

## CONSULTATION QUESTIONS

This consultation questionnaire sets out the consultation questions from within the relevant sections of the revised Adult Support & Protection Code of Practice.

The revised Code of Practice is a larger and more comprehensive document than the original Code and we welcome your views on any of the changes made. In particular, we would appreciate your views on the following matters.

Please insert your response to the questions in the text boxes provided.

Rather than address the questions outlined below, Healthcare Improvement Scotland's response focuses on specific aspects of the Code detailed in chapters 4, 6 and 16. This is provided under question 3 below and at the foot of this document.

### Question 1: Chapter 3

This chapter of the Code sets out the principles of the Adult Support and Protection legislation and the definition of an adult at risk.

Does this chapter help in your understanding of the legislation and whom it applies to?

If not, what changes would you suggest?

### Question 2: Chapter 5

This chapter of the Code considers the principle of ensuring full regard is given to the wishes of the adult, and ensuring that the adult participates in decisions as fully as possible.

Does this chapter adequately covers the issues arising from ensuring as far as possible full participation by adults in decision making?

If not, what changes would you suggest?

### Question 3: Chapter 6

This chapter includes new guidance on large scale inquiries. Does this provide sufficient clarity for this type of inquiry or are there additional matters you would wish considered?

Healthcare Improvement Scotland welcomes the requirement that, where initial inquiries indicate that there is a risk of harm to an adult as a result of some failing or deficit in the management, regime or environment of the establishment or service, the Care Inspectorate or Healthcare Improvement

Scotland should be alerted. Healthcare Improvement Scotland also has experience of alerting police and commissioners where concerns have arisen about the safety of a service user in a private psychiatric hospital and fully supports this section of the code.

As an organization we are committed to ensuring that our scrutiny activity is informed by data and intelligence with a concern for the level of risk. We concentrate our efforts to provide scrutiny and improvement support where there is evidence of significant gaps in performance and are working to take a more systematic approach to the sharing of intelligence with other relevant bodies.

In addition, the Public Services Reform (Scotland) Act 2010 gives Healthcare Improvement Scotland the authority to investigate issues of serious concern that may arise in an independent or NHS health service.

#### **Question 4: Chapter 11**

This chapter is a new addition to the Code and considers a multi-agency approach. Does this provide sufficient clarity and support for your organisation in handling multi-agency assessments and practice?

Are there other matters that you consider should be included in this chapter?

Comments

#### **Question 5: Users and Carers**

The Code seeks to develop and articulate good practice as regards service user and carer involvement, particularly in chapters 5 and 16. Does it succeed in this? If not please suggest ways in which this area could be improved on.

Comments

#### **Question 6:**

Do you consider this revised Code of Practice will enable you to carry out your professional responsibilities effectively? Please feel free to comment on any areas of the Code which you consider could be improved in any way.

Comments

#### **Any further comments**

In addition to question 3 (above), Healthcare Improvement Scotland's response focuses on specific areas detailed in chapters 4 and 16 as outlined below:

#### **Chapter 4:**

### **Council duties and powers, definition and role of the council officer and cooperation across organisations and professionals, and the role of the independent and third sectors**

Healthcare Improvement Scotland notes and supports the provision that certain bodies and office holders must co-operate with inquiries, so far as is consistent with the proper exercise of their functions.

The Public Services Reform (Scotland) Act 2010 already sets out that Healthcare Improvement Scotland has a **duty of co-operation** and to coordinate activity with the other scrutiny authorities.

Healthcare Improvement Scotland has a statutory duty to regulate independent healthcare services including private psychiatric hospitals and the organisation has on several occasions required independent providers to report matters of concern about adult risk to their local council. Healthcare Improvement Scotland has also participated in multi-agency team meetings to discuss the facts and circumstances of individual cases.

Healthcare Improvement Scotland recognizes its important role in co-operating with relevant agencies in such matters.

#### **Chapter 16: Adult Protection Committees**

Healthcare Improvement Scotland notes the requirements in the Code for Adult Protection Committees to be established for every Council area and that they will include a representative of Healthcare Improvement Scotland, with relevant knowledge and skills and of 'sufficient seniority to represent their organizations in discussions about policy, resources and strategy'.

Healthcare Improvement Scotland welcomes the opportunity for engagement with Adult Protection Committees but is concerned about the resource implications and practicality of this particular requirement.

There are instances where our inspectors have attended individual case conferences which have involved health and social care partners, where there have been concerns about the protection of vulnerable adults. This meets our strategic priority of public protection and is therefore an entirely legitimate use of our limited resources. Similarly there may be occasions when it is appropriate for Healthcare Improvement Scotland to attend APCs but this would be on an ad-hoc basis.

We suggest that there are alternative approaches to Healthcare Improvement Scotland's engagement with APCs which could be considered, for example:

- the code could be amended to read that Healthcare Improvement Scotland **may** nominate a representative (in line with the requirement of the Care Inspectorate)
- engagement with the Adult Protection Policy Forum and APC conveners

group, rather than individual APCs

We would therefore seek to clarify the role and remit of Healthcare Improvement Scotland in relation to APCs at an early opportunity.