

Paper for	Project Board
Subject	Adult Support & Protection in Care Home and Independent Hospital settings
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Revision History

Version	Comments	Author	Date	Status
0.1	Initial draft	JB	Jan 2013	draft
0.2	Amendments made following meeting of Feb 2013	JB	Feb 2013	revised draft
0.3	Amendments made following Forum meeting of May 2013	JB	Apr 2013	approved draft
0.4	Amendments made following team meeting of August 2013	JB	Oct 2013	revised draft
0.5	Amendments made following project team meeting of Oct 2013. Risk log reformatted & products added	JB	Oct 2013	revised draft
0.6	Amendment to Training product description	JB	Nov 2013	revised
0.7	Amendment to project title	JB	Dec 2013	revised
0.8	Amendments for publication	JB	Jun 2014	final

Project brief

1. Background

1.1 In August 2012 the National Adult Protection Policy Forum (Forum) agreed 5 national priorities for adult support and protection (ASP) for Government to focus on in 2013-14. The priorities were derived from various sources, including the National Adult protection Coordinators report, which identified a large number of issues across the country; existing work streams, biennial reports from conveners of Adult protection committees (APC) and those issues which Government believes need to be given particular attention on a national basis. One of the agreed priorities was to consider how adult support and protection in residential care settings was being delivered. Residential Care plays a vital role in adult protection and although there are examples of awareness and good practice in various parts of Scotland relatively little is known nationally about how well adult protection is being delivered in these settings.

1.2 Harm can occur from a number of sources, including families, staff and others. There are great sensitivities where family may be involved, and a complex regulatory picture as regards any staff or others employed in care homes or independent hospitals. There is a concern about the small number of Adult protection referrals from care settings (compared to that with young people in secure care or children's home). Areas of interest include the use/relationship of the ASP Act in care homes, the roles and interaction of local authorities' and bodies with scrutiny and improvement functions (Care Inspectorate CI, Healthcare Improvement Scotland HIS, Mental Welfare Commission MWC, NHS) and whether they work well together at local level and on the ground in terms of sharing information etc.

1.3 Adult protection was highlighted as a result of the Winterbourne cases and, there have been a number of recent Parliamentary debates – including the Parliamentary inquiry into the Regulation of Care for Older People last year. The project team decided at the first meeting that the project should include independent hospitals (particularly psychiatric) as well as care homes.

1.4 Previous work carried out nationally includes Act Against Harm posters sent to every care home in the country as part of a campaign which also included GP surgeries and hospitals (March 2012). The general sense from the 2010-12 Biennial reports is that APCs are gradually embracing and working on the issue of adult protection in care homes. There are some specific best practice examples (such as an audit of care home training needs, and the development of a working group, in East and Midlothian and training courses for care home staff in Dundee and West Dunbartonshire) but it does not appear to be yet a common area of focus.

1.5 A project was commissioned by Scottish Government to pilot abuse in care indicators developed in England for relevance and application in Scotland. Key findings of the project were shared at an Association of Directors of social work event in May 2013. Further information on this project is available in the Resources section of the SG website.

2. Project definition

2.1 Project objectives

To enable and support the consistent delivery of adult support and protection in care home & independent hospital settings to reduce the risk of harm to 'adults at risk' these settings. The project vision is to ensure as far as possible support & protection in care settings complies with the principles of the Act. A person centred approach is desired, so service users keep safe and 'feel safe', with a focus on dignity, safeguarding and prevention.

Aims include:

- existing good practice & successes to be identified maintained & shared.
- improved awareness and understanding (via staff training & raising of public and service user/carer awareness).
- improved practice & processes (e.g. improved system of referrals, earlier & easier identification of concerns & incidents &, easier reporting & monitoring.
- greater assurance provided to staff (confidence) and service users (positive expectations).

2.2 Project Deliverables

Proposed deliverables of the analysis phase of the project:

- Investigation of existing levels and types of most common recorded harm and how it is addressed.
- Identification of other related good practice & well developed processes e.g. care standards, human rights, re-shaping care, child protection Identification of most common successes and failures to address concerns about harm.
- An audit of the level of awareness & understanding of adult protection in care homes and independent hospitals - staff, residents & public at large.
- An audit of the level of, type, quality and relevance of training on ASP in care and independent hospital settings (inclusion of training on raising of concerns), implementation of training follow up, existing resources available and value of them.
- An assessment of the level and type/ nature of referrals.
- An analysis of current reporting of concerns & complaints processes.

Post analysis proposed deliverables for project:

1. A national model for multi-agency adult support and protection practice for care homes and independent hospitals. Service providers, service users and carers should be included and involved in this work.

2. Improved staff training and awareness through:

a/ development of a set of Learning outcomes specific to different staff groups in care home and independent hospitals;

b/guidance on ways to achieve these outcomes using adapted/updated existing training resources;

c/ evaluation and adaption of some of the existing training resources.

3. Raising awareness of the public in particular service users and carers of the right to dignity in care and to support and protection through the Act.

4. Mapping of the roles and responsibilities of all organisations with duties under the Act and which can contribute to the support and protection of adults at risk outwith the specific duties of the Act. The purpose is to improve understanding between agencies and identify any gaps in roles and responsibilities.

5. A paper outlining Recommendations for consideration for future delivery, seeking comment of the Forum initially. The work on the other 4 products may result in some recommendations for this product.

2.3 Scope

2.3.1 In scope (and dependencies)

The support and protection of adults at risk of harm (as defined in the ASP Act 2007) in Care homes (includes Nursing homes) and independent hospitals. (as defined as the Public Services Reform Act 2010, in particular psychiatric hospitals)
Consideration of risk associated with changes to self-directed support.

2.3.2 Out of Scope

- Support and protection of other adults who may be at risk of harm but do not meet the '3 point test' as defined in the Act.
- Support and protection of adults who may be at risk of harm in other care/ settings (Day care/non-residential care, sheltered housing, Private homes including rented accommodation with care at home provision & prisons/secure units.
- Any impact of the changes due to the Public Bodies(Joint Working)(Scotland) Bill (Health & social care integration) as this comes into force post the lifespan of the project.

However this work may benefit other adults and adults at risk in other care settings also and the impact of health and social care integration could be considered as a next phase of work.

2.3.3 Assumptions/Constraints

The work is within the constraints of existing ASP legislation as well as Adults with incapacity, the Mental health Act and other existing related legislation. It is also within the constraints of legislation for sponsorship of the CI, HIS and MWC. However recommendations for amendments to legislation and/or related guidance could be products of the project.

2.3.4 Interfaces

The project will interface with the other National priority projects, in particular the project on adults at risk of Financial harm and Service User and Carer involvement in Adult support and protection. It will also interface with National care standards (a review of which has just begun), the Dementia standards and the work the Equality and Human rights commission. It will interface with the ' Abuse in care project' noted in clause 1.5.

3. Outline business case

Adult protection work has evolved considerably since the 2007 Act came into force. It is clear from a number of sources, including the National Adult Protection

coordinator's report, and the biennial reports prepared by Conveners of the Adult protection committees that the way the work has evolved over the past few years varies considerably in depth and quality across the country. The Adult Protection Forum has identified care homes as one of the five areas where priority should be given to assessing the current position of adult protection awareness and practice so that as far as possible the principles of adult support and protection legislation are upheld in care home settings, and the good practices that currently exist can be shared and developed across the country.

3.1 The benefits of the project are anticipated to be a contribution to the following outcomes:

- Enhanced quality of life and dignity for care home /independent hospital residents
- Lower risk of harm in care home and independent hospital settings
- Increased confidence of staff in dealing with adult protection issues
- Increased confidence and positive expectations of users and carers in residential care

3.2 Funding

Funding is available to the project for meetings, research and to assist with delivering certain products. The expectation is that the costs should be outweighed by the benefits of a lowered risk of harm in a care settings in future, leading to possible reduction of resource requirements by adult protection teams.

3.3 Outcomes and actions/outputs

Actions and outputs from products from the project may include:

- National model - national procedure for monitoring of referrals, incidents and concerns
- National model - guidance for large scale investigation (and thresholds between individual concerns and culture/regime)
- Awareness -Publicity on rights of adults in care homes and independent hospitals
- Training - improved multi-agency staff training materials
- Training - Seminar or focus group on adult support and protection for care home & independent hospital managers, staff and providers
- Recommendations - National standards of training (and training needs analysis)
- Recommendations - for changes to legislation or guidance
- Recommendations - on means to monitor improvements
- Recommendations - mechanism for enhanced sharing of ASP good practice and promotion
- Dissemination of the Early concerns framework with guidance on its use and evaluation

4. Project approach – initial consideration of milestones

Stage	Description	Target time
Stage 1	Project team established	January 2013
Stage 2	1 st project meeting - Team membership,	February 2013

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	objectives & aims agreed	
Stage 3	2 nd project meeting - project brief, scope, agreed, options for analysis discussed	April 2013
Stage 4	Questions for issue for analysis agreed	May 2013
	Care seminar & Board meeting feedback	May 2013
	(National Adult protection conference)	June 2013
Stage 5	Responses & analysis received. Project meeting 3. Project plan agreed.	June 2013
Stage 6	Project meeting 4. All analysis completed. Board meeting. Options for products based on analysis considered.	August 2013
Stage 7	Options & products agreed. Work progressing to deliver products. Board meeting November. Project meetings 5/6	Sept – Dec 2013
Stage 8	Work progressing on 'guidance' product	November – Feb 13
Stage 9	Project meeting 7. Present recommendations to Board Feb.	February 2014
Stage 10	Project closed. Report disseminated with products. Lessons learned recorded.	May - June 2014
Stage 11	Lessons learned recorded.	August 2014

5. Customer Quality expectations

The quality of the products the customer should expect will be defined on consideration of products to be delivered.

6. Acceptance criteria

The products will be checked to see if they are acceptable to the product users by the Project Board (the Forum). Consideration will also be given to whether independent review or testing of products by other users needs to be carried out.

7. Communication strategy

The parties interested in (including stakeholders affected by) the project include:

- Scottish Ministers
- Scottish Government e.g. Community safety, Adult support and care Division, Integration & reshaping care Division
- Project Manager & Team – as below
- Project Board & Project Executive – as below
- Adult protection Committees (on Board)
- Councils - Adult protection leads (On Board)
- WithScotland (on Board)
- Scrutiny bodies (CI, HIS, MWC (on Board)
- NHS Boards (via NHS network)
- Professional registration & regulatory bodies e.g. SSSC, NMC, BMA, GMC
- Trade unions of Care home staff as applicable
- Service Providers e.g. Scottish care and SIHA (including staff)
- Service Users and carers (Third sector and other)

The means to communicate with them about the project will be:

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- via the Project Board quarterly and interim written communications
- via the NHS leads group
- via stakeholder liaison groups /events to be determined by the project team and with advice from the Board.

8. Project organisation structure

8.1 The project has identified key stakeholders as noted in section 7 above.
The project structure is:

- Project Executive - Kirsty McGrath
- Project Board - The Adult protection policy Forum. Membership list is at <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Adult-Support-Protection/Policy-Forum>. This includes new Service User representative members Age Scotland, SCLD, ROSHNI, Carer representative members plus Service providers Scottish Care.
- Project Manager & Team

8.2 Project team members:

Joanne Boyle, Project Manager Scottish Government
Gordon Paterson, Care Inspectorate
Susan Brimelow, HIS
George Kappler, MWC
Donald MacAskill, Scottish Care
Kirsty Kennedy, ADSW (East Dunbarton Council)
Anne Thompson, Midlothian Council (Lead Officer representative)
Dave Marsland/Katrina Finnon, Abuse in Care project lead
Neil Punton, NHS Learning & Development Practitioner
Derek Young, Age Scotland
Rab Murray, Convener of North Lanarkshire

9. Risks/opportunities

	Risk/opportunity	status	owner	Mitigation measures
1	Inadequate resource or support for project delivery /difficulties in getting consistent engagement with key stakeholders	med	Project Exec	Commission work using budget. Accept restrictions and delays in achieving objectives
2	Support of the scrutiny bodies and some service user organisations (i.e. CI, HIS and MWC and Age Scotland) to deliver the objectives of the project	med	Project Exec/Division head	Engagement with scrutiny bodies Seek support from SG HIS sponsor team Mapping exercise product and recommendations Re-issue invite to Alzheimer Scotland
3	Difficulties with scope of the	low	Project	Refer to scope all

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	project		Manager	the way through project. Consult with SDS team
4	Deliverables not fed into & aligned with /consistent with other standards e.g. national care standards, joint inspection methodology, keys to life, dementia strategy etc.	med	Project Exec	Engage with CI, Disability & mental health colleagues as per communication plan in project brief
5	Introducing an unrealistic level of requirement or expectation of care/dignity not sustainable by staff	low	Project Manager	Keep under consideration in project deliverables
6	Professional judgement could be removed if being too prescriptive	low	Project Manager	Ensure products are not prescriptive
7	Difficulty of evaluating success of project within project timescales. It will take time to see if products help deliver changes needed and therefore benefits	low	Project Exec/Division Head	Accept delivery of benefits will take time - evaluate project April 15
8	Ensuring benefits delivered post project close – benefits realisation	med	Project Exec/Division Head	Analysis and support for delivery of benefits to be added to Unit business plan
9	SDS changes	med	SDS team/ Scottish Care	Keep SDS team informed of project, communicate key risks

10. Project Controls

Papers such as project brief, products and decisions to go to the Project Board for approval plus Highlight reports on activity (quarterly). The Project Executive will be ultimately responsible for the project achieving its objectives and delivering products which achieve the benefits. The Project Executive will be supported by the SG Head of Division.