

WEST DUNBARTONSHIRE LARGE SCALE INVESTIGATION GUIDANCE

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CONTENTS

Purpose of Guidance	Page 3
Definition of a Large Scale Investigation	Page 3
Criteria	Page 4
Introduction	Page 6
Initial Inquiries	Page 7
Initial Large Scale Inquiry Meeting	Page 9
Large Scale Investigation	Page 13
Relevant considerations for Large Scale Investigations	Page 15
Large Scale Investigation Review Meeting	Page 16

APPENDICES

Agency Responsibilities	Page 16
Definitions	Page 18
Glossary of Terms	Page 22
Large Scale Investigation Process Chart	Page 23
Police Scotland Response in Care Homes	Page 25
LSI 1 Form A and B	Page 26
Consent Form	Page 33
S-Bar Form	Page 35
Impact Assessment	Page 36
Media Strategy	Page 37
Letters To Service User and Families to Notify of a Large Scale Investigation	Page 40
Letters To Service User and Families to Discuss Outcome	Page 42
LSI Checklist	Page 44
Chronology	Page 45
Telephone Script	Page 46
Mail Merge	Page 46

The document was developed in consultation with representatives from:

**Care Inspectorate
Fire Scotland
Local GP Colleagues
Lomond & Argyll Advocacy
Mental Welfare Commission
NHSGGC Acute Services
Office of the Public Guardian
Police Scotland
Scottish Care**

1 PURPOSE OF GUIDANCE

This West Dunbartonshire Large Scale Investigation Guidance was developed and adapted for local use from the revised West of Scotland Large Scale Investigation Guidance (September 2019) which was developed by the West of Scotland Adult Support and Protection Leads and Coordinators Group and has been endorsed for use by West Dunbartonshire Adult Protection Committee & the HSCP Senior Management Team. This Guidance must not be read in isolation and should be viewed as companion to the Adult Support & Protection Act 2007 (the Act) and its Code of Practice (April 2014) and local multi agency Adult Support and Protection procedures. This Guidance is designed to support consistent practice and process in managing large scale investigations. Furthermore, it aims to:

- Provide a standardised approach to be implemented in all professions consistent with current evidence of best practice.
- Help to decide if a Large Scale Investigation is warranted
- 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 roles and responsibilities amongst affiliated agencies involved in Large Scale Investigations in West Dunbartonshire, including where these may involve more than one local authority.
- Ensure that ethical issues related to the guidance are recognised and handled appropriately.
- Facilitate a shared understanding of the purpose of the guidance and how it supports and complements local ASP procedures among all staff working in West Dunbartonshire.

1.1 DEFINITION OF LARGE SCALE INVESTIGATION

A Large Scale Investigation is a multi-agency response to circumstances where there may be a risk of harm within a setting where one or more individuals are in receipt of a care service.

The circumstances of concern could have arisen during a short timeframe, or have accumulated over a longer period. Additionally, there could be circumstances where the seriousness of the harm experienced by one individual, and potential impact on others would merit a large scale investigation.

Further information on definitions and responsibilities can be found in Appendices 1 – 3.

1.2 CRITERIA

A Large Scale Investigation (LSI) should be considered when:

- Concerns are raised about systemic failure in the delivery of services which is placing individuals at risk of harm.
- A report of harm to an individual which may affect a number of other individuals also in receipt of care.
- Where there are multiple victims not in one setting: for example a number of adults at risk in

the community may be being systematically targeted in a criminal fashion. Although Police Scotland will have the lead responsibility to investigate, this approach would bring together key agencies to assist in that investigation and take a consistent approach to support and protect victims from harm.

- This approach may also be useful for example in cases where multiple allegations are received from service users against other service users. In these circumstances, it may be appropriate to conduct individual Adult Support and Protection Case Conferences; however experience indicates that taking a proactive approach which can address supervisory arrangements and/or the management of aggressive or sexualised behaviour is potentially more effective.
- The HSCP receive 6 reports of harm within a 6 month period (See Below)
- The HSCP receives no vulnerable adult reports in a 6 month period, as this may indicate a culture of under-reporting in a service

Note: Any of the above criteria may involve an anonymous referral or complaint

Potential scenarios include, but are not restricted to:

- **When an adult protection referral is made that involves a number of adults.** *For example: more than one adult at risk has been potentially maltreated or neglected and as a result experienced significant harm – e.g. one domiciliary care worker intimidates and threatens more than one adult with learning disabilities in a supported living environment resulting in them being frightened and scared. When Vulnerable Adults in care settings are subjected to abusive and disruptive behaviour by other peoples visitors, resulting in those service users feeling afraid and anxious [in their own home].*
- **Where a number of harmers are suspected.** *For example: two or more people work together to maltreat or neglect adult/s at risk –e.g. carers/PA's work together to financially abuse adults living in their own home.*
- **Where institutional harm is suspected.** *For example: potential or actual harm due to poor or inadequate care or support or systematic poor practice that affects the whole care setting – e.g. residents must go to bed before night staff come on duty, cannot get food or drink during the night, call bells are taken off people and residents are left all night in soiled beds or pads resulting in a loss of dignity and experiencing degrading practices or Care settings that are found to have unsafe, unhygienic or crowded environment's*
- **Where there has been 6 or more adult protection investigations within a 6-month period related to the same service where the outcome indicates that serious harm has been caused.** *For example: Financial harm investigated in January, Medication errors resulting in harm investigated in April and missed calls resulting in serious harm referred in September – all the same agency but different service users. A combination of concerns may signify that an agency is not operating a safe service.*
- **Where a whistle-blower makes allegations about the management or regime of a service.** *For example: A whistle-blower alleges the manager of a service instructs staff to water down the milk, use out of date food, portions of food are insufficient – and intimidate or threaten them with dismissal or demotion from their role if they tell anyone else; staff often bring in extra food for residents who complain they are hungry. Or, where care managers inappropriately access client's finances.*
- **Where the situation is very complex and where special planning and coordination of the investigation is required.** *For example: The investigation will require input from a number of agencies and people such as medicines management, tissue viability, health and safety, Care Inspectorate, Police Scotland. Staff who have neglected people resulting*

in medication errors, pressure sores and unsafe equipment will of necessity require assessment from a variety of disciplines.

- **Where an investigation into one allegation leads people to strongly believe other people may also be victims of the same harm.** *For example: an adult complains of being hungry because there is no food. A visit to the home identifies little food and staff shortages. Or it could be a complaint about inadequate heating or broken equipment that could result in harm e.g. hoists or hand rails broken; degrading practice towards residents is established.*
- **Where there are significant concerns about the quality of care provided and there are concerns about the services ability to improve.** *For example: high number of low level concerns and complaints are being raised from various people and agencies, there is no registered manager, high staff turnover and generally the environment is poor and services users look neglected and uncared for; previous involvement with the service indicates they do not improve quickly enough or is able to sustain improvements.*

2 INTRODUCTION

2.1 Under the Adult Support & Protection (Scotland) Act 2007 (The 2007 Act) local authorities have a duty to make inquiries where it is known or believed that an individual may be an adult at risk of harm and that protective action may be required. In West Dunbartonshire this role is undertaken by the HSCP. The Act gives the Council the lead role in Adult Protection investigations and makes no distinction between NHS premises and other settings (i.e. investigations can be conducted across sites).

2.2 The key statutory agencies involved in any investigation process will be West Dunbartonshire HSCP, Police Scotland, NHS Greater Glasgow & Clyde, the Care Inspectorate and the Office of Public Guardian. Other relevant services also include Scottish Fire and Rescue. It is designed to minimise risk to both residents and staff in any care setting. Managers of service providers are expected to have their own disciplinary procedures for staff within their organisations & uphold expectations of confidentiality.

2.3 Concerns about an adult at risk being harmed in a care setting can be raised from many sources including:

- Individual/ Family / Friends/ Carer raising a concern about standards of care
- Whistle blowing within an organisation
- Primary and HSCP professionals visiting an individual
- An ongoing ASP investigation into one adult that identified potential wider harm
- Quality assurance, contract and commissioning arrangements
- Concerns raised by the regulatory process
- Admission or presentation to acute health
- Procurator fiscal investigating a death

2.4 When a report is received about an adult at risk being harmed within a care setting, or potential systemic failure in the delivery of care services to adults at risk, the Act places a duty on West Dunbartonshire HSCP to make inquiries. These inquiries should consider whether there is potential that other adults are also experiencing harm or are at risk of harm, and include, where relevant, consultation with both Police Scotland and health. If this is suspected to be the case, following discussion with the relevant senior manager, a Large Scale Investigation should be recommended and in these circumstances, this guidance should be followed. A process chart is provided in Appendix 4 which summarises an overview of the process to be followed.

3 INITIAL INQUIRIES

3.1 When a report is received about an adult at risk being harmed, or potential systemic failure in the delivery of care services to adults at risk, the HSCP has a duty to make inquiries. These inquiries should consider whether there is potential that other adults are also experiencing harm or are at risk of harm, and include, where relevant, consultation with both Police Scotland and health board.

If this is suspected to be the case, discussion with a relevant senior manager Public Protection Coordinator and legal services, should consider if a Large Scale Initial Inquiry meeting should be progressed

3.2 Contact should be made immediately with West Dunbartonshire Council Legal Services. Police Scotland should also be informed. This should be made through the Police Concern Hub: initially through the Inspector or sergeant in control of the Hub at that time. This inter-agency discussion will contribute to the initial inquiry and consider:

- Whether any immediate protective action is required should individuals be at risk of imminent harm
- Identify whether the situation may require formal investigation by Police Scotland and this should inform any further action to prevent compromising any police investigation (Refer to Police Scotland Advice: Appendix 5)
- Whether there is a potential risk to any other individuals
- Whether an initial impact assessment is required (see 3.3)
- Whether a multi-agency planning meeting should be convened to assess whether a Large Scale Investigation should be initiated
- The urgency of this and who will take responsibility for arranging this (Large Scale Investigation is an operational services task).
- A media strategy (see 3.5)

If the allegations relate to a registered service then the Care Inspectorate should be alerted. The Mental Welfare Commission and Office of the Public Guardian should also be notified where service users are deemed to lack capacity.

The receiving Officer should use LSI 1 Part A (Large Scale Referral and Initial Action Form) when recording information received. This Form is located within Appendix 6 of this Guidance. All initial actions taken should be recorded on the LSI 1. If there is evidence that allegations relate to a situation in a care setting which might warrant a Large Scale Investigation Meeting then the responsible manager will consult with the relevant service manager and the Lead Officer for Adult Protection.

3.3 An impact assessment may be undertaken at key points of the process including the initial stages to consider the impact the investigation itself will have (see Template at Appendix 7). This will include consideration of, and contingencies for,:

- How the service will be managed in the interim
- The impact on service users, families and staff
- Resulting press interest
- Processes undertaken in the review of West Dunbartonshire / patients

- How and what information should be disseminated to any agreed parties.

3.4 There is a duty under the Act to consider the importance of advocacy. West Dunbartonshire, or their primary carer/nearest relative, should be given information about an appropriate advocacy service at the earliest appropriate juncture in all cases. The procured advocacy service for ASP in West Dunbartonshire should be cited and notified at the start of the process to ensure they are aware that their services may be required.

3.5 Where any media interest is likely, the Head of Service/ IOM, HSCP Legal and the Council corporate communication team should agree a joint media strategy (see Template at Appendix 8). Chief Social Work Officer / Heads of Service should be appraised, including those of other HSCP areas who have individuals utilising the service. Local chief officers' groups and elected members may also require to be briefed. The Lead Officer for Adult Protection should advise the Convener of the Adult Protection Committee when any Large Scale Investigation is initiated.

3.6 If a large number of adults could be at risk as a result of an emergency situation in a registered care home (such as failure of business or a situation requiring evacuation) then emergency planning arrangements should be agreed within the HSCP/ Council & Health Board contingency plan. COSLA's Good Practice Guidance on the Closure of a Care Home should be referred to where short notice home closure is being considered.

3.7 Local administrative arrangements to support and clarify formal Large Scale Inquiry/Investigation recording processes.

Admin support is crucial. The Public Protection Assistant may minute Large Scale Investigation meetings and work alongside administrative support of the service leading the Large Scale Investigation.

Given that there may be more than one Large Scale Investigation at any time and the nature of any improvement work; operational services have accountability for this process.

4 INITIAL LARGE SCALE INQUIRY MEETING

4.1 A large scale inquiry meeting should be convened as soon as practicable. The urgency of this, and who will take responsibility for arranging and minuting this will be decided and recorded during the initial inter-agency inquiries. It is a continuation of the initial inquiry process and will decide whether a Large Scale Investigation is necessary. The LSI 1 Part B (Large Scale Inquiry Meeting) should be used to record the Large Scale Inquiry Meeting and can be located in Appendix 6 of this document. All decisions should be recorded on the LSI 1, cognisant that its contents are not exhaustive and other relevant considerations should be raised and discussed as they are identified.

4.2 The meeting should be chaired wherever possible by a Head of Service of West Dunbartonshire's Health and Social Care Partnership, but who may choose to delegate to an alternative senior manager, and needs to take account of contract monitoring, quality assurance and commissioning as well as adult support and protection issues. The chair of the meeting will identify the key agencies who will require to attend the meeting. The people attending should be of a sufficiently senior level to contribute to decision making and resource allocation if necessary. The following people should routinely be considered for notification and/or invitation as appropriate to the circumstances:

- Head of Service
- Senior and/or Service manager
- Lead Officer Adult Protection
- Council Officer who identified concerns through initial enquiry
- Quality Assurance
- Council Communications Manager
- Local Police Commander
- Detective Chief Inspector, Public Protection Unit
- Senior NHS manager/Clinical and/or Nurse lead
- General Practitioner (GP)
- Scottish Fire and Rescue Services, Station Manager: Prevention and Protection (This service should automatically receive notification if a moratorium is put in place or anytime during the Large Scale Investigation)
- Care Inspectorate Team Manager or their delegated representative
- Representative(s) from any other local authorities who are funding Adults within the service concerned.
- Consideration should have been given to whether relevant manager of the service concerned should be invited (This must first be checked with Police Scotland in terms of potential compromise to any investigation)
- Should the concerns relate to an independent/ third sector provider consideration should be given to involve the representative employed to work with that sector

4.3 As a minimum of West Dunbartonshire's Health and Social Care Partnership as the Lead Agency, Police Scotland, Care Inspectorate, Council Legal representation and Scottish Fire and Rescue Services should be represented. If senior managers are invited they may bring / delegate attendance to relevant managers involved in the investigation.

4.4 The role of GPs is seen as crucial to the process. Consideration should be given to holding

the meeting at a surgery if that would help facilitate GP attendance.

4.5 The Large Scale Inquiry meeting will:

- Share available information from all key agencies including Police Scotland/Health/Council and Care Inspectorate
- Identify and evaluate risks
 - Recent harm and risk
 - Concerns regarding ongoing Harm and risk
- Identify any gaps in knowledge and the reasons for these
- Reach consensus on if a Large Scale Investigation is required
- Decide how to progress the investigation
- Decide what further information is required and how that will be gained
- Agree a risk management plan identifying key tasks to be undertaken, the persons responsible, and agreed timescales. This will include any immediate protective measure for individuals (not already addressed)
- Decide whether there will be a suspension on new placements/call ups
- Seek clarity around any parallel investigations and roles within this service or those of the same company, update meetings, feedback mechanisms etc.
- Decide on the communications/media strategy including the provider/West Dunbartonshire/carers/wider public/other placing local authorities (see 3.5)
- Consider the need for any individual Adult Protection case conference and/or care management reviews and agree arrangements
- Decide on provision for advocacy.

4.6 Any staffing/resource issues required to proceed with the investigation that cannot be immediately resolved should be discussed with the Head of Service / relevant Senior Manager. There is an expectation that appropriate staffing will be provided from across all West Dunbartonshire's Health and Social Care Partnership to minimise significant disruption to any one service. Timescales and next steps should be agreed with cognisance of the capacity required and consideration of the potential impact on other services.

4.7 Where the concerns relate to suspected criminality the Large Scale Inquiry meeting will need to ensure that:

- Any agreed action plan focuses on the immediate protective measures required; BUT
- The action plan will otherwise be primarily informed by the requirements of P to conduct a criminal investigation in liaison with the Procurator Fiscal (Refer to Appendix 5: Police Scotland Guidance).
- The action plan should also include any immediate concerns that can be raised without impacting on the criminal investigation.

4.8 In relation to any cross boundary working that may arise the Large Scale Inquiry meeting will decide who will inform other HSCPs funding residents within the care setting. Under the Act the host authority has responsibility for any Adult Support and Protection Investigation in its area, however the responsible manager from each funding authority must be notified of the planning meeting and information appropriate to the situation should be sent to them. The responsible manager of each funding authority shall notify their Chief Social Work Officer. Detailed information on Cross Boundary Working can be found in Appendix 2.

4.9 If an adult at risk raises concerns that they were harmed by person(s) who live, or who are employed in a care setting in another HSCP area then that HSCP should be notified. This is given the person(s) who are the source of harm, may pose a risk to others, and there is a need to exchange any relevant information in order to protect any adult at risk of harm.

4.10 If the Large Scale Inquiry meeting or any Large Scale Investigation Meeting/Review Meeting decides that any or all residents need to be reviewed, the level and type of review should be clarified along with the professionals who need to be involved. Where a number of residents are funded by another authority, it is customary for that HSCP to undertake its own reviews. West Dunbartonshire HSCP will provide all relevant templates. Once assessments / reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the Lead Council Officer and reported back to the next multi-agency meeting.

4.11 Where various agencies are obliged to undertake other investigations, these should be clearly identified at the outset. For example, the NHS, internal HR departments, Scottish Fire and Rescue Service, the Office of Public Guardian (OPG), the Care Inspectorate, Health Improvement Scotland (HIS), the Mental Welfare Commission (MWC). West Dunbartonshire HSCP quality assurance team and West Dunbartonshire Council auditors should also be notified.

4.12 Where an Large Scale Investigation relates to an adult at risk with a mental disorder or an adult with incapacity, consideration will require to be given to whether the MWC and/or the OPG require to be notified or conduct further inquiries or investigations. West Dunbartonshire's HSCP requires to notify the MWC in specific circumstances which are outlined in the document Notifying the Commission, which is available at this link:

https://www.mwcscot.org.uk/sites/default/files/2019-07/notifying_the_commission_nov_2013.pdf

The OPG has produced a referral form for same: <http://www.publicguardian-scotland.gov.uk/docs/librariesprovider3/investigations/pdf-files/new-referral-form-july-19-v3updatedv4reader.pdf?sfvrsn=8>

4.13 Consideration needs to be given on a local basis as to how and where information gathered during the course of a Large Scale Investigation is recorded and stored. Additionally, consideration needs to be given to situations where information from the Large Scale Investigation require to be included in an individual's records. Without exception, a note should be inserted into the service user file held by the service to detail that the individual has been involved in a Large Scale Investigation process and how to access further information, if required. Please ensure that the Chronology is updated on Carefirst.

4.14 Where the Large Scale Inquiry meeting decide that a Large Scale Investigation is not required, they must record the reason(s) for this decision and outline any further contingency or improvement action the planning group decide is required. A clear plan should be formulated which identifies who is responsible for implementing the actions within an agreed timescale and also who is responsible for monitoring the action plan. The Large Scale Inquiry meeting should remain operational until this is complete. **This should be fed back to the Head of Service and SMT.**

5 LARGE SCALE INVESTIGATION

5.1 The Large Scale Inquiry meeting will confirm the Lead Council Officer for the Large Scale Investigation (LSI). This should be an authorised Council Officer under the Act.

If there is a criminal investigation, then decisions regarding primary and parallel processes vis-à-vis criminal investigation/disciplinary investigation will be agreed with Police Scotland. It remains the Council's duty to co-ordinate the Adult Protection process.

5.2 If the identified actions relate to the actions of a staff member (or staff members) within an organisation, then that organisation will be responsible for invoking its own disciplinary proceedings and ensuring that any immediate risks are removed or minimised.

5.3 If there is a criminal investigation, this takes priority over any disciplinary proceedings and the organisation should be advised to seek legal advice on the implications of a criminal investigation on internal disciplinary proceedings.

Where the organisation concerned contracts with the HSCP to provide a service, the HSCP Quality Assurance Officer/Large Scale Inquiry meeting should be advised of any indication that the provider may be in breach of contract.

5.4 Where possible, it will be important to involve the relevant Senior Manager of the service under investigation, throughout the process. If this does not seem appropriate e.g. it may compromise the investigation, advice should be sought from Police Scotland. The Care Inspectorate may also have a role in keeping the manager apprised in terms of possible action under the Public Services Reform (Scotland) Act 2010.

5.5 Obtaining consent from an adult(s) for sharing information and/or passing on concerns e.g. to Police Scotland & other relevant personnel, is a key issue (See Appendix 7)

Where an adult does not give consent, consideration should be given to:

- The adult's capacity at the time to make informed decisions
- The possibility that they may be experiencing undue pressure
- The risks to which other adults may be exposed
- The risks by not sharing information & if data protection exemptions apply

Information should be gathered pertaining to individual decision making ability of adults and corresponding legal proxy/proxies where there is evidence that a person's capacity is impaired. An overview of this information should be collated and stored securely within a standard HSCP database (spreadsheet).

5.6 Where there is evidence that criminality is suspected and concerns that other adults may be at risk, a report **must** be made to Police Scotland.

5.7 Where there are ongoing concerns about an individual adult or adults, the presence of a concurrent Police Scotland or Care Inspectorate or other investigation should not delay the agreement and implementation of a protection plan for the adult(s) at risk. If Individual ASP Case Conferences are convened in relation to the current concerns, then local Adult Support and Protection Procedure and/or the Large Scale Investigation guidance will be followed by each Council Officer.

5.8 It may be that, during the course of an investigation, further information is received about a separate ASP concern. In these circumstances, there will be a need for an individual investigation and (where relevant) protection plan over and above any ongoing Large Scale Investigation and action plan.

5.9 Once assessment/reviews have been undertaken by the appropriate professionals and any immediate risks have been addressed, then outstanding concerns should be discussed with the Lead Council Officer and reported back to an Large Scale Investigation Review Meeting.

5.10 Where any Large Scale Investigation has commenced, a Large Scale Investigation Review Meeting will be required and a date set within a maximum of 3 months.

6 RELEVANT CONSIDERATIONS FOR LARGE SCALE INVESTIGATIONS

6.1 All investigations involving an adult or adults at risk of harm in care settings must be undertaken by a Council Officer and relevant nominated workers, as required (i.e. Occupational Therapist, Nurse, Physiotherapist).

6.2 The Large Scale Inquiry / Investigation meeting will decide who will inform other Local Authorities funding service users within the care setting. Under the Act the host authority has responsibility for any Adult Support and Protection Investigation in its area, however representatives from each funding authority must be invited to the Large Scale Inquiry / Investigation Meeting and all relevant documentation should be sent to them.

6.3 The host Local Authority must notify the Care Inspectorate of the initiation and outcome of the inquiry/investigation if there is no representative present at these meetings.

6.4 If it is decided that all service users need to be reviewed the level and type of review will be clarified and the professionals who need to be involved will be identified. If a number of service users are funded by another authority it is usually expected for that authority to undertake its own reviews.

6.5 If it is decided that service users require an allocated worker, this should be a qualified and registered Social Worker, Occupational Therapist or Nurse. A Council Officer should continue to co-ordinate any protection plan until this is no longer required. It may, in some circumstances, be necessary to involve a Mental Health Officer.

6.6 Specialist advice should be sought where necessary to assess the needs and delivery of practice to an individual. This may be in areas such as financial management, moving and handling, nutrition and medication management, tissue viability.

7 LARGE SCALE INVESTIGATION REVIEW MEETING

7.1 A Large Scale Investigation Review Meeting should be convened in order to review progress or conclude the investigation.

7.2 The Large Scale Investigation Review Meeting will:

- Consider reports from investigation personnel, Police Scotland, the Care Inspectorate and any other relevant information
- Ensure that appropriate risk assessments have been completed and risk management plans are in place

Agree any outstanding actions and date of next review, within a maximum of 3 months.

7.3 Where the Large Scale Investigation Review Meeting has decided to stand down the Large Scale Investigation, any protection plans implemented for individual adults at risk should be continued and reviewed in line with standard local Adult Support and Protection procedures. Any care plans & recommendations will be shared in a Situation, Background, Assessment & Recommendations (SBAR) template to the service provider (See Appendix 8). A final report detailing the LSI should be submitted to SMT along with the SBAR and date for recommendations to be implemented. A review timescale should be clearly evidenced and final sign off by SMT once all work is concluded. This should then be sent to Clinical Care Governance for action oversight, prior to submission to Adult Protection Committee.

7.4 Large Scale Investigations may have wider implications for local and national policy and practice. Where these are identified by the review group but have not been dealt with through other processes (e.g. local management reviews, multi-agency Significant Case Reviews, etc), the Large Scale Investigation Review Group should make recommendations, by way of an action plan, to the Adult Protection Committee.

Appendix 1

Agency Responsibilities

THE COUNCIL (delegated to HSCP)

Has a duty under the Adult Support and Protection (Scotland) Act 2007 to make inquiries about a person's well-being property or financial affairs if it knows or believes –

- a) that the person is an adult at risk
- b) that it might need to intervene in order to protect them

They also have responsibilities in terms of monitoring and ensuring contract compliance for commissioned services. Through the Public Bodies (Scotland) legislation and WDHSCP Scheme of Establishment, in West Dunbartonshire this is delegated to the Health and Social Care Partnership.

NHS GREATER GLASGOW & CLYDE

Has overall responsibility for the healthcare of service users / patients in acute provision. Under the Adult Support and Protection (Scotland) Act 2007 they have a duty to co-operate with any inquiries about adults at risk of harm. Where required they will provide a nominated health professional to undertake any health assessments required.

Community Health provision such as District Nursing, Allied Health Professionals and community mental health, learning disability and addictions services are delegated to WDHSCP.

POLICE SCOTLAND

Has responsibility to detect and investigate crime and subsequently report the facts and circumstances to the procurator fiscal. They have a duty to co-operate with any inquiries about adults at risk of harm.

CARE INSPECTORATE

Has a regulatory role in considering the safety of all service users in any registered care service and can take enforcement action under the Public Services Reform (Scotland) Act 2010. They have a duty to co-operate with any inquiries about adults at risk of harm.

Whilst responsibility for carrying out initial inquiries rests with the local authority, and Police Scotland (where a crime may have been committed), other agencies may be asked to assist. The 2007 Act allows for other persons to accompany a Council Officer carrying out visits under the requirements of the Act. The policy position of the Care Inspectorate is that this would only happen where it is considered there is a strong probability that action will be required under the Public Services Reform (Scotland) Act

2010 and that evidence gained will enable that to take place.

The Care Inspectorate may investigate complaints or inspect a service in parallel to other Adult Support and Protection investigations being carried out.

HEALTH IMPROVEMENT SCOTLAND

Health Improvement Scotland (HIS) took over the responsibility of regulating independent health services from the Care Commission in April 2011.

Healthcare Improvement Scotland currently has a similar scrutiny and improvement role to the Care Inspectorate for independent hospitals, voluntary hospices, and private psychiatric hospitals.

MENTAL WELFARE COMMISSION

The Mental Welfare Commission for Scotland (MWC) has particular statutory responsibilities in relation to the care and treatment of people with mental disorders both in monitoring practice and carrying out inspections and inquiries.

The MWC are notified of all inquiries under Section 10 of the AWI(S) Act and Section 33 inquiries of the MH(C&T)(S) Act and scrutinises all interventions and guardianship applications, and where not visiting directly, corresponds with the adult and or guardian to explain the role and to ask that the guardian advise them of any change of circumstances or concerns they may have.

Visiting the adult is at the discretion of the MWC. The MWC would also investigate any complaints relating to the exercise of the functions relating to the personal welfare of the adult similar to those requirements of the local authority.

OFFICE OF THE PUBLIC GUARDIAN

With the commencement of the Adults with Incapacity (Scotland) Act 2000 the Office of the Public Guardian came into being. One of the principle functions of the Public Guardian is to receive and investigate complaints regarding the exercise of functions relating to the property or financial affairs of an adult made:

- (i) In relation to continuing attorneys appointed in terms of the AWI(S) Act
- (ii) Concerning access to funds under Part 3 of the AWI(S) Act
- (iii) In relation to guardians or persons authorised under intervention orders.

The Public Guardian can also investigate any circumstances made known in which the property or financial affairs of an adult seem, to the Public Guardian to be at risk.

Adult at risk

Under the Adult Support and Protection (Scotland) Act 2007 an “adult at risk” means a person aged sixteen years or over who:

- (a) is unable to safeguard their own well-being, property, rights or other interests;
- (b) is at risk of harm, and
- (c) 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.

All of above criteria must apply to class an individual as an *"adult at risk"*.

The presence of a particular condition does not automatically mean an adult is an “adult at risk”. Someone could have a disability but be able to safeguard their

well-being, property, rights or other interests; all three elements of this definition must be met. It is the entirety of an adult’s particular circumstances which can combine to make them more vulnerable to harm than others.

Who is “at risk of harm”?

An adult is at risk of harm if another person’s conduct is causing or is likely to cause the adult to be harmed.

or

The adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm.

What is Harm?

In the Adult Support and Protection (Scotland) Act 2007, harm “includes all harmful conduct” and, in particular, includes:-

- (a) conduct which causes physical harm
- (b) conduct which causes psychological harm (e.g. causing fear, alarm or distress)
- (c) unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
- (d) conduct which causes “self-harm”.

Section 3(4) Duty to inquire- Adult Support and Protection (Scotland) Act 2007

The 2007 Act states that a Council must make inquiries* about a person's well-being, property or financial affairs if it knows or believes that the person is an adult at risk and that it might need to intervene in order to protect the person's well-being, property or financial affairs.

*Inquiries must be undertaken by an approved Council Officer.

Section 10 Inquiry – Adults with Incapacity (Scotland) 2000

A Local Authority shall have the following general functions under this Act –

- a) To supervise a guardian appointed with functions related to the personal welfare of an adult in the exercise of those functions
- b) To consult the Public Guardian and the Mental Welfare Commission on cases or matters relating to the exercise of functions under this Act in which there is, or appears to be, a common interest
- c) To receive and investigate any complaints relating to the exercise of functions relating to the personal welfare of an adult made:
 - (i) In relation to welfare attorneys
 - (ii) In relation to guardians or persons authorised under intervention orders
- d) To investigate any circumstances made known to them in which the personal welfare of an adult seems to be at risk*
- e) To provide a guardian, welfare attorney or person authorised under an intervention order, when requested to do so, with information and advice in connection with the performance of his functions in relation to personal welfare under this Act.

*Inquiries can be conducted by a registered Social Worker.

S33 Inquiry – Mental Health (Care and Treatment) (Scotland) Act 2003

Duty to Inquire

1) Where it appears to a Local Authority that:

- (a) A person in their area who is 16 years or over has a mental disorder; and
- (b) Any of the circumstances mentioned in subsection 2) below apply the authority shall cause inquiries to be made in the person's case*.

2) Those circumstances are:

- (a) That the person may be, or may have been, subject, or exposed at some place other than a hospital to:
 - (i) Ill treatment;
 - (ii) Neglect; or
 - (iii) Some other deficiency in care or treatment
- (b) That because of the mental disorder, the person's property:
 - (i) May be suffering, or may have suffered, loss or damage; or
 - (ii) may be, or may have been, at risk of suffering loss or damage;
- (c) That the person may be:
 - (i) Living alone or without care; and
 - (ii) Unable to look after himself or his property or financial affairs;
- (d) That the person is not in hospital and, because of the mental disorder, the safety of some other person may be at risk.

* Inquiries must be undertaken by a Mental Health Officer

Cross Boundary Working

In relation to Adult Support and Protection Legislation, where the adult at risk is “for the time being in”, that is where they are physically located, is responsible for conducting inquiries, investigations and making applications for Protection Orders. As such, “the Council” responsible could potentially change if the adult is physically present in one area, then is physically present in another. The responsible Council is not linked to where they reside, or where the alleged harm or incident occurred so that a range of possibilities could be covered. For adults placed in care homes, or in supported living arrangements funded by another Council area (a cross boundary placement), the authority in which the adult at risk is placed is responsible for undertaking and leading on inquiries, investigations and making any necessary applications for Protection Orders. It is expected that where another council has a locus, for example, for care management and payment of costs; then this council will have a role in any activity under the Act. If an adult at risk raises concerns that they were harmed by person(s) who live, or who are employed in a care setting in another council area then that council should be notified. This is given the person(s) who are the source of harm, may pose a risk to others, and there is a need to exchange any relevant information in order to protect any adult at risk of harm.

Appendix 3

Glossary of Terms

Appropriate Adult	<p>Appropriate Adult Schemes are provided by the local authority to Police Scotland, to be utilised when Police Scotland are dealing with adults (those who have attained the age of 16 years) who experience, or are suspected of experiencing, a “mental disorder”.</p> <p>The services of an Appropriate Adult are utilised to facilitate and ease communication with all categories of persons involved in the criminal justice system, i.e. victims, witnesses, suspects or accused persons.</p>
Adult with Incapacity	<p>A person aged 16 years and over who because of a mental disorder (or an inability to communicate due to physical disorder) lacks the capacity to make, communicate, understand or retain the memory of decisions relating to their welfare or finances.</p>
Capacity	<p>The ability to make an informed choice.</p>
Care Inspectorate	<p>The Care Inspectorate is the independent scrutiny and improvement body for care and children’s services. They play a significant part in improving services for adults and children across Scotland by regulating and inspecting care services and carrying out social work and child protection inspections. Care Services are required to register with the Care Inspectorate and will be the subject of regular inspection. The Care Inspectorate takes an active role in encouraging improvement in the quality of services and making information available to the public about the quality of these services. The Care Inspectorate also has a responsibility to investigate complaints it receives concerning any care service. The Care Inspectorate can take enforcement action under the Public Services Reform (Scotland) Act 2010.</p>
Council Officer	<p>The Adult Support and Protection (Scotland) Act 2007 defines a “Council Officer” as an individual appointed by the Council under Section 64 of the Local Government (Scotland) Act 1973.</p> <p>A person who is authorised to fulfil the functions under Sections 7,8, 9, 10,11, 14, 16 and 18 of the Adult Support and Protection (Scotland) Act 2007.</p> <p>The person will need to be employed by the relevant Council and must be:</p> <ul style="list-style-type: none">(a) • Registered in the part of the register maintained by the Scottish Social Services Council (SSSC) in respect of Social Service Workers, or<ul style="list-style-type: none">• Registered as an occupational therapist in the register maintained under Article 5(1) of the Health Professionals Order 2001, or• a nurse, and(b) Have at least 12 months post qualifying experience of identifying, assessing and managing adults at risk.
Health Professional	<p>A “Health Professional” for the purposes of the Act are (a) a doctor, (b) a nurse, (c) a midwife, or (d) any other type of individual described (by reference to skills, qualifications, experience or other use) by an Order made by the Scottish Ministers. The definition of doctor, nurse and midwife is as specified under their respective professionals Acts, i.e. Medical Act 1983 and Nurses & Midwives Order 2001.</p>

Health Records	These are any records, in any format, which relate to an individual's physical or mental health which have been made by or on behalf of health professionals in connection with the care of the individual.
Independent Advocate	A member of an advocacy service which operates independently of other service providers. Advocacy involves speaking up for individuals and helping them to express their views and assist them to make their own decisions and contributions.
Mental Health Officer	A local authority social worker who has undergone specific post qualifying accredited training in mental health legislation. This person then has certain delegated powers under such legislation to act in conjunction with medical practitioners in the compulsory treatment of individuals with mental disorders.
Mental Disorder	The Mental Health (Care and Treatment) (Scotland) Act 2003 defines "Mental Disorder" as: Any mental illness, personality disorder or learning disability, however caused or manifested. For the purposes of Appropriate Adult guidance it shall include people with acquired brain injury, autistic spectrum disorder and people suffering from dementia. It does not include those temporarily impaired through alcohol or drugs.
Responsible Manager	Manager who has received information and is responsible for bringing the concern forward.
Undue Pressure	<p>A Sheriff cannot make a Protection Order under the Act if he/she knows that the affected adult at risk has refused to the granting of the Order UNLESS the Sheriff reasonably believes that the adult has been "unduly pressurised" to refuse consent and there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm. Undue pressure is where it appears that harm is being, or is likely to be, inflicted by a person in whom the adult has confidence and trust and that the adult at risk would consent if they did not have confidence and trust in that person.</p> <p>Undue pressure is also relevant where the adult at risk is afraid of or being threatened by another person. The likelihood of undue pressure being brought to bear should always be considered when the adult at risk refuses to give consent.</p>
Whistle Blowing	A means by which staff can safely raise their concerns within their organisation about matters of suspected or actual malpractice. This allows an individual to by-pass the formal line management arrangements if necessary.

Appendix 4

Large Scale Investigation Process Chart

* At all stages consideration must be given to any immediate protective action required for any individuals at risk of imminent harm, the need to seek Police Scotland advice, the initial impact of the situation and any media strategy*

For all meetings, minutes must be completed within 3 working days

***Consideration must also be afforded to arrangements (& potential remuneration) for out of hours working ***

Step 1 - Recognising

Concerns received about an adult at risk in a care setting (As defined in Section 1.2)

Step 2 - Reporting

An Initial Inquiry Discussion should be held between the responsible social work manager, public protection coordinator and senior manager to ascertain whether the Large Scale Investigation process should commence

If YES – proceed to Step 3

If NO – Follow your local Adult Support and Protection Procedures

Step 3 – Recording & Decision Making

The responsible social work manager must **complete LS1 Form Part A** (Appendix 6) and process as per local administrative procedures and arrange a Large Scale Inquiry Meeting to be convened as soon as practicable in line with local reporting timescales (As defined in Section 4.2).

Step 4 – Large Scale Inquiry Meeting

Large Scale Inquiry Meeting chaired by Senior Manager (Head of service/ IOM) HSCP. All decisions and interventions should be **recorded using LSI 1 Part B** (Appendix 6) and on your relevant electronic systems. If the decision is that a Large Scale Investigation should proceed then a date, chair and minute taker should be agreed by the Chair.

If the outcome of the Large Scale Inquiry Meeting is to proceed to a Large Scale Investigation, proceed to Step 5

If no, follow your local Adult Support and Protection Procedures and, if required, any arrangements for contingency or improvement action identified during the Large Scale Inquiry Meeting should be progressed by the designated persons.

Step 5 – Large Scale Investigation Initiated

The Chair must notify the Chief Social Work Officer of the outcome and discuss whether a moratorium should be initiated. Where a moratorium is required, local procedures should be followed. In the event of a moratorium, Scottish Fire and Rescue Services must receive notification.

Please refer to Section 4.8 in relation to cross boundary working that may arise and ensure notification to other local authorities, linking with nominated admin, as per administrative procedures.

The Chair must notify the Mental Welfare Commission and/or The Office of the Public Guardian where a Large Scale Investigation is proceeding in relation to an adult with a mental disorder, or an adult with incapacity.

Step 6 - Large Scale Investigation & Large Scale Investigation Meeting(s)

- Multi Agency information shared, including chronology
- Risk Assessment and Management (Impact Assessment)
- Consider need for further individual and specialist assessment
- Decide and arrange any individual assessment/review requirements/allocation
 - Identify arrangements for feedback to chair at future meetings
 - Media Strategy
 - Date for any review meeting

Step 7 – Outcome

- No further action under Large Scale Investigation (Ensure follow admin procedures re recording)
- Report to be completed and sent to SMT for agreement

Appendix 5

Police Scotland Statement

Police Scotland is committed to Keeping People Safe and would recommend that the police are contacted in all circumstances where a crime has been committed or where criminality is suspected. The responsibility for initiating action for reported criminal offences rests with the Police and Crown Office Procurator Fiscal Service. As such, when complaints about reported abuse suggest that a criminal offence may have been committed it is essential that the police are contacted.

Where an urgent police response is required or where an incident is ongoing, the report should be made via the 999 system, however in non emergency cases and where there is no immediate danger, the report should be made by dialling 101.

On police arrival a verbal account of the circumstances should be provided to them by the person making the report. This will allow the officers to review the full circumstances of the incident and allow appropriate decision making on how best to proceed with the complaint and whether further investigation is required. The attending officers will collect all available evidence to support the complaint, which may include taking full statements from witnesses, seizing relevant productions, arranging medical examinations and/or arranging for photographs to be taken, all with a view to protect potential forensic opportunities.

Where a serious incident has occurred, a forensic examination may require to be carried out at the scene where the crime took place. The best way to preserve this area would be to ensure that no other persons enter the room or move or touch items therein. If possible, the door should be closed and/or locked and all persons should be refused entry. The police will also require to seize any items utilised in the crime, for example if a weapon is used, it should not be touched or moved after the event and should be pointed out to the investigating officers as being relevant to the investigation.

If circumstances dictate, the clothing worn by the complainer and/or the suspect may require to be seized as evidence. This should be borne in mind if the resident changes their clothing and the articles in question should be kept aside and provided to the police if required.

If the resident has been injured, the priority must be their immediate health and welfare. The police may require to photograph any obvious injuries and may arrange for a forensic medical examination to be carried out. This will be undertaken in a sensitive and professional manner with due consideration given to the needs or requirements of the complainer.

Circumstances may dictate that swabs are required from the complainer and/or suspect. If the crime is of a sexual nature, crucial forensic evidence may be lost if the resident washes or has a shower after the incident has taken place. The complainer should also be kept apart from the suspect.

After all available evidence has been collected; the investigation may result in a suspect being interviewed by the police. Where there is a sufficiency of evidence, charged will be preferred and a full police report will be submitted to the Procurator Fiscal for their consideration as to whether to proceed to court.

Although the start of a care home adult protection investigation may need to be delayed pending police inquiry, protection planning arrangements for the Adult at Risk must not be delayed. Wherever practicable the police should be consulted in relation to protection arrangements that may impact upon the criminal investigation.

Opportunities for partnership working should be considered. It may be appropriate for an official from the local authority investigation to assist the police during the inquiry, for example when analysing care plans and conducting risk assessments.

**Alisdair Penny – via e-mail dated 18 November 2014 Temporary Detective Sergeant
Public Protection Support Specialist Crime Division**

Appendix 6

LARGE SCALE INVESTIGATION REFERRAL AND INITIAL ACTION FORM

PART A – TO BE COMPLETED BY THE MANAGER RECEIVING REFERRAL INFORMATION

CONFIDENTIAL

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

A referral for a Large Scale Investigation should be completed and submitted to relevant Integrated Operations Manager and Head of Service who will then consider the need for a Large Scale Inquiry Meeting to take place to ascertain if a Large Scale Investigation should be undertaken.

Referrer Details

Name:	
Designation:	
Telephone Number:	
E-Mail Address:	
Agency & Address:	
Date Referral Submitted to Senior Manager, Community Care:	

Organisation/Establishment where Suspected Harm has occurred

Name of Organisation/Establishment:	
Manager:	
Address:	
Telephone Number:	

Criteria for Large Scale Investigation

- ☐ 6 Reports of Harm received within a 6 month period
- ☐ Concerns have been raised about systematic failure in the delivery of services which is placing individuals at risk of harm
- ☐ A report of Harm has been received regarding an individual which may affect a number of other individuals also in receipt of care
- ☐ There are multiple adults at risk of harm in one setting
- ☐ Multiple allegations of harm have been received from service users against other service users

Details of Harm

--

Details of Adult(s) at Risk

Carefirst No	Name of Adult	Legal Status of Adult	Date of Alleged Harm	Nature of Alleged Harm

Details of Alleged Person Causing Harm (if known)

Carefirst No	Name of Adult	Relationship to Adult at Risk	Comments

Details of Partner Agencies Involved

Agency	Lead Officer	Contact Address/Tel/E-Mail

Detail of Senior Manager

Name of Leading Senior Manager:	
Have Police Scotland been contacted to ascertain if criminal investigation being undertaken:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Large Scale Inquiry Meeting to be held	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Large Scale Inquiry Meeting	
Chair of Large Scale Inquiry Meeting	
Minute Taker of Large Scale Inquiry Meeting	

LARGE SCALE INQUIRY MEETING PART B AGENDA

1. Welcome and Introductions
2. Purpose of Meeting
3. Nature of Concerns Identified
4. Partner Agency Information
5. Summary of Discussion and Recommendations
6. Action Plan

**LARGE SCALE INQUIRY MEETING
PART B
MINUTE**

Attended:	
Apologies:	
Invited but did not Attend:	
Did not Attend but Reports Sent:	
Detail of Reports available to Large Scale Inquiry Meeting:	

Purpose of Meeting

To consider whether any immediate protective action is required should individuals be at risk of imminent harm.

To review the circumstances and make a decision as to whether a large scale investigation should be initiated under Adult Support and Protection Guidelines, and/or pursued through the Care Inspectorate existing regulatory role and/or criminal investigation by Police Scotland.

To decide whether other Local Authorities who have residents placed within the Care Home require notified of any Large Scale Investigation and provided with any minutes of the meeting.

To decide with Contract and Commissioning Managers based on information shared, whether there are sufficient concerns to request a moratorium by the Chief Social Work Officer or other action required.

To decide whether to request a moratorium (if agreed by CSWO, Scottish Fire and Rescue Services must be notified).

Nature of Concerns Identified (Brief Bullet Point Summary)

-

Partner Agency Information

Care Inspectorate (To include any previous concerns, reports and complaints received by them)

Police Scotland (To include any previous concerns, reports and complaints received by them)

NHS GG&C (To include any previous concerns, reports and complaints received by them)

Local Authority Contract Compliance Officer (To include previous concerns, reports and complaints received by them and details of any moratorium)

Any other Agencies relevant to Inquiries (To include any previous concerns, reports and complaints received by them)

Summary of Discussion and Recommendations

As per Section 4.4, need to record decisions why the Large Scale Investigation is not required, ensuring that the summary of discussion and reasoning is provided within the minute.

Agreed Actions

To include how the relevant manager or the care home/care setting service subject to inquiries will be appraised of the situation, and by whom; and whether a media strategy is required, and whether any other statutory notification is required e.g. OPG, MWC, SSSC or NMC

Action	Responsible Officer/Agency	Timescale

Senior Manager, Community Care (Chair) Action

Large Scale Investigation to be initiated:	Yes <input type="checkbox"/> No <input type="checkbox"/>
CSWO request for Moratorium:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Large Scale Investigation Meeting:	
Chair of Large Scale Investigation Meeting:	
Minute Taker of Large Scale Investigation Meeting:	

Name of Chairperson:

Designation of Chair Person:

Signature of Chairperson:

Date signed by Chairperson:

Name of Minute Taker:

Designation of Minute Taker:

Signature of Minute Taker:

Date signed by Minute Taker:

Date Minute Circulated:

Confidentiality

The information in this document is confidential to you. It must not be disclosed to any other person or agency without the written consent of the chairperson.

If you disagree with any aspect of this report you should contact (please specify contact) in writing within 5 working days or this will be accepted as the accurate final minute.

Appendix 7 Consent Form



West Dunbartonshire
Health & Social Care Partnership

Re: Large Scale Investigation of **XXXX**

In terms of the Large Scale Investigation at **XXXX**, we are in the process of completing comprehensive reviews of the clinical and personal care of all residents.

As a component of the standard nursing assessment, we would like to check your/ your relative's skin, including pressure sores.

We are seeking your consent to this assessment. To confirm that you are providing consent to the completion of this assessment, please complete as appropriate:-

Resident	Signature
Resident	Print name
Legal Proxy	Signature
Legal proxy	Print name
Date	

Appendix 8

SBAR

Service	
Author & Job Title	
Date of Incident	
Initial date notified to Service	
Date notified to IOM/GM	
DATIX ID	

Situation	
Background	
Assessment	
Recommendations	

Appendix 9

Impact Assessment

The circumstances leading to a Large Scale Investigation and the investigation itself will have an impact on a number of people and services. This template should be used to record the strategy group's assessment of that impact, and any actions required. It should include any specific support required, for example to a referrer or to staff in the care home, any resource implications for the investigation, and any legal implications. A media strategy should also be completed.

Impact on	Y/N	Nature of Impact	Detail Action required	Who by	Timescale
Residents					
Relatives					
Care Home staff					
Referrer / Whistleblower					
Ongoing provision of service					

Impact on	Y/N	Nature of Impact	Detail Action required	Who by	Timescale
Social work					
Other council departments					
Health professionals					
Police Scotland					
Community					
Other					

Appendix 10

Media Strategy

Any Large Scale Investigation may trigger media attention and preparation for this is useful. In completing this media strategy consideration should be given to agreeing an “if asked” statement with senior managers / Chief Social Work Officers and communications / media officers. Thought might also be required with regards to response (via communications / media officers) to social media issues.

NB Under no circumstances should any member of staff deal with enquiries from the media – all such enquiries should be referred to communications / media officers in statutory agencies

Communication with	Y/N	Who by	Timescale	Agreed statement
CSWO / Head Of Service				
Director				
Chief Nurse				
DCI Police Scotland				

Communication with	Y/N	Who by	Timescale	Agreed statement
Comms Dept Council				
Comms Dept Health				
Comms Dept Police Scotland				
Residents				
Relatives				
Other (Care Inspectorate / MWC / OPG)				
Other Local Authorities				
Care Establishment Organisation/Body				

Appendix 11a Letter To Service User to Notify of a Large Scale Investigation

See documents attached in Appendix 16 for Mail Merge

Address: West Dunbartonshire HSCP
16 Church Street
Dumbarton
G82 1QL

Date: ?????
Direct Line: 01389 737783

Dear Sir/Madam,

Notice of Large Scale Investigation in respect of Service Name

West Dunbartonshire Health and Social Care Partnership (WDHSCP) is aware that you are a resident at **Service Name** in **Location**. We would like to inform you that West Dunbartonshire HSCP has commenced a Large Scale Investigation under Adult Support and Protection protocols in respect of **Service Name**.

In recent weeks some concerns have been identified regarding the provision of care to a number of residents. In light of this information, a decision has been taken by health and social care partners that it is appropriate in the circumstances to initiate an investigation to ensure consistency of care to all residents. **Service Name** is working closely with us and your care and safety is our collective priority.

A Social Worker will be in contact with you to arrange a review of your care needs, which we hope to have completed by **Date**.

Your feedback is a vital part of this process and participation is essential. We would like to make you aware of Lomond and Argyll Advocacy Service, which is an independent advocacy service based at 155 Glasgow Rd, Dumbarton G82 1RH and can be telephoned on 01389726543.

We appreciate this is a complex process and would like to offer you the opportunity to attend an open meeting with **Service Name** Management, West Dunbartonshire HSCP and the Care Inspectorate in **Location** on **Date**.

Yours sincerely

Signature

Name

Head of ????

See documents attached in Appendix 16 for Mail Merge

Address: West Dunbartonshire HSCP
16 Church Street
Dumbarton
G82 1QL

Date: ?????
Direct Line: 01389 737783

Dear Sir/Madam,

Notice of Large Scale Investigation in respect of Service Name

West Dunbartonshire Health and Social Care Partnership (WDHSCP) is aware that your relative «Residents_Name» is a resident at **Service Name** in **Location**. We would like to inform you that West Dunbartonshire HSCP has commenced a Large Scale Investigation under Adult Support and Protection protocols in respect of **Service Name**.

In recent weeks some concerns have been identified regarding the provision of care to a number of residents. In light of this information, a decision has been taken by health and social care partners that it is appropriate in the circumstances to initiate an investigation to ensure consistency of care to all residents. **Service Name** is working closely with us and the care and safety of your relative is our collective priority.

A Social Worker will be in contact with you to arrange a review of your relative's care needs, which we hope to have completed by **Date**.

Your relative's feedback is a vital part of this process and participation is essential. We would like to make you aware of Lomond and Argyll Advocacy Service, which is an independent advocacy service based at 155 Glasgow Rd, Dumbarton G82 1RH and can be telephoned on 01389726543.

We appreciate this is a complex process and would like to offer you the opportunity to attend an open meeting with **Service Name** Management, West Dunbartonshire HSCP and the Care Inspectorate in **Location** on **Date**.

Yours sincerely

Signature

Name
Head of ????

Appendix 12a Letter To Service User to Discuss Outcome

See documents attached in Appendix 16 for Mail Merge

Address: West Dunbartonshire HSCP
16 Church Street
Dumbarton
G82 1QL

Date: ?????
Direct Line: 01389 737783

Dear Sir/ Madam,

Outcome of Large Scale Investigation in respect of Service Name

Further to my letter on **Date**, regarding a Large Scale Investigation under Adult Support and Protection legislation in respect of **Service Name**, I write to thank you for your cooperation in this process.

We committed to provide you with feedback regarding this investigation and accordingly would like to invite you to an open meeting with **Service Name** Management, West Dunbartonshire HSCP and the Care Inspectorate in **Location** on **Date** at **Time**.

Should you prefer to have an individual meeting with HSCP management, I would ask that you make contact with «Council_Officer», Social Worker, on «Contact_Number», and we will make alternative arrangements.

Yours sincerely

Signature

Name
Head of ????

Appendix 12b

Letter To Families to Discuss Outcome

See documents attached in Appendix 16 for Mail Merge

Address: West Dunbartonshire HSCP
16 Church Street
Dumbarton
G82 1QL

Date: ?????
Direct Line: 01389 737783

Dear Sir/ Madam,

Outcome of Large Scale Investigation in respect of Service Name

Further to my letter on **Date**, regarding a Large Scale Investigation under Adult Support and Protection legislation in respect of **Service Name**, I write to thank you for your cooperation in this process.

We committed to provide you with feedback regarding this investigation and accordingly would like to invite you to an open meeting with **Service Name** Management, West Dunbartonshire HSCP and the Care Inspectorate in **Location** on **Date** at **Time**.

Should you prefer to have an individual meeting with HSCP management, I would ask that you make contact with «Council_Officer», Social Worker, on «Contact_Number», and we will make alternative arrangements.

Yours sincerely

Signature

Name
Head of ????

- Catheter Care
- Communication Style
- Dependency Scale
- Is care plan clear & current
- Lap Belt Case Discussion minutes (if applicable)
- Legal Proxy
- Mattress & Seating
- Medication/ MARS
- Methods of transfer (moving & handling)
- Most recent dates with professional contacts
- MUST
- Oral Care
- Personal Living: Space & Condition
- Professional & Family Contacts
- Repositioning Regime (if applicable)
- S47
- Skin Integrity/ Body Mapping
- Slings (size & type) (if applicable)
- SNACPR
- Specialist Seating Assessment
- Speech & Language
- Waterlow
- Weight on Admission v Now

Appendix 14 Chronology: only for LSI. Please ensure that the Chronology is updated on Carefirst.

Name

[illegible]

Appendix 15

Telephone Script

In recent weeks some concerns have been identified regarding the provision of care to a number of residents in _____.

Accordingly we wish to review the care provided to all residents to ensure that we can be assured of the quality of care provided. This is called a Large Scale Investigation and sits within our Adult Support & Protection protocol.

We intend to conduct reviews by _____ and would like to invite you to a review for _____ on _____.

The care home has agreed to a voluntary moratorium and are working closely with us.

Appendix 16

Mail Merge Documents and Data Spreadsheet



WD - LSI - Data
Sheet.xlsx



Letter to Families -
Notice of LSI - Blank.docx



Letter to Families -
To Discuss Outcome.docx