

# Adult Support and Protection in Care Homes

## Information Pack for Care Home Settings

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# Contents

	Page
Introduction	3
Adult Support and Protection	4
Three Point Test	5
Definition of harm	6
Care Home Responsibilities	7
National Care Home Contract	8
Reporting ASP concerns and Threshold Matrix	10-14
How to make an Adult Support Protection/Adult Concern Referral	15
Early Indicators of Concern Framework	16-18
Large Scale Investigations	19
Whistleblowing	20
Local Teams – who are we?	22-24
References	25
Appendix 1	26-28

# Introduction

This information pack has been developed in conjunction with the South Ayrshire Adult Protection Committee (APC) and taken forward by the 'Process of Notifications Subgroup'. The Process of Notifications Subgroup was implemented by South Ayrshire Health and Social Care Partnership (SAHSCP) to support care homes and develop clear pathways for notifications. The Process of Notification Subgroup is made up of local Health and Social Care practitioners, Scottish Care, The Care Inspectorate and SAHSCP Commissioning Team.

The focus of the Process of Notification Subgroup is to provide a preventative and proactive approach to identifying Early Indicators of Concerns (EIOC) in care homes for supported people. The overarching aim is to work collaboratively to prevent harm in the longer term.

Through our work we recognise that supporting care home practitioners to have access to clear and concise information is key to prevention of, recognition of and reporting of harm in care settings.

We hope that this information pack will act as a guide and reference tool for care home practitioners and become an essential part of induction for new practitioners.

We have updated care home providers at SAHSCP chaired Care Home Forum and have also consulted with care home managers in developing the pack to ensure it is meeting the needs of the workforce. We will continue to work together to keep developing this tool.

# Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 introduces powers and duties on Councils and other agencies as follows:

- Councils have a duty to make the necessary enquiries to establish whether further action is required where a report has been received about an adult at risk of harm
- The Council has a duty to consider whether further action is required to stop or prevent harm from occurring
- Councils have the power to examine relevant records including health and financial records relating to the adult at risk. Providers have a legal duty to comply with such requests and their organisation should be aware of this duty.
- The Act introduced protection orders to be used proportionately depending on the needs/risks relevant to the adult at risk.

Other legislation relevant to protecting adults at risk of harm includes:

- Adults with Incapacity (Scotland) Act 2000 – which provides the means to protect those who do not have capacity and therefore cannot manage their own affairs. In that case a Welfare Guardian can be appointed to ensure the adults affairs are managed appropriately
- Mental Health Care and Treatment (Scotland) Act 2003 – this provides powers and duties in relation to people who have a mental disorder which may affect their ability to manage their affairs in the community and may increase their risk of ill treatment or neglect due to their mental disorder

# 'Three-point test'

Who is an adult at risk?

The Adult Support and Protection (Scotland) Act 2007 outlines the following three criteria for an 'adult at risk', this is commonly referred to as the 'three-point test'. The test includes a person who is aged 16 and over and:

- 1** they are unable to safeguard their own well-being, property, rights or other interests.
- 2** they are at risk of harm.
- 3** because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.

# Definition of Harm

To meet the second point of the three-point test the adult must be assessed as being at risk of harm. An adult could be at risk of harm if:

- another person's conduct is causing (or is likely to cause) the adult harm or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm – e.g. refusal of Personal care which will impact skin, refusal of pressure relieving care, refusal of diet/fluids

Adults can be at risk of harm in various settings be it in their own home or in the wider community. They also may be being placed at risk of harm through inappropriate arrangements for their care in a range of social or health care settings.

Perpetrators of harm can include family and friends, informal and formal carers, fellow service users in supportive settings, fraudsters and members of the public.

Some examples of harmful conduct:

- conduct which causes physical harm
- conduct which causes psychological harm (for example by causing fear, alarm or distress)
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion)
- conduct which causes self-harm.

The list is not exhaustive, and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological/emotional, financial, or a combination of these. The harm can be accidental or intentional, because of self-neglect or neglect by a carer or caused by self-harm and/or attempted suicide.

# Care Home Responsibilities

Care homes and other public bodies have a duty of care which extends to a duty to report any concerns about an adult who is or may be at risk of harm. This includes a duty to act when a colleague may be behaving in a manner which is not in the best interests of an adult in their care. The duty to report poor practice takes priority over loyalty to a colleague. If you have concerns these should be reported by you immediately to your line manager or the designated person in the care home in the first instance.

Where there are concerns that an adult is or may be at risk of harm the following are key tasks for any individual or organisation:

- Observe
- Record
- Report
- Support
- Co-operate with other agencies

It may not always be possible to determine whether an adult is at risk or whether they meet the 3-point test criteria outlined above. For avoidance of doubt, ***where any person is suspected to be an adult at risk of harm they should be treated as such until Social Work Services have deemed them otherwise.***

# National Care Home Contract

Within a care home setting, staff have a responsibility to protect and promote the well-being of adults which forms part of the National Care Home Contract (NCHC) and are required as part of the Health and Social Care Standards (HSCS). The specific HSC standards are outlined below which appear under the heading of “I have confidence in the people who support and care for me” as follows:

- HSCS 3.20 – I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities
- HSCS 3.21 – I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that indicate that I may be unhappy or may be at risk of harm
- HSCS 3.22 – I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made
- HSCS 3.23 – If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me
- HSCS 3.24 – If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies
- HSCS 3.25 – I am helped to feel safe and secure in my local community

The National Care Home Contract introduced in 2013-14 outlines the contractual obligations between local councils and private care homes. In section A23 1 – 11 the Contract focusses on the obligations on care homes relating to adults at risk and the procedures agreed between the Council and care homes.

# Capacity and Adult Protection

Under the Adult Support and Protection (Scotland) Act 2007 all public agencies have a duty to report concerns about a person who is or may be an adult at risk of harm, to the Council. It should be noted that this is not dependent on the adult's consent or their capacity. There is no mention of capacity in the 3-point criteria, at the point of referral.

The [Adult Support and Protection \(Scotland\) Act 2007](#) recognises that a **person may be capable of some decisions and actions and not capable of others**. A person lacks capacity to take a particular decision or action when there is evidence that he/she is unable to do so. Adult Support and Protection applies to those **with and without mental capacity**.

It is also important to bear in mind that an inability to safeguard oneself is **not the same** as an adult lacking mental capacity. For example, a person may have relevant mental capacity, but also have physical limitations that restrict their ability to implement actions to safeguard themselves. Further, due to many situational factors in an individual's life, capacity to make an authentic decision is a fluctuating concept. One should consider then, that even where a person can make a free and authentic decision, are they able to action that decision to safeguard themselves?

**Therefore, because an individual is deemed to have capacity, this should not stop an ASP Referral being submitted, if there are concerns, they are an adult at risk.**

# Adult Support Protection Reporting and the Threshold Matrix

As a practitioner working with adults, you have a responsibility to be clear on the local Adult Support and Protection (ASP) arrangements in your area, and particularly those relevant to your level of the ASP workforce. As care home practitioners, care homes are a member of the 'Specific Contact Workforce'.

*The Specific Contact Workforce is defined as those who: carry out direct work with adults, and specifically adults at risk and their families and carers; and / or form more in-depth relationships with them; and / or provide specific services to them.*

Care Homes align with the Specific Contact Workforce as SAHSCP outline all the ASP training according to workforce levels, this will help Care Homes identify the best courses to suit their needs.

SAHSCP have developed a supportive tool for the recognition and reporting of ASP referrals in care home settings. SAHSCP developed the [THRESHOLD MATRIX – GUIDANCE FOR ASSISTING CARE HOME PRACTITIONERS TO MAKE ASP REFERRALS](#), this is commonly known as the 'Threshold Matrix'.

The tool was developed in 2025 and includes considerations as SAHSCP practice has developed and SAHSCP have learned more about the types of harm that can occur in care home settings.

A copy of the Matrix is available in below and can be printed off to have it available in staff areas to allow good accessibility and application.



## THRESHOLD MATRIX – GUIDANCE FOR ASSISTING THOSE WORKING IN CARE HOME SETTINGS TO MAKE ADULT SUPPORT AND PROTECTION (ASP) REFERRALS

### Introduction

This guidance is to support Care Home providers and those working in Care Home settings to make consistent decisions about the reporting of issues arising within their service. The objective is to guide managers and senior staff on what incidents should be referred to the Local Authority under Adult Support and Protection (ASP) procedures and which matters they can deal with internally while also notifying others of their actions.

This **Threshold Matrix** sets out broad descriptions of harmful behaviours in terms of the level of risk they pose to the adult. The level of risk determines the level of reporting and response. As a general rule, incident types categorised as presenting a lower risk to service users/residents can be dealt with by the provider and/or local authority care manager and reported to the Care Inspectorate and the Council through the Adult Concern Referral. Where the concern continues and/or the level of risk is raised then a referral must be made to Adult Social Work Services under Adult Support and Protection procedures (using the AP1 Form).

Regardless of how they are responded to, all incidents must be properly logged by providers and always reported to the Care Inspectorate, relatives and relevant professionals. The emphasis is always on taking action, including preventative action to reduce or remove harm and decrease the possibility that harm will occur again. In situations where a provider is unsure about what action to take they must contact Adult Social Work Service for advice and guidance.

The Threshold Matrix defines issues into two sections – one (described as “lower level risk”) where managers can take the decision that they will respond internally and notify external agencies and relations within the timescales set for such reporting. These are marked in **Amber** below and would be reported using the **Adult Concern Referral Form (APR) on page 15 and ticking “Adult Concern Referral”**.

Secondly (described as “ongoing and/or higher risk”) those which requires the provider to follow Adult Support and Protection procedures and make a referral to the Adult Social Work Service in line with those procedures. These are marked in **red**, **Adult Concern Referral Form (APR) on page 15 and ticking “Adult Protection Referral”**.

Level of Intervention	Lower Level Risk - Adult Concern Referral	Ongoing and/or Higher Risk – Adult Support and Protection Referral
	<p>Care Homes should follow their own necessary procedures and internal processes. This should include appropriate escalation to management. If there are concerns around practice, the care home is responsible for identifying areas for learning via themed supervision/training/disciplinary action.</p> <p><b>The Adult Concern Referral should be sent to - <a href="mailto:ASP@south-ayrshire.gov.uk">ASP@south-ayrshire.gov.uk</a></b></p>	<p>Care homes should implement the same procedures and internal processes for Adult Support and Protection Referrals. This includes appropriate escalation to management. In addition to, internal processes, and where it has been identified an individual has been subjected to harm, Adult Support and Protection Procedures should be implemented.</p> <p>When completing the Adult Support and Protection referral it is important to highlight past concerns and previous incidents. Repeat concerns may lead to the adult being regarded at the Higher Risk level.</p> <p><i>***If there is repeat concerns, South Ayrshire Health and Social Care Partnership is committed to supporting care homes where possible to provide early and effective intervention, this could include signposting care homes to internal supports such as the Care Home Professional Support Team.</i></p> <p><b>The Adult Support and Protection Referral should also be sent to - <a href="mailto:ASP@south-ayrshire.gov.uk">ASP@south-ayrshire.gov.uk</a></b></p>
<b>Type of Harm</b>	<p><b>Adult Concern Referral</b>  <b>Lower-Level Risk – the examples provided are in no way exhaustive.</b></p>	<p><b>Adult Support and Protection Referral</b>  <b>Ongoing and/or Higher Risk – the examples provided are in no way exhaustive</b></p>
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Minor incident such as unwitnessed fall resulting in no apparent harm.</li> <li>• Isolated and/or minor resident to resident incident.</li> <li>• Staff error - causing no obvious harm.</li> </ul>	<ul style="list-style-type: none"> <li>• Any physical action causing harm to the resident.</li> <li>• Recurrence of incidents.</li> <li>• Recurrence or repeat incidents between residents.</li> <li>• Markings on a repeat basis of unknown/unreported cause.</li> <li>• Incidents involving injury that leads to hospital admission.</li> <li>• Inappropriate moving and handling resulting in any injury or harm to adult.</li> <li>• Inappropriate or unlawful use of restraint.</li> <li>• Misuse of medication such as over sedation.</li> </ul>

		<ul style="list-style-type: none"> <li>• Making someone purposefully uncomfortable or placing them at risk of harm for example not using the correct equipment.</li> <li>• Involuntary isolation or confinement.</li> <li>• Forcible feeding or withholding food/fluids</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Medication error because of not receiving prescribed medication or given wrong dose where no harm has occurred.</li> <li>• Recognition of inaccurate medication dispensing or inappropriate storage of medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Recurring errors (missed/wrong dose) or errors that cause harm to adult.</li> <li>• Patterns of medication errors to more than one resident.</li> <li>• Deliberate maladministration of medication (including staff theft or misuse of medication for own purpose).</li> </ul>
<b>Sexual</b>	<ul style="list-style-type: none"> <li>• Sexualised attention (verbal or touching) between service users, on one occasion, not causing distress.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual attention (of any nature) causing distress/harm to others.</li> <li>• Any sexual activity that the person lacks the capacity to consent to.</li> <li>• Inappropriate sexual comments, innuendos or sexual harassment.</li> <li>• Indecent, degrading, or inappropriate photography.</li> </ul>
<b>Psychological/Emotional</b>	<ul style="list-style-type: none"> <li>• Adult is spoken to inappropriately in a harmful or offensive manner resulting in psychological harm.</li> <li>• Adult not being listened to or having choice in relation to their care.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult repeatedly spoken to in an inappropriate harmful or offensive manner on more than one occasion or by more than one individual.</li> <li>• Any form of demeaning, hurtful or otherwise inappropriate language or behaviour to an individual.</li> <li>• Clear evidence of coercive control by any person.</li> <li>• Enforced social isolation.</li> <li>• Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.</li> <li>• Preventing the expression of choice or opinion.</li> <li>• Threats of harm, intimidation, humiliation, bullying behaviour or verbal abuse.</li> </ul>

<b>Financial</b>	<ul style="list-style-type: none"> <li>Financial transactions are not recorded or managed appropriately.</li> <li>Adult not involved in financial decisions when they can and wish to be.</li> <li>Delay's in accessing personal allowances (staff member, relative, POA etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Misuse/misappropriation of funds by any person in a position of trust (staff member, relative, POA etc).</li> <li>Theft of money or possessions.</li> <li>Misuse of personal allowance.</li> </ul>
<b>Neglect (including self-neglect)</b>	<ul style="list-style-type: none"> <li>Adult denied assistance with meal/drink/ personal care when they have been assessed as requiring this assistance.</li> <li>Individuals are concerned if the adult is refusing to eat, drink or have personal care,</li> <li>Delay in recognising an adult requires treatment for health condition – no harm occurs.</li> </ul>	<ul style="list-style-type: none"> <li>Repeat inadequacies where harm occurs because of being denied assistance with meal/drink/personal care.</li> <li>Deficiencies in care or follow up on healthcare needs which impacts upon health and wellbeing.</li> <li>Failure to follow agreed or necessary protocols to prevent harm to health such as withholding access to see a GP.</li> <li>Failure to administer medication as prescribed.</li> </ul>
<b>Self-harm</b>	<ul style="list-style-type: none"> <li>Adult experiencing distress and/or self-harm on one occasion and appropriate intervention and care planning provided</li> <li>Short term self-isolation – no harm evident.</li> </ul>	<ul style="list-style-type: none"> <li>Repeat incidences of distress and self-harm.</li> <li>Adult attempting or leaving supported setting unsupervised and at risk of harm.</li> <li>Longer term self-isolation which is impacting on health and wellbeing</li> </ul>
<b>Discriminatory</b>	<ul style="list-style-type: none"> <li>Care fails to take account of impact of adults protected characteristics (Equalities Act 2010)</li> <li>Comments/attitudes on one occasion related to protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>Recurring failure to take account of impact of adults protected characteristics.</li> <li>Harassment on an ongoing or regular basis.</li> <li>Denial of human rights and civil liberties.</li> </ul>

<b>Organisational/ Institutional</b>	<ul style="list-style-type: none"> <li>• Denial of individuality/opportunity to make decisions about own life in the short term.</li> <li>• Lack of stimulation/opportunities to engage in social activities in the short term.</li> <li>• Poor, ill-informed or dated care practice – no significant harm.</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to support adult to access health or care treatments.</li> <li>• Poor practice which causes harm not being reported</li> <li>• Poor practice which causes harm not being monitored, reviewed or reported.</li> <li>• Insufficient staff or high turnover of staff resulting in poor quality care and harm to adults.</li> <li>• Repetitive poor practice that is not addressed or is ineffective, resulting in harm to adults.</li> <li>• Harmful and disrespectful attitudes towards people living in the care home which results in harm</li> <li>• Repetitive regimes which could cause harm to adults.</li> <li>• Repetitive poor practice which causes harm and is dismissed or not reported.</li> </ul>
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## How to make an Adult Support Protection/Adult Concern Referral

The ASP referral form used in South Ayrshire is attached at Appendix 1. This is commonly referred to as an 'AP1'. It is important that Adult Social Work Services Teams receive the AP1 as close to/after, the harm or alleged harm, as reasonably practicable and within one working day.

This referral form is also utilised for the reporting of Adult Concerns Referral and when submitting you should mark at the top of the form to indicate if the form is for an Adult Protection Referral or an Adult Concern Referral. Always refer to the 3 point test when reporting, if you answer yes to all 3 points this is an Adult Protection Referral, however if you answer no to any of the 3 point test, the referral would then be sent as an Adult Concern Referral.

# Early Indicators of Concern

SAHSCP encourages care home settings within South Ayrshire to utilise the 'Early Indicators of Concern Framework' as an aid within their organisations.

The purpose of this framework is to assist care home settings to identify 'low level' indicators of concern which may, if unresolved, affect the safety and wellbeing of supported people in care home settings.

## 6 Key Themes

1. Concerns about management, leadership, and organisation.
2. Concerns about staff skills, knowledge, and practice.
3. Concerns about the behaviours, Interactions and wellbeing of Residents.
4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of openness.
5. Concerns about the way services are planned and the delivery of commissioned support.
6. Concerns about the quality of basic care and the environment.

Examples of these key themes are given, If a visiting professional is telling the care home settings about concerns they have observed, they will be following this Framework and will support care home settings to prevent harm occurring. Visiting staff are trained to adopt a 'stepped approach' whereby they :

**Step 1** – 'Tell Someone'

**Step 2** – 'Escalate'

**Step 3** – 'Report and Share Information'

## Early Indicators of Concern Framework (Marsland, 2012)

<b>1. Concerns about Management, Leadership and Organisation</b> <ul style="list-style-type: none"> <li>• There is a lack of leadership by managers, for example, managers do not make decisions, set priorities, or ensure staff are supported to complete their task successfully.</li> <li>• The service/home is not being managed in a planned way but reacts to problems or crises.</li> <li>• Managers appear unaware of serious problems in the service.</li> <li>• The manager is new and doesn't appear to understand what the service is set up to do.</li> <li>• A responsible manager is not apparent or available within the service.</li> <li>• There is a high turnover of staff or shortage of staff.</li> <li>• The manager does not inform Social Work that they are unable to meet the needs of specific individuals.</li> </ul>	<b>2. Concerns about Staff Skills, Knowledge and Practice</b> <ul style="list-style-type: none"> <li>• Staff appear to lack the information, skills, and knowledge to support people with specific needs e.g. dementia, profound and multiple disabilities, mental health, etc.</li> <li>• Staff appear challenged by some individual's behaviour and do not know how to support them effectively.</li> <li>• Members of staff use negative or judgmental language when talking about individuals.</li> <li>• Record keeping by staff is poor.</li> <li>• Communication across the staff team is poor.</li> </ul>
<b>3. Behaviour, interaction, and well-being of Residents – One or more of the residents:</b> <ul style="list-style-type: none"> <li>• Show signs of injury through lack of care or attention.</li> <li>• Appear frightened or show signs of fear.</li> <li>• Behaviours have changed.</li> <li>• Moods or psychological presentations have changed.</li> <li>• Behaviours potentially put themselves or others at risk.</li> </ul>	<b>4. Concerns about the service resisting the involvement of external people, isolating individuals and lack of open-ness</b> <ul style="list-style-type: none"> <li>• Managers/staff do not respond to advice or guidance from practitioners and families who visit the service.</li> <li>• The service is not reporting concerns or serious incidents to families, external practitioners, or agencies.</li> <li>• Staff or managers appear defensive or hostile when questions or problems are raised by external professionals or families.</li> </ul>
<b>5. Concerns about the way services are planned and the delivery of commissioned support</b>	<b>6. Concerns about the quality of basic care and the environment</b>

- There is a lack of clarity about the purpose and nature of the service.
- The service is accepting individuals whose needs they appear unable to meet.
- Individuals' needs as identified in assessments, care plans or risk assessments are not being met.
- The layout of the building does not easily allow individuals to be supervised and adequately supported to socialise and engage safely with others.
- Agreed staffing levels are not being provided.
- Staff do not carry out actions recommended by external professionals.
- The service is "unsuitable", but no better option is available.
- The collective needs of individuals/service user group appear to be incompatible.

- The service is not providing a safe environment
- There is a lack of activities or social opportunities for individuals.
- Individuals do not have as much money as would be expected.
- Equipment is not being used or is being used incorrectly.
- The home is dirty and shows signs of poor hygiene.
- There is a lack of care of personal possessions.
- Support for the individuals to maintain personal hygiene is poor.
- Essential records are not kept effectively.
- Individuals' dignity is not being promoted and supported.

# Large Scale Investigations

A Large-Scale Investigation (LSI) is a specific type of Adult Support and Protection investigation. It applies to services provided by agencies and/or organisations, and can include day services, outreach facilities, NHS facilities, care homes, supported accommodation, or when someone is receiving services in their own home. It may be required when there is a belief that a particular service, or an alleged harmer, may be placing more than one resident or service user at risk of harm. An 'adult at risk' is defined under Section 3(1) of the Act is, someone who is 16 years and over who meets all three of the following criteria (this is sometimes referred to as the 'three-point' criteria, referred to on page 4 of this Guidance)

When the need for an LSI is recognised, it is important to work together cooperatively and collaboratively to ensure that the adults currently at risk of harm are safe and protected and to reduce the risk of future harm to other adults. (IRISS, 2025)

An LSI taking place in a care home setting does not automatically indicate that the setting is providing weak or poor care or not managed properly. The investigation seeks to look into the concerns that have been reported.

Where the LSI finds that harm has occurred and there is a need for prompt action based on the findings it is vitally important that agencies work together to realise these improvements to ensure that adults at risk of harm are safe and protected. It is important that any agreed improvement plans are well known and acted upon at every level of the service so that improvements are sustained and owned by every member of staff.

# Whistleblowing

SAHSCP have outlined the Early Indicators of Concerns Framework as a way that staff can raise concerns to and about a care service. Whilst care home settings can use the framework internally, which we SAHSCP encourage, or do some self-evaluation against the 6 key themes, it is important to have clear avenues for staff working in care home settings to raise concerns internally and be empowered in doing so.

Whistleblowing is an important way of shining a light on concerns. It helps a workplace to be open, transparent, and accountable, to be able to learn from events, prevent future concerns and therefore protect the residents in their care.

Ways care home settings can do this is by ensuring that their whistleblowing policy is fit for purpose, reviewed at agreed intervals and that their staff group know how to use it.

Care home settings can get free advice through the whistleblowing charity Protect, [Protect - Speak up stop harm - Whistleblowing Homepage](#).

A good whistleblowing culture in care home settings will reduce any ongoing or unreported harm to adults who are less able to protect themselves.

It will also make their staff feel empowered, supported, and valued.

# Who Are We?

## South Ayrshire Adult Protection Committee (APC)

The Adult Support and Protection (Scotland) Act 2007 (Sections 42 – 47), states that each council must establish a multi-agency Adult Protection Committee (APC). Its functions include:

- reviewing adult protection procedure and practice;
- providing information and advice and making proposals;
- improving skills and knowledge; and
- all in the context of improving cooperation and communication between agencies.

Scottish government guidance was published in 2022 and emphasises the APC's role to give information or advice, or make proposals, on the exercise of these functions which relate to the safeguarding of adults at risk. The committee should also be seeking to improve co-operation and communication within and between each of the public bodies involved in order to better safeguard adults at risk. Adult Protection Committees have been statutorily assigned the lead role for overseeing cooperation and communication between agencies to promote appropriate support and protection for adults at risk of harm.

## Care Home Review Team

The Care Home Review Team is a key part of SAHSCP consisting of a Team Leader, Social Workers and Community Care Assistants. The team are responsible for annual placement reviews for care home residents in South Ayrshire and beyond, where South Ayrshire remains the funding authority. The team also implement essential statutory duties, such as ASP concerns and Guardianship to ensure the safety and wellbeing of vulnerable adults.

As well as completing Guardianship reviews for residents within care homes, the team also play the role of Supervising Officer, and because of this activity, the team arrange case conferences to discuss renewing guardianship orders when they are due to lapse. The key aspect of this role is to ensure that adults who lack capacity are safe and well, and their rights are protected on an ongoing basis.

Queries can be directed to the care home review team on [carehomereviewteam@south-ayrshire.gov.uk](mailto:carehomereviewteam@south-ayrshire.gov.uk)

## Commissioning Team

The Commissioning Team are committed to working collaboratively with all our commissioned services with a clear purpose to improve the quality of life for individuals who receive care and support. To achieve this goal, the team develop and build on their established working relationships with all of SAHSCP commissioned providers with the shared objective of delivering high-quality care and support services. If the team gather evidence or receive feedback that indicates any aspect of the social care being delivered does not meet the required standards, the team will work directly with the service and when necessary any other relevant professionals to identify, implement and monitor any required improvements.

Enquiries can be directed to the Commissioning mailbox [SAHSCP.Commissioning@south-ayrshire.gov.uk](mailto:SAHSCP.Commissioning@south-ayrshire.gov.uk)

## Care Home Liaison and Additional Support Team

The team provide a comprehensive mental health service for people of 65 years or over living in a care home within South Ayrshire. The service is also open to people under 65 who have a diagnosis of dementia. The service provides specialist support, education, guidance and advice to care home staff. The team provide recommendations on treatment and interventions while supporting both the resident and staff to maintain their placement for as long as possible. The team use a Biopsychosocial model to assess and review, resulting in a treatment plan.

Queries can be directed to [Clinical MentalHealth CMHTE UpperRecHall@aapct.scot.nhs.uk](mailto:Clinical_MentalHealth_CMHTE_UpperRecHall@aapct.scot.nhs.uk) or telephone number: 01292 513908

## Circles Advocacy Network

At Circles, we provide independent advocacy that is free, confidential and entirely separate from other services. We support adults in South Ayrshire who may be more vulnerable than others due to difficulties with mental or physical health or who are experiencing addictions. We listen to your views, treat you with dignity and respect, we support you in communicating with others, we help you to explore choices and understand your rights and we provide information to help you make informed decisions. We do not offer advice, make judgements or share our personal opinions. Our role is to empower you by ensuring to you have the information and support you need to make your own choices.

You can contact us on telephone on 01292 264396

Email on [info.southayrshire@circlesnetwork.org.uk](mailto:info.southayrshire@circlesnetwork.org.uk)

In person at Circles Advocacy, 2 New Bridge Street, Ayr KA7 1JX

## Care Home Professional Support Team

The Care Home Professional Support Team (CHPST) is a multidisciplinary team formed to provide support and learning for care home staff alongside 'My Care, My Home Framework' for adults living in care homes.

Training can be tailored to care homes own needs and delivered in their care homes. Sessions are fun and interactive, creating discussion and learning from experiences.

Queries can be directed to the care home professional support team at [aa.clinicalcarehomeprofessionalsupportteam@aapct.scot.nhs.uk](mailto:aa.clinicalcarehomeprofessionalsupportteam@aapct.scot.nhs.uk)

## Independent Sector Lead – Scottish Care

Glenda Hanna is the representative of Care Home, Home Care & Housing Support Service Providers at strategic level including Integrated Joint Board (IJB) & Adult Protection Committee (APC). The post sits within the Partners for Integration Team at Scottish Care and therefore Glenda is also a local point of contact for Scottish Care.

SAHSCP commissioned services and SAHSCP Officer can contact the Independent Sector Lead for guidance and support at operational level within the narrative of integration, collaborative working and innovation.

Scottish Care is the national membership organisation for Independent Sector Care Service Providers and is the voice of the independent social care sector in Scotland.

Queries can be directed to Scottish Care on [glenda.hanna@scottishcare.org](mailto:glenda.hanna@scottishcare.org)

## Continence Support

For continence related advice/guidance, contact [aa.clinicalcomcontinenceservice@aapct.scot.nhs.uk](mailto:aa.clinicalcomcontinenceservice@aapct.scot.nhs.uk).

The continence liaison nurse for care homes is Jo-Ann Davidson. Her email address is: [Jo-Ann.Davidson@aapct.scot.nhs.uk](mailto:Jo-Ann.Davidson@aapct.scot.nhs.uk)

## The Infection Prevention and Control Team (IPCT)

The Infection Prevention and Control Team (IPCT) are registered Nurses with specialist post graduate qualifications in infection prevention and control (IPC). Each Infection Control Nurse (ICN) has an allocation of care home settings to support. The IPCT provide:

Education - this can be on Standard Infection Control Precautions (SICPs), Transmission Based Precautions (TBPs) or a specific infection such as Methicillin Resistant Staphylococcus Aureus (MRSA) or Norovirus.

Outbreak Support – the team aim to visit within 2 working days of notification of an outbreak to provide support with control measures.

Infection Prevention and Control Walk rounds - these can be undertaken for various reasons, for example, a new Registered Manager. A walk round can be helpful to provide assurance that no improvements are needed or highlight if there are any issues to address

For IPCT support, contact [InfectionControl@aapct.scot.nhs.uk](mailto:InfectionControl@aapct.scot.nhs.uk)

## District Nursing (DN) Teams

**Maybole 01292 616704** (for Maybole Medical and Carrick Medical practices)

**Girvan 01292 616702** (for Ailsa craig Medical, Girvan Riverside Medical, Dailly Medical, and Ballantrae Medical)

### **Prestwick Team (based in Biggart Hospital)**

Kirkhall Surgery – 01292 559830

Station Rd Surgery – 01292 559840

### **Troon Team (based in Barassie St Clinic)**

Portland Surgery - 01292 616702

Templehill Surgery - 01292 616702

Dundonald Surgery - 01292 616702

### **10 Ayr Central**

### **TAM'S BRIG BASE**

Tams Brig Team - 01292 513875

Bankfield team - 01292 513875

### **GLENAPP BASE TEAM 1**

Cathcart Street - 01292 513881

Dalblair Practice - 01292 513875

### **GLENAPP BASE TEAM 2**

Racecourse Road - 01292 513876

Barnes Medical - 01292 513877

### **NORTH AYR HEALTH CENTRE BASE**

Fullerton Medical - 01292 513878

Alloway Place GP - 01292 513874

# References

Care Inspectorate (2024) A Quality Improvement Framework for Adult Support and Protection. Retrieved on 15<sup>th</sup> of May 2025 from [Quality framework for ASP September 2024.pdf](#)

Care Inspectorate (2024) Supporting Improvement in Social Care and Social Work. Retrieved on 15<sup>th</sup> of May 2025 from [Care Inspectorate Hub | Care Inspectorate Hub](#)

IRISS (2025) The Adult Support and Protection National Large Scale Investigation Framework Retrieved on 16<sup>th</sup> April 2025 from [The Adult Support and Protection National Large Scale Investigation Framework | Iriss](#)

IRISS (2023) Adult Support and Protection : everyone's business. Retrieved on 16<sup>th</sup> of April 2025 from [Adult Support and Protection: everyone's business | Iriss](#)

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Marsland, D, Oakes, P and White, C. (2012) Early Indicators of Concern Residential and Nursing Homes for Older People. University of Hull.

Safer Scotland, Scottish Government (2025) Act Against Harm – Adult Support and Protection . Retrieved on 30<sup>th</sup> of May 2025 from [Home - Act Against Harm](#)

Scottish Government (2022) Adult Support and Protection (Scotland) Act 2007: Code of Practice. Retrieved on 12<sup>th</sup> of April from [Adult Support and Protection \(Scotland\) Act 2007: Code of Practice - gov.scot](#)

Scottish Government (2014) Early Indicators of concern in Care Services. Retrieved on 10<sup>th</sup> of April 2025 from [Supporting documents - Early Indicators of Concern in Care Services - gov.scot](#)

Social Care Institute for Excellence (2020) Types and indicators of abuse. Retrieved on 10<sup>th</sup> of April 2025 from <https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>



**Adult Protection Referral Form**

**Multi-agency Adult Protection/Adult Concern Referral Form (APR)**

Adult Protection Referral		Adult Concern Referral	
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Complete the form as fully as possible, but don't allow a lack of information to delay a referral

ADULT DETAILS					
Name:			DOB:		
Home Address:			Current Whereabouts		
Postcode:			Tel No:		
Tel No:			CHI/Social Work Reference No (if known)		
Gender:	Choose an item.	Ethnicity:	Choose an item.	Religion:	Choose an item.
Communication Support (please provide details including communication aids needed by the adult)					
Advocacy Support (please provide details of any advocacy support in place, referral made or any other support requested by adult)					
GP Name, Address, Tel No (if known)					
Parenting/Carer Responsibilities: (please provide details of any children or adults that the adult at risk may be responsible for)					

REFERRER DETAILS				
Name:			Designation:	
Agency:			Direct Dial Tel No:	
E-Mail:				

Relationship to adult being referred:	
Date of Referral:	

**DETAILS OF CONCERN**

The Adult is affected by disability, mental disorder, illness or physical or mental infirmity (if yes, please specify) <b>YES or NO</b>	
The Adult is unable to safeguard their own wellbeing, property, rights or other interests - <b>YES or NO</b>	
The Adult is at risk of harm (if yes, please state reason and type of harm) - <b>YES or NO</b>	

If you have answered yes to all of the above questions, please tick Adult Protection Referral.  
 If you have been unable to answer yes to all of the above questions, please tick Adult Concern Referral.

Give details of harm (suspected/witnessed/disclosed/reported) Include details of any previous AP Referrals/Concerns if known. (please use separate sheet if required)

Date of Incident:	
Have you (or any other person) told the adult that this information will be shared with Social Work or other relevant agencies?	YES / NO (delete as appropriate) If <b>NO</b> please state reasons

Is it suspected that a crime has been committed and have police been informed?  
 (Include date, time, known action taken, incident number etc.)

**DETAILS OF PERSON REPORTED TO BE CAUSING HARM (If known) Please PRINT details**

Name:		Relationship to Adult:	
Address:		Tel No:	

REFERRAL FORM TO BE SENT WITHIN 24 HOURS OF IDENTIFYING A CONCERN TO	
East Ayrshire Health & Social Care Partnership	<a href="mailto:H&amp;SCPCustomerFirst@east-ayrshire.gov.uk">H&amp;SCPCustomerFirst@east-ayrshire.gov.uk</a>
North Ayrshire Health & Social Care Partnership	<a href="mailto:adultprotection@north-ayrshire.gcsx.gov.uk">adultprotection@north-ayrshire.gcsx.gov.uk</a>
South Ayrshire Health & Social Care Partnership	<a href="mailto:ASP@south-ayrshire.gov.uk">ASP@south-ayrshire.gov.uk</a>
For assistance out of hours contact:	0800 328 7758

**Remember – An ASP Referral is not an emergency service – if necessary, phone 999 to access immediate assistance**