



Falkirk  
Health and Social Care  
Partnership

# Adult Support and Protection in Care Homes

## Information Pack for Care Home Practitioners



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# Introduction

This information pack has been developed by the Falkirk Early Indicators of Concern Group which is made up of local Health and Social Care practitioners, Scottish Care, The Care Inspectorate and Falkirk Council's Commissioning Team.

The focus of the Early Indicators of Concern Group is to provide a preventative and proactive approach to identifying early indicators of concerns (EIOC) in care settings for supported people. The overarching aim is to work collaboratively to prevent harm in the longer term.

Through our work we recognise that having supporting care home practitioners to have access to clear and concise information is key to prevention of, recognition of and reporting of harm in care settings.

We hope that this information pack will act as a guide and reference tool for care home practitioners and become an essential part of induction for new practitioners.

We have consulted with care home managers in developing the pack to ensure it is meeting the needs of the workforce. We will continue to work together to keep developing this tool.

The Early Indicators of Concern Group will keep the pack current, useful and a support for care home practitioners and in turn supported people in care settings.

# Adult Support and Protection

Who is an adult at risk?

The Adult Support and Protection (Scotland) Act 2007 outlines the following three criteria for an 'adult at risk', this is commonly referred to as the '**three-point test**'. The test includes a person who is aged 16 and over and:

- 1** they are unable to safeguard their own well-being, property, rights or other interests
- 2** they are at risk of harm
- 3** because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.

## Important to note

You can access local training which will support you to learn more about this test and how to apply it in practice - ask your manager or you can find this on the Forth Valley Practitioner Pages [here](#).

# Definition of Harm

To meet the second point of the three-point test the adult must be assessed as being at risk of harm. An adult could be at risk of harm if:

- another person's conduct is causing (or is likely to cause) the adult harm or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Adults can be at risk of harm in various settings be it in their own home or in the wider community. They also may be being placed at risk of harm through inappropriate arrangements for their care in a range of social or health care settings.

Perpetrators of harm can include family and friends, informal and formal carers, fellow service users in supportive settings, fraudsters and members of the public.

Some examples of harmful conduct:

- conduct which causes physical harm
- conduct which causes psychological harm (for example by causing fear, alarm or distress)
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion)
- conduct which causes self-harm.

The list is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these. The harm can be accidental or intentional, as a result of self-neglect or neglect by a carer or caused by self-harm and/or attempted suicide.

# ASP Reporting and the Threshold Matrix

As a practitioner working with adults you have a responsibility to be clear on the local ASP arrangements in your area and in particular those relevant to your level of the ASP workforce. As a care home practitioner you are a member of the 'Specific Contact Workforce'.

*The specific contact workforce is defined as those who: carry out direct work with adults, and specifically adults at risk and their families and carers; and / or form more in-depth relationships with them; and / or provide specific services to them.*

It is useful to remember that you align with the specific contact workforce as we outline all the ASP training according to workforce levels, this will help you identify the best courses to suit your needs.

We have developed a supportive tool for the recognition and reporting of ASP referrals in care home settings. We developed the **THRESHOLD MATRIX – GUIDANCE FOR ASSISTING CARE HOME PRACTITIONERS TO MAKE ADULT SUPPORT AND PROTECTION (ASP) REFERRALS**, this is commonly known as the 'Threshold Matrix'.

This was updated in 2021 and includes new revisions and considerations as our practice has developed and we have learned more about the types of harm that can occur in supported settings.

A copy of the matrix is below, you may wish to print this off and have it available in staff areas to allow good accessibility and application.



## THRESHOLD MATRIX – GUIDANCE FOR ASSISTING THOSE WORKING IN SUPPORTIVE SETTINGS TO MAKE ADULT SUPPORT AND PROTECTION (ASP) REFERRALS

### **Introduction**

This guidance is to support providers and those working in supportive settings to make consistent decisions about the reporting of issues arising within their service. The objective is to guide managers and senior staff on what incidents should be referred to the Local Authority under Adult Support and Protection (ASP) procedures and which matters they can deal with internally while also notifying others of their actions.

This **Threshold Matrix** sets out broad descriptions of harmful behaviours in terms of the level of risk they pose to the adult. The level of risk determines the level of reporting and response. As a general rule, incident types categorised as presenting a lower risk to service users can be dealt with by the provider and/or local authority care manager and reported to the Care Inspectorate and Council's Contracts and Commissioning service. Where the concern continues and/or the level of risk is raised then a referral must be made to Adult Social Work Services under Adult Support and Protection procedures (using the AP1 Form).

Regardless of how they are responded to, all incidents must be properly logged by providers and always reported to the Care Inspectorate, relatives and relevant professionals. The emphasis is always on taking action, including preventative action to reduce or remove harm and decrease the possibility that harm will occur again. In situations where a provider is unsure about what action to take they must contact the Adult Social Work Service for advice and guidance.

The Threshold Matrix defines issues into two sections – one (described as “lower level risk”) where managers can take the decision that they will respond internally and notify external agencies and relations within the timescales set for such reporting. These are marked in **yellow** below.

Secondly (described as “ongoing and/or higher risk”) those which requires the provider to follow Adult Support and Protection procedures and make a referral to the Adult Social Work Service in line with those procedures. These are marked in **red**.

Level of intervention	Lower Level Risk	Ongoing and/or Higher Risk
<b>Intervene via</b>	Internal processes (managerial intervention/ supervision of staff/training/disciplinary action etc) Care Management processes/Care Home Assurance and Review Team (CHART)	Adult Support and Protection Procedures <i>If there have been past concerns, always ensure the Adult Social Work Service are advised of all previous incidents. Repeat concerns may lead to the adult being regarded at the Higher Risk level.</i>
<b>Refer to</b>	Social Work Care Manager, Care Inspectorate, Contracts and Commissioning Service. Advise relatives/attorneys/guardians and other professionals as appropriate.	WEST LOCALITY - <a href="mailto:westlocality.swk@falkirk.gov.uk">westlocality.swk@falkirk.gov.uk</a> EAST LOCALITY - <a href="mailto:eastlocality.swk@falkirk.gov.uk">eastlocality.swk@falkirk.gov.uk</a> CENTRAL LOCALITY - <a href="mailto:centrallocality.swk@falkirk.gov.uk">centrallocality.swk@falkirk.gov.uk</a> If in doubt please use <a href="mailto:asp@falkirk.gov.uk">asp@falkirk.gov.uk</a> Out of Office Hours – Emergency Duty Team (EDT) – 01786 470500

Type of Harm	Lower Level Risk – the examples provided are in no way exhaustive	Ongoing and/or Higher Risk – the examples provided are in no way exhaustive
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Minor incident which meets incident reporting criteria (specific to each setting)</li> <li>• Isolated and/or minor resident to resident incident</li> <li>• Staff error - causing no harm</li> <li>• light marking found on one occasion of unknown cause</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrence of incidents</li> <li>• Recurrence or repeat incidents between residents</li> <li>• Staff errors causing harm to adult</li> <li>• markings on a repeat basis of unknown/unreported cause</li> <li>• Incidents involving injury that leads to hospital admission</li> <li>• Physical behaviour, by staff member, that causes any injury to adult</li> <li>• Inappropriate restraint resulting in any injury or harm to adult</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs</li> <li>• Recognition of poor medication dispensing and storage practices</li> </ul>	<ul style="list-style-type: none"> <li>• Recurring errors (missed/wrong dose) or errors that cause harm to adult</li> <li>• Errors that cause harm to more than one service user</li> <li>• Deliberate maladministration of medication (including staff theft or misuse of medication for own purpose)</li> </ul>
<b>Sexual</b>	<ul style="list-style-type: none"> <li>• Sexualised attention (verbal or touching) between service users, on one occasion, not causing distress</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual attention (of any nature) causing distress</li> <li>• Sexual behaviour that is unwanted</li> <li>• Any sexual behaviour (of any nature) between member of staff and adult</li> <li>• Power imbalance clear and observed between involved adults</li> <li>• Concerns about ability to consent</li> </ul>
<b>Psychological</b>	<ul style="list-style-type: none"> <li>• Adult is spoken to in a rude or other inappropriate way on one occasion</li> <li>• Adult not having choice in the short term in relation to care delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Adult spoken to in rude or other inappropriate way on more than one occasion</li> <li>• Denying or failing to respect adults choices or opinions</li> <li>• Any form of demeaning, hurtful or otherwise inappropriate language or behaviour by staff member to adult</li> <li>• Evidence of coercive control by a professional/informal visitor/resident</li> </ul>



<b>Financial</b>	<ul style="list-style-type: none"> <li>Financial transactions are not recorded or managed in a safe or proper way</li> <li>Adult not involved in financial decisions when they can and wish to be</li> <li>Delay's in accessing personal allowances (staff member, relative, POA etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Adult denied access to own funds or possessions</li> <li>Misuse/misappropriation of funds by any person in a position of trust (staff member, relative, POA etc)</li> <li>Fraud and scams</li> <li>Financial harm using digital media platforms</li> </ul>
<b>Neglect (including self-neglect)</b>	<ul style="list-style-type: none"> <li>Inadequacies in care, causing no significant harm</li> <li>Adult not assisted with meal, drink or personal care – no harm occurs</li> <li>Adult not taking meal, drink or personal care – no harm occurs</li> <li>Short term failure to recognise and seek treatment for health condition – no harm occurs</li> </ul>	<ul style="list-style-type: none"> <li>Repeat inadequacies or missed care</li> <li>Adult not assisted with care – harm occurs</li> <li>Adult not taking care – harm occurs or might occur</li> <li>Repeat pattern of missed visits</li> <li>Ongoing deficiencies in care or follow up on healthcare needs which impacts upon health and wellbeing</li> <li>Failure to follow agreed or necessary protocols to prevent harm to health and wellbeing</li> </ul>
<b>Self-harm</b>	<ul style="list-style-type: none"> <li>Adult experiencing distress and/or self-harm on one occasion and appropriate intervention and care planning provided</li> <li>Use of substances to self soothe on one or short term basis</li> <li>Short term self-isolation – no harm occurs</li> <li>Adult placing themselves in risky situations – intervention and care planning takes place</li> </ul>	<ul style="list-style-type: none"> <li>Repeat incidences of distress and self-harm</li> <li>Ongoing substance misuse and distress where the adult is harmed or likely to be harmed</li> <li>Adult leaving supported setting unsupervised and at risk in this context</li> <li>Longer term self-isolation which is impacting on health and wellbeing</li> <li>Repeated incidences of the adult placing themselves in risky situations</li> </ul>
<b>Discriminatory</b>	<ul style="list-style-type: none"> <li>Care fails to take account of impact of adults protected characteristics (Equalities Act 2010)</li> <li>Comments/attitudes on one occasion related to protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>Recurring failure to take account of impact of adults protected characteristics</li> <li>Refusal of access to essential services</li> <li>Harassment on an ongoing or regular basis</li> <li>Denial of human rights and civil liberties</li> <li>Ongoing hostility or harassment over digital platforms including telephone calls, text message and social media platforms</li> </ul>

<b>Institutional</b>	<ul style="list-style-type: none"> <li>• Denial of individuality/opportunity to make decisions about own life in the short term</li> <li>• Lack of stimulation/opportunities to engage in social activities in the short term</li> <li>• Poor, ill-informed or dated care practice – no significant harm</li> <li>• Early indicators of concern that are identified using this framework and discussion and action taken at Step 1 and 2 of guidance</li> <li>• Whistleblowing within a care setting which is low level and response given internally</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to support adult to access health or care treatments</li> <li>• Poor practice not being reported</li> <li>• Poor practice not being monitored and reviewed</li> <li>• Repeated rigid and/or inflexible regimes, causing harm to adult(s)</li> <li>• Capacity for addressing poor care is limited</li> <li>• Sustained poor care practices</li> <li>• Adult at ongoing risk of harm or likely harm and no recognition and reporting of this</li> </ul>
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## How to make an adult protection referral

On the next page you will find a copy of the ASP referral form used in Falkirk. This is commonly referred to as an 'AP1'. It is important that Adult Social Work Services Teams receive the AP1 as close after the harm or alleged harm as reasonably practicable and within one working day.



# FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP

## Multi Agency Adult Protection Referral Form - AP1 Form

FOR USE BY ALL AGENCIES & CARE PROVIDERS (EXCEPT POLICE and FIRE AND RESCUE)

**WEST LOCALITY** - [westlocality.swk@falkirk.gov.uk](mailto:westlocality.swk@falkirk.gov.uk)

**EAST LOCALITY** - [eastlocality.swk@falkirk.gov.uk](mailto:eastlocality.swk@falkirk.gov.uk)

**CENTRAL LOCALITY** - [centrallocality.swk@falkirk.gov.uk](mailto:centrallocality.swk@falkirk.gov.uk)

**If in doubt please use** [asp@falkirk.gov.uk](mailto:asp@falkirk.gov.uk)

### ADULT AT RISK DETAILS (please PRINT details)

NAME		DOB	
HOME ADDRESS		CURRENT WHEREABOUTS	
POSTCODE		POSTCODE	
TEL NO:		TEL NO:	
GENDER		ETHNICITY	
COMMUNICATION NEEDS (please provide details including communication aids and specify first language if not English)			
GP NAME / ADDRESS			

### REFERRER DETAILS (please PRINT details)

NAME		DESIGNATION	
AGENCY		DIRECT DIAL TEL NO:	
EMAIL ADDRESS			
RELATIONSHIP TO ADULT			
SIGNATURE			
DATE			

### REASON FOR ASP REFERRAL (please PRINT details)

GIVE DETAILS OF HARM (suspected/witnessed/disclosed).	
PROVIDE DATE(S) (dates/times of any specific incidents)	
PROTECTIVE ACTIONS (actions you/others have taken to protect adult).	

PREVIOUS CONCERNS (any past concerns about adults safety)	
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### DETAILS OF CONCERN

1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS?  (If <b>no</b> , please state reason)	
2) IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if <b>yes</b> , please state reason)	
3) IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (that affects their ability to protect themselves) (if <b>yes</b> , please specify)	

### IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED? HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.)

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HAVE YOU (OR ANY OTHER PERSON) TOLD THE ADULT THAT THIS INFORMATION WILL BE PASSED TO THE SOCIAL WORK SERVICE OR OTHER RELEVANT AGENCIES	
--	--

YES / NO (delete as appropriate) If <b>NO</b> please state reasons
--

### DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details)

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

### DETAILS OF MAIN CARER / RELATIVE / POA / GUARDIAN (please PRINT details)

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

### DATE AND TIME RECEIVED:

DATE:		TIME:	
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# Resident to Resident Harm in Supported Settings

Through our study of ASP referrals we are aware that currently, resident to resident harm is the most common type of harm reported in Falkirk. Even with this higher level of reporting national research tells us that there can be under reporting of harm between residents due to some of this harm being normalised or viewed as inevitable or predictable. Risk factors for resident to resident harm have been found to be both **environmental** and linked to **care practices**. Resident characteristics are also an important consideration. The table below outlines these and provides a tool for you to think about and plan what interventions or steps you can take to reduce this type of harm.

## Overview of risk factors for resident-to-resident harm

<b>Resident characteristics</b>	<b>Environmental and care characteristics</b>
Residents with significant cognitive impairments such as dementia and mental illness	Inadequate number of staff
Residents with behaviour symptoms related to dementia or other cognitive impairment that may be disruptive to others (e.g. yelling, repetitive behaviours, calling for help, entering others' rooms)	Lack of staff training about individualised care in order to support residents' needs, capabilities and rights (e.g. resident-centred care, harm prevention, care for those with limited capacity, dementia and mental health needs)
Residents with a history of aggressive behaviour and/or negative interactions with others	High number of residents with dementia
	Lack of meaningful activities and engagement
	Crowded common areas (e.g. too many residents in one room, equipment/obstacles in common areas)
	Excessive noise

## Prevention of and interventions for resident to resident harm

The measures to prevent resident to resident harm (RRH), to a large extent have been found to be the same as those which prevent staff to resident harm, including; professional training, development of person-centred care practices, and the use of a multidisciplinary approach.

The table below outlines steps you can take to collectively prevent and reduce harm.

### Recommendations to prevent and reduce resident to resident harm

Environmental considerations	Care practices
Clear common areas of clutter, reduce noise and overcrowding	Develop comprehensive care plans. Provide individualised, resident-centred care and implement best practices for supporting residents with behavioural symptoms related to cognitive impairment
Provide areas for supervised, unrestricted, safe movement	Staff training (including training on person-centred care, dementia and mental illness) and internal policies regarding how to prevent, recognise, respond, report and document RRH
Identify environmental influences on behaviour and adjust accordingly (e.g. temperature, lighting)	Identify residents with risk factors for RRH, and a history of RRH, and develop care plan to address their needs and monitor closely
Promote meaningful activities and opportunities for engagement for all residents based on individual needs, interests and abilities	Identify root causes of behavioural symptoms and reduce or eliminate those causes (e.g. pain, boredom, loneliness)
	Implement consistent staffing duties so staff and residents are more comfortable with each other and staff are more familiar with resident needs and changes in behaviour
	Ensure adequate staffing levels in order to meet resident needs and provide supervision

## Early Indicators of Concern

Visiting staff to care homes in Falkirk are trained to adopt our Early Indicators of Concern Framework.

The purpose of this framework is to assist care home practitioners to identify 'low level' indicators of concern which may, if unresolved, affect the safety and wellbeing of supported people in care home settings.

## 6 Key Themes

1. Concerns about management, leadership, and organisation.
2. Concerns about staff skills, knowledge, and practice.
3. Concerns about the behaviours, Interactions and wellbeing of Residents.
4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of openness.
5. Concerns about the way services are planned and the delivery of commissioned support.
6. Concerns about the quality of basic care and the environment.

Examples of these key themes are given in the table on the next page. If a visiting professional is telling you about concerns they have observed they will be following this framework and trying to support your service to prevent harm occurring. Visiting staff are trained to adopt a 'stepped approach' whereby they :

**Step 1** – 'Tell Someone'

**Step 2** – 'Escalate'

**Step 3** – 'Report and Share Information'

Visiting staff are trained to only progress through the steps if the concerns have not been responded to or are of a more serious nature. We encourage care home practitioner attendance at our training, please look out for EIOC training on our [ASP Training Calendar](#)

# Early Indicators of Concern Framework

<b>1. Concerns about Management, Leadership and Organisation</b> <ul style="list-style-type: none"> <li>• There is a lack of leadership by managers, for example, managers do not make decisions, set priorities, or ensure staff are supported to complete their task successfully.</li> <li>• The service/home is not being managed in a planned way but reacts to problems or crises.</li> <li>• Managers appear unaware of serious problems in the service.</li> <li>• The manager is new and doesn't appear to understand what the service is set up to do.</li> <li>• A responsible manager is not apparent or available within the service.</li> <li>• There is a high turnover of staff or shortage of staff.</li> <li>• The manager does not inform Social Work that they are unable to meet the needs of specific individuals.</li> </ul>	<b>2. Concerns about Staff Skills, Knowledge and Practice</b> <ul style="list-style-type: none"> <li>• Staff appear to lack the information, skills, and knowledge to support people with specific needs e.g. dementia, profound and multiple disabilities, mental health, etc.</li> <li>• Staff appear challenged by some individual's behaviour and do not know how to support them effectively.</li> <li>• Members of staff use negative or judgmental language when talking about individuals.</li> <li>• Record keeping by staff is poor.</li> <li>• Communication across the staff team is poor.</li> </ul>
<b>3. Behaviour, interaction, and well-being of Residents – One or more of the residents:</b> <ul style="list-style-type: none"> <li>• Show signs of injury through lack of care or attention.</li> <li>• Appear frightened or show signs of fear.</li> <li>• Behaviours have changed.</li> <li>• Moods or psychological presentations have changed.</li> <li>• Behaviours potentially put themselves or others at risk.</li> </ul>	<b>4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of open-ness</b> <ul style="list-style-type: none"> <li>• Managers/staff do not respond to advice or guidance from practitioners and families who visit the service.</li> <li>• The service is not reporting concerns or serious incidents to families, external practitioners, or agencies.</li> <li>• Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families.</li> </ul>
<b>5. Concerns about the way services are planned and the delivery of commissioned support</b> <ul style="list-style-type: none"> <li>• There is a lack of clarity about the purpose and nature of the service.</li> <li>• The service is accepting individuals whose needs they appear unable to meet.</li> <li>• Individuals' needs as identified in assessments, care plans or risk assessments are not being met.</li> <li>• The layout of the building does not easily allow individuals to be supervised and adequately supported to socialise and engage safely with others.</li> <li>• Agreed staffing levels are not being provided.</li> <li>• Staff do not carry out actions recommended by external professionals.</li> <li>• The service is "unsuitable", but no better option is available.</li> <li>• The collective needs of individuals/service user group appear to be incompatible.</li> </ul>	<b>6. Concerns about the quality of basic care and the environment</b> <ul style="list-style-type: none"> <li>• The service is not providing a safe environment</li> <li>• There is a lack of activities or social opportunities for individuals.</li> <li>• Individuals do not have as much money as would be expected.</li> <li>• Equipment is not being used or is being used incorrectly.</li> <li>• The home is dirty and shows signs of poor hygiene.</li> <li>• There is a lack of care of personal possessions.</li> <li>• Support for the individuals to maintain personal hygiene is poor.</li> <li>• Essential records are not kept effectively.</li> <li>• Individuals' dignity is not being promoted and supported.</li> </ul>



# Large Scale Investigations

We have a Large Scale Investigation (LSI) Protocol across Forth Valley.

A LSI is a multi-agency response to circumstances where a report is received about an adult/s at risk of being harmed and there is potential that other adults are also experiencing harm or are at risk of harm.

This is particularly relevant to adults in a registered care settings which may include care homes, day care, hospital or care at home provided by a care provider. The three core agencies in ASP most likely to be carrying out investigations are the local authority, NHS and Police Scotland.

When the need for an LSI is recognised it is important we work together cooperatively and collaboratively to ensure that the adults currently at risk of harm are safe and protected and to reduce the risk of future harm to other adults.

A LSI taking place in a registered care setting does not automatically indicate that the setting is providing weak or poor care or not managed properly. The investigation seeks to look into the concerns that have been reported.

Where the LSI finds that harm has occurred and there is a need for prompt action based on the findings it vitally important that we work together to realise these improvements to ensure that adults at risk of harm are safe and protected.

It is important that any agreed improvement plans are well known and acted upon at every level of the service so that improvements are sustained and owned by every member of staff.

## Whistleblowing in care settings

We have outlined our Early Indicators of Concerns Framework as a way that visiting staff can raise concerns to and about a care service. Whilst you can use the framework internally, which we encourage, or do some self-evaluation against the 6 key themes it is important to have clear avenues for staff working in supported settings to raise concerns internally and be empowered in doing so.

Whistleblowing is important as a way of shining a light on concerns. It helps a workplace to be open, transparent and accountable, to be able to learn from events, prevent future concerns and therefore protect the residents in their care.

Ways you can do this is by ensuring that your whistleblowing policy is fit for purpose, reviewed at agreed intervals and that your staff group know how to use it.

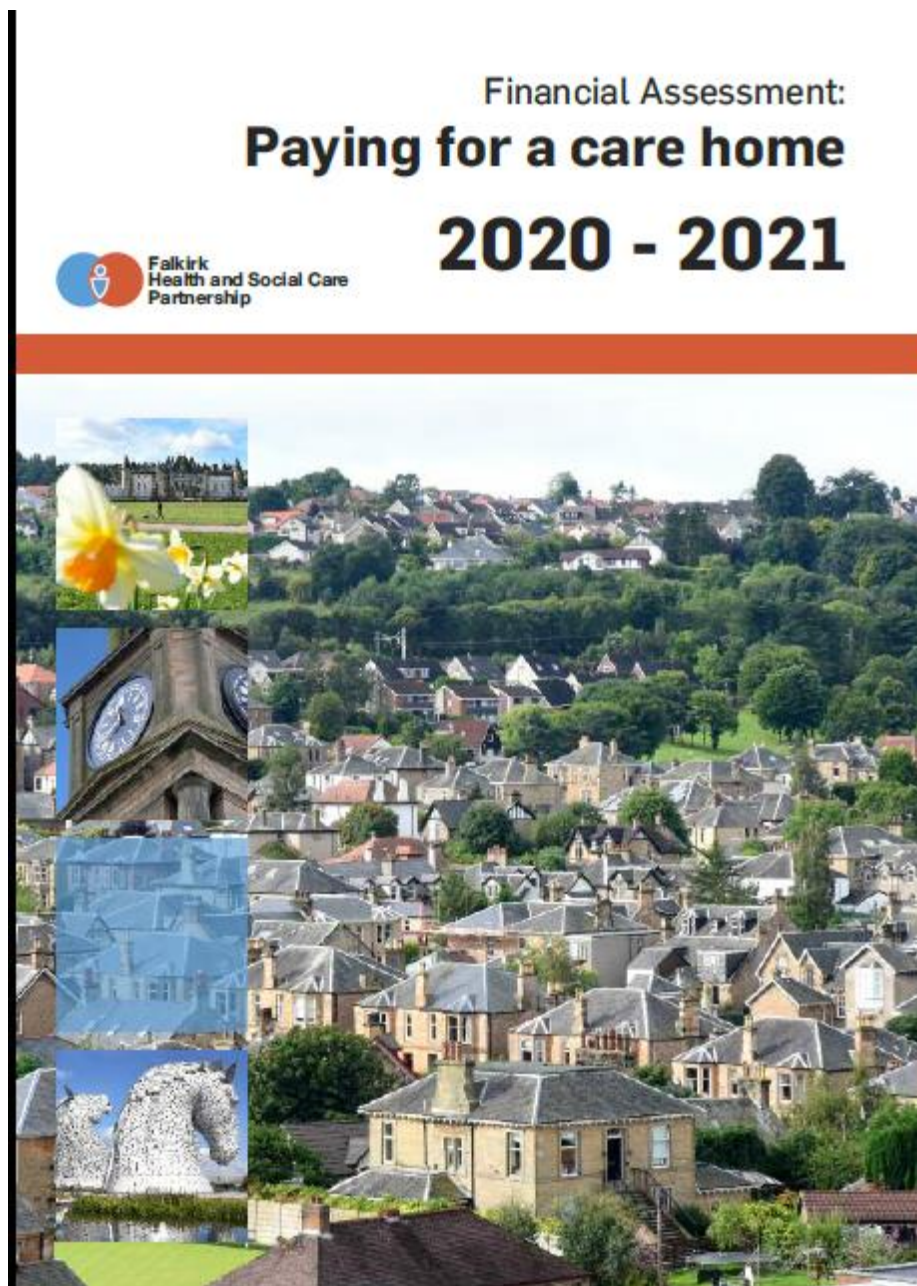
You can also get free advice through [Protect](#) the whistleblowing charity.

A good whistleblowing culture in your supported setting will reduce any ongoing or unreported harm to adults who are less able to protect themselves.

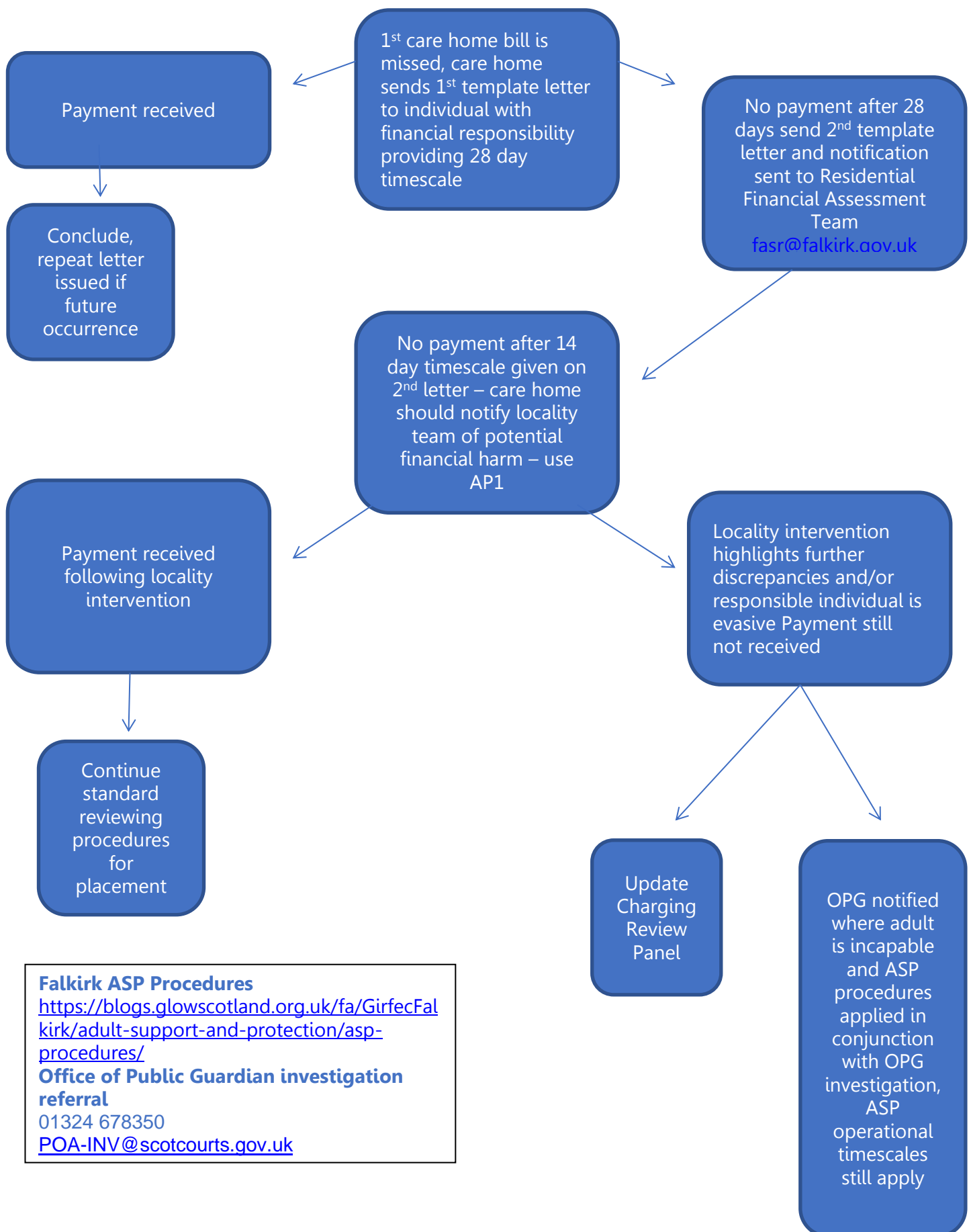
It will also make your staff feel empowered, supported and valued.

## Prevention of financial harm in supportive settings

Another common type of harm which can occur to people in supported settings is financial harm. We have updated our information for adults and their financial representatives as we know that clear and concise information can reduce unintentional financial harm or discourage those intentionally thinking about or continuing it. You can find this booklet on our [website](#) . On the following 3 pages you will also find a flowchart and template letters to assist you to promptly respond to and report financial harm or likely financial harm in the context of missed care home fees.



## PROCESS GUIDANCE FOR MANAGING NON-PAYMENT OF CARE HOME FEES



### Falkirk ASP Procedures

<https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/adult-support-and-protection/asp-procedures/>

**Office of Public Guardian investigation referral**

01324 678350

[POA-INV@scotcourts.gov.uk](mailto:POA-INV@scotcourts.gov.uk)

## Sample 1<sup>st</sup> missed payment letter

Enquiries to:  
Direct Dial: 01324  
Date:

Address1  
Address2  
Address3  
Address4  
Address5

Dear

### **Missed Payment of Care Home Fees**

I am writing to you as we have been advised by our finance department that a payment has been missed for Mr/Mrs/Ms ...care home fees.

Can I ask that you arrange payment within 28 days of receipt of this letter. If you have already arranged payment please ignore this correspondence.

If you are experiencing any difficulty with the management of Mr/Mrs/Ms finances to allow payment of care home fees please get in touch with me to let me know more about this so we can offer support at an early stage.

Kind regards

.....

## Sample 2<sup>nd</sup> missed payment letter

Enquiries to:  
Direct Dial: 01324  
Date:

Address1  
Address2  
Address3  
Address4  
Address5

Dear

### **Missed Payment of Care Home Fees 2<sup>nd</sup> Reminder**

I am writing to you as we have been advised by our finance department that the missed payment for Mr/Mrs/Ms ...care home fees that we wrote to you about has not been paid within the 28 day timeframe advised.

We have also not received any other communication from you letting us know of any difficulties you may be experiencing with the management of Mr/Mrs/Ms .... Finances.

We would like to ask that you make payment within 14 days of receipt of this letter. If you have already arranged payment please ignore this correspondence.

Should there continue to be difficulties with the payment for Mr/Mrs/Ms ...care home fees we are obliged by contract to make a referral to Falkirk Council for them to inquire and investigate further linked to possible financial harm under The Adult Support and Protection (Scotland) Act 2007. You can find out more about Adult Support and Protection on the Council Website.

Kind regards

.....

# ASP Training for care home practitioners

All of our Adult Support and Protection Training and linked training is available to review and enrol online on the Practitioner Pages [here](#). Just click the Falkirk ASP Training Calendar link. Remember to look out for the courses for the ‘**specific contact workforce**’ however you are not restricted to these if you feel another course meets your learning and development needs. The courses most closely linked to those working in supportive settings include:

- Caring with Respect Training for Care Homes

[Read our course outline and enrol here](#)

- Early Indicators of Concern Level 2

[Read our course outline and enrol here](#)

Health and Social Care Teams also provide bespoke training on request from supported settings. A list of local teams is detailed at the end of this pack for you to contact and collaborate with.

A new ‘train the trainer’ course will be available to your service in late 2021/early 2022. This course is designed to support you to identify ‘ASP Champions’ in your service who will then be able to provide this training to your staff internally with continued support from our adult support and protection learning and development team and lead officers.

# The role and benefit of an 'ASP Champion'

Care home managers and senior managers hold overall responsibility for adults at risk of harm in supportive settings however having an ASP Champion has a range of benefits to supporting you with this including:



EXPERTISE



LEADERSHIP AND  
ACCOUNTABILITY



A CHAMPION FOR  
GOOD PRACTICE



COORDINATION  
AND OVERSIGHT

## What does the role involve?

### Helping

- Helping to develop good practices, a safe culture, and ensuring policy and procedure is followed

### Responding

- Responding to concerns and disclosures, giving advice and support to other staff or volunteers and keeping accurate records

### Managing

- Managing referrals and working with other agencies and organisations as needed

### Raising

- Raising awareness amongst staff and volunteers, and coordinating the delivery of appropriate training

## Implementing an ASP Plan in your service

Having and supporting an 'ASP Champion' should form part of an ASP plan in your service. The 'ASP champion' will play a key role in developing your care home's approach to support and protection. This might be a single document, but should involve other key people and be reviewed and supported by senior staff and managers.

Below is some of things to consider in your ASP Plan to get you started. We hope that this pack will also assist you in developing your plan.



# Adult Support and Protection Plan

Think about



Policy and Procedure



Awareness and Prevention



Staff and Volunteer Training



Reporting and Responses



Time and Resources

Another important think to consider integrating into your plan is how you will foster a positive culture, achieving good support and protection practice and a safe culture is complex, and resistance is not uncommon. Consider:

## Bringing

Bringing people along with you on the journey and rationale for change?

## Giving

Giving clarity about how adult support and protection sits with wider values?

## Addressing

Addressing feelings of mistrust and judgement?

## Tackling

Tackling practical barriers (e.g., understanding, IT access)

## Giving

Giving a clear imperative and directive for change?

# Teams – who are we?

## Falkirk Adult Protection Committee (APC)

APC has a multiagency membership reflecting that we all have important roles to play in supporting and protecting adults. Adult Protection partners include the local authority, Police Scotland, NHS Forth Valley, The Scottish Ambulance Service, The Scottish Fire and Rescue Service, The Department of Work and Pensions, Housing, The Care Inspectorate and representatives from the Third and Independent Sector. Collectively we have a range of duties linked to what is happening in Falkirk to safeguard adults. These include reviewing adult protection practices, improving co-operation, improving skills and knowledge, providing information and advice and promoting good communication.

Contact: [gemma.ritchie@falkirk.gov.uk](mailto:gemma.ritchie@falkirk.gov.uk)

## Adult Social Work Service Teams

The teams below have responsibility for the assessment and care management of residents of Falkirk care homes where placements were arranged by them. They also have responsibility for receiving, reviewing and responding to all adult support and protection concerns.

West Locality Team:- [westlocality.swk@falkirk.gov.uk](mailto:westlocality.swk@falkirk.gov.uk)

(Denny and Banknock, Bonnybridge and Carse, Kinnaird and Tryst)

Central Locality Team:- [centrallocality.swk@falkirk.gov.uk](mailto:centrallocality.swk@falkirk.gov.uk)

(Falkirk North, Falkirk South and Lower Braes)

East Locality Team:- [eastlocality.swk@falkirk.gov.uk](mailto:eastlocality.swk@falkirk.gov.uk)

(Bo'ness and Blackness, Grangemouth and Upper Braes)

Learning Disability Team:- [FLDT@falkirk.gov.uk](mailto:FLDT@falkirk.gov.uk)

Mental Health Team:- [woodlandssw@falkirk.gov.uk](mailto:woodlandssw@falkirk.gov.uk)

## Care Home Assurance and Review Team - (CHART)

The CHART team consists of social workers and social care officers who work collaboratively with colleagues in Falkirk Health and Social Care Partnership (HSCP) including Procurement and Commissioning, Health, Independent sector, Scottish Care and Care Inspectorate with aim of providing support and assurance with regard to the care provided to people in care homes. ASP legislation and Early indicators of Concern framework is paramount in all of the teams interventions, to ensure the protection and support of people in care homes. The team maintain regular contact with care homes and participate in joint assurance visits with health colleagues as part of their support and assurance role. In order to meet Statutory responsibilities defined in the National Care Home Contract timely reviews of residents funded by the HSCP are also undertaken.

**Contact:** Team Manager – [gina.anderson@falkirk.gov.uk](mailto:gina.anderson@falkirk.gov.uk) or [CHART@falkirk.gov.uk](mailto:CHART@falkirk.gov.uk)

## The Contracts and Commissioning Team

The Contracts and Commissioning Team provide expert guidance on the procurement of care and support services for social care, strategic commissioning and contract management. The team's remit covers the full commissioning cycle from procuring and commissioning services, to contract management (including monitoring and risk rating local care provision in order to work together to drive up standards). This includes writing contracts; ensuring the relevant contract documentation is in place and compliant; negotiating and agreeing rates; and supporting teams, other local authorities, governing bodies and suppliers with procurement, contract and rate related enquiries. The role of this team is to ensure services are delivered in a safe, equitable, fair and compliant way to ensure clients receive the best service while remaining best value to the Council and HSCP.

### **Contacts:**

Procurement Advisor (Care Homes for Older People) [sarah.mckenna@falkirk.gov.uk](mailto:sarah.mckenna@falkirk.gov.uk)

Procurement Advisor (Care Homes for Adults) [nicola.Morrison@falkirk.gov.uk](mailto:nicola.Morrison@falkirk.gov.uk)

## Mental Health Team for Care Homes (older adult)

The care home liaison service provide psychiatric support and care for people in care home with mental health needs. Working closely with care home staff to offer support and to provide them with education and training so that staff can fully understand the needs of the people they care for. The service will complete full assessments and follow up reviews with all to understand specific needs and to build a holistic plan of care to be implemented with the person's consent or liaison with family members/legal guardians.

### **Contacts:**

CMHT (OA) team secretary - 01324 673808

Angela Kane - Team Leader (psychiatry) 01324 673806 mob - 07977942357

Allyson Leishman - Care home liaison specialist nurse (psychiatry) 01324 673804 mob - 07810630300

Kerryanne Neish - Care Home Liaison charge nurse (psychiatry) 01324 673695 mob - 07971037400

## Independent Sector Lead – Scottish Care

The primary role of the Independent Sector Lead is to facilitate positive relationships between the local Health and Social Care Partnership and local providers, to promote and advocate for Independent sector service provision, to enable collaboration between all providers and statutory partners and to foster and encourage good practice within the sector.

**Contact:** [margaret.mcgowan@scottishcare.org](mailto:margaret.mcgowan@scottishcare.org)

## Core Cancer and Palliative Care Team

Macmillan Cancer and Palliative Care Facilitator - providing support and education to community teams and care homes.

**Contact:** Falkirk Community Hospital, Admin Building, Westburn Avenue, Falkirk FK1 5SU  
01324 616026

## Clinical Chart

In April 2020 a decision was taken to co-ordinate the clinical needs required for care homes in Forth Valley and therefore the clinical CHART team was formed. The aim was to prevent any delays in assessments and treatments by veering from the traditional healthcare processes which incorporate multiple GP practices and various clinicians. A dedicated Team was developed initially with medical and nursing resources however by July 2020 the service became an Advanced Nurse Practitioner led service. During both waves, seven days a week, the clinical CHART team visited some of the sickest people who were affected by COVID-19 symptoms and kept anxious families updated. The team were involved in making difficult decisions about whether residents required admission to hospital or interventions and prescriptions within the home. They also provided palliative and end of life medicines for those dying from the effects of the virus. Care homes and GP services valued the input of the clinical CHART team. The board have agreed to continue to support a CHART team until March 2022 however the benefits of the service to care homes would suggest consideration of a permanent resource.

## Outreach Team

The Clinical Outreach Team are a dedicated nursing resource, developed to support the care of residents in care homes during Covid-19 outbreak. This team of highly skilled registered and unregistered NHS nurses, work alongside care home staff to support delivery of fundamental care, offer education and advice in regards to fundamental care, Infection Protection Control, end of life as well as signposting specialist services that are also available to support the care of residents.

## Infection Prevention & Control Team

The IPCT plays an important role in creating and maintaining a safe environment for patients, residents, visitors and staff by advising on the prevention, surveillance, investigation and control of infection within Forth Valley.

The team can be contacted on 01324 567490 or email  
[fv.infectioncontrolcarehomes@nhs.scot](mailto:fv.infectioncontrolcarehomes@nhs.scot)