

A large, abstract graphic composed of numerous overlapping, diagonal lines and shapes in various shades of blue and purple, creating a sense of movement and depth. The lines vary in thickness and color, with some being solid and others having white outlines. The overall effect is a dynamic, layered composition that fills the right and bottom portions of the page.

JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

South Lanarkshire Partnership December 2022

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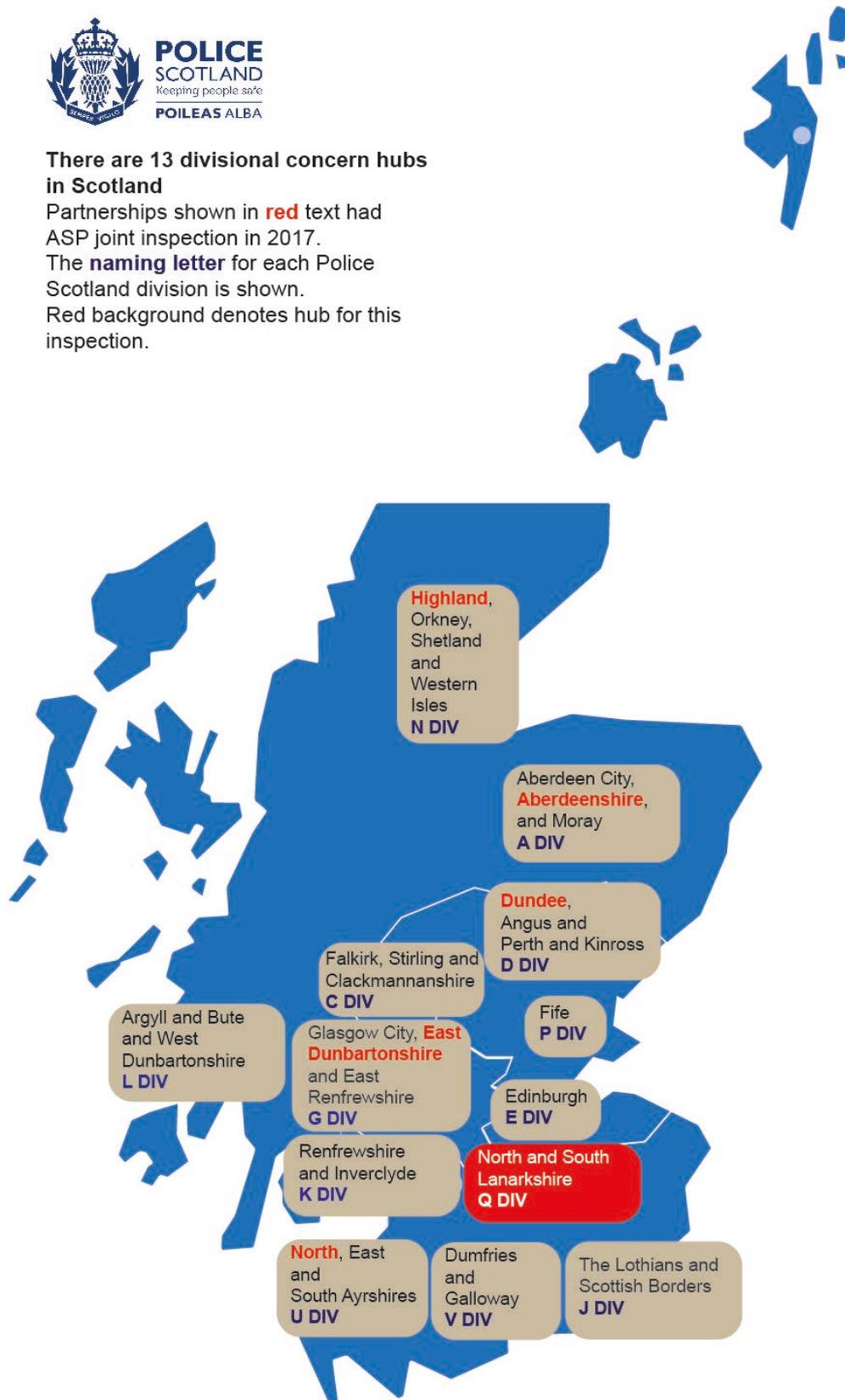
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Map showing divisional concern hubs



There are 13 divisional concern hubs in Scotland

Partnerships shown in **red** text had ASP joint inspection in 2017. The **naming letter** for each Police Scotland division is shown. Red background denotes hub for this inspection.



Joint inspection of adult support and protection in the South 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 partnership¹ 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 South Lanarkshire partnership area were safe, protected and supported.

The joint inspection of the South Lanarkshire partnership took place between August and December 2022. We scrutinised the records of adults at risk of harm for a two-year period, September 2020 to September 2022. The South 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 the South Lanarkshire partnership's co-operation and support for the joint inspection of adult support and protection at this difficult time.

Quality indicators

Our quality indicators² 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?

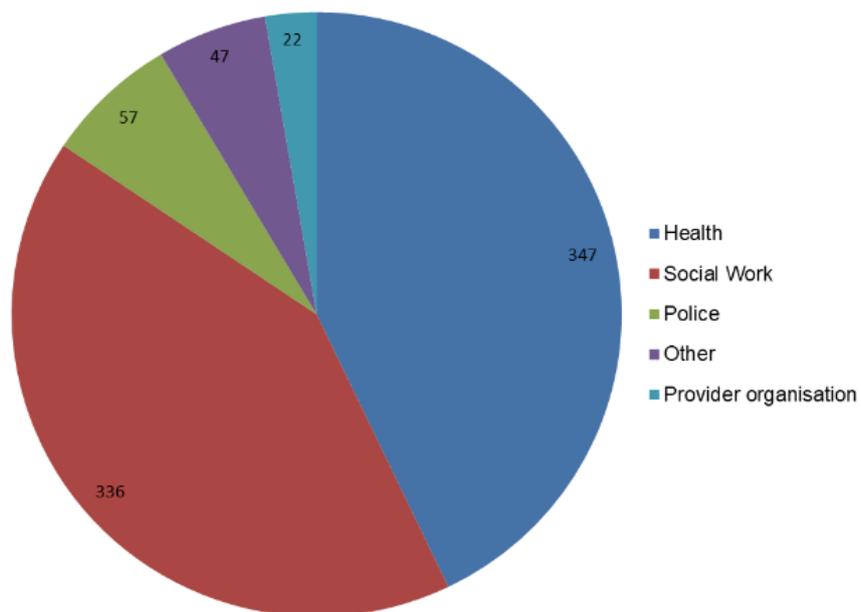
Joint inspection methodology

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 nine 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.

Respondents by Employer type



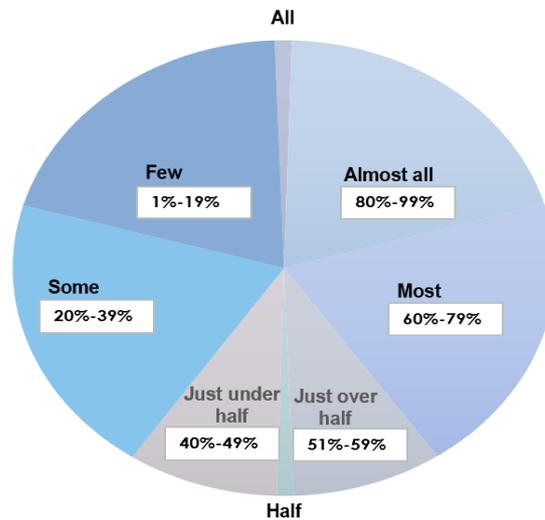
The scrutiny of social work records of adults at risk of harm. This involved the records of 40 adults at risk of harm who did not progress beyond adult support and protection inquiry stage.

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 20 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

Data descriptors for percentage scale



Summary – strengths and priority areas for improvement

Strengths

- The partnership's adult support and protection interventions led to improved outcomes for adults at risk of harm.
- Investigations were comprehensive and almost always effectively determined if the adult was at risk.
- There were effective and collaborative processes for assessing capacity and supporting adults who needed support to make independent decisions affecting their lives.
- The strategic leadership's vision and strategy was collaborative and effective.
- Strategic leaders promoted an extensive range of adult support and protection training opportunities for staff and carers.
- Leaders effectively engaged with unpaid carers who were well represented, and contributed, to adult support and protection strategic planning and service delivery.

Priority areas for improvement

- The partnership should build on measures already taken to improve attendance and consistency at case conferences. This will improve information sharing, mitigation of risks and protection planning.
- The quality and recording of information in chronologies was inconsistent and needed improved.
- The partnership's quality assurance processes need to continue to develop to promote improvements in practice.
- The quality of supervisory oversight around decision making should be improved. This will ensure more effective planning and risk assessment for adults at risk of harm.

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

Key messages

- Screening and triaging of referrals was well organised and allowed for effective oversight and decision making in early adult support and protection processes.
- Risk assessments were clear, and the recording of information demonstrated how adults at risk of harm were supported through timely person-centred interventions.
- Adult support and protection investigations were very effective. The quality of investigative practice led to positive outcomes for adults at risk of harm.
- Chronologies were present for almost all adults at risk of harm. However, the way these were recorded was inconsistent and the quality of the information needed to be improved.
- Adults at risk of harm and adult support and protection partners, particularly the police, were not routinely invited to attend case conferences. When they were invited, they did not always attend. The reasons for this should be explored.
- The role of health staff as second workers in adult support and protection investigations should be promoted.
- The partnership took action to stop financial harm. However, more needed to be done to effectively engage with perpetrators.

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

Screening and triaging of adult support and protection referrals across the South Lanarkshire health and social care partnership was effective. The health and social care partnership introduced referral procedures for NHS staff to enable easier recording and referral information sharing. Completed referrals informed the assessment of risk for adults at risks of harm. A few referrals lacked information about the adult protection concern, this meant triage teams had to assess risks based on minimal information. All referrals were screened by a dedicated social work duty screening and triage team. Council officers and team leaders in locality teams were not part of this duty team which afforded them more time to carry out inquiries and investigations. Adult support and protection referrals were then effectively passed on to the most appropriate locality social work team. Social work team leaders provided good oversight of the incoming referrals from the duty team before assigning to a designated council officer who started the initial inquiry.

Some adults at risk of harm required early intervention and support from health staff. When this was apparent, the designated social work team made referrals to health colleagues through the community triage service. The police also used the community triage service to promptly access health expertise for adults who required specific health interventions. Some referrals from social workers to the community triage service did not always include sufficient detail about the needs of the adult at risk of harm. Completed referrals may have allowed for a better assessment of risk.

Initial inquiries into concerns about adults at risk of harm

Initial inquiries were carried out in line with the principles of the Adult Support and Protection (Scotland) Act 2007 in all cases. Almost all were progressed within appropriate timescales and demonstrated effective recording and application of the three-point criteria. Almost all staff who responded to our survey said they were aware of the three-point criteria and how to apply this in practice. For a few adults, the three-point criteria was not correctly applied, meaning these cases did not progress to investigation when they should have. Consequently, a few adults did not receive an adult support and protection intervention.

Communication between partner agencies at the initial inquiry stage was a strength. The effectiveness of communication was good or better in almost all cases. Commendably, there was evidence of management oversight of decision making in all cases. The handling process for initial inquiries was effective and the quality of inquiries was good or better for almost all cases. However, for a significant few, it was not. The partnership was committed to further improving the quality of screening, triaging and initial inquiries. A revised approach including inter-agency referral discussions was under consideration.

Investigation and risk management

Chronologies

Chronologies for adults at risk of harm are an essential element of risk assessment and risk management. Almost all adults at risk of harm who required a chronology had one. Overall, the quality was mixed, with some chronologies rated good or better, and most as adequate or worse. Some contained sufficient information which provided a helpful overview of significant events. Others contained either insufficient or large amounts of information that was not relevant. The partnership had developed a new template for staff to record chronologies, but some staff continued to use previous templates as well as the new one. This resulted in some adults at risk of harm having more than one chronology. Inconsistencies in practice made it difficult to assess risks associated with key events in the adult at risk of harms life. The partnership provided guidance for staff including chronology training.

The South Lanarkshire adult protection committee had oversight of findings arising from audits of chronologies and recognised further improvements were required.

Risk assessments

The partnership had a well-developed process for managing risks. The use of effective tools and templates improved the consistency of approach and quality of risk assessments for adults at risk of harm. A risk assessment was in place for almost all adults at risk of harm. Some adults also had a self-directed support risk assessment, these were well aligned to the adult support and protection risk assessment. This provided additional information about their needs as well as their carers needs. The quality of risk assessments was rated good or better in most cases.

The timing of information recorded in risk assessments was in keeping with the needs of the adult at risk of harm. This enabled staff to intervene to help reduce risks for the adult at risk of harm. Most risk assessments showed multi-agency partners' views had been taken into consideration.

Full investigations

In almost every case, adult support and protection investigations effectively determined if the adult was at risk of harm. Timescales for completing investigations were in keeping with the partnership's key processes and timescales. Only a few investigations were delayed. None of these delays were lengthy. The quality of the investigations was of a good standard with almost all rated good or better.

Multi-agency involvement in investigations was evident in most cases. There were a few examples where the input of police, health and other agencies was not included. A high number of investigations required the support of a second worker. Some of these investigations would have benefited from having a health professional as the second worker. In most cases where this was appropriate, it did not happen. The availability of health as second workers was challenging during the pandemic although professionals were able to contribute to the investigative process. Despite this, a few adults experienced poor outcomes resulting from a lack of multi-agency involvement.

Adult protection case conferences

Adult support and protection case conferences were required for some adults at risk of harm. For a few adults, a case conference should have been convened but was not. When case conferences were carried out, they were mostly timely, almost always rated good or better, and effectively determined actions to keep the adult safe.

Social work leads were responsible for inviting the appropriate agencies involved in protection planning decisions, and other relevant people to initial case conferences. This included the adult themselves and relevant family members or unpaid carers. Despite clear processes in place, relevant partners were invited to just over half of case conferences convened. Significantly, police were not invited to most case conferences when they should have been. When police were invited, they rarely attended. Similarly, health staff were not invited to some case conferences when they should have been. When they were invited, they attended less than half. The reasons for this were not clear from the records. While police officers did not consistently attend, they always submitted reports about their involvement with the adult at risk of harm ahead of case conferences. This helped ensure information was shared to support the management of risk.

Pan Lanarkshire training was available to support chairpersons in their roles. Police Scotland introduced a case conference toolkit to assist officers attending case conferences following a successful pilot.

Adults at risk of harm were invited to just over half of case conferences convened. The reasons for not inviting them was not clearly recorded in most cases. When adults were invited, only some attended. Unpaid carers were invited to most case conferences and almost always attended when they were invited. The partnership had work to do to strengthen practice around engagement of adults at risk of harm.

Adult protection plans / risk management plans

The partnership regarded protection planning as a core element of risk management and early intervention for adults at risk of harm. Almost all adults who required a protection plan had one. The quality of protection plans was rated good or better for most adults at risk of harm.

Adult protection review case conferences

Review case conferences were convened when they should have been most of the time. They were carried out timeously for all adults at risk of harm and almost all effectively determined what was required to keep the adult safe and protected.

Implementation / effectiveness of adult protection plans

Almost all adults at risk of harm experienced positive outcomes and almost all staff agreed or strongly agreed that they are making a positive difference to adults at risk of harm through adult support and protection interventions. The partnership monitored the effectiveness of protection plans at various stages of the adult support and protection process including review case conferences.

Protection plans were mostly developed at case conferences and required the views of partner agencies who were not always present. A stronger, more collaborative approach to protection planning was required to ensure protection plans met the needs of all adults at risk of harm.

Large-scale investigations

The health and social care partnership had carried out one large-scale investigation in the past two years. This related to a care home during the Covid-19 pandemic. The leadership and governance of the investigation was commendable. The partnership worked collaboratively with partner agencies and care home staff to promote learning and awareness of procedural guidance to minimise future risks.

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

Overall effectiveness of collaborative working

All key stages of the adult support and protection process, except case conferences, evidenced effective collaborative working among multi-agency partners. Staff were supported to work collaboratively and achieve positive outcomes for adults at risk of harm. Most police concern hub staff were confident that agencies worked well together to consider initial police concern hub reports. Staff felt collaborative working among partners, adults at risk of harm and unpaid carers was strong.

The adult protection committee worked collaboratively with the health and social care partnership to produce detailed adult support and protection guidance for staff. The guidance included links to referral forms and templates that promoted consistent recording of information. Staff had access to a selection of policies and procedures which complemented local and national adult support and protection guidance. The adult protection committee also produced a shortened version of the adult protection key processes for social work staff which supported them to take appropriate actions timeously.

Health involvement in adult support and protection

NHS Lanarkshire was strengthening adult support and protection key processes and leadership. This had a positive impact on keeping adults at risk of harm safe and protected.

Almost all health staff understood their role in adult support and protection and agreed training equipped them with the knowledge, skills and confidence to do their job. The partnership provided adult protection training for GPs and trainees. The uptake from GPs attending training was encouraging, although the impact of the training was yet to be evaluated.

Almost all health staff had knowledge of the three-point criteria and how it applied to adults at risk of harm. Health staff knew what to do if they had concerns about an adult at risk, how to make referrals, and seek advice. NHS Lanarkshire processes for making adult support and protection referrals had improved. The electronic referral process afforded prompt, efficient information sharing. An NHS Lanarkshire standard operating procedure supported health staff to assess the needs of adults at risk of harm and promote early intervention.

Most health records which should have contained information about adult support and protection did. Overall, the quality of information recorded in health records was good or better in most cases.

Health interventions to support the needs of adults at risk of harm were rated good or better in just over half of the records we read. Health staff were appropriately raising adult protection concerns with social work colleagues. Feedback from social work about referral outcomes made by health staff was inconsistently provided. This experience was acknowledged in our staff survey. Health staff were not consistently invited to case conferences. When they were invited, they attended less than half of the time.

A few adults at risk of harm who presented to emergency departments, required hospital admission, or were referred to community health services for a health condition that may have been related to their risk of harm. In these instances, the quality of actions taken by health services to keep adults safe and protected did not consistently support the needs of the adult at risk of harm. More positively, when medical examinations were requested, they were carried out promptly in almost every case. Interventions and ongoing support from health staff overall were rated good or better in most cases.

Capacity and assessment of capacity

Measures to promote the assessment of capacity, such as awareness raising and training, were productive. The partnership proactively sought legal advice to promote the welfare of adults who lacked capacity.

An assessment of capacity for the adult at risk of harm was warranted in just under half of the records we read. In almost all these cases, a capacity assessment was requested and subsequently carried out by a health professional. The timing of the assessment was almost always in keeping with the needs of the adult.

The partnership advised a protocol was being drafted in collaboration with GPs to streamline the request process for capacity assessments. This had the potential to further strengthen the capacity assessment process.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost always effectively assessed by officers and staff using the criteria for threat of harm, risk, investigative opportunity and vulnerability (THRIVE). Most cases had an accurate STORM disposal code used to record the incident type.

In almost all cases, initial attending officers' actions were evaluated as good or better, with evidence of well-considered responses and effective practice in support of adults at risk. The assessment of risk of harm, vulnerability and wellbeing was accurate and informative in all cases. Where adult support and protection concerns were referred to the divisional concern hub, officers did so efficiently and promptly on almost all occasions, using the interim vulnerable persons database (IVPD).

A quality check by a frontline supervisor was evident in most cases. The quality of the supervisor check was rated good or better in most cases. In a few instances a greater level of input may have been expected, including cases involving potential criminality.

In most cases, the actions and records of staff in the divisional concern hub were rated good or better. A resilience matrix was present in all records, and almost all provided information to appropriately reflect police concerns. Diligent assessment and relevant input by staff was strong across the police records, but not evident on every occasion. In a few instances opportunities remained for staff to be more professionally curious and better understand the complexities of the case. On almost all occasions the referral was shared swiftly with partners.

The point at which the escalation protocol was initiated (following repeat police involvement) was consistent and in line with national practice. What was less apparent was consideration of alternative interventions, to better meet the needs of the adult, and where appropriate minimise continuing police involvement. Strategic input from local area police command to ongoing adult support and protection arrangements was not evident.

Contributions from local policing to the needs of adults at risk was active and engaged. However, police officer invites to, and attendance at, case conferences did not align with this. Non-involvement in case conferences was a repeat theme across cases, particularly in those instances where involvement was appropriate and would have added value to proceedings.

Third sector and independent sector provider involvement

The third and independent sectors were appropriately making adult support and protection referrals, particularly staff working in care homes. Most adults at risk of harm required additional support to promote their health, safety, and wellbeing. The third and independent sector was actively involved in providing this support.

Care home providers and staff collaborated with partner agencies to share information, report concerns, and promote learning. Staff working in care homes provided essential information to support a recent large-scale investigation. The third sector had a critical role in the partnership delivering a Distress Brief Intervention programme. Specially trained staff provided early interventions for adults experiencing distress or crisis.

The third sector was represented on various task groups and the adult protection committee. This supported awareness raising, promotion of independent advocacy and involvement in decision making about how adult support and protection is managed and delivered in South Lanarkshire.

Key adult support and protection practices

Information sharing

Overall, information sharing was good, although some opportunities for information sharing at key stages of the adult support and protection journey were missed.

Almost all staff responding to our survey said they were confident about escalating adult support and protection concerns and they had access to systems that allowed for accurate recording. Records also demonstrated adult protection partners were effectively sharing information in just over half of records. Provision of feedback from social work about actions taken in response to concerns raised with them was an area for improvement.

Management oversight and governance

Supervisory oversight was evident in almost all records with most showing line managers had periodically read them. Almost all records indicated risks had been dealt with effectively through discussions with line managers.

While supervisory oversight was evident in almost all records, some actions taken by social work did not consistently support positive outcomes. Decisions by managers to take no further adult support and protection action in some cases were inconsistent with the partnership's procedures. This resulted in the adult not receiving appropriate adult support and protection intervention to mitigate risks. Case conferences and review case conferences were not always convened by managers when they should have been. This limited opportunities for partner agencies to share information and be involved in protection planning.

Involvement and support for adults at risk of harm

There were opportunities for adults to be involved in adult support and protection decisions that directly impacted on their health and well-being. Almost all adults at risk of harm were involved at the initial inquiry and investigation stages. Just over half of adults at risk of harm were invited to their own case conference. In most cases, the reason for not inviting the adult was not recorded. When adults at risk of harm were invited to their case conference, most did not attend. Almost all police reports submitted to social work to assist in managing risks had regard for the wishes and feelings of the adult at risk of harm. Health records also evidenced person centred care planning.

Independent advocacy

The Lanarkshire Advocacy Plan (2020-2025) provided the context in which independent advocacy operates within Lanarkshire. The plan acknowledged the role of independent advocacy in ensuring that people participated in decisions about their care and treatment. Almost all adults who needed independent advocacy support were offered it. Most adults who were offered advocacy services declined this support. The reasons for declining support were not always clear from the records. The partnership's quality assurance work had been strengthened to identify and understand the reasons for the low uptake of advocacy services. Where advocacy was accepted, the provision of service was timely, and made a positive difference.

Financial harm and alleged perpetrators of all types of harm

A collaborative approach was established across the North and South Lanarkshire health and social care partnerships to tackle hidden harm including financial harm. The partnership made considerable effort to tackle financial harm. Adult support and protection referrals for this had decreased as a result.

The partnership took action to stop the financial harm in almost all cases, but despite this for half of the adults at risk, the financial harm did not stop. Most of the time, the partnership did not take appropriate action with known perpetrators of financial harm. This meant a small number of adults continued to be at risk unnecessarily. Lack of available evidence regarding the harm caused by the perpetrator may impact on the partnership's ability to take action.

Safety outcomes for adults at risk of harm

Almost all adults experienced improvements in their circumstances. This was mostly as a result of multi-agency working. Almost all staff responding to our survey felt the interventions for adults at risk of harm were making a positive difference and most staff said adults at risk of harm were getting the right support to remain safe and protected.

Adult support and protection training

Adult support and protection training was embedded in the Public Protection Strategy (2021-2024). The joint learning and development task group was responsible for promoting learning and development across the partnership. An array of adult support and protection training was provided to all staff which had a positive impact on developing their knowledge, skills, and practice. Training for carers and unpaid carers was also in place to help them better manage the needs of adults at risk of harm. More specific training was in place for staff with specialist roles and responsibilities such as council officers, chairs of adult support and protection meetings and second workers. A considerable investment in supporting adults living in care homes was evident across Lanarkshire. The care home assurance team provided guidance and supported adult support and protection training to care home staff and managers.

The partnership welcomed the opportunity to participate in the Mental Health Law review in Scotland. Participation in the consultation had prompted the development of training for social work staff. Independent advocacy services also contributed to the partnership's adult support and protection training by raising awareness of their role and the support they offer adults at risk of harm and unpaid carers.

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

Key messages

- The public protection vision was clear. Key processes were integrated into the adult protection policy and practice that supported the vision.
- Throughout the Covid-19 pandemic, the partnership maintained business continuity. Recovery and remobilisation plans promoted learning and collaborative working arrangements.
- Strategic leaders put arrangements in place to support engagement with unpaid carers. The partnership welcomed carer representation to support the strategic development and oversight of adult support and protection planning arrangements in South Lanarkshire.
- Effective collaborative leadership arrangements provided opportunities to further develop and improve the governance of adult support and protection across South Lanarkshire.
- The quality assurance framework action plan needed further developed to report on the achievement of key improvement outcomes.

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, as outlined in the South Lanarkshire Public Protection Strategy (2021-2024) promoted multi-agency partnership working. This was aimed at reducing the risk of harm to the public in South Lanarkshire. The South Lanarkshire's community planning partnership's wider vision was to actively involve people in identifying key local priorities. Action plans were co-designed to improve outcomes for everyone living in South Lanarkshire. Leaders effectively oversaw the implementation of these. Importantly, the public protection vision was shared by most staff although there was scope to strengthen it further.

Staff were empowered by strategic leaders who promoted collaborative approaches to support and achieve the vision. When multi-agency working did take place, the outcomes for adults at risk of harm were good.

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

The partnership's strategic leadership and governance arrangements for adult support and protection were effective. The chief officers group and the South Lanarkshire adult protection committee drove forward the Public Protection Strategy (2021-2024), Business Plan (2022) and Self Evaluation Strategy (2021-2023).

The chief officers group and the adult protection committee collaborated with partner agencies, including the independent and third sector and local communities to plan and deliver adult support and protection policy and practice. Various multi-agency task groups were in place including gender-based violence, self-neglect, hoarding and financial harm.

The adult protection committee had a quality assurance framework in place to support local and national public protection improvement outcomes. The framework was supported by an action plan. The action plan needed to provide clarity on the achievements of key improvement outcomes and how they are monitored.

The adult protection committee and chief officers group worked closely with the South Lanarkshire child protection committee and public protection teams to share learning and promote enhanced, collaborative strategic leadership. They revised their strategic leadership meeting arrangements to strengthen collaborative working and reduce the impact of attending various meetings. By merging these meetings, a more cohesive approach was achieved.

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

The health and social care partnership's carers' strategy and the Lanarkshire advocacy plan involved adults, carers, and partners views. Carer groups, advocacy and third sector organisations were also represented on the adult protection committee and associated task groups. Almost all unpaid carers attended case conferences helping to improve care and support for carers and adults at risk of harm.

Lanarkshire carers established a 'Carers Connected' group to provide valuable support to carers. This ensured both adults at risk of harm and carers views were collected and shared with strategic leaders to promote good practice, change, and improvement activity. This included participation in our joint inspection. We found that adults at risk of harm and carers were involved in decisions about care and support.

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

Leaders promoted national and local policy to deliver effective adult support and protection practice.

The health and social care partnership maintained business continuity throughout the pandemic. Continuity of care and support for adults at risk of harm were good, although a few adults experienced delays or problems accessing care. Business planning meetings continued to take place to ensure arrangements were in place for managing risks. Adult support and protection training also continued which helped to keep staff well informed of risks and any changes in practice.

Strategic leaders promoted adult support and protection legislation and supported staff to adhere to their statutory obligations. Leaders were confident in supporting the execution of protection orders, banning orders and community payback orders to protect adults at risk of harm and the wider community. Reviews carried out following initial, significant and large-scale investigations, helped to promote a positive culture of learning and improvement.

The health and social care partnership worked alongside the Digital Health and Innovation Centre to devise an electronic adult support and protection decision support tool phone application. The tool was designed to be used by staff to help them take the right steps to raise concerns and reduce risks associated with harm. The effectiveness of the interactive tool was being evaluated. Early indications showed staff found the tool extremely useful.

Largely effective adult support and protection key processes, templates and collaborative working helped staff to accurately assess and record information about how risks were minimised for adults at risk of harm. The partnership carried out a significant number of investigations to a high standard. The partnership's vision was to promote multi-agency working. However, efforts to involve partner agencies, including police and health in key areas such as case conferences was not always evident.

The Scottish Fire and Rescue Service were key partners in promoting community safety and reducing harm. They visited people in their homes and supported joint visits with social workers to assess risks and offer advice. They attended adult support and protection meetings when required and were involved in the strategic governance of public protection. There were good examples of how adults at risk of harm were supported by local housing services and care at home teams. The health and social care partnership worked closely with care home providers to ensure adults who required additional care received this in an appropriate care home.

Quality assurance, self-evaluation and improvement activity

The partnership had a quality assurance framework that underpinned its self-evaluation and improvement strategy. A range of audits focussing on local and national adult support and protection outcome measures were carried out. The partnership had also implemented a quality assurance improvement toolkit. This enabled partner agencies to monitor and report on the effectiveness of sustained changes in practice.

The adult and child protection committees carried out a joint review of the partnership's quality assurance framework. This provided oversight of the effectiveness of the current audit programme. Review of local audit data provided strategic leads with a clear direction and identified areas for improvement.

The partnership's continuous improvement task group was responsible for the oversight of the quality assurance methodology. Quarterly reports containing single and multi-agency quality assurance and improvement outcomes were scrutinised by the adult protection committee and chief officers group to further support the partnership's vision and strategic direction.

The partnership should strengthen its quality assurance processes to better identify gaps in multi-agency involvement at key stages of the adult protection process. The consistency and quality of recording of information in chronologies and at case conferences should be closely evaluated to promote learning and provide a more robust assessment of risk.

The health and social care partnership acknowledged information recording systems were cumbersome and recently invested in a new electronic recording system to be used by social work staff. Although this was not operational, the system will enable staff working in the partnership to record information more effectively.

NHS Lanarkshire developed and implemented a new adult support and protection referral system which helped to improve recording and referral processes. Some referrals were incomplete and lacked detail of the concern. Referrals completed by NHS Lanarkshire staff using the new system were automatically shared with social work teams and the NHS Lanarkshire public protection team. This promoted early intervention and oversight of concerns of referrals raised by health staff.

Staff were not routinely involved in evaluating the impact of adult support and protection work and improvement activity. While most respondents to the staff survey were confident that leaders ensured there was capacity to meet the needs of adults at risk of harm, staff were less confident that leaders understood the quality of work delivered by frontline staff.

Initial case reviews and significant case reviews

The adult protection committee had undertaken three initial case reviews in the two years leading up to the inspection. Two of these proceeded to a significant case review. The adult protection committee conducted in-depth learning reviews to help identify where changes in practice were required.

The learning reviews prompted further improvement work which led to the development and implementation of an impact and assessment tool. This was designed to capture performance and facilitate practice improvement. The adult and child protection committees worked alongside strategic leaders from children's services to support and encourage adults and their families to contribute to the continuous improvement of the joint learning review process. This helped to endorse a positive culture of learning from initial and significant case reviews.

The scrutiny and improvement work of case reviews was overseen by the chief officers group. Recommendations outlined in the reviews supported the partnership to improve adult support and protection practice and public protection outcomes.

Summary

Adults at risk of harm experienced positive outcomes as a result of the interventions they received. Referral, screening, and triaging processes were effective and enabled early interventions to minimise risks. Investigations were also carried out timeously and had a positive impact for almost all adults at risk of harm. The partnership should continue to build on adult support and protection key processes to improve information sharing and recording. The quality and consistency of chronologies was an area needing strengthened.

Leaders had a clear vision for adult support and protection. Collaborative working with partners was evident in strategic planning arrangements. However not all operational processes included the expertise of partners to support adults at risk of harm. These processes needed to be further developed to evidence improvements in key adult support and protection processes. Opportunities to maximise information sharing at key stages of the adult support and protection process also needed improved, particularly attendance of key partners at case conferences.

The partnership's quality assurance processes led to improved outcomes for adults at risk of harm. Some of these quality assurance processes needed to be further developed to address key adult support and protection processes.

The partnership worked collaboratively with unpaid carers who positively influenced strategic planning and decision making. The partnership provided a variety of opportunities for carers to share their views and the views of adults at risk of harm. Carer representatives welcomed opportunities to get involved in the planning and delivery of services for themselves and adults at risk of harm.

Independent advocacy was offered to almost all adults at risk of harm and carers, although the uptake of this service was inconsistent.

Training opportunities for staff were commendable. Learning from initial and significant case reviews demonstrated the partnership's commitment to reducing risks for adults at risk of harm and the wider community.

Next steps

We asked the South Lanarkshire partnership to prepare an improvement plan to address the priority areas for improvement we identified. 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
- 0% delay in the concern hub passing on concerns by less than one week, 0% were delayed by one to two weeks.
- 88% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 83% of episodes where the three-point criteria was applied correctly by the HSCP
- 98% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 100% more than one month to three months
- 100% of episodes evidenced management oversight of decision making
- 75% of episodes were rated good or better.

Staff survey results on initial inquiries

- 83% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 8% did not concur, 8% didn't know
- 80% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 4% did not concur, 15% didn't know
- 76% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 11% did not concur, 13% didn't know

Information sharing among partners for initial inquiries

- 88% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm

Chronologies

- 87% of adults at risk of harm had a chronology
- 33% of chronologies were rated good or better, 66% adequate or worse

Risk assessment and adult protection plans

- 85% of adults at risk of harm had a risk assessment
- 62% of risk assessments were rated good or better
- 82% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 63% of protection plans were rated good or better, 37% were rated adequate or worse

Full investigations

- 96% of investigations effectively determined if an adult was at risk of harm
- 92% of investigations were carried out timeously
- 81% of investigations were rated good or better

Adult protection case conferences

- 83% were convened when required
- 79% were convened timeously
- 30% were attended by the adult at risk of harm (when invited)
- Police attended 33%, health 56% (when invited)
- 79% of case conferences were rated good or better for quality
- 95% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 77% of review case conferences were convened when required
- 90% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 95% of adult protection concerns were sent to the HSCP in a timely manner
- 96% of inquiry officers' actions were rated good or better
- 78% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 71% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 65% good or better rating for the quality of ASP recording in health records
- 58% 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

- 90% of cases evidenced partners sharing information
- 100% of those cases local authority staff shared information appropriately and effectively
- 80% of those cases police shared information appropriately and effectively
- 89% of those cases health staff shared information effectively

Management oversight and governance

- 68% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 86%, police 82%, health 58%

Involvement and support for adults at risk of harm

- 84% of adults at risk of harm had support throughout their adult protection journey
- 94% 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, 6% did not concur, 11% didn't know

Independent advocacy

- 94% of adults at risk of harm were offered independent advocacy
- 31% of those offered, accepted and received advocacy
- 78% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 80% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 88% of these adults had their capacity assessed by health
- 93% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 12% of adults at risk of harm were subject to financial harm
- 84% of partners' actions to stop financial harm were rated good or better
- 0% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 100% 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, 6% did not concur, 17% 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. 11% did not concur, 22% didn't know

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

- 65% concur local leadership of ASP across partnership is effective, 8% did not concur, 28% didn't know
- 62% concur I feel confident there is effective leadership from adult protection committee, 9% did not concur, 29% didn't know
- 52% concur local leaders work effectively to raise public awareness of ASP, 16% did not concur, 33% didn't know

Quality assurance, self-evaluation, and improvement activity

- 58% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 9% did not concur, 32% didn't know
- 57% concur ASP changes and developments are integrated and well managed across partnership, 10% did not concur, 34% didn't know