



# JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

Guidance for remote access to files - Publication Date 06/07/2021

## Guidance for remote access to files

- As widely consulted and agreed, the Joint Inspection of Adult Support and Protection require that adult protection partnerships will make records available remotely – that is, electronically, and without the requirement for inspectors to be ‘on-site’ in the partnership area.
- This is subject to a data protection impact assessment (DPIA) prepared by the joint inspection team which is available on request. We encourage adult protection partnerships to consider and progress conversation locally with IT and information governance colleagues relating to the DPIA, at the earliest opportunity.
- Partnerships can make records remotely available to the joint inspection team securely and efficiently by:
  - 1) Placing sampled records in the partnership’s secure data sharing platform and giving the joint inspection team time-limited secure access to the repository.
  - 2) Uploading the personal records sampled to the Care Inspectorate’s SharePoint repository.

It is preferred that where a partnership has its own secure data sharing platform, that this would be the default repository for social work and health records. There is an overarching national agreement that police records will only be shared with the joint inspection team using Egress.

Partnerships will complete a pre-inspection return (PIR). Our inspection team will then create and return stratified samples based on the different adult client groups, types of harm etc. The partnership will gather the requisite records for adult support and protection for the partnership to prepare:

- 50 adults at risk of harm whose adult protection journey has proceeded to (at least) the investigation stage and beyond. Partnerships will be given a unique case identifier **S01 – S50.**
- The joint inspection team will require 15 reserve adults at risk of harm and their social work, police, and health records. **Partnerships will be given a unique case identifier R01-R15**
- 40 adults at risk of harm who have been subject to initial inquiry and the partnership decided to take no further adult protection related action. **Partnerships will be given a unique case identifier D01-D40.**

The guidance below depicts the Care Inspectorate’s folder structure that should be followed for file sharing, should partnerships not have their own data sharing platform. This structure has proven highly successful in aiding the inspection process. This is a set structure in the Care Inspectorate’s system and cannot be amended.

As stated, it is preferred that where a partnership has their own SharePoint, or equivalent, that this would be the default repository for social work and health records. As such, it is recommended that partnerships using their own data sharing platform also follow this layout:

The joint inspection team will be looking for three main folders:

1. Sample – (This will be the 50 adults at risk of harm)

*We will require the folders to be created and named S01 – S50. Within these folders please create 2 subfolders – 1. Social Work & 2. Health. Here you will put all documents/files relating to the identified individual.*

2. Reserve – (This will be the 15 reserve cases)

*We will require the folders to be created and named R01 – R15. Within these folders please create 2 subfolders – 1. Social Work & 2. Health. Here you will put all documents/files relating to the identified individual.*















3. Duty to inquire (DTI) – (This will be the 40 adults at risk of harm who have been subject to an initial inquiry and the partnership decided to take no further adult protection related action)




*We will require the folders to be created and named D01-D40. We will only read the partnership’s recordings of the initial inquiry episode for this sample. We do not require any reserve cases.*















Please see the below as an example of the 3 main folders






Please see below example of folder 1 – Sample. Within each S01-S50 folder please create 1. Social Work & 2. Health

 Name ▾
 S01
 S02
 S03
 S04
 S05
 S06
 S07
 S08
 S09
 S10
 S11
 S12
 S13

 Name ▾
 1. Social Work
 2. Health









 Name ▾
 R01
 R02
 R03
 R04
 R05
 R06
 R07
 R08
 R09
 R10
 R11
 R12
 R13

The same will be completed for folder 2 – Reserves. Within each R01 -R15 folder please create 1. Social Work & 2. Health

 Name ▾
 1. Social Work
 2. Health

Please see below example for folder number 3 – Duty to inquire/ initial inquiry episode –

D01 – D40

 Name ▾
 D01
 D02
 D03
 D04
 D05
 D06
 D07

Clearly marked subfolders delineating the adult protection process are helpful. This provides the joint inspection team with the best opportunity to understand the effectiveness of adult protection practice. i.e.

Social Work:

Case notes  
Chronology  
Risk assessment  
Investigation  
Miscellaneous  
Case conference and review case conference  
Protection plan/risk management plans  
Referral  
AWI including designated powers for proxies

Health:

Assessment and reports  
Health professional's recordings  
Correspondence including adults with incapacity related material and discharge letters  
Miscellaneous  
Health Referral

## Additional considerations

From the joint inspection teams' experiences of remote access to records, the following areas for consideration have been identified:

- The provision of a list of local naming protocols for aspects of the adult protection process is key (such as what the partnership define as a case conference, planning meeting, initial referral discussion...).
- Health and social work records are more easily accessed when they are uploaded to the same data sharing repository.
- Care should be taken to ensure that episodes submitted in the PIR meet the relevant criteria.
- Uploads to SharePoint should mirror precisely what the joint inspection team would see if we had live access to two years of the council officer record relevant for adult protection. This should enable the joint inspection team to understand the process.
- The volume of information shared should be considered, with only relevant documentation and case notes uploaded. This not only supports the case file reading process, but also ensures GDPR compliance.
- When submitting health records, as well as letters, assessments and reports, partnerships should submit relevant progress notes / recordings from health professionals who are working with adults at risk of harm – for example, community psychiatric nurses, addiction service workers.
- Having the ability to filter documents, particularly when many documents are submitted for a single case record, is very helpful. This allows for documents to be filtered in line with key processes and provides easy access to additional documentation.
- Including the date of the defining adult protection episode on the document pathway aids identifying the timeline of the most relevant documents.
- A chronology of adult protection related health interventions is helpful.
- We wish to check on management's oversight and governance of adult support and protection practice. Where relevant, records submitted should clearly show timely:
  - Written entries from managers in progress notes that they have read them.
  - Written notes of decisions made at supervision sessions.
  - Written evidence the record was audited and any recommendation for this.
- Where partnerships' adult protection documents require sign off by a manager – for example initial inquiry reports, investigation reports – records submitted should clearly show the sign off by a manager and the date of this.

## **FREQUENTLY ASKED QUESTIONS:**

### **FAQ. Do the joint inspection team have M365 logins?**

Yes, all members of the joint inspection team have M365 logins.

### **FAQ. Is it possible to provide partnerships a list of the email addresses for inspectors would be involved in the inspection in advance, ideally the email addresses associated with their M365 accounts?**

Yes, once notified of your partnership's inspection, the inspection lead will make this information available, to enable you to establish the required access.

### **FAQ. Is it likely that the joint inspection team will need direct access to live systems, such as Carefirst, or from your experience can all material be made available via SharePoint?**

We have tested the concept of remote record reading and have established that we do not require access to live systems. Partnerships should determine the information that is relevant to the adult protection journey and make this available via SharePoint, or similar system.

### **FAQ. We require to develop a DPIA - does the joint inspection team have something prepared i.e., something that outlines the scope of the data to be collated; how it will used, processed, kept secure etc.?**

It is preferred that where a partnership has their own SharePoint, or equivalent, that this would be the default repository for social work and health records. This ensures that the partnership retain control of data governance matters.

The joint inspection team have developed a DPIA which can be made available on request.

### **FAQ. Will the joint inspection team be connecting via a corporate or domestic network; or domestic via VPN to the corporate network and then to the partnership?**

Information is available on request.



**FAQ. What is the Microsoft M365 tenancy name from which the staff will be connecting?**

Information is available on request.

**FAQ. Are the devices being used by the joint inspection team organisationally managed devices?**

Yes, Staff devices are all provided and managed by the respective organisations (Care Inspectorate, Health Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland).

**FAQ. If the devices are organisationally managed, are they covered by PSN and/or CE+ compliance?**

Information is available on request.

**FAQ. What AV and other end-point protection the devices have and how is it managed?**

Information is available on request.

**FAQ. Where is the data centre for the Care Inspectorate's SharePoint?**

Information is available on request.

**FAQ. Can we upload records to the Care Inspectorate SharePoint as a zip file?**

Files must be unzipped, in the structure provided, by the submission deadline. This enables our system to run requisite antivirus checks. The partnership should expand the zip folder to ensure that only relevant records are shared with the joint inspection team. Partnerships may wish to consider tools such as [power automate](#) for this process.

**FAQ. How feasible is it for our operational teams to extract/collate/assemble the required material into SharePoint?**

The suite of documentation available on the Care Inspectorate website should provide partnerships with a reasonable guide as to what information we are seeking to be made available. This cannot be prescriptive as each adult protection journey will reflect individual circumstances. An extra one week has been built into the inspection footprint in recognition of the work required of partnerships to make records available via SharePoint.

## **Partnership feedback from a recent inspection detailed the following process employed to upload health records:**

### **Preparation**

The team met early in the inspection process and created a short life working group and weekly team check-in. With the support of social work colleagues, a file reading process and document check list was developed which was tested successfully on one case.

A base for file reading was sourced and the necessary IT equipment was provided by medical records colleagues. Health colleagues with knowledge and expertise in adult protection were asked for availability for participation in the file reading and a rota was developed for the two-week period. All file readers were given user access to all electronic systems to enable us to cover all aspects of health care including acute, mental health, learning disability, community nursing, and addiction services.

### **Execution**

Once the case list was shared from Social Work it was double checked for health input and the team requested any relevant health care records from medical records. Three or four members of staff were available daily across the course of the two-week period and used a specific case ID to create electronic folders into which they uploaded relevant evidence. The file reading was completed in approximately eight days. The Risk Management Team were involved in searching DATIX for all cases. Medical records colleagues were on hand to support the file reading team service during the second week which was hugely helpful.

Only documentation and evidence relevant to the adult protection journey was to be included and this was clarified at our weekly check-ins. Each case was checked for accuracy as well as consistency and high standard before submission.

### **Quality and accuracy check**

A final quality check and cross check of case files was conducted along with social work leads before the full submission was uploaded.

### **Conclusion**

The success of the process was very much a team effort and down to clinical leadership, good coordination and organisation using the skill and expertise of colleagues with expertise in adult protection from both social work and health backgrounds.