

## Joint Inspection of Adult Support and Protection (ASP) Joint Inspection Phase 1

### Frequently Asked Questions (FAQs) December 2020

**1. What has been the impact of COVID-19 on the Joint inspection of Adult Support and Protection inspection programme?**

The impact of the covid-19 pandemic has been felt throughout the country and led to a pause in the joint inspection programme. The inspection team have used this time to review the programme, in consultation with the national reference group. We have worked to remain true to the existing approach to the inspection with augmentations that will enable us to specifically consider the impact of the covid-19 pandemic. Our intention is to be proportionate – as it is recognised that the fundamental pathology of adult support & protection remains unchanged. We are seeking to reflect the human impact on service users, staff and managers, while providing assurance about the delivery of adult support and protection during the associated restricted period, on adults at risk of harm. Due to the pause in the programme, the inspection schedule (where we go, when) is being reconsidered.

**2. Which scrutiny bodies are involved in the ASP joint inspection?**

The three scrutiny bodies responsible for social work, police and health involvement in ASP are fully involved in this multi-agency inspection programme. The Care Inspectorate is the Lead Agency for the overall joint inspection programme. Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland are key partners with lead responsibility for health and police issues respectively within the overall inspection programme. The inspection teams will be made up of staff from each of the three scrutiny bodies.

**3. Why are we carrying out this inspection?**

This current Adult Support and Protection joint inspection programme (Phase 1) follows on from the first Joint Inspection of Adult Support and Protection in Scotland. The report from this first inspection of six partnership areas was published in 2018. Following the publication of this report, Scottish Ministers asked for assurance about adults at risk of harm in the remaining partnerships across Scotland. The purpose of this further multi-agency inspection is to seek assurance that adults at risk of harm in Scotland are supported and protected by existing local adult support and protection arrangements.

**4. Why is there a phased approach to the scrutiny and assurance programme for ASP**

Scottish Ministers asked for timely assurance that adults at risk of harm in Scotland are supported and protected by local adult support and protection arrangements. A key request was that we would inspect the 26 partnerships,

not previously covered by the joint inspection, over a two-year period. The scrutiny and assurance of ASP has been designed to take place in two phases over five years. Phase 1, 26 local joint ASP inspections over two years, will focus on the assurance of local ASP practice and processes. Phase 2 of this programme will be informed by the findings of Phase 1. The impact of covid-19, and the resultant pause in the inspection programme, has lengthened the timeframe for completion of the programme.

**5. How has this ASP programme been planned?**

Phase 1 of this programme builds on the experience and learning from the first joint inspection. We have also taken cognisance of all feedback provided by stakeholders following that inspection. As a result, Healthcare Improvement Scotland will take a full role in the joint inspection programme alongside the Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland. Relevant health, social work and police files and records will be reviewed in Phase 1. We are taking a risk-based and proportionate approach to this inspection so our focus and scrutiny activity will be specific and carried out within agreed parameters.

**6. What will be the focus of the ASP joint inspections in Phase 1?**

The first phase of inspection will focus on assessing the delivery of key processes and leadership for ASP. This will include reviewing the partnership's policies, procedures and practice. We will look at referral handling, screening, initial response, investigation and management of adult protection concerns. We will seek to understand how effective and collaborative the partnership's actions have been in securing sustained safety, protection and support for adults at risk of harm. We will consider how good the leadership and governance of ASP is in the partnership area. We will also specifically consider the impact of the covid-19 pandemic.

**7. What inspection activities will be conducted in Phase 1?**

Our inspection will include four key activities:

1. A staff survey relevant to health, Police Scotland, provider organisations, social work and social care staff.
2. The reading of records (health, police and social work records)
  - a. of a sample of adults considered at risk of harm who did not require any further adult support and protection intervention beyond the initial referral stage.
  - b. of a sample of adults at risk of harm who have been the subject of adult support and protection procedures.
3. Analysis of written evidence, including position statement and other evidence provided by the partnership.
4. Conversations with staff and managers to share their experiences of the impact of the covid-19 restricted period in relation to adult support and protection.

**8. How has inspection schedule for Phase 1 been worked out?**

The inspection schedule is a very challenging timeframe for both the scrutiny bodies and for partnerships. The planning process has taken into account

natural boundaries or crossover in local partnership arrangements for social work, police and health. The inspection programme has also considered other relevant scrutiny activity to reduce, as far as possible, the demands of inspection work upon local partnerships. Feedback from reference forums has welcomed the potential for flexibility, in account of the particular demands of the covid-19 pandemic. Particular request has been made to consider the time afforded to partnerships to make records available via a digital platform and the joint inspection team are actively reviewing how this could be accommodated.

#### **9. How has the multi-agency inspection team prepared ahead of local inspections?**

An inspection footprint and methodology have been developed as part of the planning and preparation for this inspection programme. This included details about timescales for notification to local partnerships, the development of tools to be used to support scrutiny, guidance about how the inspection team will sample and read records and how it will carry out and analyse staff surveys. The inspection team will provide comprehensive briefings to partnership management teams at the outset for each inspection.

#### **10. What level of support will local partnerships be expected to provide in Phase 1?**

The inspection team will work with partnerships to support the planning and execution of the required scrutiny activities in each partnership area. This will include working with partnerships to support the dissemination of the staff surveys, supporting the processes for sampling case records, and ensuring access to appropriate social work, police and health records. At this time we are trialling a digital by default approach (see FAQ 12) to diminish unnecessary contact.

#### **11. Will local file readers be involved in the inspection programme?**

Usually the inspection team seeks support from local file readers for reading case records. We recognise the inclusion of local file readers adds value to the process both in terms of supporting the inspection but also developing staff locally to undertake quality assurance work as an ongoing approach.

Local file readers are drawn from social work, health and police and following a wider assessment of service demands (including covid), it was viewed that not all areas would be in a position to release staff from all three professional backgrounds for this purpose. Feedback from reference groups has emphasised the importance of consistency of approach. As such, local file readers will not be involved in phase 1 of the programme.

We do however wish to support sustainable development in partnership areas and have committed to explore how this might be achieved – perhaps delivering a session on the use of the record reading template at an appropriate juncture, as well as considering how local file readers could support Phase 2 of the programme.

## 12. What records will the ASP joint inspections scrutinise?

Health, social work and police files and records will be included in Phase 1 case file reading. Records will need to be relevant, accessible and proportionate, with a reasonable expectation that such records would add value to the inspection. We will take a proportionate approach and look at information that can reasonably be expected to provide value, based on past inspection experience and professional knowledge of systems and processes.

## 13. How will the ASP inspection team access records?

The team are currently trialling a 'digital by default' approach to accessing records. This may mean that we do not require to be physically present in partnership areas to access these records, if public health or organisational guidance determines that it is not safe to do so. We are currently testing a concept of remote record reading which we hope could be replicated. This involves password protected access to securely encrypted information.

## 14. What systems will be used to access records?

The inspection team are seeking to access relevant information via secure digital platforms. For police records, this will be via Egress. Work has been undertaken to scope which systems are in use across health and social care. Partnerships are asked to determine the most appropriate and secure method to be used by their area. The inspection team are happy to discuss options with you.

## 15. How many records will we read?

The team will read social work, police and health records relating to 50 adults at risk of harm whose adult protection journey has proceeded to the investigation stage and beyond. The team will also read partnership's recordings of the initial inquiry episodes relating to 40 adults where the partnership decided no after action. These numbers of records provide the opportunity to stratify records to be read for person characteristics and type of harm. This number of records will apply across all partnerships, with the exception of those areas where ASP activity has not been at a level to generate this number of initial inquiry or investigations records, where the team will take a bespoke approach.

## 16. What is the Multi-Agency Inspection Reference Group?

The role of the Reference Group is to support, inform and promote the joint inspection programme for ASP. The Reference Group includes representatives from multiple agencies involved in ASP including, but not restricted to, Conveners of Adult Protection Committees, Lead Officers, Chief Social Work Officers, Police Scotland, Office of the Public Guardian, Mental Welfare Commission, Chief Officers, NHS Chief Executives, Social Work Scotland, Scottish Care, Coalition of Care Providers Scotland and the inspection agencies. A piece of work is underway to support service users and carers to feed into the Reference Group.

**17. What is the role of the local Care Inspectorate Link Inspectors in the ASP multi-agency inspection?**

Link Inspectors hold a range of information about local partnerships' organisational structures, public protection processes, audit and/or self-evaluation activity. This information will be used to inform the local ASP joint inspections.

**18. How will the findings of the multi-agency inspection be reported?**

Inspection reporting is a critical activity essential to the multi-agency inspection process. Following each local inspection local stakeholders will receive feedback on the inspection findings including the partnership's strengths and areas for improvement in relation to ASP from the inspection. The approach to public reporting on these inspections, including the format, style, layout and contents of these reports has been developed by the inspection team. This work has been informed by advice and input from the Reference Group. Public reporting will be proportionate to the inspection activity and will provide summary information about the inspection findings.

**19. If the ASP inspections identify poor practice within a partnership how will this be addressed?**

The inspection teams will prioritise the completion of inspections in all 26 partnerships within the required timeframe. The team will ask each partnership to develop an improvement plan based on the findings of the local inspection. The improvement plan documents submitted will be reviewed by the inspection team. It is important to note that in the event of the inspection team identifying evidence of poor practice that indicates that an individual may still be at risk in a partnership the inspection team would escalate this case immediately to the partnership for follow up and require reporting back on the outcome of this follow up to the team.

**20. What will Phase 2 of the ASP multi-agency scrutiny and assurance involve?**

Phase 2 of the multi-agency scrutiny and assurance programme will be developed based on the findings and outcomes of Phase 1. More detailed planning will take place during Phase 1 in conjunction with local partnerships and the inspection Reference Group. At this stage, therefore, it is not possible to describe what will be involved and what the responsibility of partnerships will be.

**21. How will information about the ASP multi-agency inspection be communicated?**

The team will communicate directly with each partnership in relation to specific inspection activity within its own partnership area. This frequently asked questions (FAQs) has been prepared by the inspection team in collaboration with the inspection Reference Group. As lead agency the Care Inspectorate will take a lead in publishing information about the ASP programme on its website. The Reference Group is also informing a communications plan and the approach to key communications about this programme.