



## FORTH VALLEY ASP LARGE SCALE INVESTIGATION GUIDANCE

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## **1.0 DEFINITION OF LARGE SCALE INVESTIGATION**

A large scale investigation (LSI) is a multi agency response to circumstances where there is concern an adult is at risk of harm and there is the potential that other adults are also experiencing harm or are at risk of harm.

This is relevant to adults living in the community as well as adults who may be receiving services from a registered care provider which may include care homes, day care, hospital or care at home provided by a care provider.

The need for a guidance is referred to in the Adult Support and Protection (Scotland) Acts Code of Practice (2014). That Code states that *“local multi agency adult protection procedures should include a procedure for large-scale Investigations.”*

Further the Code states....*“A large scale investigation may be required where an adult who is a resident of a care home, supported accommodation, a NHS hospital ward or other facility, or receives services in their own home has been referred as at risk of harm and where investigation indicates that the risk of harm could be due to another resident, a member of staff or some failing or deficit in the management regime, or environment of the establishment or service.”*

## **2.0 PURPOSE**

The purpose of this guidance is to:

- ensure that LSI's are carried out consistently by relevant agencies
- to clarify responsibilities for following the guidance amongst partner agencies for overseeing large scale investigations in Forth Valley.
- To offer a framework for an alternative process to holding large numbers of individual ASP investigations and ensure that there is adequate overview / co-ordination where a number of agencies have key roles to play.

## **3.0 SCOPE**

This guidance covers all adults at risk who are at risk of harm as defined by the Adult Support and Protection (Scotland) Act 2007. Such adults may be living in the community, in their own homes or attend or live within regulated care settings such as care homes, day care, hospital, care in a community setting or at home provided by a care provider.

Harm may arise from actions of service users, staff or an unrelated individual.

The guidance may also be applicable to other circumstances where adults at risk are living independently but are linked by a common perpetrator or group of perpetrators.

## **4.0 LEGISLATION**

Adult Support and Protection (Scotland) Act 2007 and Code of Practice

Adults with Incapacity (Scotland) Act 2000

Mental Health (Care and Treatment) (Scotland) Act 2003

Social Work (Scotland) Act 1968

Human Rights Legislation

Regulation of Care (Scotland) Act 2001

Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016

Data Protection Act 1988

Criminal law

## **5.0 RELEVANT AGENCIES**

Clackmannanshire Council

Stirling Council

Falkirk Council

NHS Forth Valley

Police Scotland

The Care Inspectorate

The Mental Welfare Commission for Scotland

Forth Valley Advocacy

## **6.0 INTRODUCTION**

**6.1** The Adult Support & Protection (Scotland) Act, 2007 (The Act) introduces a duty for councils to make inquiries where it is known or believed that an adult may be an adult at risk of harm and that protective action may be required. The Act gives the Council the lead role in such investigations in all settings, including in NHS and care home premises.

**6.2** This guidance has been agreed by Clackmannanshire, Stirling and Falkirk Councils, NHS Forth Valley, Police Scotland and the Care Inspectorate who are the key agencies involved.

**6.3** A large-scale adult protection investigation would be indicated in a situation where a report received about an adult at risk gives rise to concerns that other adults are at risk have or may have been harmed:

- in a care home, hospital or day care or
- in receipt of a service from a particular resource and
- were harmed by the same perpetrator(s) or
- where the nature or degree of harm or neglect raises questions about the standard of care and the possibility of multiple adults at risk of harm

The guidance is also intended to assist where adults at risk are:

- living independently in the community but linked by a common perpetrator or group of perpetrators

**6.4** Such situations will involve a wide range of agencies and possibly individual adult protection inquiries and investigations. It is important that all aspects of the investigation are planned and all agencies and individual professionals are clear about their respective roles and responsibilities.

## **7.0 RECEIVING A REFERRAL AND MAKING INQUIRIES**

**7.1** On receipt of an ASP referral that indicates more than one potential adult may be at risk of harm then this guidance should be considered.

**7.2** In keeping with the Forth Valley Multi Agency ASP Guidance all such referrals must lead to inquiries being made.

**7.3** All reports of an adult at risk of harm will be recorded by the local authority in line with their adult support and protection procedures. The local authority will discharge its duty to inquire. This will include information from every available source potentially including Children and Families Service, Criminal Justice Service (CJS), Domestic Violence Services, the Offender Management Unit (OMU) and the MAPPA Coordinator. This will inform a holistic approach to identifying risks such as risks to children as well as identifying ways to minimise risk, for example if the alleged harmer(s) is known to either the OMU and/or CJS) or similar.

## **8.0 INITIAL REFERAL DISCUSSION**

**8.1** When a report is received about an “adult at risk” and there is a need for a multi agency response the Forth Valley Multi Agency ASP Guidance states an interagency Initial Referral Discussion (IRD) is required to consider how best to investigate the issue.

*Reference : Pages 18 – 20 of the FV ASP Guidance.*

**8.2** When it appears other adult service users may be or have been harmed then the people involved in the IRD must consider whether this LSI guidance should be implemented.

**8.3** When, after consideration, it appears to IRD members that an LSI is potentially required then the Social Work Manager involved should apprise the relevant senior Social Work Manager responsible, the Detective Sergeant of the Public Protection Unit, the Local Authority's Lead Officer/Coordinator for ASP, the relevant NHS Service Manager for the appropriate service and the Care Inspectorate.

**8.4** The Initial Referral Discussion (IRD) will agree an initial action plan which will consider:

- Whether a multi agency Large Scale Investigation is indicated
- Whether any immediate protective action is required should individuals be at risk of imminent harm
- Whether concerns are to be dealt with through a Police-only investigation, a joint Police/Social Work investigation or Social Work-only investigation
- The scope and timing of any other related investigation.

**8.5** All decisions taken at the Initial Referral Discussion will, in line with Forth Valley procedures be recorded by the Police and sent to each agency to be added to their agency record. Reviews of such decisions will continue to be evaluated at the six weekly IRD review meetings.

**8.6** Where it is agreed that the concerns should be dealt with by a Police-only investigation the Detective Sergeant, Adult Protection Unit, will keep all partners informed of progress, where appropriate.

**A police-only investigation will take priority over any other investigation including Adult Support and Protection investigation, Care Inspectorate investigation of a complaint, any internal investigation and/or any disciplinary procedures.**

**This does not generally preclude progression of the LSI however; it may preclude certain facets which are contained within the police investigation. Consultation regarding the specific approach of the LSI should therefore take place with the Senior Investigating Police Officer to negate inadvertently compromising evidence.**

**8.7** Should harm have occurred in a Forth Valley NHS setting the Service Manager (NHS) will liaise with partners as to the timing of an internal investigation in accordance with its policy: *Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff*.

**8.8** If a care agency/provider is involved then discussion must take place with their senior managers about their responsibility to reduce or remove risks to service users while the matter is investigated. This should include discussion about any impending internal investigation to highlight the importance that this does not impact upon any Police or social work investigation.

**8.9** Where the conclusion of an IRD is that a LSI is indicated this must be discussed with the relevant senior manager – in most cases a Service Manager.

**8.10** If the decision of the IRD has been to proceed to the next stage of a Large Scale Investigation and there is to be no police investigation a Social Work Manager will coordinate the investigation. The respective Manager should be identified by the service prior to the Planning Meeting.

## **9.0 MULTI AGENCY LSI PLANNING MEETING**

**9.1** This meeting should normally take place within one working day of the IRD. To maximise participation of relevant professionals the meeting may exceptionally take place within three working days of the IRD.

**9.2** There may be different staff or levels of staff/managers involved in different areas of the Forth Valley area.

**9.3** As a minimum Local Authority, Police and NHS should be represented at the meeting and the Care Inspectorate where appropriate.

**9.4** The (SW) Service Manager (or delegated manager) responsible for Adult Services will convene and chair a multi agency LSI Meeting which will consider two significant issues

- Whether, based on all the information collated at this stage an LSI investigation is required (or not) and
- Where an LSI investigation is needed to proceed to plan that investigation.

**9.5** When the decisions of such a meeting is that an LSI is not required the meeting must be clearly documented, together with the rationale for the decision and also a clear list or plan of how the matters will be dealt with

**9.6** When the meeting concludes that a LSI investigation is required then the LSI Meeting must be considered as an Initial Planning Meeting, so to plan the investigation. For a sample of an Agenda for such a meeting see Appendix “A”.

Considerations must include (list not exhaustive):

- Confirm whether an LSI should be initiated
- Specify the strategic objective/s of the LSI
- Share available information from all key agencies
- Identify the lead officers and managers from each agency
- Identify single points of contact within each agency so that a communications framework is established
- Decide which service users need to be interviewed , by whom, when and where
- Identify and assess risks
- Agree a risk management plan identifying key tasks to be undertaken, ownership and timescales which will include any immediate protective measure for individuals
- Agree a framework and timescales with SMART actions to progress and review the investigation using Core Groups (if appropriate)
- Decide whether to recommend a moratorium on admissions if in a contracted care setting
- Clarify any parallel investigations and roles within each agency and feedback Mechanisms
- Consider the need for any individual Adult Protection Case Conference and/or care management reviews and agree arrangements

**9.7** The Meeting should consider the impact of a LSI. This will include consideration of:

- the ongoing management of the service involved.
- the impact on service users, families and staff,
- how information should be disseminated to service users and families.
- any inquiries already conducted at this time (from social work, health & police)
- information provided by the Care Inspectorate which will include all previous concerns / reports and complaints received by them

**9.8** Areas that should be specifically considered include

- **Communication with service users.** The need for a specific approach to informing and keeping informed those affected by the LSI and (where appropriate/relevant) their families. The benefits of holding “resident/families meetings” should be considered

- **Provision for advocacy.** Service users who are subject of the LSI should be offered Independent Advocacy and be given assistance to gain access to an advocate. It is especially important to involve an Independent Advocate if the adult does not have capacity to agree to a referral and there is no welfare proxy (guardian or attorney) in place. In each case Independent Advocacy involvement in assisting every service user must be individually recorded and should not be undertaken as a matter of course without consent as this may be perceived as a contravention of various statutory rights.
- **Media interest:** Where any media interest is likely the appropriate communication officers from relevant agencies should consider a joint media strategy. The Head of Service and senior managers of strategic partners must be appraised. The Head of Service and/or Chief Social Work Officer should consider whether elected members need to be appraised.
- **Cross Boundary Issues** - Where there are cross boundary issues these must be addressed and responsibilities of the host authority in addition to any responsibilities or actions to be taken by placing authorities must be clear and agreed. The support of the Council's Contracts and Commissioning Service will be necessary.
- **Involvement of other agencies.** 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), and Council Training Standards/Auditors departments.
- **Notifications to other statutory agencies.** Where an LSI 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. The local authority requires to notify the MWC in specific circumstances which are outlined in the document Notifying the Commission, which is available at this link:

[http://www.mwscot.org.uk/media/100310/notifying\\_the\\_commission\\_nov\\_2013.pdf](http://www.mwscot.org.uk/media/100310/notifying_the_commission_nov_2013.pdf)

The OPG has produced a document entitled: Information for social workers on the investigation process, available at the OPG website on this link: <http://www.publicguardian-scotland.gov.uk/home>

#### 9.9 Decisions to be taken by the meeting include:

- Where applicable, parallel processes for criminal investigation/disciplinary investigation should be agreed. It remains the council's duty to co-ordinate the adult protection process.
- Whether because of the seriousness of the concerns suspension of admissions/referrals is recommended pending the findings of the investigation (where the local authority has commissioned the service this will be referred to the Head of Service and/or Chief Social Work Officer for a decision)
- Whether all residents/care recipients need to be reviewed, the level and type of review and the professionals who need to be involved.
- Whether further planning meetings are required given the complexity of the investigation and potential timescale for completion

- if applicable the time and venue for a Large Scale Investigation Meeting which will consider the findings of the investigation
- Any wider public protection concerns

**9.10** The meeting will be minuted and a copy of the action plan will be circulated to all participants (and relevant others) within five working days and the full minute will be sent within ten working days. These should then provide the basis for any subsequent investigation and further multi agency meetings.

## **10.0 INVESTIGATION**

**10.1** Each area must decide who has ultimate responsibility for the management and coordination of any LSI.

**10.2** Where there is no ongoing criminal investigation, Council Officers will be identified to conduct the investigation. It may be necessary for more staff to be involved in the investigation depending on the size and complexity of the task. They will identify a Lead Investigating Council Officer who will be responsible for writing the report required for the Large Scale Investigation Report.

**10.3** The coordinating manager will identify key tasks to be undertaken, the staff who will undertake these tasks, and agree timescales for completion. This will include any immediate protective measures for individuals (where not already addressed).

**10.4** Service users suspected of being harmed must be offered Independent Advocacy and be given assistance to gain access to an advocate. It is especially important to involve an Independent Advocate if the adult does not have capacity to agree to a referral and there is no welfare proxy (Guardian or Power of Attorney) in place.

**10.5** If harm relates to an NHS setting the NHS Service Manager should refer to the policy document: *Managing Allegations of Abuse of a Patient made against NHS Forth Valley Staff*

**10.6** Police and/or Social Work investigations take priority over disciplinary proceedings. Police and/or Social Work should be consulted prior to undertaking such proceedings so as not to interfere with an investigation.

**10.7** Agreement should be reached between the SW Service Manager and the Link Inspector from the Care Inspectorate in respect to the roles and responsibilities of all staff undertaking investigations in registered services.

**10.8** The Care Inspectorate will contribute to the LSI investigation as agreed with all other parties and may also assist the LSI through the deployment of specialists where appropriate.

**10.9** Investigations into reports of adults at risk of harm will be conducted in line with existing Forth Valley procedures.

**10.10** The coordinating manager will decide whether, at any stage in the investigation, there is a need for any individual adult protection Case Conferences for adults considered to be at particular risk, and what sensitive information should or should not be considered at individual Case Conferences.

**10.11** Once investigations have been completed and any immediate risks have been addressed, then outstanding concerns should be discussed with the ASP Lead Officer/Team Manager.

**10.12** A report will be prepared by the Lead Investigating Council Officer for the Large Scale Investigation Review Meeting with findings from the investigation. This will be countersigned prior to the LSI by the (SW) Service Manager. See Appendix "C" which is an example of a report structure

**10.13** Where applicable the Detective Sergeant, Adult Protection Unit, will consider the preparation of a report for the multi agency Large Scale Investigation Review Meeting

## **11.0 MULTI AGENCY LARGE SCALE INVESTIGATION MEETING**

**11.1** A multi agency large scale investigation (LSI) meeting should be convened on completion of the investigation. This will be chaired by a SW Service Manager or delegated manager. For continuity, and if possible, this should be the same SW Manager who chaired the first LSI Meeting .

**11.2** The Chair will identify the key professionals 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 be considered for invitation:

- ASP Lead Officer/Team Manager
- Adult Support and Protection Coordinator
- Council's Communications Officer
- NHS Lead, Forth Valley APC
- Relevant Service Manager NHS Forth Valley
- Detective Sergeant, Adult Protection Unit
- Inspector Manager, Care Inspectorate
- Council Contracts Officer
- Team Managers who are responsible for service users placed or funded within any service concerned
- Service Manager of care service subject to investigation
- the investigating Council Officers
- Independent Advocate(s)
- Council Solicitor
- Relevant staff from Criminal Justice and/or Children and Families services
- Relevant staff from the Offender Management Unit and/or MAPPa service

**11.3** The LSI Review Meeting will consider the findings as set out below:

- The Lead Investigating Council Officer will present the investigation report to the meeting and the conclusions and recommendations contained therein.
- Whilst it may not be possible to divulge the detail of any police investigation, any information out with this requirement which supports decision making to protect adults at risk should be shared by the police.

**11.4** Decisions will be reached at this meeting as to what further action is required.

The following considerations/outcomes can include:

- Whether the LSI requires to continue or if, based on all the information collated, this can be de-escalated and responded to in a different way/manner
- If risks remain, the creation of an Action Plan to address these concerns and monitoring arrangements will be agreed.
- The agencies responsible for the review of the Action Plan. This might include some/all of the following agencies: Social Work Service, Contracts and Commissioning, the Care Inspectorate and/or NHS staff
- Setting up of a core group to monitor the Action Plan. The Core Group Chair will be determined by the Chair of the LSI meeting. The Core Group will report to any subsequent LSI meetings.
- Need for individual ASP Case Conferences to address specific risks to individual adults
- Duty to notify any other statutory bodies (e.g. MWC, SSSC, NMC etc)
- Progress and timing of any internal disciplinary processes
- Future inspections (where applicable) by Care Inspectorate
- Future unplanned reviews (where applicable) by Social Work Service

**11.5** Consideration should be given to review any moratorium on admissions (where the local authority has commissioned the service this will be referred to the Head of Service for a decision).

**11.6** Consideration should be given as to how other local authorities should be informed of outstanding concerns and/or improvements in this care setting.

**11.7** Agreement should be reached as to how information should be disseminated to service users and families

**11.8** The LSI meeting will agree a further review meeting date if a Large Scale Investigation Action Plan is necessary.

**11.9** The LSI meeting will be minuted and circulated to all agencies within 5 working days of the meeting. The following will be informed of the outcome:

- Head of Service, Adult Care
- Chief Officer of the Health and Social Care Partnership
- The Chief Executive of NHS Forth Valley if harm has occurred in an NHS setting

**11.10** Where appropriate the following may also be advised of the outcome:

- The Independent Chair of Forth Valley Adult Support and Protection Committee
- The Mental Welfare Commission
- Health Improvement Scotland

## **12.0 CONCLUSION/CLOSURE**

**12.1** A LSI should not be ended or closed unless all reports have been subject to a Large Scale Investigation Review Meeting and decision made that no further action is required.

**12.2** When the risks have been addressed through the action plan and risk has been reduced or eliminated the Chair will endorse the decision of the LSI meeting to end adult protection activity and any action under this guidance

**12.3** It might be the case that further support or review of the issues will be necessary but this is not required under this LSI Guidance. If that is the case then clear agreement should be reached how such support/review is to be carried out and by whom



**LARGE SCALE INVESTIGATIONS**

**POSSIBLE STRUCTURE TO INVESTIGATION STAGE**

**Phase 1**

*Single Points of Contact within Agencies to be identified*

*Consultation to be made with Advocacy Services who have to be involved as appropriate pending consent by service users or POA/Guardian*

*List of service users together with any special needs to be determined.*

*List of current staff to be identified*

*List of previous staff involved with home within last six months to be identified*

*Existing allocated workers to be identified.*

*Social work officers enquiry team to be identified*

*Administration process to be devised with consideration of use of shared drive, collation of SMART actions to control progress of investigation*

**Phase 2**

*Social work enquiry team allocated service users they will be responsible for investigation*

*Social workers to review service users records, then corresponding care plans.*

*Council Officers to interview allocated service users. Pre-determined and bespoke interview plan to be developed for each person tailored to capacity and circumstances*

*APC Coordinator will assist with interview plans*

*(if appropriate) Next of kin to be advised of process prior to interview of service users*

**Phase 3**

*Staff to be interviewed by Council officers.*

*Bespoke interview plan to be identified for each staff member*

*Managers to be interviewed*

*Bespoke interview plan to be identified for each manager*

**Phase 4**

*Investigation report to be prepared for Service Manager SWD*

*Improvement plan to be devised*

*LSI Investigation Meeting to be held involving at least the same agencies involved at outset*

*Report to be shared with APC*

## LARGE SCALE INVESTIGATION REPORT

**Date Commenced**

**Date Completed**

**Name of Organisation**

**Manager**

**Introduction** *(what is the background to the writing of this report)*

**Service Users** *(record all service users who have been the focus of the investigation)*

Name	ID number

**Presenting Concerns** *(how and from whom was the LSI issues first referred and what was the outcome of initial actions such as inquiries and IRD decisions)*

**Analysis of ASP Concerns** *(what was alleged and what was the initial analysis of this)*

**Methodology** *(how the LSI was conducted should be recorded here. It is suggested that structuring this part of the report in line with the four "phases" suggested in the protocol might be an effective way of showing the chronology and the process of the investigation)*

**Findings:** *(what were the findings of all of the information collated, the accumulative findings of interviews with service users, with other professionals etc). In particular you might want to consider seven main*

issues/headings to structure your findings – such as Management; Staff and staffing issues; Care Concerns; Practice; Staff attitude and behaviour; Training/Induction and Adult Protection reporting:

**Recommendations:** (in light of the findings and conclusions of the investigation what do you recommend in terms of what action is needed in the future, by whom and when)

**ANY OTHER AREAS/INFORMATION/COMMENTS**

**Action Plan (if required) completed:**

**Date:**

**Responsible Person:**

**Signature:..... (Social Worker)**

**Date:**

**Signature:..... (Team Leader)**

**Date:**

**Signature: ..... (Service Manager)**

**Date:**