

**Good Practice Guidance**  
**For staff working within Care Homes in South Lanarkshire**

**Adult Protection and Adults with Changing Needs**

[www.adultprotectionsouthlanarkshire.org.uk](http://www.adultprotectionsouthlanarkshire.org.uk)

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## **1. Introduction**

- 1.1 This guidance has been produced for those working within care homes in South Lanarkshire to contribute to a unified approach to dealing with adult protection concerns and adults with changing needs. The Adult Support and Protection (Scotland) Act 2007 provides legislation to support public bodies to work together to support and protect adults who are unable to safeguard themselves, their rights and their property. The Act provides measures which can contribute to decision making in respect of whether an adult is at risk of harm, however all actions need to balance the need to intervene with the adult's right to self-determination.
- 1.2 It is important that Providers ensure that all staff are familiar with these guidelines and have received appropriate training regarding their duties and responsibilities under the Act. A culture of openness about reporting concerns should be developed in order that staff are confident about acting appropriately when they know or believe an adult is at risk of harm.

## **2. Legislation**

- 2.1 The Adult Support and Protection (Scotland) Act 2007 introduces powers and duties on Councils and other agencies as follows:
- Councils have a duty to make the necessary enquiries to establish whether or not further action is required where a report has been received about an adult at risk of harm
  - The Council has a duty to consider whether further action is required to stop or prevent harm from occurring
  - Councils have the power to examine relevant records including health and financial records relating to the adult at risk. Providers have a legal duty to comply with such requests and their organisation should be aware of this duty.
  - The Act introduced protection orders to be used proportionately depending on the needs/risks relevant to the adult at risk.
- 2.2 Other legislation relevant to protecting adults at risk of harm includes:
- Adults with Incapacity (Scotland) Act 2000 – which provides the means to protect those who do not have capacity and therefore cannot manage their own affairs. In that case a welfare Guardian can be appointed to ensure the adults affairs are managed appropriately
  - Mental Health Care and Treatment (Scotland) Act 2003 – this provides powers and duties in relation to people who have a mental disorder which may affect their ability to manage their affairs in the community and may increase their risk of ill treatment or neglect due to their mental disorder

## **3. Care Home Responsibilities**

- 3.1 Care homes and other public bodies have a duty of care which extends to a duty to report any concerns about an adult who is or may be at risk of harm. This includes a duty to act when a colleague may be behaving in a manner which is not in the best interests of an adult in their care. The duty to report poor practice takes priority over loyalty to a colleague. If you have concerns these should be reported by you

immediately to your line manager or the designated person in the care home in the first instance.

3.2 Where there are concerns that an adult is or may be at risk of harm the following are key tasks for any individual or organisation:

- Observe
- Record
- Report
- Support
- Co-operate with other agencies

3.3 It may not always be possible to determine whether an adult is at risk or whether they meet the criteria outlined below. For avoidance of doubt, ***where any person is suspected to be an adult at risk of harm they should be treated as such until Social Work Services have deemed them otherwise.***

#### **4. National Care Home Contract**

4.1 Within a care home setting staff have a responsibility to protect and promote the well-being of adults which forms part of the National Care Home Contract and are required as part of the Health and Social Care Standards (HSCS). The specific HSC standards are outlined below which appear under the heading of “I have confidence in the people who support and care for me” as follows:

- HSCS 3.20 – I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities
- HSCS 3.21 – I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that indicate that I may be unhappy or may be at risk of harm
- HSCS 3.22 – I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made
- HSCS 3.23 – If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me
- HSCS 3.24 – If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies
- HSCS 3.25 – I am helped to feel safe and secure in my local community

4.2 The National Care Home Contract introduced 2013-14 outlines the contractual obligations between local councils and private care homes. In section A23 1 – 11 the contract focusses on the obligations on care homes relating to adults at risk (Appendix 4) and the procedures agreed between the Council and care homes.

#### **5. South Lanarkshire Council ASP Procedures**

5.1 There is an expectation that all care home managers and staff will be familiar with the content of this guidance and that the guidance is easily accessible. It is expected that care homes will have their own Adult Support and Protection (ASP) procedures. These should complement the South Lanarkshire practice standards and operational procedures can be found at ([http://intranet.southlanarkshire.gov.uk/info/20422/adult\\_protection](http://intranet.southlanarkshire.gov.uk/info/20422/adult_protection)). There is an expectation that service providers will work to prevent or minimise the risk of harm occurring by the following means:

- Safer recruitment practices (<https://hub.careinspectorate.com/knowledge/safer-recruitment>)
- Safe and responsive staffing levels with staff who have the right balance of skills to meet service user needs
- Appropriate training including adult protection training
- Staff who can demonstrate a clear understanding of their responsibilities to protect individuals from neglect, abuse bullying and exploitation
- That regular supervision opportunities are offered, along with observed practice and discussion forums which allow for reflection, review and discussion related to the good practice guidance
- A visible complaints, issues and concerns policy for residents, families staff and others
- Staff should also have access to the whistle blowing policy

## **6. Distinction between Adult at Risk and Adult with Changing Needs**

- 6.1 There are many situations where the distinction between concern about an adult with changing needs and an adult at risk is challenging. It is recognised that care home staff will be caring for people whose care needs may be complex and this may be impacting on risks to themselves and others. Although the person may be considered to meet the criteria of the Adult Support and Protection (Scotland) Act 2007 this may not be the least restrictive or most effective way to address issues for individuals. The person is likely to be vulnerable and may need additional support and their care needs may require to be re-assessed. Where there is a change of behaviour a medical cause should be ruled out or acted upon. Whilst it is likely that changes of behaviour will be met with efforts to address any possible unmet needs it is important to remember that changes in behaviour or presentation may also indicate an adult at risk (see below).

## **7. Care Inspectorate Role**

- 7.1 The role of the Care Inspectorate in working with lead agencies undertaking child and adult protection is to offer support as a corporate parent. The Inspectorate also have a duty of co-operation and responsibilities for scrutiny and improvement activity in regulated services which contributes to protecting children and adults at risk of harm.

If the Care Inspectorate receives a concern or complaint they are required to refer it to the relevant local authority. When the Inspectorate refers to the local authority they are asking if the referral meets the threshold for investigation and if so the lead agency will take the concern forward for investigation if appropriate. If the referral does not meet the threshold other agencies such as the police or the local authority may decide to take no further action. In that case the Care Inspectorate will assess the information and where required respond to identified risk with a scrutiny action where appropriate.

- 7.2 If a registered provider becomes aware of a potential allegation of a risk of harm they must notify the Care Inspectorate immediately. The registered provider must then use the E form for notification of an “allegation of abuse”, following which the lead inspector for the service will request further information to inform further actions.

The Care Inspectorate may carry out scrutiny activity, such as inspection alongside an Adult Support and Protection investigation as contributors to a multi-agency approach. This could be important in instances where:

- Concerns are raised about the failure to deliver services which is placing those who use them at risk of harm
- When a report of harm to an individual may also affect a number of other individuals who use the care service

## **8. Who is an Adult at Risk of Harm?**

8.1 The legal definition of an adult at risk of harm is a person (aged 16 or over) who meets the following criteria:

1. Are unable (defined as lacking the skills, means or opportunity) to safeguard their well-being, property, rights or other interests
2. Are at risk of harm
3. Are affected by disability, mental disorder, illness, physical or mental infirmity and are more vulnerable to being harmed than adults who are not so affected

All three points of the criteria must be satisfied to be an 'adult at risk of harm'

8.2 It is important to remember that the presence of a particular condition or disability does not automatically mean that a person is an adult at risk or harm.

Adults are **at risk of harm** if:

- Another person's 'conduct' is causing (or likely to cause) the adult to be harmed
- The adult is engaging (or likely to engage) in conduct, which causes or is (likely to cause) self-harm

The definition of 'conduct' includes self-neglect, or the neglect of other failures to act by another person with carer responsibilities including paid carers.

## **9. What is Harm?**

9.1 The definition of harm includes all harmful conduct (See Appendix 1 for a fuller outline) and includes:

- Physical Harm
- Verbal Harm
- Psychological/Emotional Harm
- Financial Harm
- Sexual Harm
- Neglect and acts of Omission
- Discriminatory Harm
- Institutional Harm
- Self-Harm

9.2 This is not an exhaustive list however the following are examples of indicators of harm which the adult may develop and display (see Appendix 2 for a fuller outline):

- Increase or development of attention seeking behaviour
- Resignation
- Denial
- Frustration and anger
- Withdrawing from activities
- Difficulty in communicating
- Behavioural changes

- Forming inappropriate attachments
- Appear to become confused
- Become afraid

There are clearly many other behaviours which could be displayed and again this is not an exhaustive list.

## **10. Reporting Concerns**

- 10.1 Staff should not investigate concerns but should make a record of relevant information which will include key information and events. Concerns raised should be managed in line with the providers' internal ASP procedures. This may include reporting to a senior manager/senior person for oversight and monitoring purposes. The most senior member of staff may consider gathering information, notes and records from other staff as required. This should be done before the members of staff go off duty. Notes and statements should be signed and dated by both the staff member(s) and the most senior person on duty as these may require to be shared with police and/or social work.

## **11. Consent and Capacity**

- 11.1 Adults have the right to self-determination. Where an adult does not have the capacity to give or withhold consent, the Adults with Incapacity (Scotland) Act 2003 will provide for the adults' past and present wishes to be taken into account so far as it is reasonable or practicable to do so.

The views of the nearest relative, guardian, power of attorney or other person authorised to speak on behalf of the adult. The definition of incapacity is being unable to undertake one or more of the following:

- Acting on decisions
- Making decisions
- Communicating decisions
- Understanding decisions
- Retaining the memory of decisions

- 11.2 Where it is necessary to protect an adult at risk the Adult Support and Protection (Scotland) Act 2007 supports information sharing without consent.

Where the NOK has a verified welfare power of attorney or is a Guardian the consent of the adult at risk to share information is not required.

If however the NOK, power of attorney or Guardian is the source of concern they should not be advised about issues arising for the adult at risk. Also these individuals should not be offered information if the police have indicated not to make contact as part of the investigation of their complaint.

## **12. Consent in an Emergency**

- 12.1 Care home staff would be expected to seek appropriate medical assistance and where required to contact emergency services which is essential where criminality is suspected. Uncertainty about consent and capacity should not prevent speedy contact with emergency services or the provision of urgent medical assistance where required.

- 12.2 There should be no delay in seeking urgent medical assistance even where an offence is suspected to have been committed and the Police have already been contacted. Health services, Police, Scottish Ambulance Service and Scottish Fire and Rescue have agreed protocols when responding to situations where criminality is suspected. The management of immediate risk to the adult is the responsibility of the manager/person in charge.

### **13. Suspicion of Criminal Behaviours**

- 13.1 Whilst consent **is not required** in respect of any of the situations outlined below, good practice is that the adult at risk should be included in the process and given the opportunity to give their view and this should be recorded.

Workers should access consent before the police are contacted unless one or more of the following apply:

- The adult is at immediate risk of significant harm
- The adult does not have the capacity to understand his/her choice or consequences
- There is concern the adult is being unduly pressurised to withhold their consent
- The situation involves a volunteer, service provider or employee of any organisation/agency
- There is a public safety concern and it is in the public interest to override consent because of the seriousness of the incident or concern and/or risk to other people
- An employee, other resident, volunteer or any visitor to the care home witnessed a crime being committed.

### **14. Recording Relevant Information**

- 14.1 Staff should record relevant information (see Appendix 4). Where possible existing details should be recorded such as name, address etc. Staff should state their job title and the reason for their involvement. State the allegation and details where applicable of the alleged perpetrator and if possible their whereabouts and likely movements over the next 24 hours.
- 14.2 It is important to record known historical incidents, and details of previous incidents. It is also required that you record evidence such as bruising and if any incidents have been witnessed by a member of staff this should be clearly recorded. Record information you have given to the person, their expectations, and wishes if known. If the person has stated they do not wish their information to be shared record why they have not consented to the sharing of information.
- 14.3 Any recording undertaken may be required as part of any legal action or disciplinary proceedings and the recording may also be shared with Police or Social Work colleagues. Where possible be careful to separate factual information from opinion.
- 14.4 Explain to the adult at risk that you will need to speak to your manager and where required clarify that confidentiality cannot be kept in this situation. Record the time, date and location of where the harm is alleged to have taken place or where it was witnessed. You should date and sign your report and the senior person on duty should sign and date it also.

### **15. Role of the Manager/Senior Person on Duty**

- 15.1 The manager/senior person on duty should ensure that all reasonable steps have been taken to protect the adult at risk and any other service users. In situations

involving staff this may include pursuing disciplinary action including suspension of staff where required.

15.2 The manager/senior person on duty is responsible for ensuring staff are supported to report and record adult protection concerns within 24 hours to Social Work Resources (by means of an AP1 see Appendix 3) and where necessary immediately to the police. Out of hours Social Work Services can be contacted on 0303 123 1008. The manager or senior person on duty requires to support staff to record the following information after contact with relevant services:

- Date and time of the contact
- Name and full details of those contacted
- Full details of who should be contacted for future follow up

## **16. Out of area Placements**

16.1 If there are adult protection concerns about an adult residing in a care home in South Lanarkshire (out of area placement/residents placed by another local authority) these should be reported to Social Work Services in South Lanarkshire as well as notifying the placing authority that a referral is in progress. The legal responsibility for undertaking inquiries and investigations under the Act lies with the local authority where the person is at the time of the event. Liaison with the placing local authority should be undertaken as responsibility for all care management issues lie with the placing authority. This includes funding for Free Personal Care placements as this is an agreed part of the National Care Home Contract.

## **17. Progressing a Referral**

17.1 It is the duty of Social Work Services to make a decision about whether the referral meets the threshold for an investigation. Social Work Services will then investigate concerns related to the adult at risk and if appropriate other investigations may be triggered by Police, Mental Welfare Commission (<http://www.mwscot.org.uk>), Care Inspectorate ([www.carinspectorate.com](http://www.carinspectorate.com)), the Office of the Public Guardian (<http://www.publicguardian-scotland.gov.uk>) and the Scottish Social Services Council. (<http://sssc.uk.com>). All registered services must report allegations of abuse (as defined in the Adult Support and Protection and Child Protection legislation) involving someone using a service immediately. Details to report include, details of the occurrence, persons involved and actions taken. Notifications to Care Inspectorate should be undertaken using the e Form for an 'allegation of abuse' which can be generated in the providers' eportal.

## **18. Inquiry and Investigation Process**

18.1 The Social Worker (Council Officer) may require to speak directly to the person who raised the concerns and care home staff must co-operate fully with any inquiries. In the case of serious allegations the referral may trigger a moratorium on the care home or a moratorium may be put in place following the completion of the investigation.

18.2 When Social Work Resources receive the initial referral (AP1) an inquiry will begin into the circumstance of the adult at risk. If there are grounds to progress the first stage of an investigation is that the care home will be visited by two officers from Social Work Services. The social worker (Council Officer) will be the lead officer who will be accompanied by a Second Worker (who will record information from

interviews undertaken). Interviews are likely to be undertaken with appropriate people including staff, residents and the adult at risk of harm. The Council Officer and Second Worker will also require access to records.

- 18.3 Where necessary the Council Officer and Second Worker will return to their office and with a Team Leader discuss how to progress. There are several possibilities which could arise one of which is convening a multi-disciplinary case conference.

Where there are ongoing concerns the case conference may propose ongoing core groups. Care home staff may be invited to join the core group to contribute to protection planning and ongoing support. Care home staff should attend and contribute to those meetings.

Where an adult at risk situation involves staff the employer will have responsibilities to address issues of risk from staff involved and if appropriate pursue disciplinary action and make referrals to regulatory bodies.

- 18.4 When a referral does not meet the threshold for Adult Support and Protection, consideration of other appropriate legislation will be considered. If the decision is that no further action is required by social work, in some cases the matter may be referred to another agency to assess whether any further action is required.

## **19. Other agencies with an Interest in Protection Concerns**

- 19.1 Where concerns investigated involve a member of staff you should as a provider be aware of your legal duty to refer members of staff to Disclosure Scotland if appropriate for consideration of barring from work with children or protected adults. A referral is required if a member of staff has harmed, or placed at risk of harm, a child or protected adult. This would result in the member of staff being dismissed. This may be necessary as a result of an adult protection investigation.

- 19.2 If concerns indicate that a registrant working within a registered service may have breached their code of conduct the appropriate professional regulator should be informed as soon as possible. If the SSSC is the regulator, providers are required to complete a Care Inspectorate notification form regarding the allegation of misconduct. The Care Inspectorate Contact Centre (0345 600 9527) should be the first point of contact for members of the public and professionals contacting the Care Inspectorate verbally and online, including general inquiries, Adult Support and Protection concerns and complaints.

- 19.3 If the staff member is registered with another professional regulator, i.e. the Nursing and Midwifery Council (NMC), you should refer individual staff using the referral form on the NMC website and a referral should also be made to the Care Inspectorate.

- 19.4 If the adult at risk of harm lacks capacity and has a condition as defined by the Mental Health (Care and Treatment) (Scotland) Act 2003 the Mental Welfare Commission requires to be informed.

## **20. Large Scale Investigations (see Guidance for Large Scale Investigations of Adults at Risk of Harm – South Lanarkshire Health and Social Care Partnership)**

- 20.1 A large scale investigation requires a multi-agency response to circumstances where there may be a risk of serious harm within a care setting such as residential care, day care, care at home or in a health setting. The circumstances leading to the

investigation may have occurred within a short period or may be the result of cumulative issues occurring over a longer period. There may be circumstances when the seriousness of the harm experienced by one individual may have an impact on others and as such would merit a wider investigation. A large scale investigation would be considered if:

- There are concerns raised regarding the systemic failure in service delivery placing those who use services at risk of harm
- Harm is reported to an individual which may affect a number of other individuals in the same care environment
- Multiple allegations are raised by those using the service against others using the same service
- Where institutional harm is suspected.
- Where there are significant concerns about the quality of care provided and there are concerns about the ability of the service to improve.
- There is a report of harm to an individual which may affect a number of other residents.
- There are multiple individuals deemed to be at or potentially at risk of harm in one setting.
- Where an investigation into one allegation leads people to strongly believe other people may also be victims of harm.
- There are a number of harmers suspected.
- Where there have been 3 or more adult protection inquiries within a 6 month period related to the same service where the outcome indicates that serious harm has been caused.
- Where a whistle-blower makes serious allegations about the service.
- Where the situation is very complex and where special planning and coordination of the investigation is required.

<b>APPENDIX 1 - TYPES OF HARM</b>
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Type of Harm	Description
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**Physical Harm**

Slapping, pushing, hitting, kicking
Misuse of medication
Pinching, biting, shaking
Forcible feeding
Improper use of medication
Restraining or holding an individual back – locking in a room, tying to a bed or chair
Inappropriate moving and rough handling
Inappropriate touching
Being threatened with a weapon

**Sexual Harm**

Inappropriate sexual contact
Sexual assault, rape, non-consensual contact, sexualised conversations/comments
Indecent exposure
Being made to listen to or watch pornography without consent
Voyeurism

**Psychological/Emotional Harm**

Threats, manipulation, inappropriate treatment
Humiliation, overt control and dominance
Isolation and abandonment
Bullying and intimidation by word or act
Access to personal items being denied
Misuse of power or influence
Threats of harm or abandonment
Undermining or ignoring the person
Controlling behaviour
Removing access to privacy
Constant criticism

## Verbal Harm

Inappropriate use of language, disrespect, name calling, shouting, sarcasm, inappropriate use of humour, using language to confuse or exclude
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## Institutional Harm

Removal of individuality within an institution by strict inflexible regimes and routines, lack of accommodating individual choice, lifestyle etc
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## Discriminatory Harm

Racist, homophobic, ageist, sexist behaviours, harassment and any other discriminatory acts
Denying the right to exercise religious or other beliefs
Forcing an individual to participate in a religion or other belief practice
Name calling
Denial of access to culturally appropriate meals and other relevant practices

## Neglect and Acts of Omission

Inadequate heating or nutrition, isolation and abandonment, withholding key essentials, denying access to social or educational services
Failure to offer privacy and dignity
Failure to take an adult at risk to medical appointments to correctly administer medicines – this includes under or over medicating, inadequate wound care or inappropriate pressure area care
Neglect of accommodation
Self-Neglect

Failure to reset essential alarms
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### **Self-Harm**

Refusal to eat or drink
Drug/alcohol misuse
Cutting, burning, scalding or hitting parts of own body
Calculated and dangerous risk taking
Banging head or other parts of body
Swallowing harmful substances
Overdosing
Drug or alcohol misuse

### **Domestic Abuse**

Any abuse which take place in the context of a close relationship
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### **Forced Marriage**

A marriage, in which one or both people do not consent to the marriage and duress is involved. A forced marriage is a crime under the Forced Marriage Protection and Jurisdiction (Scotland) Act 2011
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**APPENDIX 2 – SIGNS OF HARM****(1)**

Sign of Harm	Description
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**Physical Harm**

Cuts/injuries which seem to be unexplained and are repeating frequently
Weight loss due to malnutrition especially if the adult is supported to eat
Physical marks such as slaps, finger or pressure marks, kick marks, pinching, bite marks
A history of unexplained injuries caused by falls or accidents
Bruising on part of the body which are well-protected and not normally prone to injury
Broken bones
Bed sores and body ulcers
Fatigue and drowsiness
Excessive sleep and lethargy
Injuries caused by protective responses to hands/arms
Injuries where the explanation seems inconsistent or the adult denies injuries
Fear of carers being approached for an explanation
Unusually aggressive behaviour or bursts of temper
Carers not readily seeking help for injuries
Flinching when approached or touched
Reluctance to get changed or covering up (eg wearing long sleeves in hot weather)
Depression
Withdrawn behaviour
Attempting to escape
Distrust of adults with whom a close relationship would be expected
The adult claims to have been hurt by another
The adult is prevented or restrained eg. kept in own room or limited to certain areas

**Sexual Harm**

Changes in behaviour, weepy, angry, violent reactions, withdrawal and self-isolation
Self-harming behaviour
Apparent physical damage to intimate areas including pain, irritation, bruising or bleeding
Indications of grooming
Unexplained pregnancy
Evidence of inappropriate restraint
Sexualised behaviours, language and expression
Changes to posture, stiffness and difficulty sitting
Withdrawal of contraception or initiation of same
Changes in routines, fear of the dark and of new places
Suspicion of strangers and groups of people
Stained personal garments/bedding
Stomach pains
Self harm or mutilation, sometimes leading to suicide attempts
Onset of or increase in bed wetting pattern
Having nightmares
Fear of being left with specific people
Saying they have secrets they cannot tell anyone about
Onset of eating problems/disorder

**Psychological Harm**

Self isolation
Changes in sleeping patterns
Deterioration in physical presentation
Changes in psychological health, development or increase in phobias or paranoia
Confusion, nervousness, agitation
Sudden onset speech disorders
Onset of or increase in neurotic behaviour
Fear of making mistakes
Onset or increase in self harming behaviours
Fear of family being approached regarding their behaviour

**Financial Harm**

Loss of ability to manage finances
Loss of material property – property or items in home go missing for unexplained reasons
Pressure to sign power of attorney or wills or changes to wills etc.
Visitors who only attend when benefits are cashed
Individuals who ‘help’ adult with financial transactions
Incongruence between living conditions and assets
Removal of access to benefits by family members
Unexplained alterations to accounts
Unexplained debt or inability to pay bills
Unplanned and unanticipated sale of property and possessions
Confused or irregular signature on credit cards or cheques

**Verbal Harm**

Withdrawal from group interaction, introversion and self isolation
Feelings of submissiveness and sense of fear around certain individuals
Changes in behaviour resulting in aggressive verbal responses

**Institutional Harm**

Withdrawal from group interaction, introversion and self-isolation
Apparent feelings of submissiveness and a sense of fear around some individuals
Changes in behaviour
Inappropriate use of language
Rigid and inflexible routines
Individuals indicating a lack of choice
Changes in behaviour, lack of interest in usual activities
Self-isolation, passivity and possible withdrawal
Effects on the adult of inadequate staffing
Excessive time spent in own room due to institutional restrictions
Lack of staff attention to complex needs

Lack of staff understanding of individual communication needs
Staff joking at the expense of the service user

### Discriminatory Harm

Unexpected loss of self esteem
Discrimination on the basis of race, age, gender, sexuality
Offensive remarks or harassment on the basis of the adult's age, gender, disability, race, colour, cultural background, sexual or religious orientation
Providing diet unacceptable to the adult
Failure to provide for cultural needs
Isolation (eg. Due to communication barriers)
Not allowing for individual choice or difference
Social isolation and exclusion
The adult is refused access to services or is excluded inappropriately

### Neglect

Constant hunger, possibly stealing food
Obvious lack of food
Presenting as dirty, unwashed, unkempt
Weight loss or continually underweight
Dressed inappropriately for weather conditions
Possibly tired all the time
Not requesting medical assistance when it is required/failing to attend appointments
Medication is withheld by others/staff
Body sores
Access to required aids denied such as glasses, stick
The adult mentions that they are left alone or unsupervised
Rushing the adult with personal care or eating
Inadequate heating or lighting in the adults living space/unsafe living conditions
Dirty living conditions

**Adult Support and Protection Referral Form**

**Adult Support and Protection Referral/Inquiry Form (AP1)**

- All staff working in public agencies (Council, Health, Police, and Care Inspectorate) must report suspected or actual harm to an adult at risk to Social Work Resources.
- While it is preferable to have the consent of the adult at risk prior to referring to Social Work Resource it is not necessary.
- All sections of the AP1 require to be completed within 1 working day of the concerns arising.
- If you do not have all the information required do not delay in passing your concerns to Social Work Resources.
- AP1 should be completed and uploaded into the adult's case file.

**Section A**

**Adult at Risk Details:**

Name:	_____	Known as:	_____
Date of birth:	_____		
Address:	_____ _____		
Housing Tenure (Please tick)	_____ Local Authority – Privately Rented – Owner / occupied		
Phone number:	_____ _____		

Male/Female: \_\_\_\_\_

\_\_\_\_\_

Any known communication needs: Yes/No

If **yes**, please detail:

Living situation e.g. lives alone, with spouse etc, type of accommodation, any known supports, caregivers their details etc.

**GP details:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone number

\_\_\_\_\_

**Referrer details:**

Name of referrer \_\_\_\_\_ Status

\_\_\_\_\_

Location \_\_\_\_\_

Telephone contact \_\_\_\_\_

E-mail contact \_\_\_\_\_

**All 3 points of the following criteria must be met:**

Describe why the adult is unable to safeguard their wellbeing, property rights or other interests?

Describe what type of harm the adult is at risk from?

Describe how this adult is affected by a disability, mental disorder, illness or physical or mental infirmity and are more vulnerable to being harmed the adults who are not so affected?

**Describe why you believe the action is needed in order to safeguard the adult from harm (unless set out previously)**

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<b>Other Information:</b>
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Does the Adult understand what has happened to them?
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Have you discussed the making of this referral with the adult or relevant person? If not please explain why not, if yes, please set out any views expressed by the adult or that relevant person  (Note: the relevant person would be where the adult is incapable of expressing any views (a) The adult's nearest relative (b) Any primary carer, guardian or attorney of the adult or, (c) Any other person who has an interest in the adult's well-being or property
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If you believe that a crime may have been committed has Police Scotland been notified?  
Detail below Yes/No/NA - include Police contact details

What action if any, have you taken to ensure the adult at risk is now safe?

Details of the alleged harmer if known:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to adult: \_\_\_\_\_

Is there any further additional information that you consider relevant to this referral?

Referrer signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Designation \_\_\_\_\_

Contact details \_\_\_\_\_

Email address \_\_\_\_\_

Date: \_\_\_\_\_

#### **Appendix 4 – Extract from the National Care Home Contract**

A 23.1 The Parties agree to adhere to local procedures in relation to Adults at Risk and to work in accordance with any interagency guidelines that are in place from time to time. The Provider shall immediately notify the Council or other Purchaser where appropriate of the allegations or evidence of abuse in accordance with clause B 10.1 of the contract.

A 23.2 The Provider shall ensure that information on its policies and procedures for the protection of Adults at Risk is made available to the Council, Staff, Volunteers, the Resident and their Representative, and that all Staff and Volunteers are trained in these policies and procedures.

A 23.3 Without prejudice to the generality of A 24.2, the Provider shall have a policy and procedure for reporting details of any allegation or financial, physical, sexual or any other abuse of a Resident. The Provider shall immediately inform the Care Manager of any such reports. The disclosure of such reports shall not be regarded as a breach of Clause A.10 (Service User confidentiality).

A 23.4 The Provider shall have in place, implement and regularly review policies and procedures designed to prevent abuse and for responding to actual or suspected abuse, neglect or exploitation.

A 23.5 The Provider shall produce written guidelines which shall be followed by all Staff and Volunteers in identifying, investigating and reporting (both internally and to other external agencies who have legal duties to protect Adults at Risk) abuse or suspected abuse of Adults at Risk in the care of the Provider, which guidelines shall include guidance on:

- (i) Identifying vulnerable adults who are at risk of abuse, neglect, harm or exploitation; or who are being or are suspected of being abused, neglected harmed or exploited;
- (ii) Recognising risk from different sources in different situations and recognising abusive behaviour by other Residents, colleagues and family members;
- (iii) The duty of staff to report suspected abuse, neglect, harm or exploitation
- (iv) The duty of the manager of the Care Home to investigate such reports and communicate information to external agencies who have legal duties to protect Adults at Risk, including informing the council of the abuse or suspected abuse;
- (v) Inter-agency information sharing and clarity on confidentiality and disclosure of information in such circumstances
- (vi) The procedures for reporting abuse or suspected abuse both internally and to other external agencies who have legal duties to protect Adults at Risk;
- (vii) Protection for whistle blowers
- (viii) Working within best practice as specified by this Contract
- (ix) Child protection, where appropriate

A 23.6 Staff and Volunteers shall be obliged to adhere to the above mentioned guidelines, which shall emphasise that all those who express concern shall be treated seriously and shall receive a positive response from management at all levels;

A 23.7 These guidelines shall take account of any inter-agency policies operational in the Councils' area that relate to the protection of Adults at Risk;

A 23.8 The Provider shall ensure that prompt action is taken in response to individual complaints from or concerns of Staff, Volunteers, the Resident and/or their Representative. Any such action shall follow the timescales within the Complaints Procedure;

A 23.9 The Provider shall have in place and implement procedures to prevent Staff gaining any personal benefit when working with vulnerable people.

A 23.10 The Provider shall ensure that where there has been abuse, an action plan including risk assessment in relation to victim care/support and dealing perpetrators is incorporated into the Personal Plan. The Provider shall use appropriate independent services including advocacy, counselling or Victim Support. The action plan shall be constantly monitored.

A 23.11 Without prejudice to other rights and remedies the Council may have for material breach of the Contract available to them under the Contract or at common law, or under statute, the Council having statutory lead responsibility under the Adult Support and Protection (Scotland) Act 2007 to protect Adults at Risk reserves the right in consultation with the provider and other statutory bodies, to choose not to make Placements where there are concerns about the safety and welfare of the Adults at Risk and as such a decision shall be communicated to the Provider.

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