THE CITY OF EDINBURGH COUNCIL

Large Scale Investigations in Care Settings

VERSION 1.0
IMPLEMENTATION DATE 01/11/2021
REVIEW DATE 01/11/2022

DEPARTMENT RESPONSIBLE

Department:	Education and Children's Services
Division:	Safer and Stronger Communities
Section:	Quality, Governance and Regulation: Public Protection
Owner:	Kate Armit, Adult Protection Lead Officer
DPIA :	Yes ☐ No ☐
	Link to DPIA:
IAA:	Yes ☐ No ☐ N/A ☐
	Link/Location:
If appropriate, has Health and safety had oversight of this procedure	Yes ☐ No ☐ N/A ☒ Name of contact: Date:

VERSION HISTORY

VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1.0	Edinburgh Adult Protection Committee	01/11/2021	Procedure revision following publication of the Pan-Lothian Large Scale Investigation Protocol	Kate Armit

PURPOSE

This procedure has been created to:

- clarify roles, responsibilities, and expectations within the investigation process
- provide a standardised approach to carrying out a Large-Scale Investigation consistent with current evidence of best practice
- offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Investigations and ensure that there is adequate overview and co-ordination where several agencies have key roles
- clarify partner agencies' responsibilities for overseeing investigations in Edinburgh.
- This procedure should be read in conjunction with the Pan Lothian Large Scale Investigations Protocol which can be found on the Orb.

SCOPE

This procedure applies to all adults at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007, in care settings within Edinburgh.

DEFINITIONS

TERM	DEFINITION
Adult Protection Lead Officer	A manager within the Council with responsibility to oversee the implementation of the Adult Support and Protection Act 2007 and to ensure adherence to Council Adult Protection procedures.
An Adult at Risk of Harm	A person over the age of 16 years who cannot safeguard his or her own wellbeing or property and is affected by disability, mental disorder, illness or infirmity, and is more at risk of being harmed than other adults who are not so affected.
Care Inspectorate	A government agency responsible for the regulation and inspection of care services for adults and children (including the independent sector). The office covering the Edinburgh area can be contacted at: Email: *enquiries@careinspectorate.com* Tel: 0345 600 9527
Care Setting	This is wherever the person receives a service including a care home place; supported accommodation; an NHS hospital ward or other health facility, or care at home services.
Inter-agency Referral Discussion (IRD)	One or a series of discussions between agencies to share and consider all relevant information about an adult who may be at risk of harm. Those undertaking the discussions make decisions and plan responses based on the shared information.

TERM	DEFINITION
Multi-Agency Meeting	A meeting which is convened with the purpose of gathering further information from multi-agency partners where this is required to determine if the grounds for Large Scale Investigation have been satisfied.
Nominated Manager	A manager who will oversee the investigation and coordinate reviews and ensure that investigation updates are provided to the LSI review meetings.
Relevant Locality or Service Manager	This manager will chair and have responsibility for arranging and conducting the LSI meetings.
Residential Review Team	A team within the Edinburgh Health and Social Partnership responsible for reviewing the placement of adults in a regulated care service.

PROCEDURE

1. Introduction

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

1.2 This procedure has been agreed by the Edinburgh Adult Protection Committee. It is designed to minimise risk to both service users and staff in any care setting.

1.3 Concerns about an adult being harmed in a care setting can be raised from many sources, whether professionals, family members or others.

1.4 When any part of the Council or the Edinburgh Health and Social Care Partnership is made aware of concerns about a care service rather than in relation to individual users of that service, the decision to invoke this procedure will be made by the relevant manager in discussion with their line manager, another senior manager or with the Adult Protection Lead Officer.

1.5 Harm in a care setting can include:

- financial, physical and sexual abuse
- neglect or omission of care
- exploitation, coercion or undue influence, to the detriment of the individual
- psychological abuse, however subtle, undignified or degrading treatment.

1.6 The care setting may be a care home; supported accommodation; an NHS hospital ward or other health facility, or where an adult is in receipt of services at home.

1.7 An adult support and protection investigation may be required where an adult in a care setting is deemed to be at risk of harm from another service user, a member of staff or some failing or deficit in the management regime, or environment of the establishment or service.

2 Immediate Safety Planning and Inter-Agency Referral Discussion

2.1 When an adult protection concern is received, it will initially be screened as an individual "ASP duty to enquire" contact. Where the harm is due to a threat or deficiency within the provision of care, consideration will be given to the potential that other adults are also experiencing harm or are at risk of harm.

2.2 Where one or more adults in receipt of a service are at risk of harm, an Inter-Agency Referral Discussion (IRD) will be initiated.

2.3 The following agencies may be notified (if not already aware of the concerns):

- the Care Inspectorate (for concerns relating to registered care settings)
- the Mental Welfare Commission (where the concerns relate to ill treatment, neglect or cruelty towards a person with a mental disorder)
- Healthcare Improvement Scotland (for concerns located within NHS care settings)
- the Council's Contracts and Planning and Commissioning Team.

2.4 Any actions that are required to safeguard adults at immediate risk should be taken straight away and should not wait for further stages in the procedure.

2.5 Potential immediate interventions could include [please note: this is not an exhaustive list]:

- a suspension on admissions / referrals to the care service
- immediate Human Resources (HR) actions taken in relation to individual members of staff involved with the managed care setting (e.g. precautionary suspension etc.); this is the responsibility of the care provider, with advice from other agencies as appropriate; agency or relief staff will be included in this
- police action.

2.6 Where it is suspected that a crime has been committed, the police will undertake a criminal investigation. Advice will be given during the IRD as to whether internal agency, disciplinary or council investigation should pause for conclusion of criminal investigation. There will be agreement recorded as to how the adult support and protection process will be restarted (i.e. who will contact whom and who will provide update to care provider). The general principle is that any criminal investigation will take primacy and will not be compromised by other agencies' actions. However, this will always be balanced against the need for timely action to ensure the safety of any adults who are potentially at risk.

2.7 IRD participants can discuss the need to suspend a worker alleged to have caused harm and any other interim protective action. The Council and Police Scotland can make recommendations to the care provider but it is the provider's (including where this is the Council or NHS) responsibility and decision to do so.

2.8 The IRD will decide how to proceed. Possible outcomes are:

- there is no further action under adult protection procedures; this decision does not preclude other interventions occurring (e.g. Care Inspectorate regulatory activity; contract enforcement action, reviews, the provision of any service or other legal intervention)
- individual adult protection investigations; this would be the outcome if the harm is thought to be limited in who it affects within the care setting and/or is believed to be best addressed on an individual basis
- Notification to Chief Officers for consideration of authorising progression to Large Scale Investigation – where it is likely that there are ongoing adult protection concerns **and** those concerns are believed to impact on multiple adults who are involved with the care setting. This can include multiple adults in different locations but linked due to their association with a care provider.

2.9 Occasionally, concerns are raised that require further information to assist the decision to progress to an LSI. This can lead to a discussion or meeting between relevant senior managers and may take the form of a Multi-Agency meeting.

2.10 Where the outcome of such a discussion or meeting is that the grounds for an LSI have *not* been met (or the risks can be managed and no further investigation is needed**),** this decision will be taken back to the relevant Quality Assurance for Care Provision meeting and formally recorded as part of the minute, detailing the concern(s); those involved in discussion and the rationale for the decision not to proceed to an LSI. This provides an auditable record of decisions taken where concerns exist but do not progress to a formal LSI.

2.11 It is not necessary to hold a multi-agency meeting in situations where relevant managers believe there is enough information to conclude that the grounds are clearly met and can proceed directly to the authorisation process. Where it is decided that a Multi-Agency meeting is required it should be convened as soon as practicable, no later than 14 calendar days after the initial concern has been received.

2.12 The meeting will be chaired by a senior manager, or Head of Service from the Edinburgh Health and Social Care Partnership. The chair will identify the key agencies who require to attend and should ensure that the meeting can take account of contract monitoring, quality assurance and commissioning in addition to adult support and protection issues. Attendees should be of a sufficiently senior level to contribute to decision making and resource allocation as required. The meeting should be minuted and the rationale to proceed or not to LSI clearly stated. Where an LSI Investigation is needed, the authorisation process will be followed in order to proceed to plan that investigation.

2.13 Key purposes of the Multi-Agency meeting (list not exhaustive):

- Share information from all key agencies
- Identify the lead officers and managers from each agency
- Identify single points of contact within each agency
- Agree a risk management plan identifying key tasks to be undertaken, ownership and timescales which will include any immediate protective measures for individuals. Agree and record a SMART action plan.
- Decide which service users need to be interviewed and reviewed by whom, when and where.
- Decide whether to recommend a moratorium on admissions or a suspension of new packages of care if a contracted service.

- Clarify any parallel investigations and roles within each agency and mechanisms for reporting back
- Consider the need for any individual Adult Support and Protection Case Conference
- Consider the need for a Relatives Meeting to share information
- Consider application under Duty of Candour
- The Multi-Agency meeting should also consider the impact of the LSI.

3 Authorisation and Notification

3.1 Where it is considered that grounds for Large Scale Investigation are met, the Chief Social Work Officer and the Chief Officer of the Edinburgh Health and Social Care Partnership will be notified using the Large-Scale Investigation Notification Report (Appendix 1). This form may also be used for the purposes of a background report and will be completed by an appropriate operational manager in the locality where the concerns are located. The form should be e-mailed to the Lead Officer and to the public protection inbox:

Public.Protection@edinburgh.gov.uk

3.2 Once received the Lead Officer will ensure that the notification report is forwarded to the Chief Officers for their authorisation. Once authorised the Lead Officer will inform the Business Support Officer (Public Protection), who will initiate organisation of the first meeting and an e-mail will be sent to invitees including the notification report.

4 Quality Assurance Care Provision

4.1 The Multi-Agency Quality Assurance Care Provision (Care Home and Care at Home) Groups exist to bring together representatives from across the agencies to monitor the standards of care provided by Council, independent and voluntary sector providers. The multi-agency groups meet to ensure Edinburgh's care provision is safe and sustainable. The group will ensure appropriate action is taken (e.g. quality assurance sample reviews) when the service standards are not met and, where necessary, also initiate a LSI.

4.2 Each Multi-Agency Quality Assurance Group reports to the Quality Assurance and Improvement Group and the Performance and Quality Sub-Group of the Integration Joint Board, providing details about care home and care at home provision that:

- meet or exceed the Council's minimum requirement to achieve a Care Inspectorate Grade 4 (good) in all themed inspection areas
- have failed to meet the Council's minimum requirement and received a Grade 3 (adequate), Grade 2 (weak) or a Grade 1 (unsatisfactory) in any themed inspection area
- have met the criteria to initiate a LSI.

4.3 Each Multi-Agency Quality Assurance Group monitors all grades of care provision as well as early indicators of concern and emerging themes that may be a cause of concern.

4.4 In extra-ordinary circumstances, e.g. where the safety of residents is a concern, it may be necessary to make an urgent decision out-with the normal cycle of bi-monthly meetings. These decisions will be made by the Chair, in consultation with the Chief Social Work Officer or Chief Officer, and in accordance with the City of Edinburgh Council terms and conditions for services: Care at Home Contract (ref. CT0477), the National Care Home

Contractor Spot Purchase Contract (ref. CT1716) or, in respect of a Council provider, initiate internal management procedures. Any such decision must be recorded in writing.

5 Large Scale Investigation Meeting

5.1 The Council has the lead role in co-ordinating the Large-Scale Investigation (LSI). The relevant Locality or Service Manager will chair and have overall responsibility for arranging and conducting the meeting.

5.2. The Adult Protection Lead Officer should be notified. Administrative support will be provided by the Business Support Officer (Public Protection). Based on an assessment of risk, the Chair will advise the Business Support Officer of the timescales for the LSI meeting.

5.3 The Chair will advise the Business Support Officer of the key officers and agencies required to attend as agreed by the Multi-Agency meeting. **Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary**. The following should routinely be considered for invitation [note this: is not an exhaustive list]:

- representative(s) from the relevant locality team(s)
- Council Communications Manager
- NHS Lothian representative
- Police Scotland representative (PPU)
- Care Inspectorate manager (if a registered care setting / provider)
- representative(s) from any other local authorities who are funding placements for a service user(s) within the care setting concerned.
- Council Contracts Manager.

The request for police attendance should go through the Public Protection Unit. The request for NHS Lothian attendance should go through their Public Protection Team. The request for the Care Inspectorate should be made to the relevant Team Manager.

5.4 If senior managers are invited, they may bring / delegate attendance to relevant managers involved in the investigation. However, the principle stated in point 4.5.3 remains – all attendees should have sufficient seniority to allow effective decision making.

5.5 The Business Support Officer (Public Protection) will circulate the LSI Notification Report (Appendix 1) completed at item 4.3 to notify the agreed LSI group that the LSI has been initiated. Each agency will be required to review their own records and provide information for discussion at the LSI meeting. Information from each agency will be provided on the LSI Background Report (Appendix 2) sent out with invitations.

5.6 The LSI Meeting agenda will be used (Appendix 3) to frame the discussion.

5.7 The intention of the LSI meeting is to:

- consider the nature and timing of any regulatory response being proposed by the Care Inspectorate to ensure that this does not interfere with any proposed or ongoing investigation

- consider / discuss any assessments / investigations already being conducted (from social work, health, or police)
- consider information provided by all agencies which will include previous concerns / reports and complaints received by them
- consider effect on service users, family and staff because of heightened activity / possible press interest
- consider impact of embargo of new referrals or the closure of the service
- consider whether a media strategy is required
- provide clarity about parallel / joint investigations, i.e. Police Scotland / Care Inspectorate / Council / NHS Lothian / Health and Safety Executive. A decision will be made in relation to whether these are undertaken by the Council, health setting or contracted agency
- identify and allocate key tasks and timescales; this will include any immediate protective measures for individuals (where not already addressed)
- agree how the relevant manager of the care home or care setting or service under investigation will be apprised of the situation and who is responsible for this if not already addressed (the Chair will write to the care provider setting out the reasons for the LSI)
- consider notification of other parties (if not already done), e.g. Mental Welfare Commission, other local authorities, family / main carers
- if there are issues relating to manual handling, nutrition, skin integrity, the investigating team should include the relevant specialist. A senior occupational therapist or equivalent will be required to co-ordinate this
- consider the need for the generation of a significant event chronology associated with the care service.

5.8 The LSI group members will be responsible for keeping their senior management informed throughout the investigation.

5.9 If it becomes apparent, at any stage, that a critical incident has occurred, i.e. a situation where a serious crime may have taken place, such as a rape or suspicious death, Police Scotland will take the lead.

5.10 If the adults at risk are placed in a regulated service managed by the City of Edinburgh Council, consideration should be given to nominating a chair from another local authority or an independent chair. The relevant line manager should still attend all LSI meetings.

5.11 The LSI meeting will identify which staff will undertake the investigation for the Edinburgh Health and Social Care Partnership and will agree the nominated manager who will oversee the investigation.

5.12 Before beginning an investigation of regulated services, the Chair, nominated manager and, if relevant, the appropriate Planning and Commissioning Officer and Contracts Officer, will meet with the service provider. If the service is not regulated, the Service Manager will meet with the service provider.

5.13 The Chair of the LSI group will nominate a group member to write an outcome investigation report which will be provided to senior managers and relevant committees at the end of the investigation. **The author of the outcome report will be an officer who is familiar with the service under LSI and will be able to collate information from agency reports, records, LSI meetings and provider meetings**.

5.14 Any staffing / resource issues which may impede the progression of an investigation should be escalated to senior management within the relevant body for quick resolution.

5.15 The LSI meeting should be minuted, and a copy sent to all participants and those who were invited but were unable to attend.

6 Large Scale Investigations

6.1 The first step when proceeding with an LSI is the appointment of a nominated manager who will be responsible for the overall coordination of the investigatory process.

6.2 The LSI group will analyse information provided and decide scope, means and method of the investigation.

6.3 However, in all investigatory work, the following points should be considered:

- level 3 Council Officer training is a pre-requisite for staff undertaking Adult protection investigations
- the investigation should be carried out as sensitively as possible; the impact on the adults, families and carers should always be considered and the adults' wishes must be considered; a balance must be reached between the need to protect the adults and respecting their rights
- the investigation should be undertaken as soon as possible, considering the impact on the adults in the care setting
- preliminary interviews may have to take place with the person who may have made the allegation, workers of support services etc.; checks should also be made on all available computer records / manual records and with other councils if appropriate
- care should be taken in the choice of venue and timing of the interviews with the adults, to ensure they are at ease etc., and that all necessary supports are available, e.g. interpreter, computer, loop system and symbols
- some interviews may require two professionals, e.g. from Social Work / NHS / Police. This may not be necessary in all cases, but safe and best practice should be encouraged, e.g. from social work / health / police; it may also be necessary to include a member of support staff who knows the adults well. If required, appropriate assistance should be made available to address any identified communication need(s)
- when interviewing professionals, agreement should be reached prior to the interview what record, or account of the interview will be taken
- The Chair of the LSI will agree who will be interviewed and who the interviewer will be from the appropriate management group
- Council staff should consider the provision of independent advocacy services when investigations occur
- those involved in the investigation should always meet beforehand to discuss how to proceed, making sure that they are aware of all the facts to date, any background knowledge / information regarding the adults involved and any alleged perpetrator
- the Indicators of Concerns Summary (appendix 6) provides a useful checklist.

6.4 Each relevant locality will provide a summary of their reviews highlighting issues pertinent to the LSI

6.5 Once the investigatory process is concluded, the nominated manager is responsible for collating the information obtained ready for presentation to, and consideration at the following Large-Scale Investigation meeting.

For guidance on care service investigations please refer to the [Adult Protection Procedure] on the Orb.

7 Large Scale Investigation Review Meeting

7.1 The chairperson of the review meeting will use the review meeting agenda set out in this procedure (appendix 4) to frame the deliberations.

7.2 Overall, the purpose of the LSI Review Meeting(s) is to:

- allow agencies to update the LSI group on actions assigned to them at the LSI planning meeting and outcomes
- review the effectiveness of the current LSI action plan in place to safeguard those adults involved with the care setting; and
- determine (based on the information obtained during the meeting and elsewhere) whether the adults in the care setting continue to be 'adults at risk of harm' under the terms of the 2007 legislation.

7.3 By the end of the LSI Review Meeting, a decision should be reached as to the ongoing management of the concerns and whether the LSI process can conclude and the service can continue to be monitored within the quality assurance care provision process.

7.4 A copy of the LSI Review meeting will be sent to all participants and those who were invited but who were unable to attend.

7.5 When the LSI process is complete, the Chair will arrange for an LSI outcome report (Appendix 5) to be produced within 14 days of the final LSI meeting. This will be sent to the Adult Protection Committee and senior managers.

7.6 The LSI group will decide on how the LSI outcome will be communicated to the care provider (for example: letter, summary report or face-to-face meeting).

7.7 Where a Large-Scale Investigation has been ongoing for 6 months or more the group should summarise and minute the reasons for continuing the investigation. Where the investigation has been ongoing for 12 months the group should provide notification of this to the Chief Officer of the Edinburgh Health and Social Care Partnership and the Chief Social Work Officer and include a brief summary of the justification for continuing the investigation. This notification should be provided at 6-month periods thereafter and will be the responsibility of the Chair but may be delegated to an appropriate other.

RESPONSIBILITIES

The Adult Protection Lead Officer will maintain ownership of this procedure and review at the stated review date.

KNOWN RISKS

Describe any known risk points within the procedure.

RETENTION PERIOD

RECORD	LOCATION	RESPONSIBLE OFFICER	RETENTION PERIOD
Procedure	G:\SSC\Quality, Regulation and Professional Governance\Public Protection\ASPC\Lge Scale Investigations	Kate Armit	N/A

ASSOCIATED DOCUMENTS

DOCUMENT	TYPE
City of Edinburgh Adult Protection Policy and Procedure	Policy and Procedure
Large Scale Investigation Notification Report	Template
Large Scale Investigation Background Report	Template
Large Scale Investigation Meeting Agenda	Template
Large Scale Investigation Review Meeting Agenda	Template
Large Scale Investigation Outcome Report	Template
Indicators of Concern Summary	Guidance

POLICY BASE

DOCUMENT	TYPE
Adult Support and Protection (Scotland) Act 2007	Legislation
Public Services Reform (Scotland) Act 2010	Legislation
Adults with Incapacity (Scotland) Act 2000	Legislation
The Social Work (Scotland) Act 1968, Section 12, Section 6	Legislation
Mental Health (Care and Treatment) (Scotland) Act 2003	Legislation
Regulation of Care (Scotland) Act 2001	Legislation
Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016	Legislation

Large Scale Investigation Notification Report

Completed forms must be emailed to: Kate.Armit@edinburgh.gov.uk and Public.Protection@edinburgh.gov.uk

Form completed by:	
Designation:	
Agency:	
Date:	

Details of service involved

Name of service:	
Care Inspectorate registration number (if applicable):	
Names and designations of all relevant managers/officers:	

Details of individual(s) involved

Name	**DOB:**	**Agency identifier**

Involvement from other agencies/professionals?

Agency	Allocated / identified professional?	Designation

Brief description of circumstances

Include current and recent events, type(s), imminence, likelihood and severity of harm, any other information

Safeguarding action taken to date (if required)

Include information on IRD's raised and/or completed, significant occurrence reporting completed, notifications to Care Inspectorate/Social Care Direct (where applicable), any other relevant information

Are there any further immediate/urgent concerns? Have these been shared with relevant agency for consideration/action?

Is there an ongoing police inquiry or an inquiry about to commence? (X)	**Yes**		**No**		**Unknown**	

Has a single-agency review been initiated/completed within your agency? (X)	**Yes**		**No**		**Unknown**	

Grounds for which the criteria for LSI may have been met

Also include information on potential areas for consideration at the LSI meeting(s), gaps in information, etc

Completed forms must be emailed to:

Kate.Armit@edinburgh.gov.uk **and** Public.Protection@edinburgh.gov.uk

PUBLIC PROTECTION OFFICE USE ONLY:

Date received:		Screened by:	
Date sent for approval:		Outcome:	
Reason(s) for decision:			

Large Scale Investigation Background Report

Completed forms must be emailed to: Public.Protection@edinburgh.gov.uk

Form completed by:	
Designation:	
Agency:	
Date:	

Details of service involved

Name of service:	

Details of individual(s) involved

Name	DOB	Agency identifier

Background Information:

To include if relevant: Summary of initial concerns raised; historical concerns, previous allegations and referrals; location and type of alleged harm; timeline or chronology (any delays in reporting); who is involved and what protective action has been taken. Add as much detail as required.

Large Scale Investigation Meeting – Agenda

1. Introductions and apologies
2. Recording arrangements – Chair
   - Author of LSI outcome report to be agreed
   - Identify minute-taker for LSI and provider meetings
3. Information currently available from each agency and any reports received in advance of the meeting – Agency Representatives
4. Summary of concerns and current situation – Chair
5. Investigation planning – All
   - action plan / activity to be undertaken
   - lead and timescales
   - target completion date
   - grounds for LSI continue to be met?
6. Any immediate actions that need to occur to safeguard service users – All
7. Consider any notification requirements to other agencies / organisations – All
8. Media strategy – All
9. AOB – All
10. Date of Next Meeting – All

Large Scale Investigation Review Meeting – Agenda

1. Introductions and Apologies.

2. Agency Updates.

   Each agency should provide a brief summary of any updates / changes in circumstances since the previous meeting. Particularly focus on any changes in risks which need to be accommodated / investigated and or issues with the existing protection plan.

   The views of the adults and any carers etc. as to the effectiveness of the Adult Protection Plan should be sought, along with any suggestions they have for reducing risk / increasing safety.

3. Review of Adult Protection Plan

   Tasks set at last meeting should be explicitly reviewed. What is working well? Or not so well? Are there any particular gaps? Any required changes or additions should be discussed and agreed here.

4. Arrangements for Monitoring / Review.

5. AOB

6. Date of Next Meeting

Large Scale Investigation Outcome Report

Organisation Details

Name of Care Provider:

Time Frame

Date of IRD:

Date of planned meeting:

Date of Review meetings:

Background Information and Concerns:

Details of Care Inspectorate and Contract Monitoring Visits and Suspensions:

Investigation Methodology:

Findings:

Actions taken to address the risks identified:

Investigation Conclusion:

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Indicators of Concern Summary

Name of Service:

Introduction:

Section 1: Concerns about Management and Leadership

There is evidence that:

Indicator	Response
• there is a lack of leadership by managers, e.g. managers do not make decisions and set priorities	◯ Yes ◯ Not observed
• the service is not being managed in a planned way, but reacts to problems and crises	◯ Yes ◯ Not observed
• the manager is unable to ensure that plans are put into action	◯ Yes ◯ Not observed
• the managers know what outcomes should be delivered for people, but appear unable to organise the service to deliver these outcomes, i.e. they appear unable to 'make it happen'	◯ Yes ◯ Not observed
• managers appear unaware of serious problems in the service	◯ Yes ◯ Not observed
• the service does not respond appropriately when a serious incident has taken place. They do not appear to be taking steps to reduce the risk of a similar incident happening again	◯ Yes ◯ Not observed
• managers appear unable to ensure that actions agreed at reviews and other meetings are followed through	◯ Yes ◯ Not observed
• managers do not appear to be paying attention to risk assessments or are not ensuring that risk assessments have been carried out properly	◯ Yes ◯ Not observed
• managers do not appear to have made sure that staff have information about individual residents' needs and potential risks to residents	◯ Yes ◯ Not observed

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• the manager appears to leave staff to get on with things and gives little active guidance	◯ Yes ◯ Not observed
• the manager appears not to be role-modelling good practice to the staff team. They are not involved in practice with residents	◯ Yes ◯ Not observed
• the manager appears very controlling	◯ Yes ◯ Not observed
• the managers appear to have low expectations of the staff	◯ Yes ◯ Not observed
• the manager is new	◯ Yes ◯ Not observed
• there is a high turnover of managers	◯ Yes ◯ Not observed
• the service appears to be experiencing difficulty in recruiting and appointing managers	◯ Yes ◯ Not observed
• the manager has left suddenly and unexpectedly	◯ Yes ◯ Not observed
• the manager is new and doesn't appear to understand what the service is set up to do	◯ Yes ◯ Not observed
• a responsible manager is not apparent or available within the service, e.g. they may be on holiday or covering other services	◯ Yes ◯ Not observed
• arrangements to cover the service whilst the manager is away are not working well	◯ Yes ◯ Not observed
• the services' resources are not being deployed effectively to meet the needs of the residents. For example, there is a high turnover of staff, staff are working longer hours, there is poor staff morale	◯ Yes ◯ Not observed
• the manager of the home does not appear to support members of staff who complain or act as whistleblowers	◯ Yes ◯ Not observed
• the manager appears to find it hard to listen to ideas or suggestions about different ways of working	◯ Yes ◯ Not observed

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- The manager appears to be unable to change the way a group of strong / powerful members of staff are working — ◯ Yes ◯ Not observed
- The manager appears to receive little support from senior management within their wider care organisation — ◯ Yes ◯ Not observed
- The manager appears to have relatively little experience of working with this client group and/or little understanding of their care needs — ◯ Yes ◯ Not observed

Summary of Evidence

2. Concerns about staff skills, knowledge and practice

- some staff appear to lack the information, knowledge and skills needed to support this client group — ◯ Yes ◯ Not observed
- some staff appear challenged by some residents' behaviours and do not know how to support them effectively — ◯ Yes ◯ Not observed
- some staff appear not to manage residents behaviours in a safe, professional or dignified way, e.g. staff send residents to their rooms, use medication inappropriately or as a first resort, ignore residents etc. — ◯ Yes ◯ Not observed
- some members of staff appear to perceive the behaviours of residents as a problem and blame the residents — ◯ Yes ◯ Not observed
- some staff blame residents' condition, confusion or dementia for all their difficulties, needs and behaviours; other explanations do not appear to be considered — ◯ Yes ◯ Not observed
- some members of staff appear controlling of residents — ◯ Yes ◯ Not observed
- residents appear to be punished for behaviours which are seen to be inappropriate — ◯ Yes ◯ Not observed

• some staff treat residents roughly or forcefully	◯ Yes ◯ Not observed
• some staff ignore residents	◯ Yes ◯ Not observed
• some staff shout at residents and are impatient	◯ Yes ◯ Not observed
• some staff shout or swear at residents	◯ Yes ◯ Not observed
• some staff talk to residents in ways which are not complimentary or are derogatory	◯ Yes ◯ Not observed
• some staff do not alter their communication style to meet individual needs, e.g. they speak to people as if they are children; they 'jolly people along'	◯ Yes ◯ Not observed
• some members of staff use negative or judgemental language when talking about residents	◯ Yes ◯ Not observed
• some staff do not see residents as individuals and do not appear aware of their life history	◯ Yes ◯ Not observed
• some staff do not ensure privacy for residents when providing personal care	◯ Yes ◯ Not observed
• record keeping by staff is poor	◯ Yes ◯ Not observed
• some staff do not appear to see keeping records as important	◯ Yes ◯ Not observed
• risk assessments are not completed or are of poor quality, e.g. they lack details or do not identify significant risks	◯ Yes ◯ Not observed
• incident reports are not being completed	◯ Yes ◯ Not observed
• there is a particular group of staff who strongly influence how things happen in the service	◯ Yes ◯ Not observed

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• some staff informally complain about the managers to visiting professionals	◯ Yes ◯ Not observed
• some staff lack training in how to use equipment	◯ Yes ◯ Not observed
• suspected or actual abuse is not being reported through official channels	◯ Yes ◯ Not observed
• tasks requested by professionals are forgotten or incorrectly carried out	◯ Yes ◯ Not observed
• tangled family boundaries exist where families and/or couples work in the same service	◯ Yes ◯ Not observed
• there is a particular group of members of staff who strongly influence the way things happen in the service	◯ Yes ◯ Not observed
• some members of staff tease or play jokes on residents or treat serious incidents as a joke	◯ Yes ◯ Not observed
• some members of staff are reluctant to change their practice	◯ Yes ◯ Not observed
• some members of staff lack awareness of sources of support and the roles of other professionals and organisations	◯ Yes ◯ Not observed
• some members of staff lack training and awareness about what abuse is, signs of abuse and of the actions to be taken in the event of suspected or actual abuse	◯ Yes ◯ Not observed
• some members of staff appear to have received little training	◯ Yes ◯ Not observed
• restraint (including PRN medication) is frequently used as a first option before other approaches are tried	◯ Yes ◯ Not observed

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3. Concerns about residents' behaviours and wellbeing

There is evidence that one or more of the residents:

• show signs of injury due to lack of care or attention (e.g. through not using wheelchairs carefully or properly)	◯ Yes ◯ Not observed
• appear frightened or show signs of fear	◯ Yes ◯ Not observed
• behaviours have changed	◯ Yes ◯ Not observed
• appearances have changed, e.g. they have become unkempt or are no longer taking pride or interest in their appearance	◯ Yes ◯ Not observed
• moods or psychological presentation have changed	◯ Yes ◯ Not observed
• behaviour is different with certain members of staff / when certain members of staff are away	◯ Yes ◯ Not observed
• engage in inappropriate sexualised behaviours	◯ Yes ◯ Not observed
• some staff lack training in how to use equipment	◯ Yes ◯ Not observed

Summary of Evidence

4. Concerns about the service resisting the involvement of external people and isolating individuals

There is evidence that:

• some managers and/or staff do not respond to advice or guidance from practitioners and families who visit the service	◯ Yes ◯ Not observed
• the service is not reporting concerns or serious incidents to families, external practitioners or agencies	◯ Yes ◯ Not observed
• the service does not pass on information and communicate with residents' families and external practitioners	◯ Yes ◯ Not observed
• managers do not appear to provide staff with information about residents from meetings with external people, e.g. review meetings	◯ Yes ◯ Not observed
• staff or managers appear defensive or hostile when questions or problems are raised by external practitioners or families	◯ Yes ◯ Not observed
• some staff are hostile towards or ignore practitioners and families who visit the service	◯ Yes ◯ Not observed
• the service does not liaise with families and ignores their offers of help and support	◯ Yes ◯ Not observed
• staff or managers appear defensive or hostile when questions or problems are raised by external practitioners or families	◯ Yes ◯ Not observed
• the service is not being open about difficulties which are being experienced and is denying problems	◯ Yes ◯ Not observed
• staff or managers give inconsistent responses or accounts of situations	◯ Yes ◯ Not observed

- there are residents who have little contact with people from outside the service
  ◯ Yes
  ◯ Not observed

- some residents are being kept isolated in their rooms and are unable to move to other parts of the building independently ('enforced isolation')
  ◯ Yes
  ◯ Not observed

- the service does not support residents to get independent representation, e.g. advocacy
  ◯ Yes
  ◯ Not observed

- the home is geographically isolated and/or cut off from the rest of the community
  ◯ Yes
  ◯ Not observed

Summary of Evidence

5. Concerns about the way services are planned and delivered

There is evidence that:

• there is a lack of clarity about the purpose and the nature of the service	◯ Yes ◯ Not observed
• the service does not appear able to deliver the service or support it is commissioned to provide, e.g. it is unable to deliver effective support to people with distressed or aggressive behaviour	◯ Yes ◯ Not observed
• the service is accepting residents whose needs and/or behaviours are different to those of the residents previously or usually admitted	◯ Yes ◯ Not observed
• the service is accepting residents whose needs they appear unable to meet	◯ Yes ◯ Not observed
• there appears to be insufficient staff to support residents appropriately	◯ Yes ◯ Not observed
• residents' needs as identified in assessments, care plans or risk assessments are not being met, e.g. residents are not being supported to attend specific activities or provided with specific support to enable them to remain safe	◯ Yes ◯ Not observed
• the layout of the building does not easily allow residents to socialise and be with other people	◯ Yes ◯ Not observed
• members of staff or managers do not carry out recommendations made by external professionals	◯ Yes ◯ Not observed
• recommended specialist equipment is not provided and/or individuals are not supported to use such equipment effectively	◯ Yes ◯ Not observed

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6. Concerns about the quality of basic care and the environment

There is evidence that:

• there appear to be insufficient staff to meet residents' needs	◯ Yes ◯ Not observed
• there is poor or inadequate support for residents who have health problems or who need medical attention	◯ Yes ◯ Not observed
• some residents are not getting the support they need with eating and drinking, or are not getting enough to eat or drink	◯ Yes ◯ Not observed
• the service is not providing a safe environment	◯ Yes ◯ Not observed
• some staff are not checking that people are safe and well	◯ Yes ◯ Not observed
• there are a lack of activities or social opportunities for residents	◯ Yes ◯ Not observed
• some residents do not have as much money as would be expected	◯ Yes ◯ Not observed
• some residents lack basic basic things such as clothes, toiletries etc	◯ Yes ◯ Not observed
• support for residents to maintain personal hygiene and cleanliness is poor	◯ Yes ◯ Not observed
• there is a lack of care for resident's property and clothing	◯ Yes ◯ Not observed
• the service does not have the equipment needed to support residents	◯ Yes ◯ Not observed
• equipment is not being used or is not being used correctly	◯ Yes ◯ Not observed
• equipment or furniture is broken	◯ Yes ◯ Not observed

• the service is not providing equipment to keep residents safe	◯ Yes ◯ Not observed
• some staff are not using wheelchairs safely and correctly	◯ Yes ◯ Not observed
• the home is dirty and shows signs of poor hygiene	◯ Yes ◯ Not observed
• the quality of the environment has deteriorated noticeably	◯ Yes ◯ Not observed
• levels of activity for service users have declined noticeably	◯ Yes ◯ Not observed
• residents' dignity is not being promoted and supported	◯ Yes ◯ Not observed
• essential clinical records are not being kept	◯ Yes ◯ Not observed

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Risk Assessment

☐ **Low Risk** of abuse, harm or neglect (indicators of concern in one area only)

☐ **Medium Risk** of abuse, harm or neglect (indicators of concern in two areas)

☐ **High Risk** of abuse, harm or neglect (indicators of concern in three or more areas)

Where a spread of indicators is identified, suggesting a pattern of concerns, this is not in itself proof that residents have been abused, harmed or neglected, and this can still happen when concerns are not apparent. However, such a pattern of indicators of concerns does suggest that actions need to be taken to change and improve the service delivered and lower the risk that abuse, harm or neglect may take place.

Conclusion and Recommendations:

Name(s) of Reviewing Officer(s)

______________________ Designation: ______________________

Contact tel. no.: ______________ Signature: ______________________

Date: ______________

______________________ Designation: ______________________

Contact tel. no.: ______________ Signature: ______________________

Date: ______________

______________________ Designation: ______________________

Contact tel. no.: ______________ Signature: ______________________

Date: ______________

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