

A large, abstract graphic composed of numerous overlapping, diagonal lines and shapes in various shades of blue and purple, creating a sense of movement and depth. The lines vary in thickness and color, with some being solid and others having white outlines. The overall effect is a dynamic, layered composition that fills the right and bottom portions of the page.

JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION:** **REVIEW OF PROGRESS**

in the West Lothian partnership area
Published November 2024

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Background

Joint inspection partners

In June 2023 Scottish Ministers requested that the Care Inspectorate lead the progress reviews of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland. These relate to six partnerships across Scotland where important areas of weakness outweighed strengths in our phase 1 inspection programme between 2020 and 2023.

Joint inspection focus

The purpose of these six joint inspection team progress reviews is to provide assurance about the extent to which improvement has progressed in each of these partnership¹ areas.

Updated code of practice

The updated [code of practice](#) for the Adult Support and Protection (Scotland) Act 2007 was published in July 2022. Partnerships should have implemented the new code of practice guidance for the cases scrutinised in this progress review.

Joint review methodology

The methodology for these six progress reviews includes:

The **analysis of supporting documentary evidence** and a focussed position statement submitted by each partnership. This evidence relates specifically to areas for improvement identified in the phase 1 inspection reports.

Reading a sample of health, police, and social work records of adults at risk of harm - We read the records of 20 adults at risk of harm whose adult support and protection journey progressed to an inquiry with investigative powers and beyond. We also scrutinised records of 20 initial inquiries, with and without the use of investigatory powers, where the partnership had taken no further action in respect of adult protection activity beyond initial inquiries.

Staff focus groups – We met with 40 members of staff from West Lothian to discuss improvements they have made to the delivery of key process, and strategic leadership for adult support and protection. Staff included multi-agency frontline staff, middle managers, and strategic managers.

¹https://www.careinspectorate.com/images/Adult_Support_and_Protection/New_links/1_Definition_of_adult_protection_partnership.pdf

Quality indicators

Our quality indicators for these joint reviews are on the Care Inspectorate's website². We have used the same quality indicators that were used in the phase 1 inspection.

Standard terms applied to the sample of records we read

All – 100%

Almost all – 80% - 99%

Most – 60% - 79%

Just over half – 51% - 59%

Half – 50%

Just under half – 40% - 49%

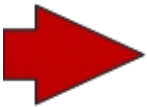
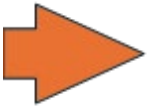
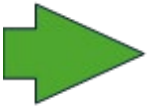
Some – 20% - 39%

Few – 1% - 19%

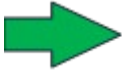
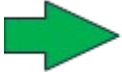
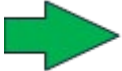
²https://www.careinspectorate.com/images/Adult_Support_and_Protection/4_Adult_support_and_protection_-_quality_indicator_framework.pdf


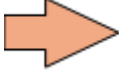
Progress

Priority areas for improvement were identified in the phase 1 inspection. To indicate progress, we have used RAG rated arrow indicators. In our determinations we have included the principles of a RADAR model (Results, Approach, Deployment, Assessment and Refinement) that helped us to identify how effectively and efficiently partnerships approached their improvement work. What we mean by these is set out in the key below.

	Minimal progress	<p>Improvement is minimal. The partnership's overall approach to improvement is not comprehensive or put into practice. Its deployment and implementation are limited. It has not embedded improvements or they are still at the planning stage. It does not communicate improvements effectively and they are not well understood by staff. It does not assess and review the effectiveness of its improvement progress.</p>
	Some progress	<p>Evidence of some improvement. The partnership's approach to improvement is moderate. Its implementation and deployment of improvements are structured. It is beginning to embed improvements in practice. It communicates improvements partially and staff understand them reasonably well. It has limited measures to evaluate and review impact and outcomes for adults at risk of harm. It periodically assesses and reviews its improvement methodology.</p>
	Significant progress	<p>Significant improvement. The partnership's approach to improvement is comprehensive and embedded. Its deployment of improvements is well structured, implemented and effective. It communicates improvements purposefully, and staff understand them fully. It has effective measures to evaluate and review impact and outcomes for adults at risk of harm. It continually assesses and refines its improvement methodology.</p>

Overview of progress made in West Lothian

Priority areas for improvement from Phase 1 in June 2022	Progress	Progress review findings in September 2024
<p>1</p> <p>Social work should improve its initial inquiry process. Staff should always record the application of the three-point test. A newly introduced template should support better management oversight.</p>		<p>Significant progress made.</p>
<p>2</p> <p>Management of risk for adults at risk of harm needed improvement. All who require a chronology, a risk assessment, and a risk management plan should have them. The partnership should use a standard template for adult protection risk assessments.</p>		<p>Significant progress made.</p>
<p>3</p> <p>The partnership should revise its processes for adult protection investigations. It should make sure investigations are carried out in line with legislation. Council officers carrying out investigations</p>		<p>Significant progress made.</p>

	should routinely interview adults at risk of harm.		
4	The partnership should strengthen its operational management oversight and improve strategic governance of social work adult protection practice. This will ensure strategic leaders are better informed about key process weaknesses.		Significant progress made.
5	The lived experiences of adults at risk of harm and their unpaid carers were not represented at the adult protection committee. It should make sure they are involved.		Some progress made.

Significant progress	Some progress	Minimal progress
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Progress on priority areas for improvement

Key processes priority area for improvement 1

Social work should improve its initial inquiry process. Staff should always record the application of the three-point criteria. A newly introduced template should better support management oversight.

Initial inquiries

Initial inquiries with and without investigatory powers had significantly improved. Commendably, all cases in our sample clearly recorded the three-point criteria and demonstrated effective management oversight of decision making. Almost all reached the appropriate stage in the adult protection process, with the quality of most cases good or better. These positive measures represented a significant improvement in both consistency and quality of recording of inquiries. Less positively, just under half of inquiries were subject to delay, some of which were prolonged. The partnership's own audit activity recognised this and aimed to address it.

Following the last inspection, the West Lothian adult support and protection committee (APC) launched revised adult support and protection procedures (2022) which incorporated key changes to reflect the updated code of practice. These provided a clear guide for staff conducting initial inquiries, with and without investigatory powers. This complimented a revised template for inquiries and investigations which enabled application of the three-point criteria, investigatory powers used and management oversight to be clearly recorded. The template was integrated into the new social work recording system with helpful user prompts for staff. The partnership introduced an adult support and protection team in 2022 to strengthen practice. This team screened all referrals which promoted a consistent approach to application of the legislation.

We found that **significant progress** was made with initial inquiries, with and without investigatory powers. Overall, the partnership had implemented and embedded changes in practice that led to this substantial improvement to the quality and consistency of initial inquiry work. Inquiry delays was an area for attention.

Key processes priority area for improvement 2

Management of risk for adults at risk of harm needed improvement. All who require a chronology, a risk assessment, and a risk management plan should have them. The partnership should use a standard template for adult protection risk assessments.

Chronologies

The partnership recognised chronologies was an area for improvement and had purposefully set about addressing this. Positively, all case records within our sample contained a chronology. This was a substantial improvement from just over half at the last inspection. Since then, the partnership had further developed their chronology template. The recently introduced social work recording system had also enabled dynamic chronologies to be created and recorded more easily. Staff told us the system was working well and that they were consistently using chronologies. Guidance was developed and issued to staff and supportive briefings were provided to social work practitioners and team managers. Chronology training was included in adult support and protection multi-agency training.

While these were positive measures, the quality was similar to our previous inspection findings with only some good or better. Chronologies were too focussed on adult support and protection events and interventions and did not reflect or analyse any other significant life events or the impact of past trauma.

We are confident that the approach to improvement of chronologies is sound and impactful. With further attention the quality will improve.

Risk assessments

All adults at risk of harm records within our sample contained timely risk assessments and the quality was almost always good or better and evidenced the views of multi-agency partners. This was a significant improvement from 2022 where most adults at risk of harm had a risk assessment but only some were good or better. Staff consistently used the Type, Imminence, Likelihood, and Severity (TILS) risk assessment tool to support their approach. We found risk assessment was a positive and dynamic process applied throughout the adult support and protection journey. A standard inquiries and investigation template included a risk assessment plan template which incorporated the TILS framework. This framework was also included in the inter-agency referral discussion (IRD) recording system to ensure a consistent approach to the management of risk. Training supported implementation with practitioners accessing a useful training calendar. These measures combined with refreshed guidance effectively drove up the consistency and quality of risk assessment work.

Risk management plans

Almost all adults at risk of harm in our sample had a risk management plan. The quality of most plans was good or better. Risk management showed strong collaboration between partner agencies. This was a significant improvement from our previous inspection where most adults at risk of harm had a risk management plan but only some were rated good or better. Decisions from IRDs played an important part in multi-agency risk assessment and management including interim safety planning. The inclusion of TILS within the IRD recording system provided a dynamic approach to management of risk at this stage.

Following the last inspection, the partnership had incorporated a risk management plan template into their inquiries and investigation template. The risk management template was later amended to align with the headings used in protection plans agreed at case conference. This ensured continuity of recording throughout the protection planning process. We found that staff consistently used TILS to identify risk and formulate appropriate risk management. The partnership's own quality assurance activity had identified the need for greater staff consistency when using the new templates. Training was provided for team managers and council officers to support this change. Audit activity was ongoing to ensure changes were embedded.

Protection planning at case conferences was robust. They were well chaired and recorded, and all case conferences effectively determined measures to keep the adult at risk of harm safe, protected and supported.

We found that **significant** progress had been made to managing risk. Chronologies, risk assessments and protection plans were consistently applied. The quality of risk assessments and protection plans was substantially improved since the last inspection. The quality of chronologies remained an area for improvement.

Key processes priority area for improvement 3

The partnership should revise its processes for adult protection investigations. It should make sure investigations are carried out in line with legislation. Council officers carrying out investigations should routinely interview adults at risk of harm.

Investigations

Almost all adult support and protection investigations were carried out when required, effectively determined if the adult was at risk of harm and were of good or better quality. All of those completed were timely. These were indicators of strong progress made by the partnership. There were instances where the partnership proceeded to case conference without conducting a full investigation. On these occasions, an investigation would have provided valuable background information and assisted the chair of these case conferences. This would strengthen decision making and protective planning for the adults involved.

The revised adult support and protection procedures provided clear guidance and included practice standards for staff undertaking investigations. This was supported by a programme of ongoing training that increased staff confidence. The standard investigation and risk management plan template effectively supported council officers to structure investigations and incorporate the TILS risk assessment framework. Importantly, risk assessments demonstrated legal literacy, good planning and the involvement of adults at risk of harm.

While the overall quality of investigations had improved, we found that IRDs remained an area for improvement. The process was well implemented but should be more effectively integrated. There was good evidence that social work and police colleagues used this approach well to host initial discussions about adults at risk of harm. That said, council officers leading investigations were often not present. Thereafter, information was recorded on to a dynamic e-IRD system designed to support information sharing and interim safety planning. Health input relied on a duty rota worker to support this approach. Getting access to the right person with the right information to support the process was challenging and sometimes caused delays. The e-IRD record was not consistently uploaded onto the social work recording system. This meant front line staff who did not take part directly in IRDs, had limited access to critical background information relating to decisions made. Instead, they relied on their

team manager, who did have access, to provide them with details about the agreements reached that were considered in investigation activity. As with our initial inspection we found this was a risk to early and effective decision making.

We found that **significant progress** had been made in the key area of investigations. The consistency and quality of investigations themselves had significantly improved from our last inspection. Improvement was driven by some good initiatives that provided clarity for staff and grew their confidence. The outcomes of IRDs needed to be better shared. Were this to be addressed the partnership's approach to adult support and protection investigation work would be further strengthened.

Strategic leadership priority area for improvement 4

The partnership should strengthen its operational management oversight and improve strategic governance of social work adult protection practice. This will ensure strategic leaders are better informed about key process weaknesses.

Management oversight

Management oversight was evident in social work records for all adults at risk of harm in our sample. The partnership had made effective changes to the inquiry and investigation recording template. Adult support and protection procedures were revised and fully implemented. Standard templates for inquiries using investigations were introduced and clear guidance supported council officers through the process. This ensured consideration and accurate recording of the three-point criteria and allowed for meaningful management oversight. The partnership introduced a quality assurance framework that included a review of its audit templates. The adult support and protection leadership group led the delivery of key operational improvement actions for social work services. This provided an opportunity for operational managers to discuss the challenges and how to address them.

An IRD review group was in place and responsible for overseeing all IRDs. It provided regular updates to the quality assurance sub-committee but needed to improve how it affected change over a system with important weaknesses.

Health had revised their staff adult support and protection recording guidance and audits had shown improvement in the quality of work in this area.

Strategic Governance

The partnership made substantial changes to strengthen management oversight of social work adult protection practice. Staff told us there had been a positive cultural shift in the partnership's approach to adult support and protection work since the last inspection. The APC oversaw much of the recent change and improvement activity and

was chaired by a new, independent convenor. The committee effectively governed several highly functioning subgroups responsible for driving progress.

Membership of the quality assurance subcommittee was reviewed to improve multi-agency representation and include operational managers to provide a direct link with frontline staff and enhance dissemination of learning. The sub-committee had a detailed and comprehensive workplan. It discussed and analysed performance and quality assurance data on a quarterly basis which was then shared with the APC and chief officers' group (COG). This allowed the partnership to identify and target improvement activity and provided strong governance and assurance that adults at risk of harm were safe, supported and protected. The information provided to the COG included operational detail which allowed for greater understanding and strengthened decision making and governance.

We found that the partnership had made **significant progress** to management oversight and strategic governance. Key changes had been made to front line processes that drove up the consistency and quality of work. Structural changes to governance arrangements were effectively driving improvement.

Strategic leadership priority area for improvement 5

The lived experiences of adults at risk of harm and their unpaid carers were not represented at the APC. It should make sure they are involved.

Strategic engagement of people with lived experience

Following the last inspection the partnership convened a short life working group to ensure the views of adults and risk of harm and unpaid carers, were considered at the APC. The partnership also looked at processes to better capture feedback and promote participation in case conferences. While attempts to include adults with lived experience on the short life working group were unsuccessful, they alternatively engaged with advocacy services to establish links. Advocacy services were represented on the APC and subcommittees and provided feedback on behalf of adults at risk of harm. The partnership continued to use an online survey to routinely gain feedback from adults at risk of harm and council officers were also encouraged to document verbal feedback which was fed back and discussed at the quality assurance subcommittee. Adult at risk of harm attendance at their own case conference was monitored. We found that they were almost always invited and always supported to attend the case conference. Carers were mostly invited and mostly attended case conferences.

The partnership was committed to further exploration of methods of engagement and were engaged with the national implementation group.

We found that partnership had made **some progress** in the key area of representation for those with lived experience. The partnership demonstrated some useful concepts but hadn't deployed these since the last inspection.

Summary of progress

Key processes progress including findings out with priority areas for improvement

Overall, the partnership made significant progress in relation to its key processes since the last inspection. The approach implemented by strategic leaders was sound and integrated. Refreshed procedures and guidance were implemented to support inquiry and investigation activity. Important standards were embedded in these documents, all of which brought about a high consistency and quality of practice. Tools and templates were re-designed and included helpful frameworks such as the TILS risk assessment approach. New ways of working were supported by an accompanying learning and development framework for all staff.

All initial and review adult support and protection case conferences in our sample took place timeously and almost all were convened when required. All effectively determined what was needed to ensure the adult at risk of harm was safe, protected and supported. Police and health staff were always invited when relevant, and always attended. Adults at risk of harm were almost always invited and supported to attend their own case conference and, in most cases, they did. The partnership had made significant progress in relation to case conferences.

Driving this forward was the APC. The partnership strengthened and supported the work of the committee by increasing resources and capacity with the introduction of initiatives such as a dedicated adult support and protection team and leadership group. They oversaw effective front line operational change and improvement work. Health strengthened the quality of recording in adult support and protection cases we read in our sample. Accessible refreshed guidance supported this and health audits tracked the impact of these initiatives. Police Scotland remained strong adult support and protection operational and strategic partners.

Overall, there was better continuity across key processes than previously. Inquiries, investigations and case conferences linked well together. That said, despite IRDs routinely taking place their impact was limited due to information sharing weaknesses. An IRD review group was in place to oversee the quality of this important work. It needed to strengthen how it identified areas for improvement and delivered change.

Strategic leadership progress including findings out with priority areas for improvement

Since the last inspection, the partnership appointed a new independent chair. This was a positive catalyst for change. Importantly, the APC took time to review its working functions. Necessary changes were made. We found subgroups were connected and had synergy. They effectively drove the work of the APC forward and drew in stronger

multi-agency representation that supported an integrated approach. Workplans were in place that tracked the quality of adult support and protection work and performance reports reflecting this routinely went up to the APC and beyond to the COG. As a result oversight and governance were strong.

Key areas for improvement remained. To fully capitalise on their well embedded IRD process the partnership needs to address long standing poor information sharing issues. Considering their robust approach to most other areas for improvement we are confident this is achievable. While efforts have been made to improve the voice of lived experience in their APC activity further work was needed.

Next steps

The Care Inspectorate link inspector will continue to engage with the partnership. We have shared the full record reading results with the partnership to inform future improvement work. The partnership should address IRD challenges. We are confident their robust approach to improvement will tackle this. It should also ensure it connects with the national implementation, user voice subgroup and make use of our quality indicator framework to strengthen engagement processes.

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