care inspectorate

Healthcare Improvement Scotland

HMICS

JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

North Lanarkshire Partnership November 2022

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Map showing divisional concern hubs

Joint inspection of adult support and protection in the North Lanarkshire 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 His 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 North Lanarkshire partnership area were safe, protected and supported.

The joint inspection of the North Lanarkshire partnership took place between August and November 2022. We scrutinised the records of adults at risk of harm for a two-year period, August 2020 to August 2022. The North Lanarkshire partnership and all others across Scotland faced the unprecedented and ongoing challenges of recovery and remobilisation as a result of the Covid-19 pandemic. We appreciate North Lanarkshire partnership's co-operation and support for the joint inspection of adult support and protection at this difficult time.

Quality indicators

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

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

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.

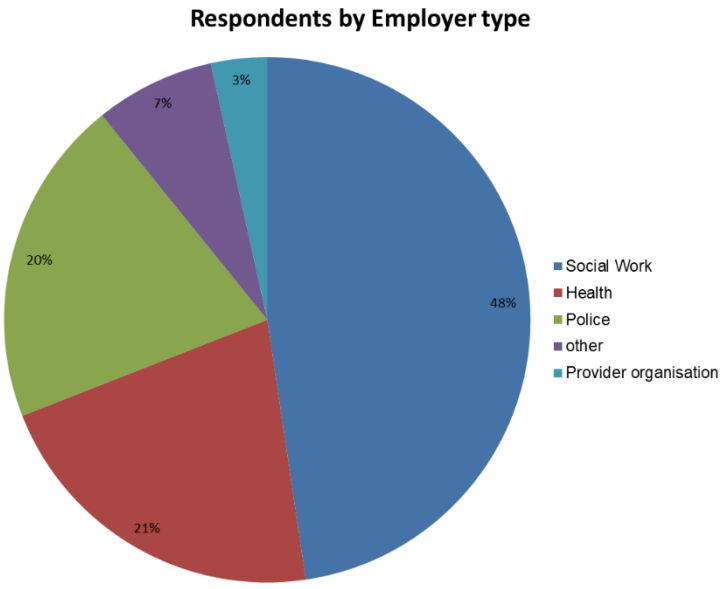
- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

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

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

Staff survey. Eight hundred and ninety-eight 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.

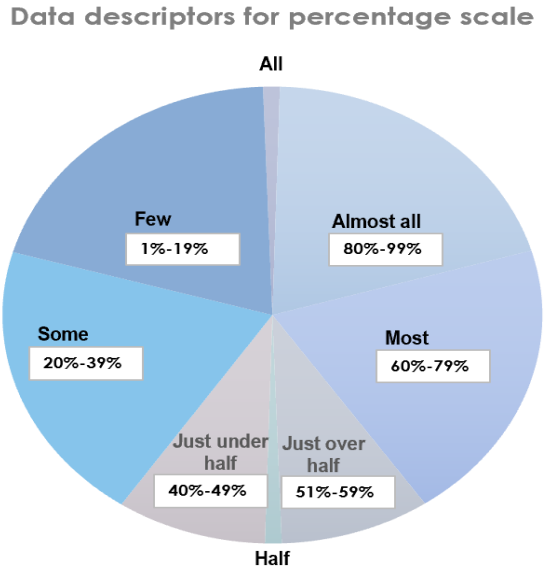


The scrutiny of social work records of adults at risk of harm. This involved the records of 39 adults at risk of harm who did not progress beyond adult support and protection inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage.

Staff focus groups. We carried out two focus groups and met with 26 members of staff from across the partnership to discuss adult support and protection practice 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 had improved safety, health and wellbeing because of the diligent work of partnership staff.
- The partnership conducted initial inquiries into the circumstances of adults at risk of harm efficiently and effectively.
- Independent advocacy for adults at risk of harm was a key strength for the partnership. Adults at risk of harm derived considerable benefit from the support they got from capable independent advocates.
- The partnership's strategic leaders enabled a culture of strong, credible, strategic partnership working for adult support and protection.
- Strategic leaders initiated rigorous, multi-agency quality assurance and audit work for adult support and protection. This was a key facet of the partnership's convincing capacity for improvement.

Priority areas for improvement

- The partnership should improve the quality of chronologies for adults at risk of harm. It should improve both the presence and quality of protection plans.
- The partnership should always hold initial adult protection case conferences promptly when required. Thereby, allowing all partners to discuss the risks for the adult and the actions required to reduce them. The police should attend all initial adult protection case conferences they are invited to.
- The adult protection committee should consider securing the direct representation from adults at risk of harm and their unpaid carers. Thus, it would benefit from their lived experience of adult support and protection.

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

Key messages

- Adults at risk of harm had improved safety, health and wellbeing because of the efforts of committed partnership staff.
- The partnership conducted initial inquiries into the circumstances of adults at risk of harm competently, collaboratively, and promptly.
- Independent advocacy for adults at risk of harm was a distinct strength for the North Lanarkshire partnership. Capable independent advocates skilfully supported adults at risk of harm and their unpaid carers to navigate their way through adult support and protection.
- Commendably, chronologies were present for almost all adults at risk of harm. But the quality of chronologies needed improvement. Both the presence and quality of protection plans for adults at risk of harm merited improvement.
- The partnership did not always hold an initial adult protection case conference when required. This represented vital missed opportunities for all partners to discuss the risks for the adult and the actions required to reduce them.
- The police only attended around half of the adult protection case conferences they were invited to. Thereby, contributions from this critical partner were missing.
- Health professionals did not always accompany council officers on investigations when there were health concerns. Their expertise would have been invaluable.

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

Duty social work staff in each locality promptly screened all adult protection concerns made to the health and social care partnership. Senior social workers provided credible management and professional oversight of the screening process.

Initial inquiries into concerns about adults at risk of harm

The partnership processed initial inquiries into the circumstances of adults at risk of harm competently and promptly. Almost all were good or better for the overall quality of the initial inquiry process. It handled all in line with the principles of the Adult Support and Protection (Scotland) Act 2007. It progressed almost all initial inquiries promptly and clearly recorded application of the three-point criteria. A significant few did not record the application of the three-point criteria, which needed improvement. Partners communicated effectively in almost all initial inquiries, with quality of communication good or better. Managers effectively oversaw and signed-off almost all initial inquiries. The decision to take no further adult protection actions was correct in almost all cases. Almost all staff surveyed were confident the partnership handled initial inquiries effectively.

Commendably, council officers carrying out initial inquiries visited and interviewed the adult at risk of harm for some of initial inquiry episodes. The partnership did not have an electronic template for recording initial inquiries; one was planned. The system whereby staff used standard headings to structure their recordings of initial inquiries was effective.

Investigation and risk management

Chronologies

Chronologies for adults at risk of harm are an essential element of risk assessment and risk management. There was a well-structured standard template for creation of chronologies for adults at risk of harm. Almost all of adults at risk of harm who required a chronology had one. This was a strong result on presence of chronologies. It reflected the partnership's improvement work on the importance of preparing chronologies for adults at risk of harm.

Quality of chronologies needed improvement, with just under half weak or unsatisfactory. They lacked detail of key events, solely focused on adult protection events, were not up-to-date, and did not include analysis of patterns of events and the implications for risk to the adult at risk of harm.

The partnership planned improvements to chronologies. This was linked to well-advanced plans for a new electronic social work recording system. Given the partnership's success ensuring adults at risk of harm had a chronology, its capacity to improve their future quality was promising.

Risk assessments

The partnership competently prepared risk assessments for adults at risk of harm, using a comprehensive standard template. Almost all had one, which was timely, and appropriately reflected partners' views. Most risk assessments were good or better for quality. There was some room for improvement with the quality of risk assessments – a few were weak. They were sparsely populated, lacked a clear appraisal of the risks and their potential impact on the adult at risk of harm, and did not clearly identify protective factors.

Full investigations

The partnership did not have a standard electronic template to record adult protection investigations. It planned to develop one, which will potentially improve the quality of investigations and how they are recorded. Overall council officers and other staff conducted investigations proficiently, with most good or better for quality. Almost all investigations were timely, purposefully involved multi-agency partners, and clearly ascertained if the adult was at risk of harm.

An area for improvement was health professionals' not accompanying council officers on investigations when there was a clear health role. In almost all instances, when presence of a health professional would have been beneficial, they were not involved.

The partnership did not hold interagency referral discussions at any stage of the adult protection process. It conducted a recent small-scale multi-agency pilot of interagency referral discussions. The results of this were encouraging. And a decision on further implementation was awaited.

Adult protection case conferences

The partnership's performance on well-founded, inclusive case conferences for adults at risk of harm was variable. For some adults at risk of harm the partnership did not hold a case conference when it should have. Thereby, significant risks for the adult and how to mitigate and manage them were not discussed at a suitable multi-agency forum. This was a key area for improvement. Some case conferences were delayed, and in a few cases the delay was lengthy. This was another area for improvement. In some instances, social work held a planning meeting when it should have held a case conference. Often, these planning meetings did not include partners.

Partners' participation in adult protection conferences required improvement. Social work did not invite police to a few case conferences when they should have been invited. Police only attended just over half of the case conferences they were invited to. Thus, the contribution of this key partner was too often absent. This called for improvement. Health professionals' attendance at case conferences was better – almost all invited attended. They contributed purposefully to discussions and the decisions at the case conferences.

It is important that adults at risk of harm are supported to attend their case conference. Only some adults at risk of harm attended their case conference when invited. For half of the case conferences the adult at risk of harm was not invited and the reasons for this were not recorded in the minutes. Adults at risk of harms' meaningful participation in their case conferences needed improvement. Unpaid carers participation in case conferences was better; almost all those invited attended.

Capable independent advocates made convincing contributions to case conferences. They adeptly represented the views of the adults at risk of harm.

While several aspects of adult protection case conferences merited improvement, almost all effectively determined the actions needed to keep the adult at risk of harm safe, protected, and supported. And most were good or better for quality. This reflected the fact that, despite the important gaps, there was constructive deliberation at case conferences, which made a positive contribution to keeping adults at risk of harm safe.

Adult protection plans / risk management plans

There was a well-designed standard template for the preparation of protection plans for adults at risk of harm. Most who needed one had one. But significantly, some did not, and this merited improvement. For adults at risk of harm who lacked a protection plan, the necessary actions to mitigate their risks were not agreed and documented. Quality of protection plans was variable, with just over half good or better. Quality issues included, not stating clear timescales for actions and who was responsible for carrying them out, and not addressing significant risks. Almost all protection plans were up-to-date and reflected multi-agency partners' views.

Adult protection review case conferences

The partnership's practice on review case conferences was sound and valid. Almost all adults at risk of harm who required one, got one in good time. All review case conferences decided on the necessary steps to keep the adult at risk of harm safe.

Implementation / effectiveness of adult protection plans

Multi-agency core groups met constructively to check progress for the actions in protection plans for adults at risk of harm. Adults at risk of harm experienced improved safety, health, and wellbeing due to successful implementation of protection plans. Social work, health and police officers worked well together to keep adults at risk of harm safe, protected, and supported. Some adults at risk of harm were hard to reach and unwilling to accept supports. Staff tried hard to engage with them, reduce their risks, and improve their circumstances.

Large-scale investigations

The partnership had well-crafted guidance for conducting large-scale investigations. There were three in the last two years. One was particularly complex and challenging, and generated interest and involvement at a national level. The partnership executed the large-scale investigation collaboratively. The Care Inspectorate was purposefully involved. The partnership constructively identified the abundant learning from this process.

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

Overall effectiveness of collaborative working

Generally, partners collaborated convincingly towards effective key processes and good outcomes for adults at risk of harm. Adult protection initial case conferences were an exception to this, with improvements needed for this critical domain. Almost all staff surveyed thought they were supported to work collaboratively to achieve positive outcomes for adults at risk of harm.

The partnership's adult protection procedures were well-crafted, comprehensive, and accessible. They were informed by the national health and social care standards. The partnership worked diligently to regularly review the procedures to keep them up to date and abreast of new developments.

Health involvement in adult support and protection

The partnership continued to develop the leadership and adult protection processes within health services. This promoted a collaborative, integrated approach to adult support and protection.

The appointment of an NHS Lanarkshire adult protection advisor enabled enhanced leadership and governance for health staff. The impact of this was shown by increased numbers of adult protection referrals from health professionals. Health professionals raised the adult protection concern for a relatively high proportion of adults at risk of harm in our initial inquiry sample and our main file reading sample, at thirty one percent and twenty six percent, respectively. The partnership did adult protection training for GPs. It hoped this would increase the number of adult protection referrals from GPs.

Health's process for staff to make an adult protection referral had improved. The up-graded electronic process afforded prompt, efficient information sharing. An NHS standard operating procedure supported health staff to assess the needs of adults at risk of harm and promote early intervention.

Almost all health staff surveyed said they understood their role and what to do if they had concerns about an adult at risk of harm. Most said they had taken part in multi-agency training, which strengthened their contribution to adult support and protection. They were confident about making referrals and the application of the three-point criteria.

The partnership made considerable investment in supporting adults living in care homes. The NHS care home liaison team provided guidance and support to care home staff and managers. Nurses in this team gave guidance on supporting care home residents who had dementia or other cognitive conditions.

Community health teams' interventions to keep adults safe were good or better in all instances. Interventions from hospital and accident and emergency services were good or better for most adults at risk of harm. Doctors conducted medical examinations for almost all adults at risk of harm who needed them.

Commendably, the contribution of health staff to improved outcomes for adults at risk of harm was good or better for almost all of them. And the effectiveness of health staffs' information sharing and collaboration with social work and the police was good or better in most instances. The quality of information recorded in most health records was good or better. But for some records this could be improved.

Capacity and assessment of capacity

Social work asked health for capacity assessments for most adults at risk of harm whose capacity was questionable. It did not ask for them in some instances when it should have. This called for improvement. Health professionals carried out capacity assessments promptly for most adults at risk of harm. They did not carry one out for some adults at risk of harm when requested to do so. This warranted improvement.

Police involvement in adult support and protection

Area control rooms almost always effectively assessed contacts made to the police about adults at risk of harm. They assessed for threat of harm, risk, investigative opportunity, and vulnerability (THRIVE). Most cases had an accurate STORM disposal code (record of incident type).

The initial attending officers' actions were good or better in almost all instances, with evidence of sound practice. They thoroughly and accurately recorded assessment of risk of harm, vulnerability, and wellbeing. They almost always considered and recorded the wishes and feelings of the adult at risk of harm.

Officers recorded adult protection concerns efficiently and promptly on almost all occasions. They used the interim vulnerable persons database. In most instances frontline supervisory oversight was evident; it was good or better in half of cases.

Divisional concern hub staff actions were good or better in most cases. There was the potential for added value in resilience matrix submissions through enhanced research and assessment. There was a lack of awareness and connectivity with partners' active adult support and protection arrangements. The divisional concern hub shared almost all adult protection concerns with partners promptly.

Most incidents that required an escalation protocol review (instances of repeat police involvement) were not identified and a review initiated. Escalation reviews did not demonstrate professional curiosity or involvement of the local area command in decision making, response, and protection planning. These were areas for improvement. Police involvement at adult protection case conferences was an area for improvement. They only attended just over half they were invited to.

Third sector and independent sector provider involvement

Almost all adults at risk of harm who required additional health and social care supports got them. Third and independent sector providers played an invaluable role supporting adults at risk of harm and delivering improvements to their safety, health and wellbeing. Additionally, the third and independent sectors contributed purposefully to strategic decision making for adult support and protection.

Key adult support and protection practices

Information sharing

In almost all cases, partners shared information about adults at risk of harm promptly and efficiently. This was underpinned by the partnership's comprehensive adult protection procedures and coherent information sharing protocols. Records showed, most health professionals who made adult protection referrals to social work got appropriate feedback. However, some staff surveyed said social work did not give them prompt feedback when they made an adult protection referral. This called for improvement.

Management oversight and governance

Management oversight and governance of social work practice and recording was an area for improvement. Some social work records showed no sign of governance. Supervision decisions were not always recorded in social work records. Governance of police practice and record keeping was present and sound in most instances. Just over half of health records had evidence of governance. Evidence of exercise of governance was less apparent in health records. This was not necessarily a deficit due to the types of health records scrutinised.

Involvement and support for adults at risk of harm

Almost all staff surveyed thought adults at risk of harm got the support they needed to contribute to decisions that affected their lives. Almost all adults at risk of harm had support throughout their adult protection journey, with most of the support good or better for quality. Independent advocates made an invaluable contribution to supporting adults at risk of harm at what could be a traumatic time for them.

Independent advocacy

Independent advocacy for adults at risk of harm was a particular strength for this partnership. It successfully developed robust capacity (10.5 independent advocates) for the delivery of independent advocacy services to adults at risk of harm and other adults. This showed the partnership's admirable commitment to independent advocacy. Most adults at risk of harm who could benefit from independent advocacy were offered it. And almost all of them accepted the offer and got an independent advocate quickly. Independent advocates skilfully and professionally represented adults at risk of harm at adult protection case conferences. They engaged well with adults at risk of harm and supported them through their adult support and protection journey.

Financial harm and alleged perpetrators of all types of harm

Some adults at risk of harm in our sample experienced financial harm. Partners – including financial institutions and Trading Standards – worked purposefully together to stop the harm to almost all of the adults at risk of harm. Additionally, the partnership collaborated with partners – including The Department of Work and Pensions – to promote awareness of financial harm and prevent it before it occurred.

The partnership worked constructively with some known perpetrators of harm. Most of this work was good or better for quality.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm were safer, because of the partnership's adult support and protection actions. Sound multi-agency working was the major factor that delivered these improvements. Partnership staff were persistent in trying to engage with some adults at risk of harm who were reluctant to accept support and unwilling to engage with services that were trying to help them.

Adult support and protection training

The partnership had a comprehensive programme of face-to-face and digital adult protection training in place. Most staff surveyed said they took part in regular multi-agency training, and there was the right level of mandatory adult protection training for staff. Almost all staff surveyed thought their adult protection training enhanced their knowledge and competencies for adult support and protection. Almost all council officers surveyed said their training equipped them well for their role. The partnership paused face-to-face adult protection training during the Covid-19 pandemic. It promptly reinstated face-to-face training as part of the post-pandemic remobilisation. Online adult protection training continued throughout the pandemic.

Some examples of constructive adult protection training included training on new guidance for staff on financial harm, work with GPs and the GP forum, and awareness training for the North Lanarkshire Deaf Club.

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

Key messages

- The partnership's strategic leaders fostered an ethos of sound, confident, strategic partnership working for adult support and protection.
- Strategic leaders initiated robust, insightful multi-agency quality assurance and audit work. This contributed to the partnership's strong capacity for improvement.
- Strategic leaders managed the exigencies of the Covid-19 pandemic well. They successfully maintained business continuity for adult support and protection.
- The lived experience of adults at risk of harm and their unpaid carers was not represented on the adult protection committee.

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 had a compelling vision for adult support and protection. It effectively communicated this to its staff and other interested parties. Strategic leaders fostered an ethos of partners working together to develop adult support and protection practice. Almost all staff surveyed, who expressed an opinion, had positive views about strategic leadership for adult support and protection, as did the staff at our frontline staff focus group.

The partnership had a comprehensive, well-crafted improvement plan for adult support and protection. Its implementation was robust and effectual. Among other things, it supported progressive developments on chronologies for adults at risk of harm and improved electronic information systems for staff working in the field of adult support and protection.

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

Almost all staff surveyed, who expressed an opinion, thought the adult protection committee exercised effective leadership for adult support and protection. A highly knowledgeable and experienced independent convener chaired the adult protection committee. They also chaired the partnership's child protection committee.

The adult protection committee was well-attended by delegates from across the adult protection community. It had productive links to the partnership's chief officers group, the community planning partnership, and the integration joint board. There were delegates from the Scottish Fire and Rescue Service and Housing Services on the adult protection committee.

Commendably, the adult protection committee recently conducted an in-depth self-evaluation exercise. As a result of this, it made several improvements, such as including a delegate from acute health services on the committee. And securing places for public protection leads on the NHS Lanarkshire public protection strategic group and the support care and clinical governance committee.

The adult protection committee instigated several fruitful developments, such as adult protection training for the local GP forum, guidance on financial harm, and local adult protection forums for staff. It promoted and raised awareness of adult support protection via a regular newsletter with a circulation of four thousand.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

The adult protection committee did not have a delegate who was an adult at risk of harm. Thus, it did not benefit from the direct lived experience of an adult at risk of harm. It did not have an unpaid carer who cared for an adult at risk of harm as a delegate. These were areas for improvement.

The adult protection committee did productively consult with the partnership's network, which included local unpaid carer organisations and independent advocacy. This network had a purposeful role in the partnership's quality assurance and improvement activities.

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

On the whole, strategic leaders delivered effective adult support and protection practice. This ensured adults at risk of harm were safe, supported and protected. There were areas for improvement, such as how initial case conferences for adults at risk of harm were managed and conducted. Improvements were also required for the management of risk for adults at risk of harm.

Strategic leaders engendered a comprehensive system of governance for adult support and protection. This included regular monitoring of adult protection activity levels and systematic audits of adult support and protection records and practice. Management oversight and governance of operational social work practice was an area that could be strengthened.

The partnership and its strategic leaders managed the adult support and protection exigencies of the Covid-19 pandemic well. It successfully maintained business continuity for adult support and protection during the pandemic. It continued support to adults at risk of harm and their unpaid carers. It ensured that learning from the pandemic, such as the use of digital platforms to support and communicate with adults at risk of harm, would inform ongoing improvements to adult support and protection practice. There was a specific pandemic recovery plan for adult support and protection.

The multi-agency, pan-Lanarkshire care home oversight group ensured that care homes were properly supported during and after the pandemic. The NHS Lanarkshire care home liaison team in partnership with the North Lanarkshire council quality assurance team delivered invaluable support to care homes.

The partnership had a sound plan for the development of independent advocacy. Strategic leaders ensured sufficient financial resources were allocated to independent advocacy services. Thereby, they had good capacity to promptly provide a service to adults at risk of harm.

Quality assurance, self-evaluation and improvement activity

Almost all staff surveyed, who expressed an opinion, thought strategic leaders evaluated operational adult support and protection practice and this informed improvement activity. The partnership paused audit activity during the pandemic, but this was fully reinstated. It conducted several recent multi-agency audits of adult support and protection records. It constructively audited complex adult protection cases. It used a joint inspection of adult support and protection file reading tool, modified to suit the partnership's needs.

The partnership's audit in 2021, found just over half of the adult protection records examined had a chronology. A clear area for improvement. It initiated work to improve presence of chronologies. Our inspection found almost all adults at risk of harm had a chronology. This was an impressive improvement of seventy one percent. This audit found only a few chronologies were of an acceptable standard. This was congruent with our findings on the quality of chronologies. Additionally, this audit found initial adult protection case conferences were sometimes not held when they should have been – sixty-four percent of case conferences were convened when required. Again, this mirrored our findings. Influenced by an audit, the partnership did successful work to improve adult protection risk assessments. Our inspection verified the improvement. Overall, these partnership audits were well-balanced and credible. Thereby, the partnership showed sound capacity for improvement.

The partnership's quality assurance activity did not include work to elicit the views of adults at risk of harm and their unpaid carers. They should have the opportunity to express their views about the outcomes and impact of adult support and protection activity for them. Plans to enable adults at risk of harm and their unpaid carers to consistently express their views were at an early stage of development.

Initial case reviews and significant case reviews

The partnership conducted no significant case reviews for adults at risk of harm over the past two years. It did conduct two initial case reviews, in line with Scottish Government guidance. The findings were remitted to the adult protection committee and the chief officers group. The findings usefully informed the health and social care partnership's adult protection risk register. Learning from the initial case reviews was widely disseminated. The partnership constructively set up a learning review executive group to oversee significant case reviews and initial case reviews (for children and adults). The partnership was updating its guidance to take account of Scottish Government guidance (May 2022) on learning reviews for adults.

Summary

Adults at risk of harm experienced improved safety, health and wellbeing because of the constructive, collaborative work of partnership staff.

The partnership conducted initial inquiries into the circumstances of adults at risk of harm competently and effectively.

Independent advocacy for adults at risk of harm was a distinct strength for the North Lanarkshire partnership. Adults at risk of harm derived considerable benefit from the support they got from capable independent advocates.

The partnership had some strengths in the critical area of management of risk for adults at risk of harm – nearly total presence of chronologies, sound, timely risk assessments that were fit for purpose. However, it needed to improve the quality of chronologies, and the quality and presence of protection plans.

Initial adult protection case conferences had several key areas for improvement. The partnership did not hold some when it should have. Some case conferences were delayed. Police attendance called for considerable improvement. As did attendance by adults at risk of harm. The partnership needed to support more of them to attend their case conferences.

The partnership's strategic leaders fostered an ethos of sound, confident partnership working for adult support and protection.

The adult protection committee had no direct representation from adults at risk of harm and their unpaid carers. It was not informed by their lived experience of adult support and protection.

Strategic leaders initiated sound, cogent multi-agency quality assurance and audit work. This contributed to the partnership's strong capacity for improvement.

Overall, the partnership's key processes and leadership for adult support and protection were generally sound and effective. While there were areas for improvement in both key processes and leadership, none of them were major. And given the partnership's solid capacity for improvement, we are confident it can deliver the required improvements promptly.

Next steps

We asked the North Lanarkshire partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS 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
- 82% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 95% of episodes where the three-point criteria was applied correctly by the HSCP
- 97% of episodes were progressed timeously by the HSCP
- Of those that were delayed (one case), the delay was one to two weeks
- 92% of episodes evidenced management oversight of decision making
- 82% of episodes were rated good or better.

Staff survey results on initial inquiries

- 89% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 6% did not concur, 5% didn't know
- 83% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 5% did not concur, 12% didn't know
- 80% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 8% did not concur, 12% didn't know

Information sharing among partners for initial inquiries

- 97% of episodes evidenced communication among partners

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

Chronologies

- 96% of adults at risk of harm had a chronology
- 29% of chronologies were rated good or better, 71% adequate or worse

Risk assessment and adult protection plans

- 83% of adults at risk of harm had a risk assessment
- 60% of risk assessments were rated good or better
- 67% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 54% of protection plans were rated good or better, 46% were rated adequate or worse

Full investigations

- 91% of investigations effectively determined if an adult was at risk of harm
- 91% of investigations were carried out timeously
- 63% of investigations were rated good or better

Adult protection case conferences

- 71% were convened when required
- 73% were convened timeously
- 27% were attended by the adult at risk of harm (when invited)
- Police attended 54%, health 90% (when invited)
- 73% of case conferences were rated good or better for quality
- 95% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 92% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 80% of inquiry officers' actions were rated good or better
- 77% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 81% 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
- 63% 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

- 96% of cases evidenced partners sharing information
- 98% of those cases local authority staff shared information appropriately and effectively
- 96% of those cases police shared information appropriately and effectively
- 98% of those cases health staff shared information effectively

Management oversight and governance

- 74% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 68%, police 79%, health 53%

Involvement and support for adults at risk of harm

- 86% of adults at risk of harm had support throughout their adult protection journey
- 63% were rated good or better for overall quality of support to adult at risk of harm
- 84% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 5% did not concur, 11% didn't know

Independent advocacy

- 74% of adults at risk of harm were offered independent advocacy
- 88% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 79% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 68% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 26% of adults at risk of harm were subject to financial harm
- 46% of partners' actions to stop financial harm were rated good or better
- 63% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 86% of adults at risk of harm had some improvement for safety and protection
- 95% of adults at risk of harm who needed additional support received it
- 77% concur adults subject to ASP, experience safer quality of life from the support they receive, 5% did not concur, 18% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 67% concur local leaders provide staff with clear vision for their adult support and protection work. 10% did not concur, 23% didn't know

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

- 66% concur local leadership of ASP across partnership is effective, 7% did not concur, 27% didn't know
- 63% concur I feel confident there is effective leadership from adult protection committee, 7% did not concur, 30% didn't know
- 52% concur local leaders work effectively to raise public awareness of ASP, 16% did not concur, 32% didn't know

Quality assurance, self-evaluation, and improvement activity

- 57% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 10% did not concur, 33% didn't know
- 58% concur ASP changes and developments are integrated and well managed across partnership, 11% did not concur, 31% didn't know