

ADULT SUPPORT AND PROTECTION POLICY - CARE

Policy Statement:

1.1 'McSence Care is part of McSence Communication Ltd and this Policy document relates to the care at home service operated by McSence Care. This policy applies to:

- ✚ "All care employees, prospective employees, agency workers or temporary workers" who will be referred to throughout this policy as "all employees". All employees will be required to comply with this policy.
- ✚ "McSence Premises, Offices, Units, Business Park, Client's Premises, External Meeting Places, Customers' Homes, Gardens, Sheltered Housing, Whilst On-Call, On-Duty, Emergency Cover, Working from Home, Whilst Driving in Company Time" and will be referred to throughout this policy as "the workplace".

Purpose:

2.1 McSence Care at Homeworks to support older people. We believe people who need support, and those who love and care for them, should have the most fulfilling and meaningful lives they can possibly have.

2.2 However McSence Care also recognises that people can be at risk of physical, sexual, financial and/or psychological harm. Clients and their family carers have the right to live their lives free from risk of harm and staff are expected to know what action to take if they observe, suspect, or receive reports of possible harm. McSence Group is committed to protecting individuals from harm, to supporting them to complain about instances of harm or neglect, and to maintaining standards of care that respect the rights, dignity and choice of individuals and prevent harm.

2.3 The principles underpinning the protection and care of those deemed to be vulnerable adults are the same principles that we want to apply in our support of all clients. These principles are:

- ✚ All clients have assets and skills
- ✚ All clients have a right to live peaceably and receive services in an environment which is free from prejudice, fear and safe from abuse
- ✚ We will respect the manner in which our clients choose to live their life
- ✚ We will respect the client's right to privacy
- ✚ All clients should expect not to be discriminated against because of their gender, nationality, religion or beliefs, age, disability, sexual orientation or personal circumstances
- ✚ Actively promote the empowerment and wellbeing of clients at risk of harm in the way we provide their services
- ✚ The wishes of our clients will be listened to at all times
- ✚ Our clients should expect us to help them lead the best life they can
- ✚ We should not intervene in the affairs of a client unless this will benefit the person
- ✚ We will consult with the relevant other people, including the adult's carers, any guardian, advocate and any other relevant person where we have concerns, but this should be wherever possible with the understanding and consent of our clients

2.4 This policy reflects the Adult Support and Protection (Scotland) Act 2007. The Act is about achieving a balance between respecting peoples' rights and taking action where necessary to protect

them. Part 1 of the Act introduces new measures to identify and protect individuals who fall into the category of 'adults at risk'. These measures include:

- ✚ Placing a duty on councils to make the necessary enquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring
- ✚ A requirement for specified public bodies to co-operate with local councils and each other about adult protection investigations
- ✚ A range of protection orders, including assessment orders, removal orders and banning orders
- ✚ The establishment of multi-disciplinary adult protection committees

3.0 Definitions:

3.1 The Adult Support and Protection (Scotland) Act 2007 defines adults at risk as:

- ✚ Aged 16 or over
- ✚ Unable to safeguard their own well-being, property, rights or other interests are at risk of harm
- ✚ Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more at risk to being harmed than adults who are not so affected

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. A person could have a disability, physical and/or mental health problems and be able to safeguard his/her own wellbeing, etc. It is important to stress that all three elements of this definition must be met. It is the whole of the circumstances which can combine to make the individual more at risk of harm than others - this could be different from person to person.

3.2 An adult is at risk of harm if/when:

- ✚ Another person's conduct is causing (or is likely to cause) the adult to be harmed
- ✚ The adult themselves is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm, where this is a new behaviour, and which may be an indicator of other forms of harm conducted by another

3.3 For the purposes of this policy and to ensure our compliance with related legislation and regulations, our definition of harm is as follows. Harm includes all harmful conduct, in particular:

- ✚ Conduct causing physical harm
- ✚ Conduct causing psychological harm
- ✚ Conduct which is unlawful, i.e. That which inappropriately or adversely affects property, rights or interests, e.g. Theft, fraud, embezzlement or extortion and sexual harm
- ✚ Conduct which causes self-harm, where this is a new behaviour, and which may be an indicator of other forms of harm conducted by another
- ✚ Any harm which is witnessed or suspected, or which is reported to McSence care which may not fall explicitly into these definitions, but nevertheless it still remains harm and action is still required

3.4 Staff and clients should be clear that the following people may act in a harmful manner and therefore would be considered in respect to this policy:

- ✚ The individual – who may cause self-harm or self-neglect
- ✚ Family members - partners, husbands, wives, sons, daughters and ex-partners
- ✚ Professional and paid carers, managers and front-line staff
- ✚ Social care staff
- ✚ Medical or health professionals
- ✚ A volunteer or member of a community group such as a place of worship or a social club.
- ✚ Neighbours
- ✚ Friends or acquaintances
- ✚ Visitors

- ✚ Other people who use services
- ✚ A person who specifically targets adults at risk
- ✚ Strangers
- ✚ Potentially anyone who comes into contact with the person

3.4.1 Wherever there is an imbalance of power in any relationship between two or more people, there is always the risk and the potential that one party may use their power and influence in an inappropriate manner. This risk is increased when there is opportunity to harm another and where there is a possibility that harmful conduct may go undetected or unreported.

4.0 Patterns of Harm:

4.1 Harm can take many different characteristics and is evident in different contexts. Not all harm is deliberate - there may be no premeditation. Staff members need to be aware of the diverse types of harm which exist and the indicators which might suggest that harm has occurred or is occurring.

4.2 Discriminatory Harm:

- ✚ Making an unjust distinction on the basis of an individual's gender, nationality, religion or beliefs, age, disability, sexual orientation or personal circumstances.

Indicators of discriminatory harm would include failure to respect cultural/religious needs, exclusion from public services, lack of respect shown, failure to respect dietary needs, not allowing choice, refusal of access to services, bullying, changes to mental state or behaviour.

4.3 Sexual Harm:

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

Indicators of sexual harm would include change in sexual behaviour or language, wetting or soiling, depression, difficulty walking, passing urine, disclosure, hints, comments, secrecy, sudden reluctance to have contact with a particular person or place, changes in routine, fear of dark and new places, suspicion of strangers and groups of people, infection, self-harm or mutilation (sometimes leading to suicide attempts), fear of being alone with a specific person or group of people, having nightmares or keeping secrets.

4.4 Emotional, Verbal and Psychological Harm:

- ✚ Behaviour that has a harmful effect on a person's emotional health and development or any other form of mental cruelty that results in mental distress
- ✚ The denial of basic human and civil rights such as self-expression, privacy and dignity
- ✚ The negation of an individual's choices, independent wishes and self-esteem
- ✚ Behaviour that causes isolation or over dependence and has a harmful effect on an individual's emotional health, development or wellbeing

This includes emotional harm, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal harm, isolation or withdrawal from services or supportive networks

Indicators of such harm would include change in appetite, low self-esteem, unexplained fear, emotional withdrawal, change in behaviour, agitation, distress/tearfulness, confusion,

comfort/obsessive/ritualistic behaviour, self-harm, fear of family/carer being approached regarding their behaviour

4.5 Financial or Material Harm:

Financial or material harm to property, assets, income funds or any resources without the individual's informed consent or authorisation. This includes:

- ✚ Theft
- ✚ Fraud
- ✚ Exploitation, and pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- ✚ It also includes acceptance of gifts from an adult at risk, or deriving benefit from encouraging people to spend money, or spending or managing it on their behalf in a way which does not fit with their wishes, which is fraudulent

Indicators of financial or material would include unexplained sudden inability to pay bills, the person lacks belongings, recent friendships that become controlling, unusual bank account activity, e.g. sudden, unexplained withdrawals from accounts, power of attorney obtained when person is unable to give consent.

4.6 Neglect or Acts of Omission:

- ✚ Failure to provide medical or physical care needs
- ✚ Failure to provide access to appropriate health or social care
- ✚ Failure to provide the basic necessities of life such as medication, warmth, adequate nutrition and personal hygiene and clothing

It includes the failure to intervene in behaviour which is dangerous to the adult at risk or to others. It can also mean self-neglect.

Indicators of neglect would include inadequate heating/lighting, wearing the same clothes day and night, unclean clothing, poor diet, untreated medical problems, poor personal hygiene, bed sores, and sensory deprivation, e.g. not allowed to have glasses or hearing aid.

4.7 Physical Harm:

- ✚ Physical injury or unreasonable physical intervention
- ✚ Restriction to freedom which knowingly inflicted harm or could have been prevented

This can be an action, including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restriction to freedom or inaction, e.g. not doing something about harm or leaving someone in a situation which is causing or likely to cause injury.

Indicators of physical harm would include inconsistent injuries, bruising, burns, lacerations, broken bones, marks indicating inappropriate restriction to freedom, expression of pain, discomfort, sensitivity, distress, tearfulness, changes in appetite and or weight, anxiety/fear/agitation, reaction to particular place or person.

4.8 Self Harm:

The reasons why someone might self-harm are complex and should be considered as part of the assessment of need within each adult at risk's personal plan. Every effort should be made to provide appropriate care and support. Self-harm can take many forms:

- ✚ 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

Where self-harm is a new behaviour, this may be an indicator of other forms of harm conducted by another, and therefore must be reported.

Indicators of self-harm would include significant weight loss or weight gain, disorientation and inebriation, lacerations or welts on arms, legs or torso, hair loss, low mood and motivation, emotional volatility.

4.9 Institutional Harm:

This is mistreatment or harm of an adult at risk by an organisation or individuals within an organisation. It can be through repeated instances of unsatisfactory professional practice, pervasive ill treatment or gross misconduct indicating an abusive climate. It can occur when routines and procedures of the institution override the individual's preferred lifestyle and fail to recognise the individuality and rights of the client.

Indicators of institutional harm would be poor care, misuse of medication, inappropriate physical intervention and restriction to freedom, lack of recording in client files, lack of respect, failure to ensure privacy, lack of flexibility around the timing of care, lack of response to complaints, restricted access to medical care, bathing and toileting facilities. The risk of institutional harm is likely to be greater if the staff:

- ✚ Receive little support from the management
- ✚ Lack training
- ✚ Receive inadequate guidance
- ✚ Have low self-esteem
- ✚ Have poor personal standards
- ✚ Work in isolation

Risk of harm is also greater in institutions with:

- ✚ Poor management
- ✚ Too few staff
- ✚ Little direction from the outside
- ✚ Poor communication with the outside world
- ✚ A closed culture

4.10 Information Harm:

This type of harm could include withholding information or advice about rights or entitlements, failure to help clients access independent advocacy, or being misinformed.

Indicators of this type of harm would include not being involved in personal planning or reviews, lack of awareness of National Care Standards, unaware of complaints procedures (McSence Care Inspectorate and Social Work).

5.0 Roles and Responsibilities:

5.1 McSence Care Managers are responsible for ensuring that procedures are in place to deal with situations of actual or suspected harm and that these are reviewed on a regular basis to ensure effectiveness and ongoing relevance.

5.2 The Service Manager is responsible for monitoring and reporting incidents of suspected or actual harm, and significant occurrences, taking account of local authority guidance. The Service Manager must report actual/suspected harm to Social Work and ensure that the Business Manager and/or the Board is informed and involved as required.

5.3 The Service Manager and Business Manager must ensure that accurate records of alleged or actual harm are kept. Records must be signed and dated by the recorder, factual, identifying dates, times and people involved, evidence or indicators of harm so that this information can be used in court if necessary. All records of alleged harm or abuse must be retained for a period agreed with Social Work, Police or other statutory agencies.

5.4 All staff must report actual or suspected harm of clients as a matter of urgency, in the first instance to the most relevant and senior manager available and pass on the facts. If they are unavailable, the On-Call Procedure must be used, as set out in this policy and procedure.

5.5 All staff must complete McSence Care Core Values and Adult Support and Protection training in their induction training.

5.6 All staff must have access to and have read and understood the following:

- ✚ McSence Care Adult Support and Protection Policy
- ✚ SSSC Codes of Practice
- ✚ McSence Group's Whistle Blowing Policy
- ✚ East Lothian Council's policy on the protection of adults at risk of harm and act appropriately within these
- ✚ The On-Call Policy and Procedure within McSence Care and be able to use this appropriately
- ✚ Social Work 'Out of Hour's' telephone number
- ✚ The telephone number of the local Police

5.7 All staff must understand and follow individual support plans to ensure that clients are supported to live a life as free from harm as possible, and that any physical intervention or limit to freedom is recorded and carried out in accordance with company policy and procedure.

6.0 Code of Practice:

6.1 In preventing or responding to potential harm of clients McSence Care undertakes to ensure that the following code of practice is adhered to:

- ✚ Give paramount consideration to the welfare of clients to keep them safe from harm
- ✚ Ensure the interests and wishes of the adult at risk of harm are kept central to the adult support and protection policy and procedures
- ✚ Ensure clients have access to independent advocacy services to have representation of their wishes and needs
- ✚ Ensure that any action taken to protect an adult at risk of harm includes the person at every stage, to the maximum possible extent
- ✚ Act to safeguard the right of every person to safety and adequate physical, emotional and social care, which is detailed in care and support plans
- ✚ Ensure that members of support staff follow a person's agreed support plans and risk assessments at all times
- ✚ Require each and every member of staff who suspects or has evidence that a person is suffering or likely to suffer from harm, including where self-harm is a new behaviour, to report the matter using the guidance provided in this policy and procedure
- ✚ Take whatever steps are necessary to protect the person in line with McSence care policies and procedures, and such action will take priority over all other work
- ✚ Gather initial information on allegations of harm or risk of harm regardless of the source of the allegation and report these to the relevant authority
- ✚ Act in the best interests of adults who do not have the mental capacity to make informed choices
- ✚ Respect the autonomy, diversity and confidentiality of adults who are being harmed

- ✚ Ensure that the person's communication and physical needs are met so that they can participate in discussion and decision making
- ✚ Provide training for staff on preventing, recognising and responding to adults who are at risk of harm or have provided information on allegations of harm
- ✚ Work in conjunction with guidelines provided by East Lothian council's social work service

7.0 Concerns about the safety of an adult who is at risk:

7.1 All concerns about the care and safety of an adult who is at risk, and allegations of harm must be treated seriously and as a matter of urgency.

7.2 Harm can be directly witnessed, alleged or disclosed by the victim, perpetrator or a third party, or suspected due to observed indicators. All staff members must act on all allegations of harm and should report their concerns to the Service Manager in conjunction with Social Work and as such, cannot guarantee confidentiality to a client, victim, or perpetrator who is witnessed in an abusive situation, or who discloses harm. McSence can give the assurance that information will only be shared with those who need to know. If the Service Manager is unavailable then the Business Manager should be notified, or if the harm occurs out of hours, then the on-call procedure is to be used.

7.3 Irrespective of the way in which harm, or suspected harm comes to light, or the identity of the person suspected of causing harm, it should be taken seriously and the actions in this procedure should be taken.

McSence Group Signatory:



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Policy Amendments & Revisions: This policy will be reviewed annually and, if necessary, revised in the light of legislative or organisational changes. Improvements will be made by learning from experience and the use of an established annual review. Should any amendments, revisions, or updates be made to this policy it is the responsibility of the Company Senior Management Team (SMT) to see that all relevant employees receive notice and training if necessary.

ADULT SUPPORT AND PROTECTION PROCEDURES

1.0 Dealing with Harm which is directly observed:

1.1 Staff should remove the victim to a safe area within the house and make sure they are kept separate from the alleged perpetrator.

1.2 Staff must always ensure the safety of themselves and the adult at risk of harm. They should not pass information to an alleged perpetrator but should record any statements which may be used as part of an investigation.

1.3 Should you believe the client or yourself to be in immediate danger, due to the nature of an injury, or from an alleged perpetrator, who remains in or around the house, call 999 or 112 and ask for the police and/or ambulance service to attend.

1.4 If required to go to hospital to ensure appropriate medical help is given, the relevant member of staff should accompany them and explain the circumstances to the health workers in attendance and notify the Service Manager or McSence Coordinator that they have done so.

1.5 Talk calmly to the person supported and inform them of your actions. Try to make sure the person understands and agrees with the next steps.

1.6 Contact the most relevant and senior manager available and pass on the facts. If they are unavailable, use the on-call procedure.

1.7 Do not discuss the events with the person as this will be done by the Service Manager and/or third party such as the police and Social Work who will determine if the incident should be investigated.

1.8 If dealing with immediate discovery of alleged physical or sexual harm, and there is a possibility that forensic evidence exists, preserve this evidence to prevent contamination to enable the Police to investigate effectively.

1.9 Do not touch anything or clear up the immediate area where harm has allegedly taken place. Do not bathe, wash or remove any clothes from the victim, or allow them to drink anything or clean their teeth.

1.10 Follow the Reporting sections of this procedure and ensure that all relevant information is recorded and reported.

2.0 Dealing with disclosure of past or current Harm:

2.1 When an allegation of harm is made, ensure that you remain calm and do not show shock or disbelief. Listen carefully and give a caring response. Reassure the person that you are taking them seriously and that they are not to blame.

2.2 Explain what will happen next, that you are required to share information with your manager, and that the police may have to be informed if staff suspect that a criminal act has taken place, and that any further investigation will be conducted sensitively with their full involvement. Do not promise to keep secrets.

2.3 Do not attempt to contact or confront the perpetrator. Stay safe and report your concerns to the McSence Coordinator or Service Manager.

2.4 Accurately record what the client has said, using the language they have used.

2.5 Immediately contact the McSence Coordinator or Service Manager and pass on the facts. If out of hours use the on-call procedure.

2.6 Do not discuss the content of the disclosure outside those who are involved in the investigation.

2.7 The manager will ensure that the client is not questioned by, or asked to repeat the allegation/disclosure to, more than one person in the organisation.

2.8 If the client's condition requires medical attention, ensure that the relevant health personnel are contacted and informed of the situation.

2.9 Follow the Reporting sections of this procedure to ensure that all relevant information is recorded and reported.

3.0 Dealing with suspected Harm due to behaviour or other indicators:

3.1 Continue to support the person in the usual activities and manner, dealing with the situation calmly.

3.2 Immediately contact the McSence Coordinator or Service Manager, or on call manager if out of hours reporting your concerns briefly with all relevant facts as possible.

3.3 Accurately record your observations in the daily recording notes in the client's home, clearly noting any indicators which have led you to conclude harm may be taking place, taking care to sign and date this record.

3.4 If harm has been suspected previously and recording or reporting systems are already set up in relation to this, make sure these are completed/followed.

3.5 The Service Manager will report suspicions to the Social Work department at the earliest opportunity and in accordance with any multi-disciplinary agreements made or procedures specified.

3.6 If you suspect that harm is likely to happen if preventative measures are not taken in a situation, you must report this immediately to the Service Manager.

3.7 Follow the Reporting sections of this procedure to ensure that all relevant information is recorded and reported.

4.0 Dealing with allegations of Harm against a staff member:

4.1 Where an allegation concerns a member of staff it is still the duty of the person witnessing or suspecting harm, or having harm reported to them, to report the matter in line with this procedure. The first point of contact should always be the line manager of the person suspected of causing harm, up to and including senior managers, where the line manager is the Board of McSence.

4.2 Where the alleged perpetrator is a staff member, the McSence Coordinator will ensure that there is no contact with the alleged victim during the investigation. They will also consider, along with the Service Manager, whether the staff member should be suspended for the duration of the investigation.

4.3 Where the conduct concerns the Service Manager, the staff member can raise the issue with the Business Manager or the Board member responsible for quality (*see separate Whistleblowing policy*).

4.4 Any member of staff who is found to have harmed an adult at risk of harm will be dealt with under McSence Group's Disciplinary Policy which could result in dismissal. This must not compromise any criminal investigation. The Service Manager will liaise with the Police on this matter.

4.5 The organisation operates a policy on Whistle Blowing which encourages staff to report suspected or witnessed harm and takes measures to protect and support the whistle blower thereafter.

4.6 Follow the Reporting sections of this procedure to ensure that all relevant information is recorded and reported.

5.0 Investigation by external agencies:

5.1 Legal responsibility for the investigation of harm lies with statutory agencies, namely Midlothian and East Lothian Council Social Work and the Police. Additionally, the Procurator Fiscal may be involved. McSence Care staff will co-operate with, but not lead in, any investigation which involves Social Work and the Police.

5.2 The Care Inspectorate should be notified, by the Service Manager or above, of any instances or allegations of harm on the appropriate form, which is available from the Care Inspectorate website from the contact details in Appendix 1.

5.3 Where care workers have been found guilty of participating in harm the Scottish Social Services Council should be notified by letter, to the address at Appendix 1.

5.4 Where a member of staff is found to be a risk to clients and harm has taken place the Service Manager must complete a PVG referral form and send it to Disclosure Scotland, to the address at Appendix 1.

5.5 This policy and procedure should be read and carried out in conjunction with the East Lothian Adult Protection Policy in operation, which can be obtained from the Service Manager during induction training.

6.0 Internal reporting Procedures:

6.1 All staff members of McSence Group have a duty to report any concerns to their line manager, in the first instance, with or without the consent of the individual concerned. The staff member must record accurately the nature of the concern, or what has been told, or what has been witnessed by completing the appropriate document. In the case of behaviour or indicators this should include the daily recording notes kept in the client's home. In all cases, an Incident Report must be completed as soon as possible as detailed in the Incident Reporting Policy and Procedure.

6.1 This should be finalised later with the Service Manager who must ensure that accurate records of alleged or actual harm are kept. Records must be factual, identifying dates, times and people involved, evidence or indicators of harm so that this information can be used in court if necessary. All records of alleged harm or abuse must be retained for a period agreed with Social Work, Police or other statutory agencies. Records must be signed and dated by the recorder.

6.2 The Service Manager must inform and involve relevant third parties such as the police except in cases of emergency where staff should act immediately.

7.0 Informing Relevant Parties:

7.1 Informing Social Work

7.1.1 The Service Manager must report actual/suspected harm to the relevant local council Social Work department (Adult Social Care) as soon as is practically possible. Contact details can be found in *Appendix 1*.

7.1.2 The Service Manager should inform the allocated social worker or team leader in their absence by phone of the alleged harm, giving as much factual information as possible. This should be followed by a written, signed report within 24 hours of the event, or at the earliest opportunity thereafter.

7.1.3 In the absence of an allocated social worker, the Service Manager should inform the duty social worker from the relevant team as above.

7.1.4 Agreements should be made as to immediate action to be taken and recorded in the Incident Report.

7.2 Informing and Involving the Police

7.2.1 The organisation will always report any criminal activity to the police.

7.2.2 Where there is potentially direct harm to the individual, the staff member should immediately contact the Police. In other circumstances, the Service Manager to whom the alleged harm has been reported will take the decision when to involve the Police and make any necessary contact.

7.2.3 If the Service Manager cannot be contacted, another appropriate Manager should be contacted.

7.2.4 If the person who has been harmed wishes to report the matter to the Police directly, they should be assisted to do so, and this should be recorded.

7.2.5 If the situation is not an emergency, but it is suspected that a criminal offence has been committed then:

- ✚ if the person agrees or does not have the capacity to decide then the staff member should contact the Service Manager and the Police immediately. The Service Manager must be contacted with the facts and they will alert Social Work.
- ✚ if the person does not agree that the Police should be involved the staff member must report the facts to the Service Manager who will alert Social Work.
- ✚ if any other kind of harm is suspected then the Service Manager should be informed, and they will advise on the next step.

7.3 Informing the family or advocate

7.3.1 The Service Manager should decide if and how to inform the family or advocate of events.

7.3.2 Where it is suspected that harm has been perpetrated by a family member any family contact should initially be made by the Social Work or Police as decided.

7.3.3 Any contact made should be fully recorded on the Incident Report.

7.4 Informing the Care Inspectorate, SSSC, Nursing and Midwifery Council and/or Disclosure Scotland.

7.4.1 All allegations of harm must be reported to the Care Inspectorate within 24 hours of the event, or at the earliest opportunity thereafter.

7.4.2 The Care Inspectorate Notification Form should be accessed from the Care Inspectorate eForms website as detailed in *Appendix 1* and completed by the Service Manager - or in their absence by the Business Manager.

7.4.3 Where harm has occurred due to the inappropriate use of physical interventions or limits to freedom, the Mental Welfare Commission should also be notified in writing to the address noted at *Appendix 1*.

7.4.4 Where harm has been proven against a staff member resulting in disciplinary action or dismissal, the SSSC should be notified in writing to the address noted at *Appendix 1* by the Service Manager.

7.4.5 Where harm has been proven against a staff member who is a registered nurse resulting in disciplinary action or dismissal, the Nursing and Midwifery Council should be notified in writing to the address noted in *Appendix 1* by the Service Manager.

7.4.6 Where a member of staff is found to be a risk to clients and harm has taken place the Service Manager must complete and send a PVG referral form to Disclosure Scotland.

8 Ongoing management and support:

8.1 Senior Managers are responsible for monitoring and reporting incidents of suspected or actual harm and significant occurrences, taking account of relevant local authority Council guidance.

8.2 Consideration will be given by the Service Manager in conjunction with Social Work to any additional support or changes to support necessary to ensure the ongoing wellbeing of the person following disclosure of harm and during the investigation period. This may include consideration of referral to other services e.g. psychology for specialist counselling or support.

8.3 Staff will continue to support the person through the period of investigation, facilitating required visits/meetings as agreed with Social Work.

8.4 Any requests for information from third parties not directly involved in the investigation will be referred to the Service Manager.

8.5 The Service Manager will consider and facilitate additional support required by other people involved in or affected by the event e.g. supporting staff to access external counselling services.

8.6 Case discussions and/or an Adult Protection Conference may be required. The Service Manager will normally be expected to attend on behalf of the organisation. They will then be responsible for ensuring that the role of McSence Care and its staff is clear and carried out on a day to day basis.

8.7 A post incident review should take place after the event to establish whether good practice has been followed in relation to protection actions and responsibilities, and whether or not these need to be reviewed. The support plans and risk assessments should be evaluated and updated where required as part of this review. External agencies such as health professionals should be involved in post incident reviews where appropriate.

8.9 Risk Assessments

8.9.1 When a person is deemed to be at risk of harm, an Individual Risk Assessment should be carried out in line with the Risk Assessment Policy and Procedure and carried out in conjunction with Social Work.

8.9.2 From this a plan to minimise any future opportunities for harm should be drawn up, again in conjunction with Social Work.

8.10 Appropriate Adult Schemes

8.10.1 An Appropriate Adult should be present at any interview carried out by the Police with an adult at risk of harm. Staff supporting someone being questioned should ensure that this option is taken up. Police should have a list of appropriate adults who can be called on to assist.

8.10.2 The role of the appropriate adult is to facilitate communication between a mentally disordered person and the police and, as far as is possible, ensure understanding by both parties. The use of an appropriate adult is extended to all categories of interview: witness, victim, suspect and accused. Mental disorder is defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 as any mental illness, personality disorder or learning disability however caused or manifested. It is the responsibility of the police to determine if someone is at risk of harm and to initiate the appropriate adult scheme.

8.10.3 Appropriate adults are selected for their experience in the field of mental health, learning disabilities, and dementia and/or acquired brain injuries. It is their role to pick up on clues and indicators that a person has not fully understood what they are being told or what they are being asked. The presence of the appropriate adult is about trying to ensure equality for the person being interviewed. It is not about advocacy or speaking on behalf of a person with a mental disorder, rather it is about an independent third party checking that effective communication is taking place and that the person being interviewed is not disadvantaged in any way due to their mental disorder.

9.0 Sharing of Information:

9.1 All staff members have a duty of confidentiality to adults at risk of harm. An adult at risk of harm has a right to expect that information about them and held on them in whatever form, will be treated with due regard to the principle of confidentiality, as detailed in the McSence Group's Confidentiality Policy.

9.2 These principles are applicable to information sharing both within and between agencies including the police.

9.3 The client at risk of harm should be made aware that staff work in joint teams and are accountable to Social Work and information will be shared with them in order to provide the service.

9.4 Information given to an individual member of staff belongs to the organisation and not to the individual employee. An employee cannot therefore give a personal assurance of confidentiality within the organisation to a client at risk of harm and should explain this at the outset.

9.5 Social Work Services will take the lead in determining whether information regarding alleged harm of an adult at risk of harm will be shared with other parties.

9.6 Difficulties in working within the principles of maintaining the confidentiality of the adult at risk of harm should not lead to a failure to take action to protect that adult from harm. Confidentiality must not be confused with secrecy.

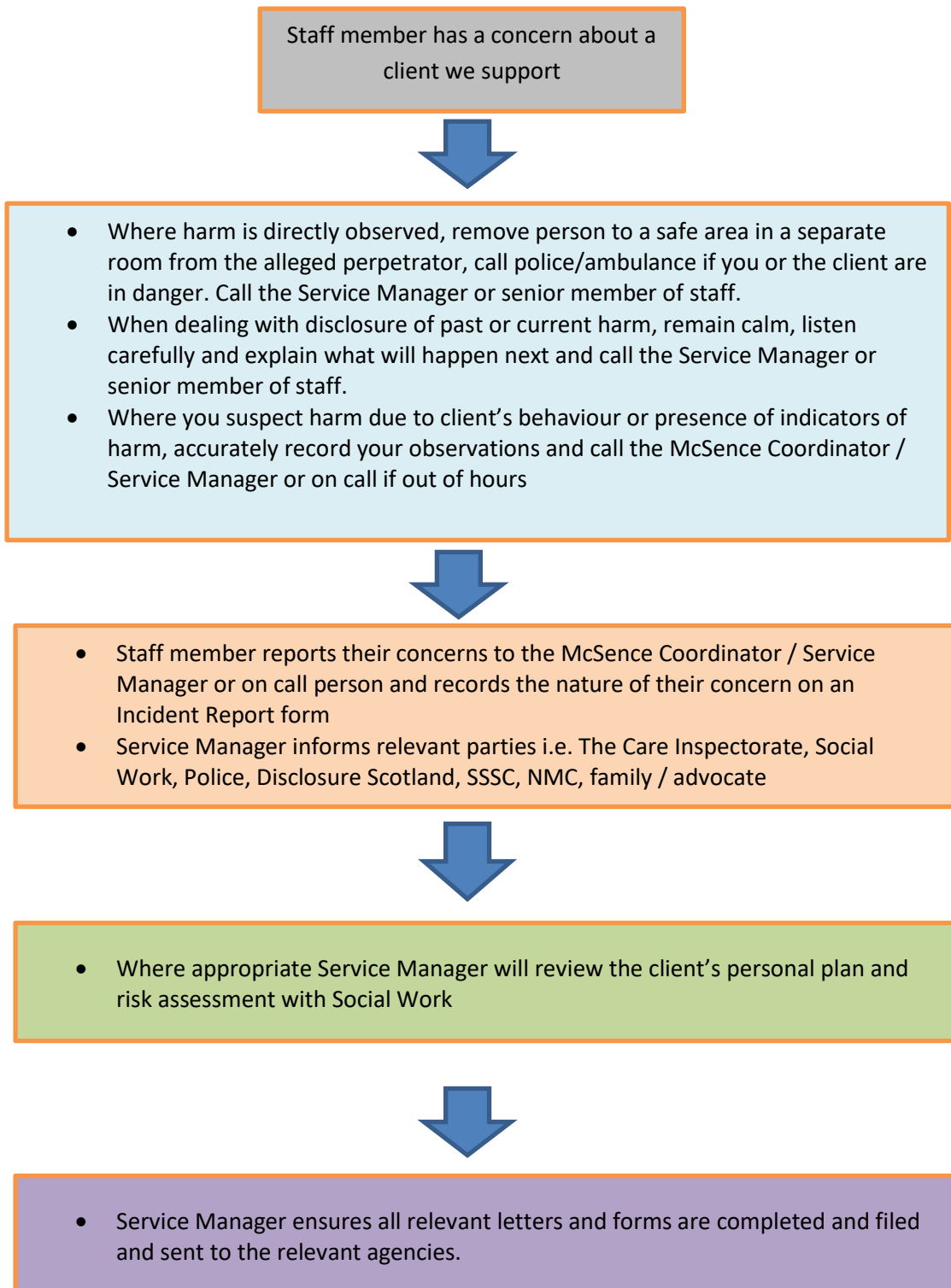
9.7 The need to protect the management interests of the organisation should not override the need to protect an adult at risk of harm.

Appendix 1

List of essential contacts

| |
|---|
| <p>Scottish Social Services Council (SSSC) Compass House, Discovery Quay, 11 Riverside Drive, Dundee DD1 4NY. http://www.sssc.uk.com/</p> |
| <p>The Care Inspectorate (Musselburgh Office) Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY Telephone: 0345 600 9527 https://eforms.scswis.com/</p> |
| <p>Midlothian Social Work Services: 0131 271 3900 East Lothian Social Work Services; 01875 824309 Edinburgh Social Work Services - Social Care Direct: 0131 200 2324 West Lothian Social Work Services: 01506 775 000 out of hours 01506 777 401/2 Scottish Borders Council Social Work Services: 0300 100 1800 out of hours 01896 752111 Local Public Protection Unit (Mid and East Lothian): 0131 654 5528</p> |
| <p>Emergency Social Work service (out of hours) Telephone: 0800 731 6969</p> |
| <p>Emergency Services: 999</p> |
| <p>Lothian and Borders Police: 0131 311 3131</p> |
| <p>Disclosure Scotland PO Box 250, Glasgow, G51 1YU Telephone: 0870 609 6006 www.disclosurescotland.co.uk</p> |
| <p>Mental Welfare Commission for Scotland Thistle House, 91 Haymarket Terrace, Edinburgh EH12 SHE Telephone: 0131 313 8777 http://www.mwcscot.org.uk/mwc_home/home.asp</p> |
| <p>Nursing and Midwifery Council 23 Portland Place, London W1B 1PZ Telephone: 020 7333 9333 www.nmc-uk.org</p> |

Appendix 2 Adult Support and Protection Process chart



Appendix 3 – Referral Form

Adult Protection Referral Form & Actions (AP1)

ALL AGENCIES

All agencies use the AP1 with the exception of the Police who will use their own Referral Form

You must immediately report suspected or actual harm to your line manager, and you have a legal duty to report any concerns to the Council Social Work Services if it is known or believed that a person is an adult at risk and that protective action is needed.

- *All sections of **Part A** of the Referral Form require to be completed within 1 Normal Working Day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.*

NB: - If you do not have all the information required in **Part A** please do not delay and send the Referral information you have. Social Work Services will follow up on your referral and add any additional relevant and required information.

SECTION A:

REFERRER DETAILS:

Name of Referrer:

Job Title:

Contact Telephone No:

Address:

REFERRAL DETAILS:

In what capacity do you know the adult at risk you are referring?

Do you suspect a crime has been committed and have you informed the Police? (date & time and any actions taken by the Police).

Who else have you informed of this referral to Social Work Services? (date & time and any actions taken).

What are the details and nature of the situation leading to this referral? (to include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising).

| |
|--|
| |
|--|

Do you believe the adult at risk is capable of understanding what has happened to them?

| |
|--|
| |
|--|

Have you obtained the adult at risk consent to make this referral? If not, please give the reason for referring without consent:

| |
|--|
| |
|--|

What action, other than this referral, have you taken to ensure the adult at risk is now safe?

| |
|--|
| |
|--|

| |
|--|
| |
| ADULT AT RISK DETAILS: |
| Name: |
| Date of Birth: |
| Gender: |
| Ethnic Origin: |
| Religion: |
| Any known communication difficulties: |
| 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. |
| |

| |
|--|
| |
|--|

| |
|------------------------------|
| GENERAL PRACTITIONER: |
|------------------------------|

| |
|--------------|
| Name: |
|--------------|

| |
|----------------------|
| Telephone No: |
|----------------------|

| |
|-----------------|
| Address: |
|-----------------|

| |
|---|
| OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED: |
|---|

| |
|----------------|
| Name/s: |
|----------------|

| |
|----------------------|
| Contact No/s: |
|----------------------|

| | |
|--|--|
| | |
|--|--|

Details of person’s physical and mental health as known to Health Professional:

Confidentiality is important but for the purposes of allowing Councils to undertake the required inquires and investigations information to protect an adult at risk of harm relevant information should be shared. Please refer to your agency’s procedures under Adult Protection Law.

| |
|--|
| |
|--|

DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN:

| |
|--------------|
| Name: |
|--------------|

| |
|--------------------------------|
| Relationship to person: |
|--------------------------------|

| |
|-----------------|
| Address: |
|-----------------|

DETAIL OF ANY PREVIOUS CONCERN/INCIDENT (to include dates, times, actions taken and outcomes)

| |
|--|
| |
|--|

[Empty rectangular box for signature]

Referrer Signature:

Print Name:

Date:

SECTION B

ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL

Within 5 days of receiving a written referral on Form AP1 the following actions MUST be completed by Social Work Services as the lead agency.

Letter of acknowledgement to be sent immediately to referrer /organisation:

Form AP1 received (date): -

Form AP1, letter of acknowledgment sent (date): -

Referrer/Organisation to be advised in writing of the initial outcome of their referral:

Advised (date): -

Referrer/Organisation to be invited to any subsequent adult protection meetings held by Social Work Services:

Invitation to Adult Protection Case Conference YES/NO (date sent): -

Date of Case Conference: -

Adult at risk legal status at time of referral:

| |
|--|
| |
|--|

Enquire & Complete any missing information not provided in Part A

Completed: (date)

Reasons for non-completion: -

Gather All available initial information to inform a decision at this point.

| ACTION - NO HARMFUL CONDUCT/CONCERNS | YES/NO | ACTION - YES HARMFUL CONDUCT /CONCERNS | YES/NO |
|--|--------|---|--------|
| i.e. - Refer on to an appropriate agency/review existing care plan/ consider other adult legislation/ action taken and give reasons: - | | i.e. – Immediate Adult Protection Order sought/Investigate Further / Case Conference arranged and give reasons: - | |

| | |
|--|--|
| Note Primary Category of Referral | Note Primary Category of Referrer |
|--|--|

| | |
|----------------|----------------|
| Category is: - | Category is: - |
|----------------|----------------|

| Codes | Codes |
|-----------------------------------|---|
| A. Physical Injury | 1. Social Work Statutory Staff in Council |
| B. Sexual Abuse | 2. Staff at Council Residential Establishment |
| C. Physical Neglect | 3. Staff at Council Day Care Establishment |
| D. Financial or Material Abuse | 4. Home Carer (Council) |
| E. Emotional /Psychological Abuse | 5. Housing in the Council |

| | |
|---|---|
| F. Neglect and acts of Omission by others charged with adult at risks care. | 6. Police. |
| G. Self-Neglect. | 7. GP/ Member of Primary Care Team. |
| | 8. Hospital Medical Staff/ Registrar/ Consultant/ /Nurse. |
| | 9. Clinical Psychologist/Psychiatrist. |
| | 10. Community Mental Health Team/Nurses/Doctors/ MHO. |
| | 11. Substance Misuse Team. |
| | 12. Parent/Carer/ Guardian. |
| | 13. Neighbour/Friend. |
| | 14. Other (Please Specify). |
| <p>All information from AP1 Form to be transferred to Councils Assessment & Care Management IT Screens or held in Council Case Files.</p> <p>Information gained from Police Referral Form (Appendix 80 also to be recorded.</p> | <p>Date Completed:</p> |
| <p><i>Any future actions and any future relevant information gathered should also be recorded using Councils Assessment & Care Management IT Screens or held in Council Case Files. ALSO</i></p> <p><i>Information collated on Forms AP 2 (Risk) or AP 3 (Protection Plan) when relevant.</i></p> | |
| <p>ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL</p> | |
| <p>Senior Member of Social Work Signature:</p> | |
| <p>Print Name:</p> | <p>Date:</p> |

McSence Group Signatory:



David Maxwell

Chief Executive | McSence Group

T:01314541500 | E:mail@mcsence.co.uk | W:www.mcsence.co.uk | FB:www.facebook.com/McSenceGroup

