



Safeguarding Adult Review Adult BD

Adult BD was a 35-year-old man who lived alone and who had a long history of diabetes who had a below knee amputation, and toe amputation on his other foot. He also had a chronic kidney condition requiring dialysis and suffered from mental health issues/suicidal ideation. Concerns had been raised by District Nursing Services that Adult BD was not managing his diabetes and there were questions around who had oversight of his dialysis (he had not had any for 10 days) and management of his insulin needs, given the presenting issues around self-neglect.

Adult BD had several medical needs and there is no evidence of a support package being put in place on discharge from hospital. His care was predominantly managed by his father and brother and there were concerns around his apparent lack of finances to pay for utilities and food.

Adult BD expressed a desire to move to Sunderland to a property that better suited his needs, but this never occurred, and he found himself increasingly isolated. This affected his mental health and wellbeing to such an extent that he had expressed suicidal ideation.

Between 2020-2023 Adult BD had numerous admissions to hospitals and on occasion self-discharged against medical advice.

Adult BD's health and mood deteriorated rapidly in 2023 and before a multi-disciplinary team meeting could be arranged, he booked himself into a bed and breakfast where tragically he was found deceased in his room.

If you would like a copy of the full report please contact STSCAP@southtyneside.gov.uk

Themes of the Case

- Professional Curiosity
- Information sharing and missed opportunities for multi-agency working and holistic approach to decreasing risk
- Self-Neglect
- Impact of trauma in relation to amputation and illness
- Impact of Mental Capacity on continual self-discharges
- Unsuitable accommodation not conducive to meeting physical and mental health needs





KEY LEARNING



Language is crucial. When working within safeguarding, it is important that consideration is given to the terminology used and an explanation of any ‘jargon’ and complex terminology is provided to ensure that people understand what safeguarding is and what their role is if they have any concerns.

Accommodation and Housing partners can play a key role in identifying and raising concerns around adult safeguarding. Consideration should always be given to their involvement in Multi-Disciplinary Team Meetings.

Self- Neglect cases involving self-harm are often a result of deep-seated prior trauma present in a variety of ways. This requires lengthy, flexible, and creative involvement and can be contrary to eligibility criteria for services and other organisational pressures. There should be clear guidance.

Practitioners should use multi-agency risk management meetings to determine levels of risk and expected outcomes, considering all aspects of Making Safeguarding Personal. The process should be structured to improve co-ordination, continuity, and communication between services. It should be agreed which practitioner within each agency would have the lead role to oversee the safeguarding process for their organisation.

Multi-Disciplinary Team meetings should consider how discretionary enquiries under the Wellbeing Duty of the Care Act (S1) support the statement ‘*promoting wellbeing involves actively seeking improvements in the aspects of wellbeing*’ It is not enough just to have regard to it.

Mechanisms should be in place to support multi-agency practitioners with reflective practice supervision, health and wellbeing support and management oversight.

Consideration must be given to the use of more creative ways to engage adults and their families which promote effective relationship building, engagement and not disengagement.

Mental Capacity and Executive Functioning
There is a lack of single and multi-agency training (and in some cases within policies and procedures) which cover such topics as Inherent Jurisdiction, Best Interest Decisions, Court of Protection and Shared Care Protocols.

Missing Adults: promoting conversation around missing episodes and minimising the risk to vulnerable adults by putting in place timely and appropriate support

Advocacy - Where a person has been subject to safeguarding interventions, all partners should consider how they involve the person and their family from the very outset of those enquiries and how statutory and non-statutory advocacy can support this.

Trauma Informed Practice and the importance of developing an awareness and understanding of Trauma Informed Approaches through the development of trusted relationships with either the adult, their family or an advocate, which would in turn help them act within the principles of the Care Act and Making Safeguarding Personal

Everyone should seek to raise the profile and understanding of Safeguarding across such establishments as hotels, local businesses and accommodation providers.



QUESTIONS FOR CONSIDERATION



- Does this happen here – if so WHY?
- What needs to change?
- How do we ensure that learning is effectively embedded in day-to-day practice?
- How effectively are the six principles of adult safeguarding embedded in practice and how do they influence the promotion of an individual’s wellbeing through Making Safeguarding Personal.

