented interventions to keep the adult safe and protected. This was considered as being very good. Where acute care was provided, interventions were rated as mostly good and some very good.

Health staff raised adult support and protection concerns timeously. Collectively, GPs, community health and acute health services accounted for a few of adult support and protection referrals in our sample. Adult support and protection referrals from health staff had increased and exceeded targets set by the partnership. This demonstrated health staff recognised the importance of raising adult support and protection concerns.

Medical assessments were not always requested when they should have been. This may have promoted improved evaluation and treatment of some adults at risk of harm.

A few adult protection case conferences did not invite health despite health having made the initial referral. All professionals involved in supporting the adult at risk of harm should be invited to case conferences to allow key information to be shared.

While most of the staff providing healthcare recorded episodes of care delivery in the same recording system as social work staff, some did not. This was because they did not have access to the recording system. The partnership recognised that the recording system is not fully integrated and was investing in a new system to enhance multi-agency recording contributions.

Ongoing communication among health and other agencies such as social work was apparent from health records, however the quality of information recorded was variable. Sixty percent were described as good or better, significantly forty percent were rated adequate. Additional information was recorded in emails from one professional to another. Emails often contained information which was not specifically relevant to the adult at risk of harm and often general conversations non-care related were recorded. This created excessive information and sometimes meant assessing interventions for the adult at risk of harm was more difficult.

None of the adults at risk of harm had frequent repeat visits to accident and emergency departments for a health condition which was/may have been related to their risk of harm. The partnership effectively supported adults at risk of harm to attend appointments and almost all adults at risk of harm with appointments attended.

Police involvement in adult support and protection

The Argyll and Bute Command Area, and Divisional Concern Hub both contributed positively to the local partnership's efforts to support and protect adults at risk of harm.

Almost all contacts and enquiries to Police Scotland relating to adults at risk of harm were effectively assessed at source for threat, potential harm, risk, investigative opportunity and vulnerability when determining the engagement (THRIVE) required to resolve the reported concern. In almost all instances the STORM Disposal Code (record of incident type), was accurately determined.

In almost all records the initial attending officers' actions were evaluated as good or better, with evidence of effective practice and meaningful contribution to the multi-agency response. In most cases the assessments of risk of harm, vulnerability and wellbeing were accurate and informative.

In a few cases, officers' actions were rated as weak or unsatisfactory. On occasions the operational response would have benefitted from greater consideration of the impact on adults at risk, as opposed to criminality.

Supervisory input was noted in most cases and where oversight was evidenced, it was graded good or better in most records with one case assessed as excellent. However, room for improvement was noted in those cases where there was a delay in returning iVPDs to the hub following a request for additional information.

In most cases the Divisional Concern Hub referenced the triage process to assess and determine risk prioritisation. Almost all iVPDs were shared timeously, demonstrating the legal basis for sharing. Where delay was noted, this was mainly due to administrative shortcomings in the follow up process to secure additional information from officers prior to submission.

The resilience matrix assessments were not consistently shared with partners as part of the referral process. This established local practice is out of step with national police guidance, whereby it limits the sharing of material information, primarily around identified risks, vulnerabilities, adversities experienced and protective factors. A review of information sharing practice is required to ensure all measures are taken to improve outcomes for adults at risk.

The decision to have local area inspectors' support and attend adult support and protection meetings is recognised as bringing impetus and an appropriate command focus to the policing contribution to adult protections concerns, adding real value to local arrangements. The hub officers' actions and records were mostly rated good or better, with just under half of the cases assessed at this level graded as very good.

Third sector and independent sector provider involvement

Reducing risks associated with isolation and poor mental and physical health was a priority for the partnership. The commitment from the independent and third sector throughout the partnership was commendable. The partnership worked collaboratively with third sector providers to deliver additional support for people who faced challenges with personal care, loneliness, employment and housing. Adults benefitted from these services.

A collaboration of volunteers, the Community Planning Partnership, Argyll and Bute Council Customer Services and NHS Health Improvement Services formed a Covid-19 Caring for People Tactical Group. The group provided a coordinated programme of support to adults living in the community.

Key adult support and protection practices

Information sharing

Guidance for staff conducting adult support and protection investigations was readily available to those with access to the designated recording platform. Guidance included allocated timescales for each stage of the investigation to help avoid delays in managing risks. Almost all of the staff who responded to our staff survey said they completed role specific training. This helped them to understand their roles and developed their knowledge of adult support and protection legislation.

Reports requested by council officers ahead of adult support and protection case conferences were not always submitted by partner agencies. Key representatives from health did not always attend adult support and protection case conferences, which was exacerbated when they were not invited to attend and should have been.

Management oversight and governance

Evidence of management oversight was recorded in just over half of the records. Most of the police and social work records demonstrated discussions had taken place between the case worker and their manager. Evidence of management oversight was less apparent in health records. This is not necessarily a deficit due to the types of health records scrutinised.

Involvement and support for adults at risk of harm

Almost all adults at risk of harm and unpaid carers were involved at most stages. Some adults at risk of harm were not involved in the protection planning, implementation and review stage. Reasons for this were not always documented but should be. Overall, the effectiveness of support offered was rated as good or better for almost all adults at risk of harm.

Independent advocacy

Advocacy services effectively supported people to attend meetings and helped people complete surveys about the quality of care and support provided by partner agencies. The impact of lack of face to face support from advocacy due to Covid-19 was apparent. While online support was helpful, face to face support should be reinstated as soon as possible.

The partnership worked with advocacy services to produce a leaflet about adult support and protection processes to generate a better understanding for adults and unpaid carers.

Capacity and assessment of capacity

There was evidence of concerns about the capacity of adults at risk of harm in some of the records we read. In some instances, a request for assessment was not made, where it may have been expected. There were also some cases where a formal request was made it was not clear that the assessment took place. Of the requests that were made, most were undertaken promptly by a health professional.

Financial harm and perpetrators of all types of harm

Minimising the risks associated with financial harm was a priority for the partnership. A financial harm group was set up to oversee concerns and actions required and the partnership invested in additional training for staff as well as holding local events to raise awareness of financial harm. The effectiveness of actions taken with most adults at risk of financial harm was rated good or very good.

We reviewed the quality of the partnership's work with alleged perpetrators of all types of harm, significantly most were rated as adequate.

Safety outcomes for adults at risk of harm

The partnership achieved safety improvements with almost all adults at risk of harm. This was primarily due to multi-agency working, with the contribution of the various adult support and protection partnership agencies a key factor for the delivery of positive outcomes for adults at risk of harm.

As reflected elsewhere in this report, there were several areas where practice could have been stronger. Whilst specific elements of delivery, including management of risk and protection planning needed to be addressed, it is important to recognise that positive outcomes were achieved for almost all adults at risk of harm.

Adult support and protection training

The partnership invested in adult support and protection training for staff and unpaid carers. Most of this was delivered online. Staff who required advanced knowledge of adult support and protection completed specialised training. This assisted them in their roles as council officers, managers, and chairpersons at adult support and protection meetings.

Almost all staff completing the survey said the training they participated in helped them to understand risks in the context of adult support and protection. Almost all staff said they were confident in their roles as a result of completing adult support and protection training. However, additional training for health and police staff should be carried out to develop knowledge of key processes pertaining to adult support and protection.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- Leadership encouraged multi-agency staff and volunteers to work collaboratively and keep people safe, this was central to the vision.
- Leaders worked effectively to plan a strategy to manage additional workforce challenges associated with Covid-19.
- Safer community initiatives were planned and organised in a targeted way. Strategic leaders valued the participation and involvement of partner agencies and volunteers.
- The adult protection committee initiated effective improvement work on financial harm. This led to improved prevention of financial harm.
- The partnership's self-evaluation processes did not always fully evaluate the impact of internal improvement work, such as audits.
- The impact of revised recording systems was not well evidenced, despite the partnership's confidence in this area.

We concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Vision and strategy

The partnership's vision was published in its Public Protection Strategy 2019-2022. The strategy outlined the roles and responsibilities of strategic leaders in developing and promoting a culture where everyone worked together to provide the best possible public protection services.

Strategic leaders met frequently with the people providing services to share concerns, and plan initiatives intended to help keep people living in the community safe and well. An adult protection newsletter was circulated to partner agencies to help raise awareness of adult support and protection.

For staff who stated a view on leadership for adult support and protection, most were positive. Although staff survey findings indicated that staff confidence at work could be improved to help promote a culture where people feel valued and supported.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The adult support and protection committee worked in partnership with frontline staff, partner agencies and senior managers to evaluate performance in the management of adult support protection. Additional governance was provided by the chief officers group and clinical and care governance team. Collectively, the enthusiasm to promote a safer community was prominent across all partner agencies and strategic adult support and protection leads, however the partnership should aim to reduce turnover in leadership positions.

Members of the adult protection committee were actively involved in local initiatives targeted towards improving outcomes for adults at risk of harm. This demonstrated the depth of commitment at a strategic level.

The Scottish Fire and Rescue Service were part of the adult support and protection committee and the chief officers group. Fire and Rescue Services played an active role in keeping people safe, attending case discussions and carrying out additional fire safety visits in people's homes.

Delivery of competent, effective and collaborative adult support and protection practice

Argyll and Bute is the second largest local authority by area in Scotland and has 23 inhabited islands and four main localities:

- Helensburgh and Lomond
- Bute and Cowal
- Oban, Lorn and the Isles
- Mid Argyll, Kintyre and Islay.

Meeting the needs of adults at risk of harm across a vast landscape is challenging for the partnership. The adult protection committee worked closely with Police Scotland, NHS Highland and Argyll and Bute Council to share adult support and protection responsibilities. The partnership showed resilience and commitment to meeting the needs of adults at risk of harm through positive community engagement and strategic commissioning of resources. This involved partner agencies and the independent and third sector.

There was positive community engagement and effective commissioning of resources with partner agencies and the independent and the third sector.

The partnership took positive steps to develop the knowledge and skills of frontline staff and senior managers dealing with adult support and protection. All agencies had access to the 'Effectively Working Together' training module aimed to develop understanding of information sharing and their duty to cooperate with the legislation that underpins adult support and protection in Scotland.

Referral pathways helped to ensure adults at risk of harm were referred to, and received, the right support from a range of services such as learning disabilities teams or services who support people with addictions. The partnership planned to improve consistency in the adult support and protection referral process. This will be attained by implementing a single centralised team to provide a full oversight of all adult support and protection referrals.

The partnership should also make improvements to the management of risk assessments and chronologies in order to minimise risk for adults at risk of harm.

Quality assurance, self-evaluation and improvement activity

The adult protection committee's biennial report (2018 – 2020) highlighted the achievements and performance in training and governance of adult support and protection. It had a summary of the partnership's improvement plan for 2020-2021 which outlined key objectives to help minimise risks and improve outcomes for people at risk of harm. The partnership was addressing some, but not all of the key areas set out in the improvement plan. For example, staff attended relevant training that had a positive impact on outcomes for adults at risk of harm. The partnership's commitment to reducing financial harm, isolation and human trafficking was commendable.

Partnership leaders used the Care Inspectorate's case file audit tool to evaluate the effectiveness of the partnership's adult support and protection practices. Results of the audit carried out by the partnership identified a number of areas for improvement. Measures were taken to improve practice, however, weaknesses in how risk assessments and chronologies

are recorded remains a concern. Opportunities remain for the partnership to use the learning from their self-evaluation work to realise meaningful change across key processes in the delivery of adult support and protection.

Partnership audit activity in most cases has not evidenced improvements as a direct result.

Initial case reviews and significant case reviews

Between 2019 and 2021 there have been no initial case reviews or significant case reviews completed. Two initial case reviews are in progress.

The partnership acknowledged limited experience in conducting initial case reviews and significant cases reviews. Staff have attended training events to learn from significant case reviews carried out by other partnerships.

Impact of Covid-19

The partnership's response to Covid-19 was effective for adults at risk of harm. Inadequate staffing levels were made worse as a result of the Covid-19 pandemic which caused the partnership to review resources to make sure the most vulnerable people were supported. A strategic leadership team formed a Covid-19 Caring for People tactical group. Group representatives ranged from partner agency staff to volunteers all working together to identify and organise support in the community.

Most staff survey respondents were confident that adults at risk of harm were safe and protected during the pandemic. Almost all staff said they understood their role in protecting adults during the pandemic. Overall, most respondents said they felt appropriately supported at work, although health and police were less likely to agree with this statement.

All key processes were carried out for almost all adults at risk of harm during the Covid-19 restricted period with almost all partnership responses assessed as good or better. The partnership evidenced a commitment to carrying out face to face visits with adults at risk of harm throughout the pandemic.

Summary

The Argyll and Bute partnership had an established and clear vision, supported by an effective multi-agency adult protection committee. The strategic response to the Covid-19 pandemic was effective with strong community engagement. The partnership was particularly proactive in raising awareness of adult support and protection within the community and with the people responsible for planning, delivering and evaluating care and support.

Partner agencies worked collaboratively to improve outcomes for adults at risk of harm. The partnership should involve health and police staff more in key stages of the adult support and protection process. Senior leaders effectively managed significant challenges in maintaining adequate staffing levels during the Covid-19 pandemic. A combined approach from partner agencies and volunteers helped to keep people safe and protected.

The systems and processes for carrying out initial inquiries into adult support and protection concerns were effective which helped to ensure concerns raised by people were progressed timeously by appropriate staff. Investigations were carried out by the partnership effectively, which helped to keep adults at risk of harm safe and protected. However, the governance of risk assessments and chronologies needed to be significantly improved to minimise risks for adults at risk of harm. This had been identified by previous audits carried out by the partnership; however, the lack of improvement suggests leadership's ability to affect change has been limited.

Next steps

We ask the Argyll and Bute partnership to prepare an improvement plan to address the priority areas for improvement. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 73% of episodes where the application of the three-point test was clearly recorded by the HSCP
- 95% of episodes where the three-point test was applied correctly by the HSCP
- 85% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 67% one to two weeks, 17% two weeks to one month, 17% one to three months
- 93% of episodes evidenced management oversight of decision making
- 78% of episodes were rated good or better.

Staff survey results on initial inquiries

- 85% concur that the partnership accurately screens initial adult at risk of harm concerns, 3% did not concur, 12% didn't know
- 83% concur they are aware of the three-point test and how it applies to adults at risk of harm, 10% did not concur, 7% didn't know
- 79% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 7% did not concur, 15% didn't know
- 80% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 10% did not concur, 10% didn't know

Information sharing among partners for initial inquiries

- 83% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 45% of adults at risk of harm had a chronology
- 25% of chronologies were rated good or better, 75% adequate or worse
- 82% concur chronologies form an important feature of ASP investigation reports,

Risk assessment and adult protection plans

- 51% of adults at risk of harm had a risk assessment
- 48% of risk assessments were rated good or better
- 78% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 45% of protection plans were rated good or better, 54% were rated adequate or worse
- 74% concur that ASP investigation risk assessments include relevant analysis of risk, including risk / protective factors.

Full investigations

- 100% of investigations effectively determined if an adult was at risk of harm
- 85% of investigations were carried out timeously
- 72% of investigations were rated good or better

Adult protection case conferences

- 94% were convened when required
- 85% were convened timeously
- 61% were attended by the adult at risk of harm (when invited)
- Police attended 90%, health 81% (when invited)
- 73% of case conferences were rated good or better for quality
- 97% effectively determined actions to keep the adult safe
- 86% feel confident adults at risk of harm are appropriately supported to attend ASP initial case conferences, 8% didn't know

Adult protection review case conferences

- 83% of review case conferences were convened when required
- 85% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 85% of adult protection concerns were sent to the HSCP in a timely manner
- 80% of inquiry officers' actions were rated good or better
- 73% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 90% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 60% good or better rating for the quality of ASP recording in health records
- 72% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 92% of cases evidenced partners sharing information
- 98% of those cases local authority staff shared information appropriately and effectively
- 76% of those cases police shared information appropriately and effectively
- 89% of those cases health staff shared information effectively

Management oversight and governance

- 48% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 72%, police 67%, health 29%

Involvement and support for adults at risk of harm

- 93% of adults at risk of harm had support throughout their adult protection journey
- 83% were rated good or better for overall quality of support to adult at risk of harm
- 82% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 4% did not concur, 13% didn't know

Independent advocacy

- 79% of adults at risk of harm were offered independent advocacy
- 43% of those offered, accepted and received advocacy
- 90% of adults at risk of harm who received advocacy got it timeously.
- 74% concur they are confident adults subject to ASP investigations have the opportunity to access independent advocacy, 14% didn't know

Capacity and assessments of capacity

- 69% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 78% of these adults had their capacity assessed by health
- 86% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 24% of adults at risk of harm were subject to financial harm
- 75% of partners' actions to stop financial harm were rated good or better
- 40% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 92% of adults at risk of harm had some improvement for safety and protection
- 97% of adults at risk of harm who needed additional support received it
- 74% concur adults subject to ASP, experience safer quality of life from the support they receive, 7% did not concur, 20% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 59% concur local leaders provide staff with clear vision for their adult support and protection work. 16% did not concur, 25% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 63% concur local leadership of ASP across partnership is effective, 13% did not concur, 24% didn't know
- 57% concur I feel confident there is effective leadership from adult protection committee, 12% did not concur, 31% didn't know
- 41% concur local leaders work effectively to raise public awareness of ASP, 19% did not concur, 40% didn't know

Quality assurance, self-evaluation, and improvement activity

- 49% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 15% did not concur, 36% didn't know
- 43% concur ASP changes and developments are integrated and well managed across partnership, 15% did not concur, 43% didn't know