# Large scale investigations

The Act makes no reference to large scale investigations (LSIs), but these have become increasingly prevalent across Scotland since the implementation of the Act. LSIs may be viewed as an example of public bodies and other agencies / office-holders performing their functions under Section 5 and co-operating with each other to protect adults at risk of harm. Many partnerships have their own procedures, sometimes across a number of partnerships (e.g. within one Health Board area). LSIs frequently involve other agencies including the Care Inspectorate, the NHS and the police. At this time, there are no nationally agreed definitions of what warrants an LSI, nor guidance for conducting LSIs, or for governance arrangements locally. This section of the Code provides some broad guidance for consideration by partnerships in developing their LSI procedures.

An LSI may be required where there is reason to believe that adults who are service users of a care home, supported accommodation, an NHS hospital or other facility, or who receive services in their own home, may be at risk of harm

due to another service user, a member of staff, some failing or deficit in the management regime, or in the environment of the establishment or service. An LSI may also be indicated by the need to address structures or systems that lead to possible harm for all those under such structures. In such circumstances, this means that there is a belief that a particular service may be placing some or all of its residents or service users at risk of harm.

An LSI should be considered if one or more of the following applies:

* an adult protection referral is received that involves 2 or more adults living within or cared for by the same service;
* a referral is received regarding one adult, but the nature of the referral raises queries regarding the standard of care provided by a service;
* where more than one perpetrator is suspected;
* institutional harm is suspected;
* a whistle-blower has made serious allegations regarding a service;
* there are significant concerns regarding the quality of care provided and a service’s ability to improve. These concerns could come from a regulatory body such as the Care Inspectorate;
* an adult or adults are living independently within the community but are subject to harm from a perpetrator or group of perpetrators, or it is strongly suspected that more than one adult is subject to such harm;
* concerns regarding an adult are raised following their admission to hospital or discharge. This may include concerns about a care service that are evidenced by an admission to hospital, or concerns regarding an NHS service area;
* concerns are raised via a complaint to the Care Inspectorate, NHS Board, or the local Council or Health and Social Care Partnership;
* concerns are raised by General Practices, District Nurses, Dentists, Allied Health Professionals etc. who attend a service.

Harm in a care setting may include:

* Financial, physical or sexual abuse;
* Neglect or omission of care;
* Exploitation, coercion or undue influence to the detriment of the adult;
* Psychological abuse, however subtle;
* Undignified or degrading treatment.

Initial consideration should take place regarding the need for an LSI, including discussion with all other relevant agencies. A decision whether to proceed to an LSI would be expected to take place in a multi-agency meeting, and such meetings would be expected to be chaired by a senior officer of the council with sufficient seniority to affect strategic and operational changes (e.g., Head of Service level or above).

The range of agencies involved in an LSI will vary but will always involve:

* + the Council and HSCP, including contracts and commission staff;
  + the Care Inspectorate;
  + the service provider responsible for the care of the adults.

According to circumstances the following, amongst others, may also be involved:

* + Police Scotland;
  + the wider NHS;
  + General Practices;
  + the Office of the Public Guardian;
  + the Mental Welfare Commission;
  + Health Care Improvement Scotland;
  + other councils and partnerships may become involved if they have people placed in the service subject to the LSI.

If an LSI is instituted a lead officer should be appointed and an oversight group established. All regulatory agencies and staff will have a role to play. Operational staff will have a high level of involvement as individual inquiries and any subsequent investigation activity is undertaken.

It is possible that a number of residents or service users will have support and protection plans put in place. There may also be a service-level action plan developed regarding areas identified for improvement. These may include themes such as quality of care; processes and procedures; leadership and management; or systemic issues arising across the service and/or service provider. Action to address structural and systemic harm will likely include the care provider and regulatory partners, such as the Care Inspectorate, to support service improvement while ensuring improved outcomes for residents and service users.

The large scale investigation, and subsequent protection planning and associated actions, must remain proportionate and reflect the individual needs of all the residents, including considerations related to continuity of care. The residents and families of residents should be kept informed of the progress of the investigation. Local procedures should also give consideration to how service providers will be engaged in LSI processes, including attendance at meetings, to promote collaboration in the reduction of harm and improved outcomes for service users.

The individual support and protection plans and service-wide improvement plan will remain in place until agreed that they are no longer necessary. Individual support and protection plans will be overseen through normal case conference processes. The improvement plan may be monitored by the oversight group.

Local procedures should make clear the process and governance arrangements by which an LSI can be concluded, based on progress against the protection plans, any improvement plan and activity, and any ongoing risk to service users.

LSIs often take place in parallel with other investigations, for example NHS-led Adverse Event Reviews or Care Inspectorate activity. Every effort should be made to coordinate such overlapping investigations to minimise duplication and maximise the opportunity for interagency learning.

Senior managers in partnerships are responsible for initiating and overseeing LSIs. They should keep Adult Protection Committees regularly appraised of the progress of any LSIs that may be underway, and provide the Committee with a final report once the LSI is concluded. Such reporting could include the identification of patterns or themes arising in regulated care settings. This will ensure that any necessary actions arising out of the LSI relating to the duties of Adult Protection Committee can be noted and necessary responses actioned, noting that regulatory bodies may have ongoing responsibilities in keeping with their remit.

Adult Protection Committees should advise Chief Officer Groups accordingly.