JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

QUALITY INDICATOR FRAMEWORK

PURPOSE

The purpose of our quality illustrations is to provide a supporting narrative that underpins our methodology for our joint inspection of adult support and protection. This is not a framework for reporting. We provide a rationale for the elements of adult support and protection our inspection methodology is designed to scrutinise. We say what constitutes very good adult support and protection practice, and what constitutes weak practice. These quality illustrations are couched in self-evaluation terminology.

QI 1

Key processes:

How good are our policies, procedures, and practice? This includes initial investigation, investigation of adult protection concerns, screening, referral handling for effective initial response to secure safety of adult at risk of harm. And full investigation of adult protection concerns intimated to the partners? How effective and collaborative are our actions to secure the safety, protection, and support for adults at risk of harm? Are all our adult support and protection activities carried out in line with the National Health and Social Care Standards? Are all our staff appropriately trained in adult support and protection?

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.1	1.1. There is decisive and consistent operational management of adult support and protection cases within our partnership. Operational managers make sure there is integrated collaborative working by social work, police, health, and other partners – such as the third sector – to keep adults at risk of harm safe, protected and supported. Adult support and protection work is underpinned by the National Health and Social Care Standards. All partnership staff (including specialist staff) are appropriately trained and supported in adult support and protection.	1.1.1 There is decisive and consistently good collaborative operational delivery and management of all adult support and protection processes, within our partnership. Adult support and protection work is informed by the National Health and Social Care Standards. 1.1.2 We have a comprehensive up-to-date suite of procedures and guidance in place covering adult support and protection key processes. Our adult support and protection procedures are widely available within and outwith the adult protection partnership (public availability) We can evidence that staff from across the key agencies are familiar with and follow the procedures and guidance.	1.1.1 Operational managers sometimes do not give fitting priority to adult support and protection work. Operational decision making and management of adult support and protection varies across our partnership: • *from operational manager to operational manager* • *from team to team* • *from locality to locality* • *from one partner to another partner.* Aspects of adult support and protection work are not in line with the National Health and Social Care Standards. 1.1.2 There are significant gaps in our procedures and guidance covering adult support and protection key processes. Not all are up to date. And some staff from across the agencies are not familiar with some of the relevant procedures and guidance. Our adult support and protection procedures are not widely available to partnership staff, or publicly available.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.1		1.1.3 All partnership staff are appropriately trained and supported in adult support and protection. They know what to do if they suspect an adult is at risk of harm. Specialist staff – council officers and concern hub staff – are appropriately trained and supported to carry out their roles.	1.1.3 Significant numbers of partnership staff are not appropriately trained and supported in adult support and protection. They would not know what to do if they suspect an adult is at risk of harm. Specialist staff – council officers and concern hub staff – are not appropriately trained and supported to carry out their specialist roles.
1.2	1.2. We have a valid system for prompt, accurate screening of all adult protection concerns intimated to our partnership. The three-point test is correctly and consistently applied.	1.2.1 We have a valid and well-understood system for prompt, accurate screening of all adult protection concerns intimated to our partnership. The three-point test is correctly and consistently applied. We specifically record the application of the three-point test consistently. This includes recording the rationale for why the three-point test is met or not met.	1.2.1 There is no clear, consistent system across our partnership for the effective screening of intimated adult protection concerns. This leads to variation and inconsistency in the practice of the screening of adult support and protection referrals. There is considerable variation across our partnership in the application of the three-point test. And recurrently our partnership does not apply the three-point test correctly. Our partnership does not specifically record the application of the three-point test consistently. We incorrectly apply the three-point test to exclude adult protection referrals that clearly should proceed to the investigation stage.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.3	1.3 We share information (electronic and non-electronic) about adults at risk of harm effectively and timeously. Robust protocols are in place.	1.3.1 Within our partnership, there is effective and prompt electronic and non-electronic information sharing by all adult support and protection partners about adults at risk of harm. Our staff are very clear about correct information sharing practice for adult protection. Justification for information sharing and decision-making processes are fully recorded. 1.3.2 Information sharing about adults at risk of harm is underpinned by clear protocols and arrangements in place for the sharing of information between all key agencies in respect of adult risks of harm. We act promptly in response to information they receive. These protocols and arrangements include how feedback is provided to referring agencies and the expectations on staff and agencies to share information and to contribute to IRDs (Initial Referral Discussions).	1.3.1 Information sharing within our partnership is highly variable, inconsistent, and recurrently delayed. Partnership staff are not always clear about the requirements for sharing information about adults at risk of harm. And consequentially, there are deficits in overall information sharing about adult protection. Additionally, there are instances where our partners failure to share information resulted in detriment or severe detriment to the adult at risk of harm. Recurrently, the justification for information sharing and the decision- making processes are not fully recorded. 1.3.2 There is a lack of clear protocols and arrangements in place for information sharing about adults at risk of harm. This is reflected in instances of adult support and protection referrals not being made when they should have been, and of the screening of adult support and protection referrals carried out with only partial information. Recurrently, our partners do not act promptly in response to information received. We do not routinely give feedback to referring agencies.

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1.4	1.4. We carry out prompt and cohesive multi-agency inquiries into adult protection concerns – including adult protection concerns related to regulated services - which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm.	1.4.1 We carry out all key adult protection processes timeously. We carry out prompt and cohesive multi-agency inquiries into adult protection concerns – including adult protection concerns related to regulated services - which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm are considered.	1.4.1 There are often delays in our execution of key adult protection processes. We often delay carrying out inquiries about intimated adult protection concerns. This has the potential for serious adverse impact on adults at risk of harm. Sometimes initial inquiries are not competently carried out. This includes inquiries about adult protection concerns related to regulated services. Adults at risk of harm might remain unsafe and unprotected.
1.5	1.5. We carry out competent, prompt, multi-agency, in-depth investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded.	1.5.1 We carry out competent, prompt, multi-agency, in-depth full investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded. And the rationale for key decisions is recorded. Clear arrangements – which are widely understood by staff – are in place for multi-agency consideration of the findings from our adult protection investigations.	1.5.1 Full investigations of adult protection concerns can: • *be subject to delays* • *not involve all the relevant partners* • *lack rigour and competency in respect of how they are carried out* • *not identify what needs to be done to ensure that the adult at risk of harm is safe and protected* • *lack multi-agency consideration of the investigation findings* • *be sparsely or inaccurately recorded* • *be subject to unacceptable delays in the recording of adult support and protection investigations.* • *not record the rationale for key decisions.*

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.6	1.6. We prepare detailed risk assessments and risk management plans - including chronologies - for adults at risk of harm, who require them.	1.6.1 We prepare detailed risk assessments and risk management plans - including chronologies - for adults at risk of harm, who require them. Chronologies are up to date, focus on key life events and the implications of these on risk. Risk assessments, risk management plans, and chronologies are consistently shared among all our adult protection partners. 1.6.2 We have clear frameworks in place for chronologies, risk assessments and risk management plans, which staff are fully aware of and which are used consistently. 1.6.3 Our approach to the management of risk is commensurate with the principle of risk empowerment, whereby practitioners successfully balance supporting individuals to take appropriate risks, with their professional duty of care to keep people safe.	1.6.1 Risk assessments risk management plans and chronologies for adults at risk of harm can: *be absent* • *be not fit for purpose* • *be sparse and lacking in the required details, precision, and specificity* • *be not shared consistently among the adult protection partners* • *be not up to date* • *not address significant domains of risk* • *not take account of significant changes in the circumstances of the adult at risk of harm* • *not properly identify the actions needed to eliminate, minimise, and mitigate risks.* 1.6.2 Policies and procedures (frameworks) for completion of chronologies, risk assessments, and risk management plans are: • *absent* • *not up to date* • *not fit for purpose* • *not referred to by staff* • *not rigorously followed by staff* • *not adequately reflective of the multi-agency imperatives of adult protection* • *too complex, which makes full compliance by staff difficult.* 1.6.3 Our approach to the management of risk is incompatible with risk empowerment. Practitioners may discourage individuals from taking life-enhancing risks.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.7	1.7 We conduct large-scale investigations (LSI) competently, commensurate with the national code of practice. These exercises ensure the adults currently at risk of harm are safe and protected and diminish the risk of future harm to individuals.	1.7.1 We carry out coherent, competent, multi-agency large-scale investigations (LSI) when this is called for. Our LSI are well resourced and carried out in line with the Scottish Government code of practice. Care Inspectorate staff are involved in LSI where there is an element that involves regulated services. Healthcare Improvement Scotland staff are involved if appropriate. Commissioning staff are effectively involved in LSI. We take robust, prompt action based on the findings of the LSI – if required - to ensure that adults at risk of harm are safe and protected. 1.7.2 We prepare competent, comprehensive, and insightful written reports of LSI, and disseminate them within our partnership. 1.7.3 We share the learning from LSI and use this to inform improvement activity.	1.7.1 We do not always carry out an LSI when this course of action is called for. When they are carried out, LSI lack the necessary multi-agency involvement, and might be inadequately resourced. In some instances, our partnership does not involve Care Inspectorate staff in LSI. Commissioning staff are not involved in LSI. Our actions after the completion of the LSI are insufficiently forceful and purposeful, with potentially harmful impact on some adults at risk of harm. 1.7.2 Our written reports of LSI lack detail and cogent analysis. 1.7.3 Learning from LSI is not shared appropriately. We do not bring about required improvement activity following LSI.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.8	1.8. We correctly convene multi-agency case conferences for adults at risk of harm. These effectively determine what needs to be done to secure the individuals' ongoing safety and other positive personal outcomes. Adults at risk of harm and their unpaid carers are invited and supported to attend. Other statutory agencies are consulted and involved when necessary.	1.8.1 We correctly convene multi-agency case conferences for adults at risk of harm, which are well attended by partner organisations. These effectively determine what needs to be done to secure the individuals' ongoing safety and other positive personal outcomes. Adults at risk of harm and their unpaid carers (if appropriate) are timeously invited and supported to attend and fully participate in the deliberations of the case conference. Adult protection case conferences are always quorate. Local authority, health, police, and other partners attend when invited. All relevant partners contribute to meaningful discussion at case conferences, so that case conferences make informed decisions that make adults at risk of harm safe, protected and supported. 1.8.2 We consult and involve other statutory agencies, such as the Office of the Public Guardian and the Mental Welfare Commission, when necessary.	1.8.1 There is considerable practice variation in our convening of adult support and protection case conferences. We convene a disproportionately low or high number of adult support and protection case conferences. And we find it difficult to adequately account for this disparity. It is relatively common for some of our adult support and protection partners to not attend adult protection case conferences. Recurrently, adult protection case conferences do not identify, and specify in writing, the robust actions required to keep the adult at risk of harm safe, protected, and supported, going forward. This might have serious adverse consequences for the adult at risk of harm. Perpetrators might continue unhindered to harm the adult. Attendance of adults at risk of harm and their carers (if appropriate) at case conferences is very variable, and the support our partnership affords to them is sporadic. 1.8.2 Recurrently, our partnership does not involve other statutory agencies when appropriate.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.9	**1.9.** Independent advocacy is offered to adults at risk of harm and is available if they want it. Staff are fully aware of the role of independent advocacy.	1.9.1 Staff across agencies are fully aware and supportive of the important role of advocacy. We offer independent advocacy to adults at risk of harm and it is available if they want it (*in line with section 6 of the Adult Support and Protection (S) Act 2007)*. Advocacy services help and support adults at risk of harm to articulate their views, make these views known to adult protection partners, and ensure the adult's views are taken into account.	**1.9.1** There is limited awareness amongst our staff, across agencies, of the role of advocacy. Adults at risk of harm are not routinely made aware of and/or offered independent advocacy. If this service is offered and accepted, it is sometimes not delivered for the adult at risk of harm. Thus, our partnership inconsistently discharges its duty (under section 6 of the Adult Support and Protection (S) Act 2007)) to consider advocacy for adults at risk of harm. Advocacy services do not always help adults at risk of harm to fully articulate their views, or they do not make sure that our partnership takes the individuals' views into account.
1.10	**1.10.** We make prompt, effective use of statutory powers to protect adults at risk of harm, pursuant to all of the relevant legislation.	**1.10.1** Staff across agencies, especially council officers, have a sound awareness of the relevant statutory powers. We make prompt, effective use of statutory powers to protect adults at risk of harm and exert prohibitions on perpetrators. pursuant to: • *The Adult Support and Protection (S) Act 2007.* • *The Adults with Incapacity (S) Act 2000.* • *The Mental Health Care and Treatment (S) Act 2003 & Mental Health (S) Act 2015* **1.10.2** We ensure, where harm to the individual and the individual's capacity are linked, we carry out a competent, timely assessment of the individual's capacity.	**1.10.1** There is limited staff awareness, including amongst social work staff, of the relevant statutory powers. In a number of instances our partnership does not seek, or appears reluctant to seek, the necessary statutory powers to protect the adult at risk of harm. We recurrently delay utilising the statutory powers available to protect adults at risk of harm and disrupt the nefarious actions of perpetrators. **1.10.2** We recurrently do not ensure, where harm to the individual and the individual's capacity are linked, that we carry out a competent, timely assessment of the individual's capacity. We sometimes make erroneous assumptions about an individual's capacity or lack of capacity.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.11	1.11. We carry out regular adult protection reviews for adults at risk of harm. Reviews are timeously convened if there are significant changes of circumstances.	1.11.1 Regular adult protection reviews (which are different from care reviews) are carried out for adults at risk of harm. Reviews are timeously convened if there are significant changes of circumstances. Staff from other agencies feel confident about requesting a review if they think there has been a significant change in circumstances. Local authority, police and health staff attend reviews of adults at risk of harm when required. Review meetings are integrated and quorate. Thereby review meetings make informed and effective decisions to keep adults at risk of harm safe protected and supported.	1.11.1 Adult protection reviews (which differ from care reviews) can be: • *absent* • *subject to unacceptable delay* • *not multi-disciplinary* • *not convened in response to significant changes circumstances.* Staff from other agencies feel uncertain about requesting a review if there are significant changes in circumstances. Review meetings for adults at risk of harm are often inquorate and do not reflect an integrated approach to keeping adults at risk of harm safe, protected, and supported. Required staff from the local authority, police and health often do not attend review meetings, thereby diminishing the effectiveness of these meetings.

QI 2

Leadership:

How good are our leadership and governance? Do our leaders create an ethos of integrated and collaborative working for adult support and protection?

No Illustration	Quality indicator	What very good looks like	What weak looks like
2.1	2.1. Our strategic leaders' model, support, and develop good, partnership working. Strategic leaders support an integrated approach by social work, police health and other partners, such as the third sector, to keep adults at risk of harm safe, protected, and supported.	2.1.1 Our strategic leaders consistently model, support, and develop good, partnership working. Leaders from the key statutory partners (the local authority, Police Scotland, and the NHS Board have a shared commitment to providing visible and effective leadership on adult support and protection. 2.1.2 Operational frontline and management staff, who carry out adult protection work, are confident of the support and leadership for adult support and protection afforded by strategic leaders.	2.1.1 Effective, cohesive strategic leadership for adult support and protection is intermittent within our partnership. A shared commitment from leaders from the key statutory partners (the local authority, Police Scotland, and the NHS Board) to providing visible and effective leadership on adult support and protection is not always evident. 2.1.2 Operational frontline and management staff, who carry out adult protection work, consider that there is insufficient leadership and support for adult support and protection.

No Illustration	Quality indicator	What very good looks like	What weak looks like
2.2	2.2. Our leaders ensure there is a clearly articulated vision and an integrated, cohesive strategy for adult support and protection within our partnership.	2.2.1 Our leaders ensure there are a clearly articulated vision and an integrated, cohesive strategy for adult support and protection within our partnership and that they are confident of staff understanding of this. Our staff are clear that the vision and strategy informs their work.	2.2.1 Staff who are directly involved in adult protection work from across our partnership, and staff peripherally involved, are unaware of our vision, and associated sense of direction for adult support and protection.
2.3	2.3 Our leaders ensure the delivery of robust, competent, integrated, and effective adult protection practices.	2.3.1 Our leaders ensure the delivery of robust, competent, effective, and integrated adult protection practices by all staff. Our leaders exercise effective governance over all aspects of adult support and protection.	2.3.1 Lack of leadership for adult support and protection is manifested in adult protection practice across our partnership that is: • not integrated and collaborative • variable and inconsistent • not given enough priority • characterised by a failure to protect and support adults at risk of harm • characterised by deficient multi-disciplinary working. The governance exercised by our leaders for adult s protection is sporadic and inconsistent.

No Illustration	Quality indicator	What very good looks like	What weak looks like
2.4	2.4. Our leaders ensure sound quality assurance and audit processes are extant within our partnership. We carry out periodical self-evaluations of adult support and protection. And deliver improvements identified. Leaders value and take account of the views of adults at risk of harm and their carers to influence policy and planning.	2.4.1 Our leaders ensure sound quality assurance and audit processes are extant within our partnership. We carry out periodical self-evaluations of adult support and protection, and deliver improvements identified. We regularly carry out effective multi-agency audits of the records for adults at risk of harm. These audits scrutinise social work, police, and health records. We use the results of these audits to determine areas for improvement and then put cohesive improvement activity in place. 2.4.2 Our leaders make sure that the views of adults at risk of harm and their unpaid carers are integral to adult protection policy formulation and planning.	2.4.1 We rarely or never carry out audits of the records of individuals' subject to its adult protection procedures. If our partnership does carry out any of the foregoing activities, they are not carried out with enough rigour, and competence. Areas for improvement are either not identified, and if they are, actions are not taken to deliver the necessary improvement. 2.4.2 Adult protection policy formulation and planning activity often occurs in the absence of the views of adults at risk of harm and their unpaid carers.