



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

East Renfrewshire Partnership June 2023

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Map showing divisional concern hubs

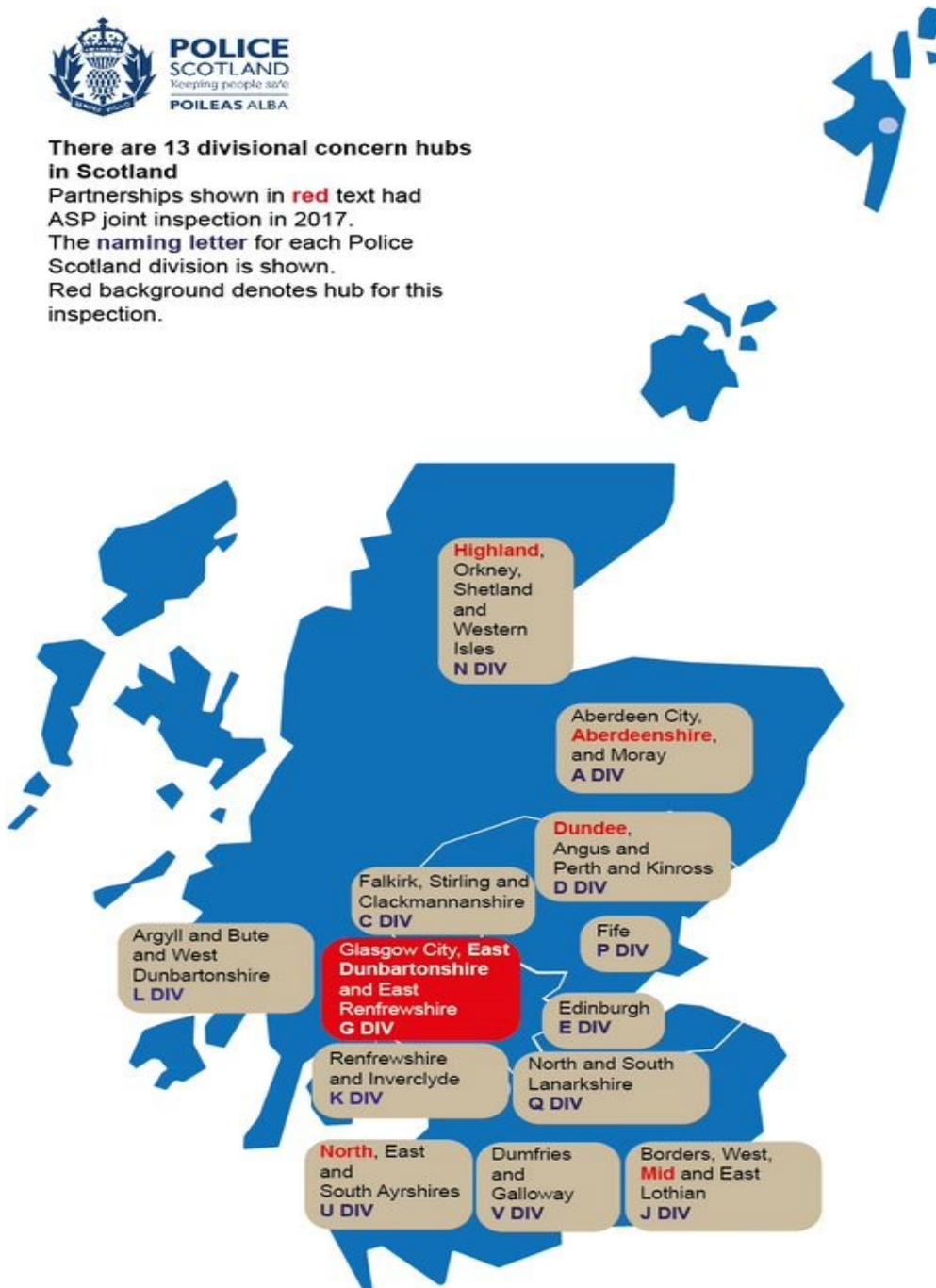


There are 13 divisional concern hubs in Scotland

Partnerships shown in red text had ASP joint inspection in 2017.

The naming letter for each Police Scotland division is shown.

Red background denotes hub for this inspection.



Joint inspection of adult support and protection in the East Renfrewshire partnership

Joint inspection partners

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

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual local partnership¹ areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these 26 inspections and the previous inspection work we undertook in 2017-2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the East Renfrewshire partnership area were safe, protected and supported.

The joint inspection of the East Renfrewshire partnership took place between January and June 2023. We scrutinised the records of adults at risk of harm for a two year period, January 2021 to January 2023.

The East Renfrewshire partnership and all others across Scotland faced the unprecedented and ongoing challenge of service recovery as a result of the Covid-19 pandemic. We appreciate the East Renfrewshire partnership's co-operation and support for the joint inspection of adult support and protection at this difficult time.

Quality indicators

Our quality indicators² for these joint inspections are on the Care Inspectorate's website.

1

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

2

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

Progress statements

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

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

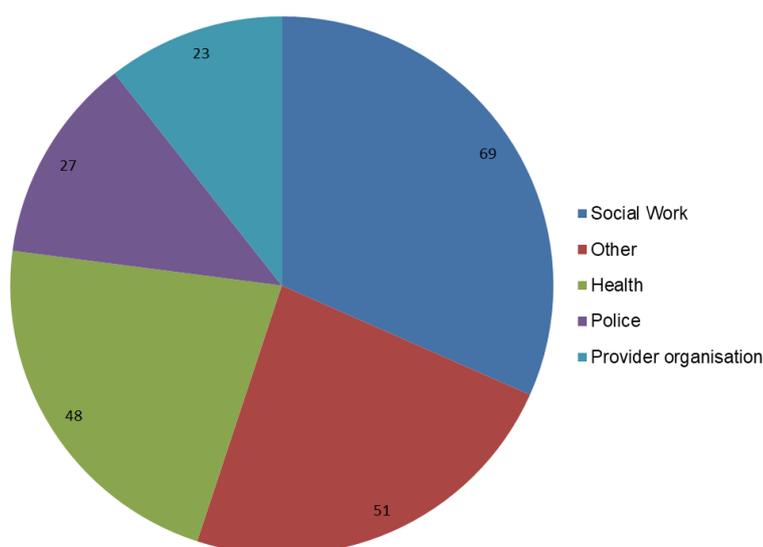
Joint inspection methodology

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

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

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

Respondents by Employer type



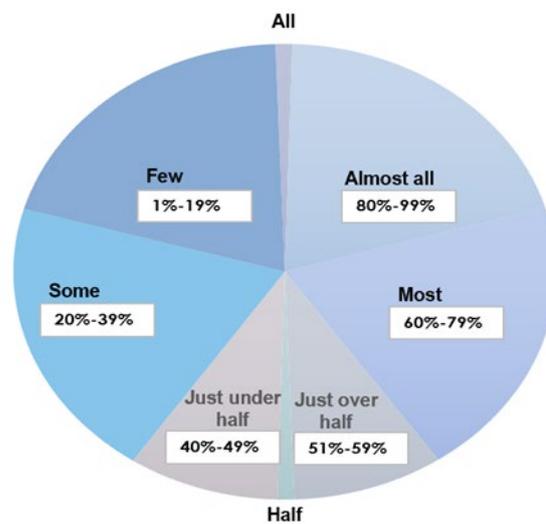
The scrutiny of social work records of adults at risk of harm. This involved the records of 40 adults at risk of harm who did not progress beyond adult support and protection inquiry stage.

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

Staff focus groups. We carried out two focus groups and met with 25 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges

Data descriptors for percentage scale



Summary – strengths and priority areas for improvement

Strengths

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.
- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.
- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

Priority areas for improvement

- The partnership should improve the quality of chronologies to ensure they are comprehensive, and inclusive of relevant life events and analysis.
- The involvement of adults at risk of harm and their unpaid carers at a strategic level should be a priority for the partnership.
- Strategic leaders should establish multi-agency quality assurance and self-evaluation of adult support and protection practice including a multi-agency approach to audit of records.

- Strategic leaders should build on the existing foundations to ensure the full involvement of all key partners in relevant aspects of adult support and protection practice going forward.

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

Key messages

- Adults at risk of harm were always supported, appropriately prioritised, and fully involved in their adult support and protection processes.
- Adult support and protection inquiries and investigations always determined what interventions were required to keep adults at risk of harm safe and protected.
- Adult protection key processes were delivered very effectively, and almost always achieved improved outcomes for adults at risk of harm.
- Oversight of frontline social work decision making was robust and resulted in positive outcomes for adults at risk of harm.
- High quality case conferences, enhanced by input from a dedicated business support team, contributed to improved outcomes for adults at risk of harm.
- Health was a strong partner and integral part of adult support and protection early interventions. Health staff acted appropriately to support adults at risk of harm when they presented to health services.
- Most chronologies were not fit for purpose and did not inform the delivery of adult support and protection for adults at risk of harm.
- Health staff were not always deployed as a second worker when they should have been.

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

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns

A dedicated business support team received all referrals for adults at risk of harm. Partner agencies used a standard form whilst referrals from members of the public were accepted in other formats. Almost all staff surveyed understood the referral process for adults at risk of harm and felt encouraged to make referrals to social work. The adult support and protection team manager effectively oversaw and screened referrals within 24-hours.

Initial inquiries into concerns about adults at risk of harm

The past three years saw a period of improvement for the delivery of adult support and protection. Developments occurred because of, and despite the Covid-19 pandemic. They had impacted positively on all elements of key adult support and protection processes, including initial inquiries. One development was the creation of a dedicated adult support and protection team. Since inception during the Covid-19 restricted periods, this team of council officers had delivered effective adult support and protection services from a co-located health and social care base. This team worked collaboratively with health staff delivering essential services during this time. The dedicated team's approaches, knowledge and skills had been disseminated more widely, meaning this effective adult support and protection practice was well embedded.

Council officers promptly carried out initial inquiries into the circumstances for adults at risk of harm. The quality of the handling of referral inquiries was almost always good or better with some very high-quality work noted. Positively, face-to-face contact with the adult at risk of harm was encouraged as part of the initial inquiry. This was evident in just under half of cases. Inquiries were of a high quality and were always informed by multi-agency communication. The three-point criteria was applied correctly in almost all cases, although for a few adults at risk of harm this was not clearly documented in their records. Importantly, the decision for no further action under adult support and protection was correct for all adults at risk of harm. Staff surveyed were also confident referrals for adults at risk of harm were handled effectively. Management oversight was thorough and evident in all initial inquiries for adults at risk of harm.

Inquiry work linked well to early intervention and prevention pathways. For example, adults who experienced harm because of issues with medication were often referred to the medication support service. They delivered effective, prompt and direct interventions. These reduced the need to progress relevant cases to investigation and minimised the risk to adults at risk of harm. Furthermore, it was appropriately arranged for some adults at risk of harm to receive further support by the health and social care partnership as follow up to the initial inquiry.

Investigation and risk management

Chronologies

Chronologies for adults at risk of harm are an important element of risk assessment and risk management. Chronologies were present every time one was required. However, the quality was variable with some weak or unsatisfactory. The partnership did not have a separate template for chronologies but used the chronology function on their electronic business information system. Social work staff independently determined which information should be included in the chronology. Most often this was limited to adult support and protection information and did not include other important relevant life events. There were only a few chronologies that were inclusive of other significant life events and analysis.

Guidance for chronologies was available for staff and managers, but this was not fully implemented. Whilst the quality of chronologies had not negatively impacted outcomes for adults at risk of harm, considerable work was still needed to achieve an appropriate standard. The partnership recognised this as an ongoing area for improvement for their adult support and protection work.

Risk assessments

Almost all adults at risk of harm who required a risk assessment had one. The quality was very impressive with almost all good or better, including many that were very good or excellent. Risk assessments for adults at risk of harm were integrated into the adult support and protection investigation template. This ensured they were current and focused on the relevant risks presented. This added to the quality of investigations and supported the safe management of adults at risk of harm. Overall, risk assessments effectively supported adult support and protection processes for adults at risk of harm.

Full investigations

Adult protection investigations were nearly always carried out when they should have been and always effectively determined if the adult was at risk of harm. They were timely, and routinely included information and views from multi-agency partners. When a second worker was required, they were deployed nearly every time. However, this role was fulfilled by health staff in just under half of the cases that it should have been. This meant that some adults at risk of harm who would have benefited from the input of health professionals did not receive this valuable support.

Commendably, the quality of investigations was almost always good or better, with many of those being very good or excellent. Positively, adult support and protection pre-investigation briefing meetings were held with protection plans being well documented. Some investigations were informed by a multi-agency collaborative discussion. This was a forum arranged to discuss and plan investigations. This was a positive addition to the investigative process and enabled the inclusion of an impressive range of professionals and agencies. For example, pharmacy technicians and home care or care home staff. Almost all investigations involved the relevant parties.

The investigation template was integrated in the social work electronic information system. It enabled staff to record the analysis of the investigation effectively.

Adult protection case conferences

An initial adult protection case conference was required for just under half of adults at risk of harm and were convened almost every time within a suitable timeframe. Multi-agency participation was not always present. In some instances, relevant parties were not invited or did not attend. Police Scotland were not invited to some case conferences when they should have been. However, when invited they attended most of the time and contributed meaningfully. Police reports were shared at case conferences to inform ongoing discussions. Health staff attended case conferences on almost every occasion.

Adults at risk of harm were invited to their case conferences every time. Although they only attended just under half of the time, in almost all instances, there was a clearly recorded reason why the adult did not attend. When the adult at risk of harm attended, they were always supported to effectively participate. Unpaid carers were almost always invited and attended when invited. The partnership prioritised the adult by inviting them or their representative to speak first, indicative of a strong person-centred approach.

There was clear guidance for case conferences. They were well co-ordinated and recorded by the dedicated adult support and protection business support team. This contributed to a well-organised and consistent approach. The quality of minute taking was excellent. This meant the depth and range of the discussion was well-evidenced in addition to any agreed protection actions. Case conferences were always effective at determining the actions required to keep adults safe and protected. The quality of all case conferences was good or better with most being very good or excellent.

Adult protection plans / risk management plans

Guidance and a standard template were available for adult protection plans. To promote the involvement and engagement of adults at risk of harm, council officers discussed protection plans with the adult prior to the case conference. Subsequently they were discussed and agreed at the case conference. This approach worked well.

All adults at risk of harm that required a protection plan had one. Almost all plans were up to date. Protection plans included the adults' protective factors and risk management. Some plans could have included more detail on timescales and the expected outcomes. Overall, the quality of most protection plans was good or better.

Adult protection review case conferences

Some adults at risk of harm required a review case conference. In almost all of these cases, one was arranged. Review case conferences were undertaken in the same manner as initial case conferences. They were always timely, and effectively determined the actions required to support and protect the adult at risk of harm.

Implementation / effectiveness of adult protection plans

Effective case conferences supported the delivery of adult protection plans because roles and responsibilities were well-understood by participants. Core groups further supported the implementation of protection plans. Almost all staff surveyed agreed they were supported to work collaboratively to achieve positive outcomes for adults at risk of harm. Furthermore, almost all staff felt optimistic about overcoming barriers to achieve the best outcomes for adults at risk of harm.

Large-scale investigations

Comprehensive guidance for large-scale investigations was available. One large-scale investigation reached its positive conclusion during our inspection. Examples of person-centred transition plans, positive outcomes, and service user feedback were highlighted in case studies used by the partnership to share learning with staff. The East Renfrewshire health and social care partnership received the 'Working Together' award at the 2021 Scottish Social Services Awards for their collaborative work during the large-scale investigation.

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

Overall effectiveness of collaborative working

Up-to-date multi-agency adult support and protection procedures were available to all relevant staff. This supported staff confidence in their adult support and protection roles and responsibilities and those of others. Almost all staff knew what was meant by harm under adult support and protection and how to apply the three-point criteria. Confidence amongst staff was high and nearly all knew where to get advice if they were worried an adult was at risk of harm. Collaboration around the dedicated adult support and protection team was the catalyst for this and supported a culture of shared responsibility and partnership working.

Health involvement in adult support and protection

Health was a strong strategic partner in the leadership and delivery of adult support and protection. This was reflected in the contribution health professionals made to improved safety and protection outcomes for adults at risk of harm. Across all health settings, the intervention from the appropriate health team to keep adults at risk of harm safe and protected was good or better on every occasion.

The health and social care partnership invested in dedicated health roles to support an integrated approach to adult support and protection within care homes. Care home liaison nurses had a key role in identifying care home residents who were at risk of harm. They provided staff with additional support to safeguard adults at risk of harm within care homes. The older adults community mental health team was engaged with adult support and protection activity. They delivered relevant training to care home staff and provided advice and guidance to social work colleagues in adult support and protection investigations and protection planning as required.

All health staff surveyed fully understood their role and what to do when they had concerns about an adult at risk of harm. They were confident about appropriately escalating matters relating to adult support and protection. Almost all health staff were confident about applying the three-point criteria. They had access to systems that allowed for accurate recording of adult at risk concerns.

Health staff shared information effectively with adult support and protection partners. In almost all cases adult support and protection concerns were clearly recorded in the health record and the quality of the information was good or better. Where an adult protection concern was initiated by health staff, they got appropriate feedback regarding the outcome of the referral. This was recorded within the health record in almost all cases.

Capacity and assessment of capacity

There was evidence of concerns about the adult at risk of harm's capacity to make informed decisions in some of the cases that progressed to adult support and protection investigation stage.

Commendably, social work requested an assessment of capacity for all adults at risk of harm who required one. Health professionals carried out the subsequent capacity assessments competently and timeously for most adults. Notably, some assessments, although referred, were not progressed. This meant information relating to the adult's capacity did not inform the adult support and protection process.

Police involvement in adult support and protection

Contacts made to the police about adults at risk of harm were always effectively assessed by control room staff for threat, harm, risk, investigative potential, vulnerabilities, and engagement required (THRIVE). Almost all cases had an accurate STORM Disposal Code (record of incident type).

In almost all cases the initial attending officers' actions were good or better competent practice which contributed to the multi-agency response. The assessment of risk of harm, vulnerability and wellbeing was informative in almost all cases. The wishes and feelings of the adult at risk of harm were almost always appropriately considered and properly recorded.

Where adult concerns were recorded, officers shared information promptly on almost all occasions, using the interim vulnerable persons database (iVPD). In almost all instances there was a frontline supervisory input. This contribution was good or better in just over half of the cases.

Divisional concern hub staff actions and records were good or better in most cases. A resilience matrix and narrative of police concerns was recorded in almost all instances. All referrals were shared promptly to partners.

Importantly, in a few complex initial investigations, Police Scotland disproportionately focused on criminality resulting in vulnerabilities of victims not being identified. The research and assessment by the divisional concern hub did not always apply a holistic approach to individual needs and expectations.

In the social work records of some adults at risk of harm it was evident council officers were contacting the divisional concern hub via the public telephone number rather than a single point of entry for partners. This delayed council officers in collating relevant information in relation to adult support and protection.

Where the criteria for application of the Police Scotland escalation protocol was met (instances of repeat involvement), most cases were not subject to review when they should have been. This meant the national escalation protocol was not being applied consistently.

Third sector and independent sector provider involvement

Adults at risk of harm were supported by a range of third sector and independent sector organisations, particularly in relation to domestic violence and substance misuse. Health and social care staff proactively offered support and bespoke training to help providers to effectively support adults at risk of harm. Providers welcomed this provision.

Key adult support and protection practices

Information sharing

Information sharing arrangements were outlined in the adult support and protection procedure. Partner agencies shared information about adult support and protection appropriately. “Where police were involved in collaborative investigative discussions there was no process for ensuring information shared was consistently recorded within the police system. Opportunities remained to further develop this input”.

There was a process to ensure outcomes from adult support and protection referrals were shared with the referrer in writing. These outcome letters were contained in the records for adults at risk of harm. Most staff agreed they received timely feedback from adult support and protection referrals.

Management oversight and governance

All adult support and protection activity in social work records had oversight from two managers. Their recordings were detailed and analytical. They offered a supporting rationale for outcome decisions for adult support and protection. Staff said this was supportive and particularly helpful in the event of differences of opinions. Strong evidence of supervision, line managers reading records and governance was evident in almost all social work records for adults at risk of harm. Almost all staff reported they received adequate supervision to enable them to achieve high standards of practice. Evidence of exercise of governance was present in all police records and almost all health records.

Involvement and support for adults at risk of harm

The partnership was focused on involving the adult at risk of harm. This was evidenced by the appropriate involvement of all adults at risk of harm at all adult support and protection stages including initial inquiry, investigation, case conference and protection planning. Any barriers to engagement were appropriately overcome. Adults at risk of harm always received effective support to actively engage with their adult support and protection activity. Just under half of adults at risk of harm had an unpaid carer involved. Where appropriate, they were invited to be involved in the adult protection activity in almost all instances.

The involvement of adults at risk of harm in their adult support and protection processes was a key area of strength for this partnership.

Independent advocacy

Commendably, the partnership offered independent advocacy to almost all adults at risk of harm who would have benefited from it. Almost all adults at risk of harm who wanted an independent advocate got one promptly. Despite active promotion there was a low uptake of advocacy support with most adults declining this. When used, independent advocates provided a valuable service that supported adults at risk of harm to articulate their experiences or participate in formal meetings. They aided professionals in social work, health, and the police to understand the needs and expectations of adults at risk of harm.

Financial harm and alleged perpetrators of all types of harm

A few adults at risk of harm were subject to financial harm. In all cases the partnership took good actions to stop the harm.

There was an alleged perpetrator of harm for some adults at risk of harm. In almost all instances their identity was known to the partnership. Appropriate action was almost always taken against the perpetrator, including police involvement, resulting in criminal proceedings. The partnership undertook work with a few of these alleged perpetrators. This work was effective and was undertaken in all cases when it should have been.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced an improvement in their circumstances because of multi-agency adult support and protection activity. Staff agreed adults were safer and had a better quality of life because of adult support and protection interventions.

Adult support and protection training

The partnership had a joint adult support and protection framework that included an annual public protection training schedule. This outlined available training in relation to different staff groups. This effectively supported staff to understand what was required of them in relation to training attendance.

The partnership delivered a necessary programme of training aligned to the adult support and protection procedures. Despite there being a significant number of changes to practice, staff said they were useful. Most staff surveyed reported changes were well managed and communicated.

Following a period of primarily on-line training, multi-agency in person training was available again. Most staff were confident they had access to this training. Staff were positive about the impact of training on their understanding of risk and their ability to fulfil their role in relation to adult support and protection. Staff valued the involvement of managers fulfilling the role play aspects in the training. They said this felt supportive and encouraging.

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

Key messages

- Strategic leaders worked well together to deliver highly efficient person-centred key processes that delivered the right outcomes for adults at risk of harm.
- Leaders worked collaboratively with staff to improve services for adults at risk of harm. Staff felt empowered to influence change.
- The social work quality assurance framework and the effective oversight arrangements supported leaders to understand the priorities for frontline service delivery.
- Leaders prioritised staff wellbeing and created and facilitated a culture of learning and improvement.
- Leaders invested in research, education, and creative community services to support planning and interventions for adults at risk of harm.
- People with lived experience, including adults at risk of harm and unpaid carers, were not engaged in adult support and protection strategic service planning or improvement activity.
- Establishment of a multi-agency approach to quality assurance and self-evaluation would further strengthen governance of adult support and protection.
- The adult protection committee core membership was inclusive; however, attendance was frequently not optimum. Review of this could support a fuller and more meaningful attendance at the committee.

We concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Vision and strategy

The partnership did not have an explicit vision statement for adult support and protection. But they did have six key strategic priorities that underpinned adult protection, and these were well understood by most staff. They were outlined in their current adult protection improvement plan. The priorities were well embedded and supported an important culture of adult support and protection learning and continuous improvement. Staff were less confident that the partnership was active at raising public awareness of adult support and protection. The partnership identified public awareness as an area for improvement.

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

The chief officers' public protection group had overall responsibility for the delivery of adult protection services. The adult protection committee met quarterly and reported directly to this group. The membership was inclusive but attendance at meetings was not always optimal. Despite this, both the adult protection committee and chief officer's public protection group received good quality reporting information. This meant they were aware of, and took action to address, service delivery issues and progress with improvement agendas.

Strategic leadership was cohesive and integrated. The long-established co-location of health, social work and social care services supported an embedded integrated approach.

The partnership had a culture of valuing staff wellbeing. Staff were supported during periods of extreme service pressure with strategic leaders being visible and involved in adult support and protection activity during critical moments. The partnership had a progressive and inclusive range of wellbeing support for staff. This included promotion of trauma awareness and inclusion of trauma informed approaches within workforce and caseload management activity. Examples of good practice were routinely identified through supervision and management oversight to share and celebrate success. Most staff felt valued for their adult support and protection work.

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

The service user engagement and communications sub-committee was responsible for driving involvement of adults at risk of harm. Although there had been no formal engagement at a strategic level there had been a recent informal engagement session led by a council officer. All participants wanted to be involved in future sessions and the partnership planned for this to lead to further engagement. Adults at risk of harm were not represented at the adult protection committee. The partnership acknowledged it needed to do more to reflect the voice and lived experience of adults at risk of harm at a strategic level.

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

Strategic leaders effectively oversaw the quality of frontline service delivery of key processes. This enabled improvements to be targeted and ensured staff were supported effectively. Social work electronic business management systems were adapted to better support the effective recording of adult protection information. This ensured information was more available and accessible than it was previously. A culture of putting the adult at risk of harm at the centre of their adult support and protection experience was evident in the delivery of key processes. Learning from case studies focused on outcomes for adults at risk of harm, and their unpaid carers augmented this approach.

The integrated and inclusive leadership of adult protection was replicated in frontline services through the involvement of wider adult protection partners, including housing services and third and independent sector care providers. Mechanisms such as huddles and the providers forum supported the work of care homes and care at home services. This included enabling early interventions and identifying adults at risk of harm. Early feedback from the introduction of a care home link worker from the adult support and protection team was positive.

East Renfrewshire council commissioned research to evaluate the local impact of Covid-19. This investment was commendable and enabled strategic leaders to be more informed about the community's needs.

Quality assurance, self-evaluation and improvement activity

Considerable improvement activity was undertaken in recent years. Despite the added pressures of the Covid-19 pandemic the partnership prioritised improvements to adult protection work. The social work quality assurance framework supported the delivery of highly effective and consistent adult support and protection practice. There was a strong culture of continuous improvement. Staff were encouraged to feed back their experience of changes to practice via staff forums and focus groups. Leaders responded to feedback from staff if changes to practice were not workable at the frontline.

The oversight for adult protection activity enabled peer learning and further supported a consistent approach to practice. Team managers carried out monthly audits of the social work records of adults at risk of harm and reported on areas for improvement. A more detailed single agency audit was carried out by social work in April 2022. This focused more on overall quality rather than the quality of individual component parts of adult protection activity. It did, however, gather sufficient evidence to inform ongoing developments. There was an improvement plan for adult protection. It was not RAG rated but leaders had a good understanding of the progress of the plan and improvement actions were underway.

The partnership was committed to maintaining the most current knowledge base in relation to adult support and protection. They had a dedicated funding stream to enable two members of staff to undertake post graduate modules in adult support and protection each year. Participants were supported to share newly acquired knowledge more widely to improve services.

Initial case reviews and significant case reviews

There were no initial case reviews or significant case reviews during the inspection timeframe. The multi-agency policy, practice and procedure subgroup to the adult protection committee were developing a local procedure to support the implementation of the national guidance on learning reviews.

The council officers' forum was a learning environment where local and national learning was reviewed to consider the implications for practice.

Summary

Adults at risk of harm in East Renfrewshire benefited from good leadership of adult support and protection which resulted in very effective key processes that achieved favourable person-centred outcomes for adults.

The partnership had a sound and constructive continuous improvement approach for adult support and protection. This created a safe and supported environment for staff to influence service improvements for adult protection. The adult protection committee exercised effective leadership for delivery of key processes. It was well supported by subcommittees. This enabled the committee to have a deep understanding of the areas of the frontline service delivery and areas for improvement. The strategic priorities for adult services as outlined by the adult protection committee provided clear direction.

The commitment and involvement of strategic leaders during crisis and high demand periods was commendable. Coupled with the focus on staff wellbeing, this created a supportive culture of togetherness where leaders and staff shared responsibility for service delivery.

Staff training, procedures, and good operational oversight supported the delivery of high-quality consistent adult support and protection services.

Health was a strong adult support and protection partner. Innovations such as the care home liaison nurses and the medication support service supported efficient and early interventions to keep adults at risk of harm safe.

The partnership should continue to build on their efforts to engage the voice of the lived experience at a strategic level. Where relevant, they should ensure chronologies are utilised to maximum benefit to support the management of adults at risk of harm.

While governance of adult support and protection was sound, the partnership would further benefit from establishment of a multi-agency approach to quality assurance and self-evaluation.

Next steps

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

Appendix 1 – core data set

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

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

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 100% of adults at risk of harm had a chronology
- 15% of chronologies were rated good or better, 84% adequate or worse

Risk assessment and adult protection plans

- 96% of adults at risk of harm had a risk assessment
- 83% of risk assessments were rated good or better
- 100% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 76% of protection plans were rated good or better, 24% were rated adequate or worse

Full investigations

- 100% of investigations effectively determined if an adult was at risk of harm
- 96% of investigations were carried out timeously
- 92% of investigations were rated good or better

Adult protection case conferences

- 96% were convened when required
- 100% were convened timeously
- 45% were attended by the adult at risk of harm (when invited)
- Police attended 71%, health 95% (when invited)
- 100% of case conferences were rated good or better for quality
- 100% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 85% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 90% of inquiry officers' actions were rated good or better
- 79% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 97% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 88% good or better rating for the quality of ASP recording in health records
- 97% rated good or better for quality information sharing and collaboration recorded in health records

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

Information sharing

- 90% of cases evidenced partners sharing information
- 100% of those cases local authority staff shared information appropriately and effectively
- 93% of those cases police shared information appropriately and effectively
- 96% of those cases health staff shared information effectively

Management oversight and governance

- 100% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 86%, police 100%, health 86%

Involvement and support for adults at risk of harm

- 100% of adults at risk of harm had support throughout their adult protection journey
- 100% were rated good or better for overall quality of support to adult at risk of harm
- 92% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 2% did not concur, 6% didn't know

Independent advocacy

- 97% of adults at risk of harm were offered independent advocacy
- 31% of those offered, accepted and received advocacy
- 91% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 100% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 70% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 12% of adults at risk of harm were subject to financial harm
- 100% of partners' actions to stop financial harm were rated good or better
- 100% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 92% of adults at risk of harm had some improvement for safety and protection
- 97% of adults at risk of harm who needed additional support received it
- 88% concur adults subject to ASP, experience safer quality of life from the support they receive, 5% did not concur, 7% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 76% concur local leaders provide staff with clear vision for their adult support and protection work. 8% did not concur, 16% didn't know

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

- 79% concur local leadership of ASP across partnership is effective, 6% did not concur, 15% didn't know
- 72% concur I feel confident there is effective leadership from adult protection committee, 6% did not concur, 22% didn't know
- 57% concur local leaders work effectively to raise public awareness of ASP, 11% did not concur, 32% didn't know

Quality assurance, self-evaluation, and improvement activity

- 65% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 10% did not concur, 25% didn't know
- 68% concur ASP changes and developments are integrated and well managed across partnership, 7% did not concur, 25% didn't know