JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Scottish Borders Partnership October 2022

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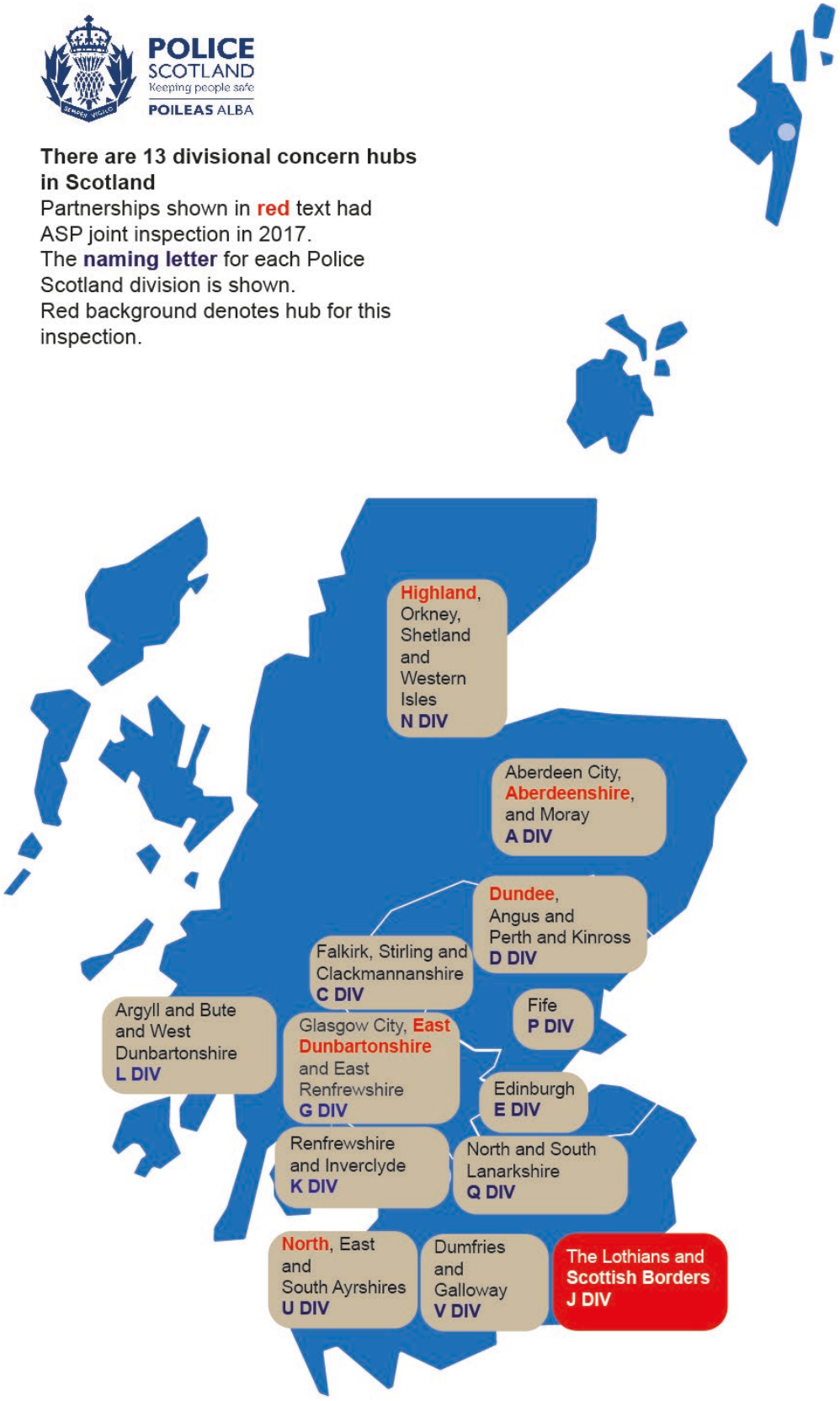
Map showing divisional concern hubs



Joint inspection of adult support and protection in the Scottish Borders partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these 26 inspections and the previous inspection work we undertook in 2017-2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the Scottish Borders partnership area were safe, protected and supported.

The joint inspection of the Scottish Borders partnership took place between June and October. We scrutinised the records of adults at risk of harm for a two-year period, June 2020 to June 2022. The Scottish Borders partnership and all others across Scotland faced the unprecedented and ongoing challenges of recovery and remobilisation as a result of the Covid-19 pandemic. We appreciate the Scottish Borders partnership's co-operation and support for the joint inspection of adult support and protection at this difficult time.

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

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1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1.__Definition_of_adult_protection_partnership.pdf

2 https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

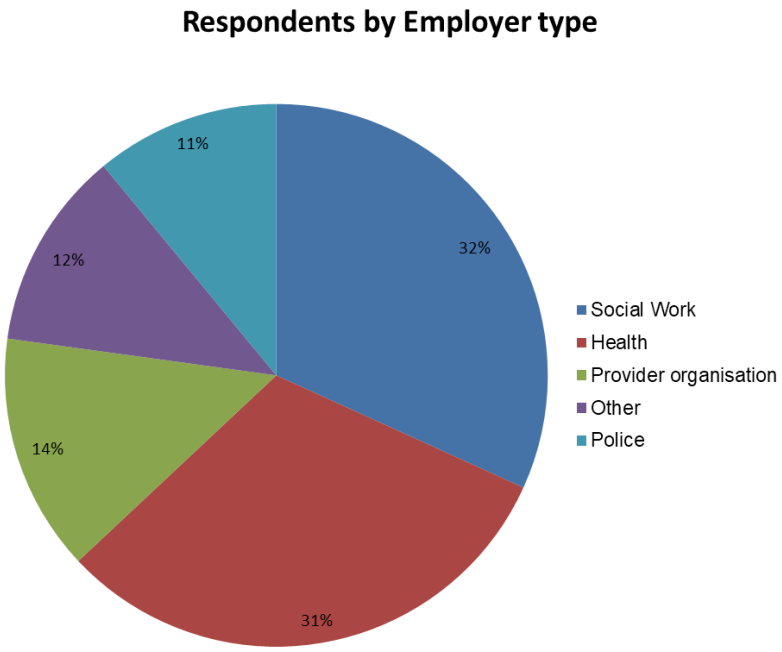
- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Three hundred and forty-six staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

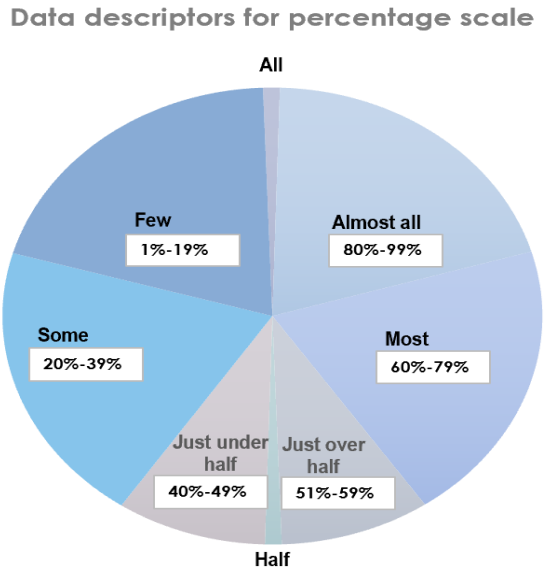


The scrutiny of social work records of adults at risk of harm. This involved the records of 40 adults at risk of harm who did not progress beyond adult support and protection inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage.

Staff focus groups. We carried out two focus groups and met with 24 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Improved outcomes for adults at risk of harm were achieved through the provision of effective adult support and protection practice by knowledgeable, competent, and confident staff.

- Interagency referral discussions supported highly effective multi-agency collaboration. This was a result of staff working well together, supported by clear guidance and appropriate templates.

- Adult protection officers delivered valuable frontline quality assurance of key processes and pivotal support to council officers and team leaders.

- The quality and implementation of risk assessment, and risk management was highly effective. This was supported by excellent templates, clear guidance, and collaborative working.

- Strategic leadership for adult support and protection was highly effective and underpinned by a clear vision including the 'think family' approach. Leadership was collaborative, cohesive and decisive.

- The multi-agency whole system approach to the continuous review and improvement of adult support and protection work was impressive and effective. It was well planned and methodical.

- Multi-agency quality assurance was highly effective, targeted and meaningful. It was based on relevant performance indicators.

Priority areas for improvement

- Recording of the three-point criteria at the initial inquiry stage needed to improve. The template was recently changed to promote this. Progress should be monitored.

- The partnership should improve the involvement of adults at risk of harm in their case conferences.

- The involvement of adults at risk of harm and their unpaid carers at a strategic level should remain an active goal for the partnership.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries into the circumstances of an adult at risk of harm were highly effective and robust in all cases.
- Clear procedures and cohesive systems enabled well-trained and skilled staff to effectively support adults at risk of harm throughout adult support and protection processes.
- Early and collaborative interagency referral discussions contributed to positive outcomes for adults at risk of harm. Discussions were focussed, productive and included appropriate professional challenge.
- The approach to adult support and protection process timescales was person-centred meaning that interventions for adults at risk of harm were timely and based on their needs.
- Adult support and protection investigations were thorough, multi-agency informed and well documented. This was enabled by effective electronic platforms, processes, and comprehensive templates.
- Management oversight of key process and staff support from adult protection officers at the frontline was valuable and effective.
- Clear guidance, collaborative working and effective templates supported highly effective assessment and management of risk for adults at risk of harm.
- Attendance of adults at risk of harm at case conferences was limited, although the documentation of reasons for non-attendance was good.
- Chronologies were almost always present in the records but some improvements were required. They did not always include all relevant life, health and social care events.

We concluded the partnership's key processes for adult support and protection were very effective and demonstrated major strengths, supporting positive experiences and outcomes for adults at risk of harm.

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns.

Almost all staff were confident adult support and protection concerns were dealt with effectively. Adult support and protection referrals were received by either the customer services hub or operational teams and screened by social work team leaders. Team leaders were supported by adult protection officers to make effective decisions.

Adult support and protection referrals were allocated to both a council officer and an adult protection officer, together with the team leader, this formed an effective 'triangle of support'. Adult protection officers were experienced council officers responsible for monitoring processes and ensuring the adult at risk of harm's timely progress. They also supported team leaders and council officers working with adults at risk of harm.

The partnership operated a 15-day timescale for referral to investigation stage. This meant the individual stages of screening, inquiry, interagency referral discussion and investigation were proportionate and person-centred.

Initial inquiries into concerns about adults at risk of harm

Initial inquiries into the adult at risk of harms' circumstances were effective. All were carried out timeously and in line with the principles of the Adult Support and Protection (Scotland) Act 2007. Commendably, management oversight of decision making, and referral outcomes was evident in all cases.

The quality of the referral screening and handling process was very good or excellent in most cases. Furthermore, there was no negative impact on the handling of initial inquires during the Covid-19 pandemic.

Communication among partners was very good or excellent in almost all cases. Where relevant, initial inquiries involved an interview with the adult at risk of harm and/or an interagency referral discussion. These activities facilitated sound evidence-based decision making at this stage of the process. In all cases, the stage that the adult support and protection inquiry reached and the decision for no further action was appropriate.

The three-point criteria were applied correctly in almost all cases. However, the explicit recording of the criteria was only evident in just under half of cases. For the remaining cases, reference to application of the criteria was only implied. Positively, the partnership had already identified this recording issue. Recording templates were recently amended to facilitate the consistent recording of the three-point criteria. The partnership should continue to monitor progress in this area.

Investigation and risk management

Chronologies

Chronologies for adults at risk of harm are an essential element of risk assessment and risk management. A chronology was required in all social work case records. A standard template provided a clear structure for recording information.

Almost all adults at risk of harm had a chronology but the quality of information varied. This was consistent with the findings from the partnership's own audits. The quality of chronologies was good or better in just over half of cases indicating further improvement was required. NHS Borders planned to introduce chronologies to their adult care services. If implemented, this could substantially contribute to the quality of chronologies. Pertinent information would be readily available and could be used to inform a social work or multi-agency chronology. Ensuring chronologies include life events, analysis of risk and multi-agency views will improve their quality.

Risk assessments

Risk assessments were effectively conducted and recorded. This was an area of considerable strength. Almost all adults at risk of harm who required a risk assessment had one and the quality was good or better in almost all cases. Use of a standard template enabled consistent and comprehensive recording of the assessment of risk. The timing and the inclusion of multi-agency views contributed to the high quality.

Full investigations

Investigations were effective and involved all relevant agencies in almost all cases. They were carried out by council officers, supported by a team leader and adult protection officer. This robust approach aided consistency, and timely progress across investigations.

The quality of investigations was good or better in almost all cases. Just over half of those completed were evaluated as very good or excellent. The comprehensive standard template supported skilful and thorough practice and detailed recording. This was extremely valuable in the determination of support and protection for adults at risk of harm.

A second worker was deployed in almost all appropriate cases. Where the second worker should have been a health professional, in most cases, it was.

Interagency referral discussions could be held at any stage of the process, from initial inquiry to after investigation completion. The partnership did not require an interagency referral discussion in all adult support and protection

cases. However, where case conferences were required, interagency referral discussions took place before this.

Adult protection case conferences

Initial case conferences were always carried out in a timescale appropriate to the adult's needs.

Relevant agencies were invited in every case, and health colleagues always attended when they should have. This was, in part, due to the commitment from public protection nurses to attend case conferences when there were no other health staff involved or they were unable to attend. Public protection nurses were part of the NHS Borders public protection team. Despite excellent attendance at interagency referral discussions police colleagues did not always attend case conferences when invited. However, they did provide relevant reports, which were shared with the chair prior to the conference.

Where it was determined that there was no need for a case conference the collaborative and comprehensive inquiry, investigation and interagency referral discussion stages of the process clearly evidenced the reason for this.

In most cases, the quality and effectiveness of case conferences was good or better. There was healthy professional challenge which illustrated a supportive and safe environment. This was aided by clear guidance. A standard case conference minute template included designated sections enabling effective and accurate recording of proceedings and decisions.

Adults at risk of harm were invited to attend in most cases, but only attended in some cases indicating more needs done in this area of practice. Commendably, where they did not attend, there was a clear rationale recorded.

The partnership recently introduced pre-case conference meetings. This was a supportive forum that enabled the chair to more effectively encourage adults to attend their case conferences. This partnership should seek to routinely employ this approach where appropriate.

Adult protection plans / risk management plans

Protection planning was an area of considerable strength. Protection planning was timely and involved multi-agency contributions and responsibilities in almost all cases. The clear and structured templates supported the recording of risks, planned activities and a responsible individual. Commendably, risk was dealt with effectively in all cases. Overall, the quality of protection plans was good or better in all cases. This was a critical strength in the partnership's provision of support and protection for adults at risk of harm.

Adult protection review case conferences

Core meetings and review case conferences support and monitor adult support and protection activities. In almost all instances, review case conferences were convened when required. They were all timely and effective.

Implementation / effectiveness of adult protection plans

Protection planning provided a solid foundation to support the implementation of relevant actions. Planned actions were revisited at review case conferences and core meetings which enabled a positive cycle of review and monitoring of progress. Regular and effective communication was evident between agencies. This was consistent with the commitment to this approach demonstrated in the staff survey findings. Furthermore, support from adult protection officers was effective in the ongoing management of the cases.

Large-scale investigations

Two large scale investigations were concluded in the past two years. A third was ongoing. The partnership worked effectively with the Care Inspectorate and partners to support and deliver the large-scale investigations. The decision making and evidence for both cases was well-documented and appropriate.

An early intervention approach to support care homes was in place. Scottish Borders Council community care review team and NHS Borders care home support team supported practice and governance in care homes. Both teams worked closely with care homes, each other and other relevant agencies to identify areas for concern and deliver early intervention.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

Collaborative and inclusive practice was evident at frontline and operational management level. The interim Scottish Borders Public Protection Committee adult support and protection procedures (2022) offered clear and comprehensive guidance for multi-agency staff. Strong collaborative working was evident at all stages of the adult support and protection process. Almost all staff agreed they were supported to work collaboratively to achieve positive outcomes for adults at risk of harm.

Interagency referral discussions were effectively co-ordinated by social work and formed an integral part of adult support and protection processes. The flexible approach to the timing of these discussions, in conjunction with the 15-day timescale on investigations, worked well. It enabled timely and co-ordinated multi-agency interventions to support adults at risk of harm. Partners were committed to the process and partnership staff offered valuable contributions to discussions and decision making.

The partnership had systems and processes which promoted multi-agency collaboration and ownership. For example, the partnership had a multi-agency co-located Public Protection Unit that included front line staff and managers. This unit provided multi-agency oversight of key processes.

Collaboration with children and young people's services occurred when there was both child and adult protection concerns. This was good practice and supported the partnerships 'think family' approach. This approach aimed to ensure staff understand risk in its wider context. It was supported via the public protection networks.

Health involvement in adult support and protection

The partnership's health services were well integrated, and staff made a positive contribution to adult support and protection. Public protection arrangements were strengthened by a dedicated NHS Borders public protection team and public protection nurse consultant.

In most cases, adult support and protection concerns were clearly recorded in health records. Commendably, the quality of information recorded by health staff was good or better in all cases. Health staff effectively shared information about their involvement with adults at risk of harm with partner agencies. This promoted a strong collaborative approach. Systems were in place to promote effective supervision and oversight of health interventions, decision-making and documentation.

Council officers almost always ensured feedback was given to health services when they had raised concerns about an adult at risk of harm.

NHS Borders recently introduced a 'confirmation of adult protection referral' form which NHS staff submitted to public protection colleagues when they raised an adult at risk concern. This supported health to proactively seek feedback but it was too early to assess the impact of this innovative approach.

Acute and community health care teams provided very effective, timely, person-centred care and support for adults at risk of harm. Interventions from emergency departments, hospital teams and community health staff were all good or better. Medical examinations were carried out for all adults at risk of harm who required one.

Healthcare staff supported the delivery of public protection training. Most health staff said attendance at regular multi-agency training strengthened their contribution to adult support and protection work. Almost all health staff said they were equipped with the knowledge and skills required for their roles.

Capacity and assessment of capacity

Capacity assessments for adults at risk of harm were required in some cases. In most cases the request for a capacity assessment was made by social work and subsequently carried out by a health professional. The timing of the assessment was mostly in keeping with the needs of the individual, however, for a significant few there were considerable delays in assessments being carried out. The partnership was undertaking work to improve access to capacity assessments. An agreed pathway for assessments would strengthen work in this area of practice.

Police involvement in adult support and protection

Contacts made to the police about adults at risk of harm were almost always effectively assessed for threat of harm, risk, investigative opportunity, and vulnerability. Most cases had an accurate STORM Disposal Code (record of incident type).

In almost all cases, initial attending officers' actions were evaluated as good or better. There was evidence of critical interventions during complex events, and meaningful contribution to multi-agency responses. The assessment of risk of harm, vulnerability and wellbeing was accurate and appropriate in almost all cases. The wishes and feelings of the adult were almost always properly considered and recorded.

Where adult concerns were referred, officers did so efficiently and promptly on all occasions, using the interim vulnerable persons database. Frontline supervisory input was evident and the contribution good or better in almost all cases.

Divisional concern hub staff actions and records were good or better in almost all cases. A resilience matrix and relevant narrative of police concerns was evident in almost all records. There was diligent assessment and relevant input by staff, and on every occasion the referral was shared promptly with partners.

The point at which the escalation protocol was activated (following repeat police involvement) was inconsistent. Evidence of enhanced intervention and related decision making was more likely where matters had further escalated, both in the volume of calls, and the needs of the adult at risk. Opportunities remained to develop practice and reflect strategic input from local area police command to adult support and protection in the more complex series of events.

Interagency referral discussions were a feature in most cases where there was police involvement. This input almost always involved a police supervisor, which worked well and facilitated shared decision making at an appropriate level. The contribution of officers was good or better on almost all occasions. This joint approach, involving clear structures and established arrangements (including co-location), was highly effective in the development of positive adult protection activity.

Police attended most case conferences, when invited, with engagement almost always good or better. It was not always clear why officers did not attend, particularly in those instances where their involvement would have added to proceedings. However, police did provide relevant reports, which were shared with the case conference chair.

Third sector and independent sector provider involvement

Third and independent sector provider organisations were central to the frontline care and support of adults at risk of harm. Frontline partnership staff recognised their valuable contributions in delivering adult support and protection.

Key adult support and protection practices

Information sharing

Information sharing among partnership agencies was good or better in almost all cases. Guidance available to staff supported them to share proportionate and relevant information particularly at the duty to inquire and interagency referral discussion stages. NHS Borders had a process for uploading relevant adult support and protection documentation to their community patient information system.

Management oversight and governance

Management oversight and governance was effective. Each stage of the adult support and protection process had explicit sections for management evaluation. This made management oversight and governance a visible and integral part of all stages of the process. The sign-off document completed at the adult support and protection exit stage was excellent practice. Commendably, management oversight was present in almost all cases. Individually, social work, police, and health (where relevant) had strong evidence of oversight.

Involvement and support for adults at risk of harm

Adults at risk of harm and unpaid carers were almost always appropriately involved in duty to inquire, investigation, case conference and protection planning activity. Any barriers to engagement were almost always overcome. Support for engagement was consistently provided and was good or better in most cases.

The partnership introduced a feedback section in their investigation form that recorded the adult at risk of harm's perspective about whether they felt safer as a result of interventions. This was an innovative way to seek immediate feedback from adults at risk of harm.

Independent advocacy

Almost all adults at risk of harm who required independent advocacy were offered it. Where advocacy was accepted, the provision of service was always timely and made a positive difference in almost all cases. Frontline partnership staff recognised the importance of advocacy services and their unique role in supporting adults at risk of harm.

Financial harm and alleged perpetrators of all types of harm

A few adults at risk of harm experienced financial harm. Trading standards, Office of the Public Guardian and banks worked with the key partner agencies to stop the financial harm in almost all cases. The partnership used a variety of interventions to stop the harm, such as revoking power of attorney status, corporate appointee ships and banning orders. The overall effectiveness to stop financial harm was good or better in most cases.

Direct interventions with perpetrators were carried out when appropriate. Innovative and proactive approaches were evident. For example, health and social work staff worked jointly with the perpetrator to reduce further risk of harm to the adult involved. The partnership sent Chief Social Work Officer deterrent letters which aimed to discourage perpetrators from continuing to cause harm.

Safety outcomes for adults at risk of harm

In almost all cases, adults at risk of harm experienced an improvement in their safety as a result of adult support and protection interventions. This was mostly due to effective multi-agency support. Staff were optimistic about their work and confident in their ability to overcome barriers to achieve good outcomes for adults at risk of harm.

Adult support and protection training

The training and development delivery group effectively identified learning and commissioning needs and evaluated training. Strategic and operational actions and improvements were outlined in the current operational learning and development strategy. The partnership introduced a training for trainer's approach within care homes and care at home services. This increased the capacity for training and enabled the partnership to address training needs in a timely manner.

There was a clear mandatory training structure for each staff group. In line with the partnership 'think family' approach training covered both child and adult protection with separate courses only at the more specialist level. Almost all staff agreed the right level of mandatory training was available to them. Multi-agency training was available to relevant staff groups and this training improved staff contribution to adult support and protection practice. Training equipped them to undertake their role and better understand adult support and protection risks. In line with planned developments to improve the role of health as second workers, public protection nurses planned relevant training.

Council officer training effectively underpinned their understanding of legislation, duties, and role. Council officers were supported further by an established council officer forum which offered a supportive learning environment. The partnership recently introduced a council officer

accreditation and re-accreditation programme and a case study-based peer support group. These were positive developments, but it was too early to assess impact and effectiveness.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- Collaborative and cohesive strategic leadership enabled the delivery of key processes to effectively support adults at risk of harm.
- The Public Protection Committee provided effective leadership and governance of adult support and protection work. This approach supported the valuable 'think family' ethos to protection issues.
- The continuous review and improvement of adult support and protection work was well-structured and methodical. The inclusive multi-agency whole-system approach to improvements was impressive and effective.
- Strategic leadership implemented effective improvements to key processes and operational governance arrangements that were well informed and sustainable.
- Multi-agency quality assurance was comprehensive. It was based on refined performance indicators, which ensured the activity was targeted and effective.
- Strategic leaders should continue to seek ways of better involving adults at risk of harm and unpaid carers in their strategic planning and development activity.

We concluded the partnership's strategic leadership for adult support and protection was very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.

Vision and strategy

The partnership benefitted from a vision statement for public protection underpinned by the 'think family' approach. Staff agreed local leaders had a clear vision for adult support and protection and worked to raise awareness locally. A Public Protection Committee (PPC) was established in place of separate child and adult protection committees in January 2020. The PPC had delivered effective leadership and oversight for adult protection work since then.

Delivery of the partnership's vision was supported by a comprehensive public protection learning and development strategy June 2021 and the public protection committee business development plan April 2021 - July 2022.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The Public Protection Committee reported to the Critical Services Oversight Group. The PPC had strong multi-agency representation, including third sector and the Scottish Fire and Rescue Service. They promoted shared learning and equal priority across partnership protection issues. A series of sub-groups, chaired by PPC members, supported the work of the committee effectively. For adult protection this was the adult protection delivery group.

The independent chair for the public protection committee had recently left this critical post. The leadership team acted swiftly to appoint a new independent chair thus ensuring good business continuity.

Strategic leaders supported a culture of flexible decision making. Their continued commitment to the co-located public protection unit demonstrated shared responsibility and ownership of the delivery of adult protection.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

The opportunity for the adult at risk of harms voice to be heard at an operational level and inform service developments had been created. This was achieved via feedback sections on documentation and a service user survey which third sector organisations promoted.

Despite these well laid foundations the partnership had not successfully engaged adults at risk of harm or unpaid carers with lived experience at a strategic level. Attempts at engagement had been made via their own services and through third sector services that promote service user involvement. A revised approach of a service user and carer reference group is planned that will help to address this.

Delivery of competent, effective and collaborative adult support and protection practice

Previous joint inspections were a positive catalyst for change in the Scottish Borders. Actions taken included investment in key leadership roles which were central to the improvements in adult support and protection services. In addition, the nurse consultant and public protection nurse roles had bolstered NHS Borders visibility and input across key processes and strategic leadership.

The creation of the social work group manager - adult services and adult protection role in January 2021 enabled a co-ordinated approach to review and improvements. The impact was evident in the partnership's highly effective key processes for adult support and protection. Staff agreed with our findings that change and developments were well integrated and managed.

The partnership demonstrated a highly effective whole-system approach to continuous improvement with a focus on staff engagement and evaluating impact. Staff were at the centre of evaluation work that informed change. Investment in staff and resource facilitated improvements to the social work electronic information system was central to the success. This meant changes to key processes were supported by the recording system. The ability to effectively extract meaningful performance monitoring data was also an integral outcome of system changes.

Quality assurance, self-evaluation, and improvement activity

A strong culture of self-evaluation and continuous improvement was supported by robust audit activity and effective operational oversight. A series of processes built into practice supported effective oversight of key decision making. For example, decisions made at interagency referral discussions had a two-tier multi-agency audit and review process. Extensive audit activity, including multi-agency audit, was routinely undertaken and informed improvements. This was in part enabled by increased resource with the public protection training and quality assurance team. Refined performance indicators and well-planned updates to social work systems enabled the extraction of better-quality data, which supported the overall approach.

The partnership's cycle of audit and review of adult support and protection work was continuously evolving. The 'confirmation of adult protection referral' form introduced by NHS Borders supported health's oversight of concerns they raised. A planned focus on adults at risk of harm who are repeatedly referred and who's interventions under adult support and protection reaches multiple review case conferences should further enhance the high quality of work.

Initial case reviews and significant case reviews

There were two initial case reviews in the past two years and relevant learning was implemented. There were no significant case reviews. Action plans showed a considerable amount of work was underway to promote early intervention including encouraging staff to identify areas of practice for learning.

Criteria and a clear process for undertaking initial case reviews and significant case reviews was in place. The guidance was based on the 2015 national guidance for child protection committees. The partnership should take action to reference and align this guidance with the Scottish Government's current guidance.

Summary

Adults at risk of harm were well supported and protected by highly effective initial inquiries, investigations, risk assessment, and protection planning. Almost all experienced improvements to their safety, health, and wellbeing because of well designed and implemented processes.

Key processes were undertaken collaboratively by knowledgeable, and confident staff. Effective oversight and robust audit provided leaders with a sound understanding of the quality of practice and areas for improvement. A strong culture of continuous improvement was evident and supported sustainable change.

Cohesive and well-integrated strategic leadership combined with clear governance structures enabled strong adult support and protection key processes and performance monitoring

The joint inspection of older people inspection in 2017 and subsequent progress review in 2020 were the catalyst for the impressive partnership response towards adult support and protection practice. As a result, strategic leaders had committed considerable investment to various key posts. The subsequent review and improvement of adult support and protection work was highly effective. The systematic review and improvements were collaborative and inclusive. These were underpinned by a public protection vision and the valuable 'think family' approach to public protection issues.

There were some areas for improvement. In most instances the partnership had already highlighted what needed done and work had already started, or was planned, to improve those areas identified.

The culture of collaboration between partner agencies, and between leadership and staff was exemplary. The supportive environment allowed robust solutions to be implemented flexibly, while keeping the adult at risk of harm at the centre of the process.

Next steps

We asked the Scottish Borders partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 48% of episodes where the application of the three-point test was clearly recorded by the HSCP
- 90% of episodes where the three-point test was applied correctly by the HSCP
- 100% of episodes were progressed timeously by the HSCP
- 98% of episodes evidenced management oversight of decision making
- 100% of episodes were rated good or better.

Staff survey results on initial inquiries

- 88% concur they are aware of the three-point test and how it applies to adults at risk of harm, 6% did not concur, 6% didn't know
- 80% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 4% did not concur, 16% didn't know
- 75% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 9% did not concur, 16% didn't know

Information sharing among partners for initial inquiries

- 100% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm

Chronologies

- 88% of adults at risk of harm had a chronology
- 59% of chronologies were rated good or better, 41% adequate or worse

Risk assessment and adult protection plans

- 98% of adults at risk of harm had a risk assessment
- 95% of risk assessments were rated good or better
- 97% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 80% of protection plans were rated good or better, 19% were rated adequate or worse

Full investigations

- 98% of investigations effectively determined if an adult was at risk of harm
- 93% of investigations were carried out timeously
- 88% of investigations were rated good or better

Adult protection case conferences

- 82% were convened when required
- 100% were convened timeously
- 22% were attended by the adult at risk of harm (when invited)
- Police attended 67%, health 100% (when invited)
- 78% of case conferences were rated good or better for quality
- 93% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 92% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 88% of inquiry officers' actions were rated good or better
- 85% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 91% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 87% good or better rating for the quality of ASP recording in health records
- 94% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 98% of cases evidenced partners sharing information
- 98% of those cases local authority staff shared information appropriately and effectively
- 96% of those cases police shared information appropriately and effectively
- 98% of those cases health staff shared information effectively

Management oversight and governance

- 90% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 94%, police 96%, health 100%

Involvement and support for adults at risk of harm

- 87% of adults at risk of harm had support throughout their adult protection journey
- 79% were rated good or better for overall quality of support to adult at risk of harm
- 82% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 7% did not concur, 11% didn't know

Independent advocacy

- 89% of adults at risk of harm were offered independent advocacy
- 22% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 73% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 73% of these adults had their capacity assessed by health
- 75% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 18% of adults at risk of harm were subject to financial harm
- 67% of partners' actions to stop financial harm were rated good or better
- 72% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 94% of adults at risk of harm had some improvement for safety and protection
- 100% of adults at risk of harm who needed additional support received it
- 75% concur adults subject to ASP, experience safer quality of life from the support they receive, 8% did not concur, 17% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 64% concur local leaders provide staff with clear vision for their adult support and protection work. 10% did not concur, 26% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 62% concur local leadership of ASP across partnership is effective, 8% did not concur, 31% didn't know
- 63% concur I feel confident there is effective leadership from adult protection committee, 6% did not concur, 32% didn't know
- 45% concur local leaders work effectively to raise public awareness of ASP, 15% did not concur, 40% didn't know

Quality assurance, self-evaluation, and improvement activity

- 54% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 7% did not concur, 39% didn't know
- 56% concur ASP changes and developments are integrated and well managed across partnership, 8% did not concur, 36% didn't know