

Graham

Graham was an 86 year old man diagnosed with vascular dementia and other comorbidities. Graham lived with Ava, his wife and main carer. Graham and Ava had daughters from previous marriages who lived locally. Graham was dependent on his wife Ava to provide support for all activities of daily living. He required the assistance of two people and the use of mobility equipment for all transfers. Because of his cognitive impairment, it was difficult for Graham to communicate his own views and wishes. Graham was dependent on Ava to maintain communication with the different agencies involved in his life.

A package of care was set up by the Local Authority, to support Graham to live at home with Ava. The package of care was for one carer to support Ava and Graham with transfers and a weekly visit to a day centre. Ava was hesitant to accept this support as Ava felt that they could manage, professionals involved disagreed. Graham was assessed as a self-funder so was required to pay all care costs.

Graham was assessed as lacking capacity to make decisions in regard to his needs, there was no formal best interest decisions made. Professionals continued to give weight to Ava's views and wishes regarding Graham's support, even though they did not agree that they were in Graham's best interests.

Follow up visits from professionals highlighted concerns about how Ava and Graham were coping, there was concerns regarding Ava's memory. Ava cancelled the home care services. Graham's daughter Camilla was present at one of the visits and highlighted concerns about Ava's ability to care for Graham, that she was increasingly concerned that decisions in Graham's best interests were not being made and Ava's wishes were being allowed to take precedence. Opportunities to raise safeguarding concerns were missed and Graham continued to be supported under the care management pathway.

During a six month period, Graham's health deteriorated and a safeguarding enquiry began as the concerns regarding Ava's ability and decision making around supporting Graham continued to escalate. Ava was hesitant but home care was reintroduced. Graham's attendance at the day center was sporadic. Graham's views or the views of Graham's daughter were not considered during the enquiry.

Graham was admitted to hospital after a home visit from his GP and Graham was diagnosed with pneumonia, sepsis and four pressure sores (including 1 at Grade 4). Concerns had been previously raised in regards to pressure care and visits had been undertaken by District Nurses. Graham passed away 2 days later. A safeguarding concern was raised, this did not go on to an enquiry as it was the opinion of a manager that: *Ava had not intentionally neglected Graham and that it would appear that Ava needed an assessment in her own right.*

Questions for future practice

Please consider and discuss with your line manager

- Are you confident in your practice, to effectively challenge family members, who may not be making decisions that are in the best interests for the individual you are working with?
- How do you ensure that advocacy is considered and implemented, as per the Care Act requirements in your work?
- Are you clear on how to escalate concerns, if in your professional opinion, risks have not been dealt with adequately?
- Are you confident in the application of the Mental Capacity Act in your practice?
- Are you clear on your responsibilities, in regards to, individuals that are assessed as self-funders?
- Do you apply Making Safeguarding Personal Principles in your practice?
- Is there anyone you are working with at the moment, who may be in a similar situation to Graham and Ava, where you think a different approach can be taken in light of this SAR?

Lesson Learnt

Making Safeguarding Personal

Approaches to adult safeguarding should be person-led and outcome-focused. The Care Act emphasise a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process.

- Graham's views and wishes were missing; Making Safeguarding Personal principles were not applied.
- Disproportionate weight was given to Ava's views and wishes. Ava's desire to care for Graham, whilst admirable, may have had unintended consequences such as his assessed needs not being met.

Further information on Making Safeguarding Personal can be found here.

<http://www.sabberkshirewest.co.uk/practitioners/making-safeguarding-personal/>

<https://www.local.gov.uk/msp-toolkit>

<https://www.scie.org.uk/publications/misc/makingsafeguardingpersonal.asp>

Advocacy

Care Act advocates support people to understand their rights under the Care Act and to be fully involved in a local authority assessment, care review, care and support planning or safeguarding process.

- It would have been appropriate to consider appointing an independent advocate for both needs assessment and the open safeguarding enquiry.

Further information on Advocacy in relation to the Care Act can be found here:

<https://www.scie.org.uk/care-act-2014/advocacy-services/>

<https://www.berkshiresafeguardingadults.co.uk/3-adult-safeguarding-practice/32-advocacy-support/>

Safeguarding Procedures

- There was a conflict that was not addressed satisfactorily i.e. Ava was named as the person alleged to have caused harm but was also consulted as Graham's representative as part of the safeguarding enquiry
- Graham's daughter was not informed about open safeguarding concerns although she may have been suitable to contact to act as Graham's representative.
- There was a lack of effective planning around the safeguarding enquiry. Effective plans come from multiagency working with clear delineation between the roles and tasks of each profession, as part of that plan.

There are Berkshire Safeguarding Policies and Procedures which can be found here:

<https://www.berkshiresafeguardingadults.co.uk/>

Mental Capacity

- There were no wider consultation regarding Mental Capacity or Best Interest decisions with Graham's extended family.
- Application of the MCA was not consistent. There was no record of a MCA for specific decisions i.e. the ability to consent to care and support and safeguarding concerns

<http://www.sabberkshirewest.co.uk/practitioners/mental-capacity-act-and-dols/>

<https://www.39essex.com/tag/mental-capacity-guidance-notes/>

Professional Curiosity/Challenge

- Staff need support to understand the competing needs of the cared for person and carer and how these interact when a carer may have needs of their own.
- Staff did not appear to understand the appropriate intervention to apply when a carer has needs of their own – i.e. carers assessment / assessment of need.

See link to the Boards presentation on professional curiosity:

www.sabberkshirewest.co.uk/media/1376/professional-curiosity-4.pptx

Thankyou for taking the time to read this learning summary. If you would like to provide any feedback or have any questions regarding the Board please contact: Lynne.Mason@Reading.gov.uk

The full SAR report for Graham can be found here:

<http://www.sabberkshirewest.co.uk/practitioners/safeguarding-adults-reviews/>