

GUIDELINE FOR GP PRACTICES AND PRIMARY CARE TEAMS WHO LOOK AFTER A CARE HOME UNDERGOING A LARGE SCALE INVESTIGATION



TARGET AUDIENCE	GP Practices, Pharmacy teams
PATIENT GROUP	Care home residents

Clinical Guidelines Summary

- A Large Scale Investigation or LSI is a specific type of Adult Support and Protection investigation. It provides framework with alternative Adult Support and Protection (ASP) processes where there are several interrelated individual ASP referrals.
- Whilst the Adult Support and Protection (Scotland) Act 2007 makes no reference to large scale investigations (LSIs), these have become increasingly prevalent across Scotland since the implementation of the Act.
- The <https://www.iriss.org.uk/sites/default/files/2023-05/iriss-lsi-framework.pdf> complements the Revised Adult Support and Protection (Scotland) Act 2007 Code of Practice (2022) and builds on good practice already happening around Scotland. It offers a set of helpful processes and principles to those conducting and/or participating in LSIs. To help think through how these processes and principles can be realised, the framework contains good practice steps.
- An LSI may be required where there is reason to believe that adults who are in receipt of services provided by agencies and/or organisations, including care homes, supported accommodation, day services, NHS hospital or other facility, or who receive services in their own home, may be at risk of harm due to another resident, a member of staff, some failing or deficit in the management regime, or in the environment of the establishment or service.
- An LSI is a multi agency process led by social work, however other agencies including the Care Inspectorate, the NHS and Police Scotland are usually involved.
- The [Adult Support and Protection \(Scotland\) Act 2007: guidance for General Practice - gov.scot](#) recommends health care professionals be aware of their local partnership's LSI procedures (1) (2), as they may be asked to contribute to an LSI by way of a report, information sharing, attendance at meetings, or other contribution to investigation and/or protection activity etc. (3)
- **This document aims to signpost General Practitioners, pharmacy teams and their staff to understand what is involved in an LSI and what their role/responsibilities are and expectations from the social work team who coordinate these investigations.**



Care Home Large Scale Investigation Process

INTRODUCTION

The Local Authority has a duty to make enquiries where it is suspected that an adult may be at risk of harm and are unable to protect themselves because of one of a number of mental or physical health concerns and may require support or protection. The Adult Support and Protection (Scotland) Act 2007 (the Act) gives the Local Authority the lead role in Adult Protection investigations in both NHS and private settings including care homes.

A Large Scale Investigation, or LSI, is a specific type of Adult Support and Protection investigation which provides framework with alternative Adult Support and Protection (ASP) processes where there are several interrelated individual ASP referrals.

Triggers for a Large Scale Investigation (LSI) can be single or multiple and can include an anonymous alert, concern from resident, adults support and protection referrals, a whistleblower making allegations about the management or culture of a service. An LSI may be triggered due to concern about one resident or a number of residents.

GPs and the wider primary care team who have concern about an adult who may be at risk of harm in a care home should familiarise with the Adult Support and Protection page on NHS Lanarkshire website (4). Referral documents to both North and South Lanarkshire Councils can be found on this page. Section 53 of the 2007 Act states that the responsible council is 'the area where the adult is for the time being resident'.

Whilst it is often clear that an ASP referral should be submitted, it has been demonstrated that 'early indicators' of harm are important to identify, reflect and act on. Research and development work undertaken in two local authorities in the UK between 2010 and 2012 found that practitioners could describe complex patterns of concern that they had about services where abuse was later found to have taken place.(5) This work has emphasised the importance of recognising and acting on these smaller areas of concern before the actual abuse or neglect occurs. This analysis published by the University of Hull revealed that the indicators fall into a number of distinct areas of concern:

- Concerns about management and leadership
- Concerns about staff skills, knowledge and practice
- Concerns about residents' behaviours and wellbeing
- Concerns about the service resisting the involvement of external people and isolating individuals
- Concerns about the way services are planned and delivered
- Concerns about the quality of basic care and the environment

Analysis suggests that harm or abuse is more likely to occur in the aftermath when there has been a spread of concern over many areas, rather than multiple concerns in one specific

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area. The University of Hull has produced a record that health professionals may find useful to document, and reflect on issues, prior to reporting them. A copy is available on the Right Decisions App (6) Within NHS Lanarkshire, 'early indicators' of harm should be discussed with locality managers. (APPENDIX A)

An LSI will be managed and coordinated by at locality level, with locality social work managers (LSWMs) chairing and, Social Work leading. The Adult Support and Protection Lead Officer being an integral part of the LSI process. Following a notification of concern an inquiry will be initiated and, if relevant, an initial LSI planning meeting will be convened with police, health and where necessary the Care Inspectorate. This planning meeting will take the form of a multi-agency meeting and follows a consensus decision making model.

Where the conclusion of an initial LSI planning meeting is that a LSI is indicated then locality management will arrange a multi-agency meeting with all key agencies invited. In North Lanarkshire this may be called an LSI Case conference and in South Lanarkshire this may be called an LSI Planning meeting.

Key professionals involved in this process may include General Practitioners and Care home/locality pharmacists. The purpose of this meeting will include setting out the scope of the LSI, the roles/responsibilities of invited professionals and expectations from wider partner agencies.

Whilst investigation is underway Core group weekly meetings will continue. It is likely that Care home liaison will represent health care services. Whilst GPs or pharmacists may not be invited to every meeting, the teams may be called upon for information or consultation. This may include being asked for clinical opinion or context, depending on specific identified key risk factors.

Whilst the length of LSIs vary dependent on the type and size of the service being investigated, It is expected that a conclusion will be made by 4 months.

During this period of time normal day to day delivery of care will likely be expected to continue.

At the conclusion of an LSI there may be ongoing improvement and monitoring activity.

Legal context

The principal legislation underpinning Adult Support and Protection in Scotland is the [Adult Support and Protection \(Scotland\) Act 2007](#). LSIs are outlined in the [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) (as detailed in Section 1.1 of this guidance).

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However, not all LSIs culminate solely in the use of the 2007 Act. Where appropriate, powers in the [Adults with Incapacity \(Scotland\) Act 2000](#), [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), and/or the [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#) may also be used.

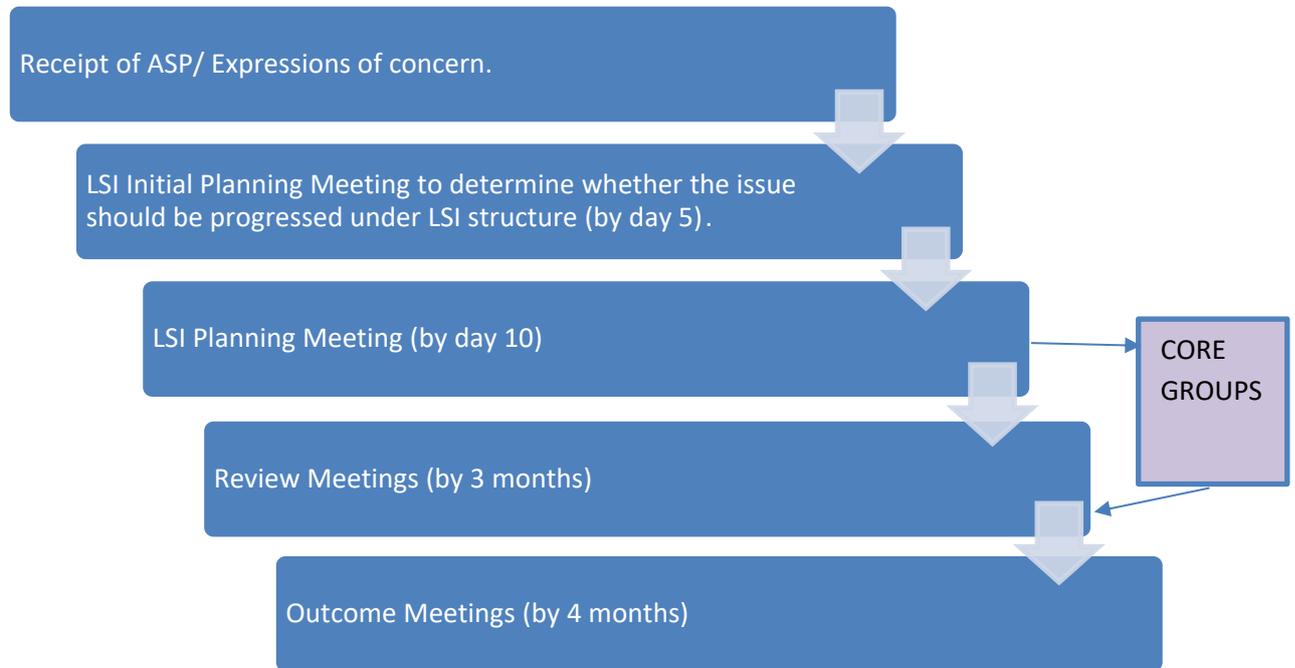
The guidance also drew from the [Adult Support and Protection National Large Scale Investigation Framework](#)

The Large Scale Investigation principles were originally created for the [2023 Adult Support and Protection National Large Scale Investigation Framework](#)

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LSI NOTIFICATION PROCESS WITHIN SOUTH LANARKSHIRE

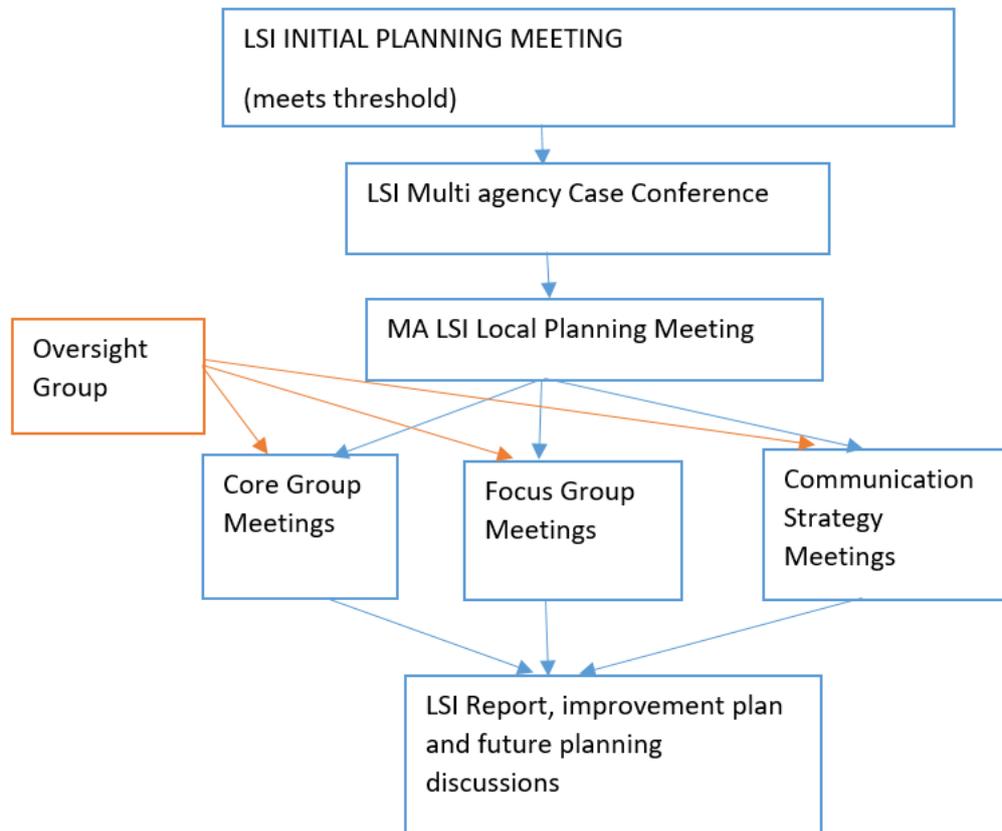


Stages 2-5 adopt an MDT approach and as such GPs and primary care teams may be invited to attend.

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LSI NOTIFICATION PROCESS WITHIN NORTH LANARKSHIRE



GP and Primary care teams may be asked to attend planning meeting, case conferences and focus meetings.

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RESOURCES AND SUPPORT FOR PRIMARY CARE TEAMS

It is recognised that looking after a care home under investigation can be a stressful and is a demanding time for health care professionals. Despite involvement in the investigation process, the day to day care of adults and working relationship with care home staff must continue as normal until a conclusion reached and report issued.

Support can be accessed from the following teams:

PROFESSIONAL SUPPORT

GP practices should contact their Care Home Lead GP for advice on receipt of invitation to an LSI planning meeting. Professional guidance and support can be accessed from this team (APPENDIX B)

FINANCIAL REIMBURSEMENT

Attendance at LSI related meetings can be supported with locum reimbursement payment. Application should be made to primary care offices.

EMOTIONAL SUPPORT AND WELLBEING

The National Wellbeing Helpline is available for everyone working in health and social care services. It is a compassionate listening service which you can access whenever you need it – 24 hours a day, 7 days a week, by calling **0800 111 4191**.

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APPENDIX A

Locality Lead GPs

NORTH LANARKSHIRE	
Airdrie	Dr Claire Doran
Bellshill	Dr Wilma Hogg
Coatbridge	Dr Jennifer Adam
Cumbernauld and Northern Corridor	Dr John Nellany
Motherwell	Dr David Barr
Wishaw	Dr Suarabh Kumar
SOUTH LANARKSHIRE	
Cam/Glen	Dr Richard Watson
Clydesdale	Dr Jamie Torrens
East Kilbride	Dr Catriona Nisbet
Hamilton	Dr Mark Kirk

APPENDIX B

Care Home Lead GPs

North HSCP	Dr Jennifer Adam
South HSCP	Dr Catriona Nisbet

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References/Evidence


NLC Large Scale
(1) Investigation (LSI) prc


Large_Scale_Investig
(2) ation_Guidance_FINAL

(3) **Adult Support and Protection (Scotland) Act 2007: guidance for General Practice.** Published **28 July 2022**. Directorate [Social Care and National Care Service Development](#). Topic [Health and social care](#). ISBN **9781804357798**

(4) [Adult Support and Protection | NHS Lanarkshire](#)

(5) [https://cumberland.moderngov.co.uk/Data/CuCC%20Scrutiny%20Advisory%20Board%20-%20Adults/201401141000/Agenda/Item%2013%20-%20Appendix%203%20-%20earlyindicatorsofconcerninresidentialandnursinghomesforolderpeople\[1\].pdf](https://cumberland.moderngov.co.uk/Data/CuCC%20Scrutiny%20Advisory%20Board%20-%20Adults/201401141000/Agenda/Item%2013%20-%20Appendix%203%20-%20earlyindicatorsofconcerninresidentialandnursinghomesforolderpeople[1].pdf)

(6) <https://www.rightdecisions.scot.nhs.uk/media/1163/early-indicators-of-concern-services-for-older-people.pdf>

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Appendices

1. Governance information for Guidance document

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Version Number:	1
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Review Date:	13/01/2029
Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	
Consultation Process / Stakeholders:	<p>Dr Catriona Nisbet, GP Lead Care Homes and Frailty</p> <p>Claire Osprey, Advanced Clinical Services Pharmacist Care Homes</p> <p>Linzi Munro, Care Home Liaison Nurse</p> <p>Gary Edgar, North Lanarkshire Council</p> <p>Mary Tedford, South Lanarkshire Council</p> <p>Nadia Ait-Hocine, Locality Manager, East Kilbride</p> <p>Dr Tyra Smith, GP and Medical Director, Lanarkshire Local Medical Committee</p> <p>Heather Irving, Adult Protection Coordinator, North Lanarkshire Council</p> <p>Julie Stewart, SLAPC Lead Officer, South Lanarkshire Council</p>

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Distribution	<p>Current distribution to all members of Care Home Guidance and Governance Group</p> <p>Shared Care Home Collaborative Group</p>
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CHANGE RECORD

Date	Lead Author	Change	Version No.
		<i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	1
			2
			3
			4
			5

2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

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