South Tyneside Safeguarding Adults Board

Safeguarding Adult Review
Adult BA

Adult BA was a 76-year old male who lived with his partner in a South Tyneside Homes property. He had suffered a stroke in 2008 resulting in a left sided weakness, was doubly incontinent and had cataracts but declined to have treatment. There were other extensive co-morbidities which required 24-hour care that, in the main, was provided by Adult BA's partner. Adult BA had chosen to remain in his bed as he stated he was more comfortable there. Concerns were that Adult BA had been in bed as he stated he was more comfortable there. Concerns were that Adult BA had been in bed for 14 months, initially by choice but later he was unable to get out of bed or change position independently. He had fluctuating capacity, but no formal Mental Capacity Assessment was ever undertaken.

Adult BA had pressure damage but was reluctant to accept appropriate support, for example an air mattress. He accepted only minimal engagement from the Nursing Service and his partner was reluctant to accept formal carer support.

Domiciliary Care was involved at certain points; however Adult BA was opposed to this and when he had capacity care packages were cancelled.

From a Making Safeguarding Personal (MSP) point of view it was Adult BA's choice to remain in bed, but no agency had explored how he felt prior to the stroke and how he could be effectively safeguarded following the stroke.

Adult BA became extremely unwell and sadly passed away with the cause of death being Sepsis, Infected Pressure Sore, Previous Stroke, Peripheral Vascular Disease, Type 2 Diabetes and Ischemic Heart Disease.

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

Themes of the Case

- Service Refusal/Engagement
- Mental Capacity
- Loss and Grief in relation to life as it was before the stroke
- Effective multi-agency communication and collaboration to determine Adult BA's capacity to make decisions around staying in bed and refusing treatment
- Self-neglect – refusal/inability to understand and engage with support
- Timescale for action by agencies to manage pressure damage

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.