

# Safeguarding Adults Review

## 7 Minute Learning Summary

### Carol

In March Carol's life changed significantly as Carol fell and broke her shoulder and her husband died of a cardiac arrest whilst Carol was present. Carol had moved to England to be with her husband and had no other support network. Carol started drinking alcohol and stopped taking her medication for schizophrenia. Carol was supported by a number of agencies over the next 3 months, including hospital stays, community mental health support and a package of care from a home care agency. Safeguarding concerns were raised by a number of agencies in regards to self-neglect but the local authority did not follow the Safeguarding Pan Berkshire Policies and Procedures. There were also missed opportunities for professionals to raise further safeguarding concerns. There was no multi-agency response to support Carol during this period of crisis which may have led to a better outcome for Carol.

On the 15<sup>th</sup> June, after a six day stay, Carol was discharged from hospital. The local authority was not informed and therefore Carol's package of care was not restarted. A carer from the care agency saw Carol arriving home from hospital, by chance, and contacted the Emergency Duty Service (EDS) to inform them that the package of care had not been restarted. The call handler for EDS did not follow procedures and therefore no action was taken. The care agency followed up with the local authority on Monday 18<sup>th</sup> June and the package of care was immediately restarted. Carol did not answer the door to the carers, but this was not unusual behaviour so the carer was not concerned and reported this to the local authority and went onto their next call. However when Carol failed to answer the door to the next call that day the carer called the police where it was discovered that Carol had passed away.

### Lessons

- That there is an emphasis on 'normal' behaviour when making decisions and that these decisions on 'normal' behaviour may not necessarily consider current circumstances. For example, being discharged from hospital without support, as Carol appeared to be coping in hospital.
- Carol's voice did not appear to be heard, Carol had to speak to a number of different professionals at a time of crisis, and advocacy was not considered. Under the Care Act 2014 local authorities have a duty to provide independent advocacy if it appears to them that the individual: has **substantial difficulty** in being involved, and if there is an absence of an **appropriate individual** to support them.
- There was limited partnership working in this case. Agencies were working in silos, meaning Carol's situation was not fully understood.
- Self-neglect: it appears that agencies recognised self-neglect but were not clear on the most effective way to support Carol. A Strategy meeting was required.
- Bereavement: Carol was grieving and appeared to have very little support.
- Mental capacity: whilst it has been considered in chronologies it appears that capacity has been assumed and not tested further with reliance on: *A person is not to be treated as unable to make a decision merely because he makes an unwise decision.*
- Access of the Health Hub: Better understanding required across the partnership about who can access the hub and when referrals should be made.
- There were a number of staff at EDS who did not follow their internal procedures. EDS have confirmed that an internal investigation into this incident has been completed and learning identified.
- There was a failure to recognise on discharge that further communication was required with Carol's social worker.
- Within the local authority there were two different teams and therefore two different allocated workers and managers overseeing Carol's case, resulting in assessments not being completed at all or in a timely manner.
- Intelligence from this SAR and others along with SAR Panel member feedback evidences that safeguarding policies and procedures are not being followed.

Thankyou for taking the time to read this practice note. If you would like to provide any feedback or have any questions regarding the Board please contact: [Lynne.Mason@Reading.gov.uk](mailto:Lynne.Mason@Reading.gov.uk)

The full SAR report for Carol can be found here:

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

# 7-minute Learning Summary

## Safeguarding Adults Review Carol

### Advocacy

Local authorities have a duty under the Care Act 2014 to provide independent advocacy, when someone has substantial difficulty being involved in the process of care and does not have an appropriate individual to support them.

Local authorities are required to consider whether there is an appropriate individual to facilitate a persons involvement in the planning around their care.

An appropriate individual cannot be:

- Someone who is being paid to provide care or treatment to the person.
- Someone who doesn't want to support them
- Someone who is unlikely to be able or available to support them
- Someone who is implicated in a concern in regards to abuse or neglect, or has been judged by a SAR to have failed to prevent abuse or neglect

Safeguarding Berkshire procedures for advocacy can be found [here](#).

### Self-Neglect

- Encompasses a wide range of behaviour – neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Professionals can find working with people who self-neglect very challenging.
- The key to effective interventions in self-neglect is building relationships to effectively engage with people without causing distress and reserving use of legal powers to where they are proportionate and essential.
- Safeguarding processes may be required when working with people that self-neglect, but much of the work is long-term work, which happens under other frameworks
- The following legislation may be helpful:
  - Care Act 2014 (statutory guidance)
  - Human Rights Act, Article 8
  - Mental Health Act 2007
  - Mental Capacity Act 2005
  - Public Health Act 1984
  - Housing Act 1988
- Social Care Institute for Excellence has useful information on [self-neglect](#).
- Refer to the Pan Berkshire policies and procedures website for more information. <https://www.berkshiresafeguardingadults.co.uk/>

### Bereavement

Is the experience of losing someone important to us. It is characterised by grief.

Losing someone important to us can be emotionally devastating. Carol had no support network after the sudden death of her husband.

Such an event can affect us emotionally, physically, socially and in many practical areas of our life. Bereavement can have serious effects on individuals, families and communities.

If you are worried about how someone is coping with a bereavement please visit <https://www.nhs.uk/conditions/stress-anxiety-depression/coping-with-bereavement/>

### The Berkshire Integrated Hub

The Berkshire Integrated hub is a 24/7 telephone-based system for handling all referrals to community health services (provided by Berkshire Healthcare Foundation Trust).

It will assist referrers in providing swift access to the right services for patients, including clinical triage.

Patients can be referred to the Hub by a range of professionals including GPs, community nursing teams, hospital staff and social care teams.

Click [here](#) for more information.

### Multi-Agency Risk Management Framework (MARM)

The guidance and framework has been devised to support the West of Berkshire Safeguarding Adults Board Partnership to achieve successful outcomes when working with individuals who are thought to be taking risks in their life. Click [here](#) for the document.

The purpose of the MARM is to support the individual and staff to reach agreement and adopt strategies around risk decision and the management of those risks where they are manageable. Concerns may be around:

- Where a support plan will not meet identified risks.
- Where risks have been identified in giving an individual a direct payment to manage themselves including safeguarding concerns.
- Where an individual is putting themselves or others at significant risk by refusing services.
- All options have been explored and the level of risk is still high.
- Disagreement between services / agencies on managing the level of risk
- Any local authority worker can present a case to the MARM where there is a complex or challenging risk issue and where guidance and decision making are needed.
- The person does not have to be in receipt of Adult Social Care support.

