

# Grampian

## Interagency Procedure for Large Scale Investigations of Adults at Risk of Harm in Managed Care Settings



**First Issued:** JANUARY 2014  
**Date of Review:** JANUARY 2015



|   |           |
|---|-----------|
| <b>1. DEFINITIONS / SCOPE .....</b>                                   | <b>3</b>  |
| <b>2. INTRODUCTION.....</b>   | <b>4</b>  |
| <b>3. INITIAL REFERRAL DISCUSSION / IMMEDIATE SAFETY ISSUES .....</b> | <b>5</b>  |
| <b>4. LARGE SCALE INVESTIGATION PLANNING MEETING .....</b>            | <b>8</b>  |
| <b>5. LARGE SCALE INVESTIGATION .....</b>                             | <b>11</b> |
| <b>6. LARGE SCALE INVESTIGATION OUTCOME MEETING .....</b>             | <b>13</b> |
| <b>7. LARGE SCALE INVESTIGATION REVIEW MEETING .....</b>              | <b>15</b> |
| <b>8. APPENDIX A .....</b>  | <b>17</b> |
| • Large Scale Investigation Planning Meeting Agenda                   |           |
| • Large Scale Investigation Outcome Meeting Agenda                    |           |
| • Large Scale Investigation Review Meeting Agenda                     |           |
| <b>9. APPENDIX B .....</b>  | <b>20</b> |
| • Process Flowchart   |           |

# Interagency Procedure for Large Scale Investigations of Adults at Risk of Harm in Managed Care Settings

## 1. DEFINITIONS / SCOPE

### Definition of a Large Scale Investigation

A Large Scale Investigation is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a managed care setting (this includes residential care, day care, home based care or a healthcare setting).

### Purpose of Procedure

This procedure has been created to:

- Provide a standardised approach to carrying out a Large Scale Investigation for all professions consistent with current evidence of best practice.
- Offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Inquiries and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.
- Clarify partner agencies' responsibilities for overseeing Large Scale Investigations in Grampian.

### Scope

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

For the purpose of clarity, this procedure does not replace, (nor is it a substitute for), local Health and Safety and/or Fire Safety procedures and arrangements. This procedure is designed purely to support the multi-agency response to concerns about harm regarding multiple adults within a managed care setting.

### Relevant Legislation

The following legislation is viewed as being relevant and/or related to this procedure:

- Adult Support and Protection (Scotland) Act 2007
- Public Services Reform (Scotland) Act 2010

### Relevant Procedures

The following agency/interagency procedures are viewed as being relevant and or related to this document:

- Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm

## 2. INTRODUCTION

- 2.1 The Adult Support & Protection (Scotland) Act 2007 (The Act) introduced a duty for councils to make inquiries where it is known or believed that an adult may be at risk of harm and where protective action may be required. The Act gives the Council the lead role in Adult Protection investigations and makes no distinction between NHS premises and other settings.
- 2.2 This procedure has been agreed by Aberdeen City Council, Aberdeenshire Council, Moray Council, NHS Grampian and Police Scotland, which will be the key agencies involved in any investigation process involving managed care settings. It is designed to minimise risk to both service users and staff in any care setting.

Due to its statutory responsibilities for regulated care services, the Care Inspectorate participated in the development of this procedure. Whilst not directly involved in the creation of this procedure, Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission have also been consulted in relation to the content herein.

- 2.3 Concerns about an adult at risk being harmed in a care setting can be raised from many sources including:
- Family / friends making a complaint about standards of care
  - Whistleblowing within an organisation
  - Procurator Fiscal investigating a death
  - Concerns raised from an admission to hospital
  - Concerns highlighted via regulatory process
- 2.4 This guidance must not be read in isolation and should be viewed as a companion to the Act's code of practice and the Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm.

### 3. INITIAL REFERRAL DISCUSSION / IMMEDIATE SAFETY ISSUES

- 3.1 When an adult protection report is received by one of the three local authority partners, it will initially be screened as per standard adult support and protection procedures. However, when the harm is noted to have occurred within a managed care setting, the local authority adult protection units/network will also consider whether there is potential that other adults are also experiencing harm or are at risk of harm.
- 3.2 If there is potential that there may be multiple adults at risk of harm, then an Initial Referral Discussion (IRD) must be initiated with relevant agencies.
- 3.3 At this stage of the IRD process, relevant notifications to other appropriate agencies (who are not presently aware of the concerns) should be made.
- 3.4 The agencies who may be notified include [please note this is not an exhaustive list]:
- The Care Inspectorate (for concerns relating to registered care settings)
  - Police Scotland (for concerns where there is potential criminality – also see point 3.7)
  - The Mental Welfare Commission (where the concerns relates to ill treatment, neglect or cruelty towards a person with a mental disorder)
  - Healthcare Improvement Scotland (for concerns located within NHS care settings)
  - Local Authority Contracts/Commissioning Team
  - The Office of the Public Guardian
- 3.5 Following the IRD, any actions that are required to safeguard adults at immediate risk should be taken straight away and should not wait for further stages in the procedure. This reflects the position of the wider Grampian Interagency Policy and Procedure which is clear that if an adult at risk is in immediate danger, action should be taken without delay to safeguard/protect that individual.
- 3.6 Potential immediate interventions could include [please note this is not an exhaustive list]:
- A suspension on admissions/referrals to the managed care setting
  - Immediate Human Resources (HR) actions taken against particular members of staff involved with the managed care setting (e.g. precautionary suspension etc). This would be the responsibility of the management of the managed care setting with advice from other agencies as appropriate.

- Immediate removal from the managed care setting of particularly at risk individuals

3.7 A caveat to points 3.5 and 3.6 is that if there is the potential for a criminal investigation as a result of the concerns raised, Police Scotland will give instruction/advice as to what actions/activities can or cannot be progressed. The general principle is that any criminal investigation must take primacy and not be compromised by other agencies' actions. However, this will always be balanced against the need for timely action to ensure the safety of any adults who are potentially at risk.

3.8 Following the Initial Referral Discussion, the local authority will be in a position to make a decision as to how to proceed in regards to the concern raised. Normally, there will be one of three outcomes:

- There is to be No Further Action (NFA) under adult protection procedures. This would be the outcome if the adults involved did not meet the three point test under Adult Support and Protection (ASP) legislation, or the risk of harm that was reported was not present. NOTE: A decision of NFA in regards to Adult Protection does not in anyway preclude other interventions occurring (e.g. Care Inspectorate regulatory activity; contract enforcement action etc).
- Individual Adult Protection Investigations – where it is likely that there are ongoing adult protection concerns, however these would be best addressed via individual inquiries/investigations. In these circumstances, individual ASP inquiries/investigations would be progressed via the standard arrangements within the Grampian Interagency Policy and Procedure. This would be the outcome if the harm is thought to be limited in who it affects within the managed care setting and is felt to be best addressed on an individual basis.
- Large Scale Investigation – Where it is likely that there are ongoing adult protection concerns AND those concerns are felt to impact upon multiple adults who are involved with the managed care setting.

3.9 When the decision of the local authority is that there ARE ongoing adult protection concerns within the managed care setting AND that it impacts upon multiple residents, the next step would be to convene a Large Scale Investigation Planning Meeting.

3.10 The following are examples of when it would be best practice to convene a Large Scale Investigation Planning Meeting:

- Where care standards in a managed care setting have deteriorated to a level where there is a realistic risk of neglect occurring as a form of harm and this is likely to have a global impact on all service users.
- Where there are multiple victims not in one location, but linked due to their association with a managed care setting: for example a number of adults at risk in the community may be being systematically targeted by an employee of a care provider. A Large Scale Investigation Planning meeting would bring together key agencies to assist in any investigation and consider how to support the adults at risk.
- It may also be useful to convene a Large Scale Investigation Planning meeting in cases where multiple allegations are received from service users against other service users within a managed care setting. In these circumstances, however, experience indicates that proactively addressing the supervisory arrangements, and the management of aggressive or sexualised behaviour, can be much more effective.

#### **4. LARGE SCALE INVESTIGATION PLANNING MEETING**

- 4.1 The council will be the lead agency for arranging the Large Scale Investigation Planning Meeting and will appoint a Chairperson who will have overall responsibility for arranging and conducting the meeting.
- 4.2 The Chairperson will identify the key agencies that are required to attend the meeting. Those attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary.

The following should routinely be considered for invitation [note this is not an exhaustive list]:

- Representative from the Council's Adult Protection Unit/Network
  - Council Communications Manager
  - NHS Grampian Representative
  - GP medical link to the managed care setting (if appropriate)
  - Other Medical Practitioner linked to the managed care setting – e.g. Geriatrician, Psychiatric Consultant etc.
  - Police Scotland Representative – via the Referral Unit based in Aberdeen
  - Care Inspectorate relevant Manager (if a registered care setting/provider)
  - Senior Manager of the managed care setting involved (though see point 4.4 below)
  - Representative(s) from any other local authorities who are funding placements for a service user(s) within the managed care setting concerned.
  - Council Contracts Team Manager
  - Council Legal representation
- 4.3 If senior managers are invited they may bring/delegate attendance to relevant managers involved in the investigation. However, the principle stated in point 4.2 remains – all attendees should have sufficient seniority to allow effective decision making to take place.
- 4.4 It is important to involve the relevant senior manager of the managed care setting that is involved in the potential investigation throughout the process, where possible. However, there will be instances where notifying the managed care setting may not be appropriate, for example, due to risk of compromise to an investigation. A decision as to whether to exclude a representative from the managed care setting from the planning meeting will be taken by the Chairperson in consultation with relevant partners e.g. Police Scotland, Care Inspectorate etc.
- 4.5 The Chairperson of the planning meeting will use the set agenda contained within this procedure (see Appendix A) to frame the discussion.



4.6 The intention of the Large Scale Investigation Planning meeting will be to:

- Analyse information available and make a decision as to whether a Large Scale Investigation should be initiated under Adult Support and Protection Procedures, and/or through criminal investigation.
- Consider the nature and timing of any regulatory response being proposed by the Care Inspectorate to ensure that this does not interfere with any proposed or ongoing investigation.
- Consider/discuss any assessments/investigations already conducted at this time (from Social Work, Health, or Police).
- Consider information provided by all agencies which will include previous concerns / reports and complaints received by them.
- Consider / review whether a media strategy is required.
- Provide clarity in regard to parallel/joint investigation i.e. Police/Care Inspectorate/Council/NHS
- Identify key tasks to be undertaken; the persons who will undertake these tasks; and agreed timescales for completion. This will include any immediate protective measures for individuals (where not already addressed).
- Consider the need for any individual interventions which need to be undertaken for adults considered to be at particular risk (it may not be necessary to do this if concerns / protection issues are adequately addressed by the Large Scale Investigation Procedure).
- Agree how the relevant manager of the care home / care setting / service under investigation will be apprised of the situation and who is responsible for this (if not already informed).
- Decide whether the relevant Contracts Manager needs to be advised of the decisions of the strategy meeting (if not in attendance)
- Consider notification of other parties (if notifications have not already been made at an earlier part of the process) – for example Mental Welfare Commission, other local authorities, family/main carers.

- 4.7 Where the concerns relate to potential criminal activity the meeting will ensure that:
- Any agreed action plan will focus on the immediate protective measures required, but that;
  - The action plan will otherwise be primarily informed by the requirements of the Police to conduct a criminal investigation in liaison with the Procurator Fiscal
- 4.8 Any staffing/resource issues which may impede the progression of an investigation should be escalated to senior management within the relevant body for quick resolution.
- 4.9 The Large Scale Investigation Planning meeting should be minuted and a copy sent to all participants and those who were invited but were unable to attend. Minutes should be circulated within 14 days of the meeting being held.

## **5. LARGE SCALE INVESTIGATIONS**

- 5.1 The first step when proceeding with a large scale investigation is the appointment of a Lead Council Officer who will be responsible for the overall coordination of the investigatory process. For the purposes of clarity, it should be stressed that there is no expectation on the Lead Council Officer to undertake the investigatory work alone; they will merely coordinate the overall process of investigation.
- 5.2 The Chair of the Large Scale Investigation Planning meeting will agree who will be appointed as Lead Council Officer. This officer will be an authorised Council Officer under the Adult Support and Protection (Scotland) Act 2007 and possess substantial adult protection fieldwork experience.
- 5.3 As allegations vary widely, it is impossible to detail all the steps which should be undertaken in any large scale investigation of potential harm.
- 5.4 Different situations will necessitate different levels of investigatory response. For example, in a situation where there have been concerns about standards of care within a registered care setting over a period of time, the majority of information may already be available and the primary responsibility of the Lead Council Officer will be to address any gaps in knowledge and ensure collation of all known reports. Conversely, in situations where the allegation of harm is completely new to the statutory services, far more substantial direct investigation may be required – potentially including interviews with service users, staff, family members etc.
- 5.5 However, as per the Grampian Policy, in all investigatory work, the following points should be considered:
- It is essential that council staff involved in interviewing have all undergone specific training in investigating allegations of harm.
  - The investigation should be carried out as sensitively as possible. The impact on the adults should always be considered and the adults' wishes must be taken into account. A balance must be reached between the need to protect the adults and respecting their rights.
  - The investigation should be undertaken as soon as possible, taking into account the impact on the adults in the managed care setting.
  - Preliminary interviews may have to take place with the person who may have made the allegation, workers of support services etc. Checks should also be made on all available computer records/manual records and with other councils if appropriate.

- Care should be taken in the choice of venue and timing of the interviews with the adults, to ensure they are at ease etc. and that all necessary supports are available, e.g. interpreter, computer, loop system and symbols.
- All interviews related to the investigation must be carried out by a Council Officer and one other professional e.g. from Social Work/NHS/Police. It may also be necessary to include a member of support staff who knows the adults well. If required, appropriate assistance should be made available to address any identified communication need(s).
- Council staff should consider the provision of independent advocacy services when investigations occur.
- Those involved in the investigation should always meet beforehand, to discuss how to proceed, making sure that they are aware of all the facts to date, any background knowledge/information regarding the adults involved and any alleged perpetrator.

5.6 Once the investigatory process is concluded, the Lead Council Officer will be responsible for collating the information obtained ready for presentation to, and consideration at, an Adult Protection Large Scale Investigation Outcome Meeting.

## **6. LARGE SCALE INVESTIGATION OUTCOME MEETING**

- 6.1 Following conclusion of the large scale investigation, the chairperson of the planning meeting will call a large scale investigation outcome meeting to allow for discussion/deliberation of the findings.
- 6.2 It would be considered good practice for the chairperson of the outcome meeting to be the same person who chaired the original planning meeting.
- 6.3 All those who were invited to the original planning meeting should also be invited to the outcome meeting. In addition, any other relevant parties who may contribute to effective decision making should also be invited. For example, if as part of a Large Scale Investigation it was found that skin care was a particular risk factor, a tissue viability specialist might be asked to attend the outcome meeting.
- 6.4 Representatives of the management of the managed care setting should normally be invited to attend the outcome meeting. Due to the nature of the discussions/deliberations, the staff of the managed care setting may be excluded from sections of the outcome meeting proceedings – this will be at the discretion of the chairperson.
- 6.5 The chairperson of the outcome meeting will use the set agenda contained within this procedure (see Appendix A) to frame the deliberations.
- 6.6 Overall, the purpose of the Large Scale Investigation Outcome Meeting will be to:
- Determine, based on the information obtained during the investigation and thereafter, if the service users within the managed care setting are ‘adults at risk of harm’ under the terms of the 2007 legislation. If this is the case, to THEN:
  - Develop an appropriate action plan to address the concerns/risks.
- 6.7 By the end of the Large Scale Investigation Outcome Meeting, a decision should be reached as to the ongoing management of the concerns. This will result in an outcome of one of the following:
- NFA under the Large Scale Investigation procedure. This outcome would be selected if the service users within the managed care setting were no longer found to be at risk of harm.
  - Adult Protection Action Plan. This outcome would be selected if the service users within the managed care setting remained at risk of harm. This plan may include actions to safeguard all individuals involved, but may also have specific actions for

safeguarding particularly at risk adults within the managed care setting.

- 6.8 If it is determined that there is an ongoing risk of harm to service users, then an action plan should be agreed at the outcome meeting which clearly sets out how the risks will be managed and addressed.
- 6.9 The action plan should be specific in regards to those responsible and timescales for implementation.
- 6.10 In addition, if an action plan has been agreed, then a date for review of the plan must be set at the outcome meeting.
- 6.11 The Large Scale Investigation Outcome meeting should be minuted and a copy sent to all participants and those who were invited but were unable to attend. The minutes should be circulated within 14 days of the meeting being held.
- 6.12 If the Large Scale Investigation process terminates at this point, the Chairperson may wish to consider whether a review of the work undertaken is necessary to ensure any learning for the future is taken forward.

## **7. LARGE SCALE INVESTIGATION REVIEW MEETING**

- 7.1 Following a Large Scale Investigation Outcome Meeting, if an action plan is in place, its effectiveness must be reviewed.
- 7.2 This review will be conducted via the Large Scale Investigation Review Meeting.
- 7.3 It is good practice for the chairperson of the review meeting to be the same person who chaired the outcome meeting.
- 7.4 All those who were invited to the outcome meeting should also be invited to the review meeting. In addition, any other relevant parties who may contribute to effective decision making should also be invited.
- 7.5 Representatives of the management of the managed care setting should normally be invited to attend the review meeting. Due to the nature of the discussions/deliberations, the staff of the managed care setting may be excluded from sections of the review meeting proceedings – this will be at the discretion of the chairperson.
- 7.6 The chairperson of the review meeting will use the set agenda contained within this procedure (see Appendix A) to frame the deliberations.
- 7.7 Overall, the purpose of the Large Scale Investigation Review Meeting will be to:
- Review the effectiveness of the current action plan in place to safeguard those adults involved with the managed care setting;
- AND
- Determine, (based on the information obtained during the meeting and elsewhere) if the adults within the managed care setting continue to be ‘adults at risk of harm’ under the terms of the 2007 legislation.
- 7.8 By the end of the Large Scale Investigation Review Meeting, a decision should be reached as to the ongoing management of the concerns. This will result in an outcome of one of the following:
- NFA under the Large Scale Investigation procedure. This outcome would be selected if the service users within the managed care setting were no longer found to be at risk of harm.
  - Adult Protection Action Plan. This outcome would be selected if the service users within the managed care setting remained at

risk of harm, despite the current action plan being in place. Resultantly, amendments/changes will likely be made to the action plan to address the ongoing risk.

- 7.9 If it is determined that there remains an ongoing risk of harm to service users, then a revised action plan should be agreed at the review meeting which clearly sets out how the ongoing risks will be addressed.
- 7.10 The revised action plan should be specific in regards to those responsible and timescales for implementation.
- 7.11 In addition, if there remains ongoing risk, and a revised action plan has been agreed, then a date for an additional review of the plan should be set at the review meeting. This review would use the same agenda and procedures as the first review meeting.
- 7.12 Reviews of the action plan should continue until the risk of harm is reduced to an acceptable level.
- 7.13 The Large Scale Investigation Review meeting should be minuted and a copy sent to all participants and those who were invited but who were unable to attend. The minutes should be circulated within 14 days of the meeting being held.
- 7.14 When the Large Scale Investigation process terminates, the Chairperson may wish to consider whether a review of the work undertaken is necessary to ensure any learning for the future is carried forward.



## 8. APPENDIX A

### Large Scale Investigation Planning Meeting

#### Agenda

1. Introductions and apologies.
2. Recording arrangements.
3. Information currently available from each agency and any reports received.
4. Summary of concerns and current situation.
5. Decide if service users qualify as 'adults at risk of harm'.

*The Act defines an 'adult at risk' as a person aged 16 years or over who:*

- *is unable to safeguard her / his own well-being, property, rights or other interests; and*
- *is at risk of harm; and*
- *because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.*

6. Is a large scale investigation required?

*A large scale investigation will normally be appropriate in situations where multiple service users are considered to be adults at risk of harm due to the same source of concerns.*

7. Investigation planning
8. Any immediate actions that need to occur to safeguard service users
9. Consider any notification requirements to other agencies/organisations

## Large Scale Investigation Outcome Meeting

### Agenda

1. Introduction and apologies
2. Purpose of outcome meeting
3. Discussion of findings from the investigation plus any additional reports received.
4. Clarify if the adults are at risk of harm - note any dissenting views.

*The Act defines an 'adult at risk' as a person aged 16 years or over who:*

- *is unable to safeguard her / his own well-being, property, rights or other interests; and*
  - *is at risk of harm; and*
  - *because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.*
5. Consideration of actions required to protect the adults including application for adult protection orders or other legislation - note any dissenting views.
  6. Adult protection plan agreed (include timescales and responsible officers)
  7. Review arrangements

## Large Scale Investigation Outcome Review meeting

### Agenda

#### 1 Purpose of the Meeting

*The purpose of the meeting is for participants to provide any information updates since the last meeting, identify any ongoing risks and review the Adult Protection Plan. A decision will also be taken as to whether ongoing Case Conference Management is required.*

#### 2 Agency Updates

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

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

#### 3 Review of Adult Protection Plan

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

#### 4 Arrangements for Monitoring/ Review

*(Either specify review date, with reasons, or that review will revert to normal procedures as no ongoing risk/ risk is managed acceptably)*

## **9. APPENDIX B: PROCESS FLOWCHART**

NOTE: The flowchart on the following page is designed to provide a simple graphical representation of the large scale investigation process. It cannot cover all possible eventualities, and staff are advised to consult the whole procedure rather than rely on the diagram alone.

