

Marie Curie's response to the consultation on the Adult Support & Protection Code of Practice.

1. Marie Curie gives people with all terminal illnesses the choice to die at home. Our nurses provide them and their families with free hands-on care and emotional support, in their own homes, right until the end. In Scotland we run hospices in Edinburgh and Glasgow, which provide free specialist medical care for those with serious illnesses, and emotional support for their families, giving them the best possible quality of life.
2. Marie Curie Cancer Care is pleased for the opportunity to provide feedback to the consultation on the Adult Support & Protection Code of Practice. Our response is based on our experience as a charity which specialises in end of life care and who regularly treats adults at risk as defined under the Adult Support & Protection Act of 2007.
3. Protection from harm is a basic human right that every adult in Scotland is entitled to. The need to safeguard and protect adults in our care is ingrained across our services and is an integral part of the holistic package of care that we provide.

Marie Curie's experience of treating adults at risk

4. Marie Curie follows clear local procedures which serve to support and protect people who are at risk. Our staff have a duty to inform their line manager of any concern that an adult may highlight regarding their safety. Subsequently the staff member is obliged to fill out both a 'safeguarding alert form' and an incident report form 'IR1'. As part of this process, staff must clearly outline to the patient the steps that they are to take and the reasons behind their decision to do so. In situations where a patient does not consent to information being shared Marie Curie retains a duty of care and must still raise an alert to any possible risk outlining to the adult the reason that they must do so.
5. For any patient we work with, and who has been defined as an adult at risk, there will exist an action plan. Action plans focus on minimising the likelihood of harm to the adult at risk. Plans are agreed with senior managers within Marie Curie and involve consultation with the police and the social work team within the local authority.

Definitions of adults at risk

6. We are happy with the definition of an adult at risk as outlined in section 3(1) of the Act. Scottish Local Authorities refer to this definition as the '3 Point Test' and it is clear and easy to follow. We do not feel that it would be helpful or necessary to add to this list as it covers those in receipt of palliative and end of life care.

Participation in decision making

7. We would agree that the revised chapter 5 of the Code of Practice adequately covers the issues arising from ensuring full participation by adults in decision making. Importantly, they build on the general principles of the Act which looks to

ensure that the present and past wishes of the adult (so far as they can be ascertained by any means of communication) are taken into account.

8. The duty to consider advocacy is an important step forward and matches current mental health legislation in Scotland. The obligation to invite the adult at risk to attend multi-agency meetings is welcomed as this further strengthens the adults place in the decision making process.

Inquiries into adults at risk

9. When carrying out an inquiry into a possible adult at risk certain considerations must be taken into account. One must assess the risk and the subsequent timescale/steps required to remove it and whether the adult in question has the capacity to make an informed decision on his/her welfare. An action plan should then be agreed by all parties including the local authority.

10. During the local authority inquiry, the adult in question should continue to receive support. Marie Curie patients will receive on-going nursing care and assistance from our internal social work department as well as any other support agreed and laid out in the action plan. It is crucial that all parties communicate effectively during this process, and that the adult at risk is involved in decisions made from the start.

Multi-Agency decision making and end of life care

11. When looking at the revised chapter on a multi-agency approach (chapter 11), we have direct experience of using such an approach. Using our Edinburgh Hospice as an example, staff will flag a safeguarding alert to our internal social work department who will in turn look to agree an action plan. The plan will routinely involve Edinburgh's Public Protection Unit, Edinburgh Council, the Hospice Manager and the Executive on call. Follow-up actions include a Marie Curie social worker liaising with Edinburgh's social work department on protection procedures, assessment of the plan's progress and to ensure all parties are aware of each other's continuing role within the safeguarding process.

12. We welcome chapter 11's revision on best practice using a multi-agency decision making approach and would suggest that while it mirrors current practices across the country it is helpful to see this written into statute.

User and Carer Involvement

13. We welcome the revised Code of Practice's focus on developing and articulating good practice as regards service user and carer involvement. Giving service-users and carer's a voice as part of the decision making process should underpin all aspects of health care.

14. With regard to Adult Protection Committees (APCs) as discussed in chapter 16, we would suggest more clarity within the revised code on the fact that APCs should not approach a person suspected of causing harm and that they must ensure the strictest confidentiality to prevent contamination in an investigation.

15. It should be noted that there are a number of guidelines available to social care staff in assessing the needs of adults and carers. We would welcome clarity as to how the revised Code of Practice links with the related principles of Adults with Incapacity (Scotland) Act, the National Health Service and Community Care Act, the Social Work Scotland Act, the Carer's Act, the Human Rights Act etc

Direct Payments and Regulation of Care

16. Where a person decides to direct their own care through self directed support and a direct payment, there remains the issue of how that care is regulated. While local authorities are under the same duties and powers for those adults who direct their own care, there is a concern that adults at risk may not be identified if the health care provider does not adhere to the code of practice and flag a safeguarding alert. In the same way, if adults are not able to determine that they are at risk, their access to support depends on Adult Protection Committees risk assessment procedures which may lead to delays in safeguarding and protection.

17. We urge the Scottish Government to clarify how an adult who is vulnerable to harm and who is directing his/her own support will be identified and protected and how Adult Protection Committees will be directed and reviewed on their performance in this area.