

Briefing Note

Safeguarding Adult Review – Mr A

March 2020

Background

Safeguarding concerns were raised about Mr A in the latter part of 2017 due to his marriage breakdown and inappropriate housing situation - living alone. He had diabetes, chronic renal problems and was a wheelchair user following a CVA (stroke). He received services from a range of professionals including regular dialysis at hospital. He was admitted to hospital with advanced pressure sores in November 2018, following a fall. He sadly died 2 months later due to renal failure and complex soft tissue infection.

His health and living conditions predisposed him to pressure sores. The SARP considered that there may be lessons to be learnt about appropriate information sharing and potential impact these conditions could have on Mr A's skin care and tissue viability.

An independent Author led the SAR

Key Lines of enquiry

1. Did Mr A have a Care Plan?

There was a care plan produced but no evidence of this being shared with all relevant agencies

2. Were all staff supporting Mr A, trained in tissue viability and implications of diabetes and renal failure on skin care?

No evidence that all staff were trained regarding this.

3. Were Mr A's views established, clearly, understood and acted upon?

Every effort was made to communicate with him but Mr A found it difficult to communicate with his carers.

4. Did agencies communicate with each other? If not - why not?

Communication among professionals was inconsistent

Findings

Recognising health concerns, neglect and assessing risk

Mr A had significant health concerns, predisposing him to pressure sores. This was not recognised by practitioners assisting him in the home, despite it being identified as a risk in the care plan.

Mr A also chose to keep his underpants on during assisted bathing making it more challenging to monitor the buttocks for breakdown of skin.

Recommendations

The Multi Agency Risk Tool and framework should be used to ensure all practitioners have the information, support and knowledge necessary.

Key information should be shared in a Multi Agency care plan which is easily accessible within the home.

All community workers should be trained to understand the key issues that lead to pressure sores including pre-disposing conditions.

Professional curiosity is required when a situation is more challenging or unusual (bathing in underwear).

Management oversight within agencies should ensure appropriate reviews and timely follow up of referrals to other agencies.

Capturing the Voice of Mr A

Communication was difficult with Mr A as English was his second language. He reported that he found it difficult to communicate with his Carers.

Recommendation

Interpreters or language line should be used when there are language difficulties.

Staff should ensure written support material is understood if not in a native tongue.

Findings Continued

Quality of recordkeeping, communication and sharing information

There was inconsistent record keeping and communication within and between agencies; Mr A declined support but this was not communicated as a concern. There was also variable understanding about when information can be shared.

Recommendations

Effective and accurate record keeping should be consistent across all agencies

Information sharing and communication should be consistent across all agencies. Clearer pathways are needed for health concerns to be shared.

Referrals should be followed up in a reasonable time

Care plans should be shared with all agencies providing support

Examples of good practice

Professionals were intent on assisting and treating Mr A's condition when the risk was identified. This was shown by the good clinical practice displayed by SCAS and the hospital when Mr A was admitted even though he did not wish to attend. The Paramedic also contacted family when Mr A refused to see him, ensuring they were aware of advice provided.

Hospital staff were able to communicate and prepare Mr A in a caring way regarding his likely outcome.

Next steps

Read the Practice points on page 2 of this briefing and attend training on the Multi Agency Risk Tool. (MART)

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SPECIFIC LEARNING POINTS

Improve communication and share the risk

All agencies need to commit to using the Multi Agency Risk Tool (MART) and Framework. This is especially important when clients have extra complexities such as language difficulties or extra complex health issues.

All agencies should call a meeting in line with the guidance in the MART framework for clients who are at risk, but not part of the safeguarding framework

All agencies should ensure staff attend the MART training

Improve Communication methods

It was clear that Mr A felt that he struggled with communication with professionals due to his language difficulties. Agencies also struggled to share information regarding the care plan.

All agencies should ensure that language line or interpreters are used to ensure the voice of the client is captured, as well as ensuring understanding of information provided both verbally and written e.g. advice leaflets.

Agencies should use a simple and accessible communication method. The Care plan should be left in an accessible place in the home.

Improve pressure sore awareness

It was identified that Mr A was at risk of developing pressure sores due to his health and living conditions, however not all agencies were mindful of this.

*All agencies supporting people who may be at risk of developing pressure sores should ensure **all** staff are trained to identify and risk assess for pressure sores, taking into account any aggravating factors such as pre-disposing health conditions.*

Improve record keeping

The record keeping was noted as inconsistent within and between agencies.

Agencies must ensure that record keeping is of the highest standard to ensure that their clients are kept safe and that they are able to share the appropriate information with other agencies.

Agencies should account for their record keeping audits to the Safeguarding Partnership

Can such situations be prevented?

Training for all practitioners in tissue viability risks and the MART will support and encourage practitioners to share information and risk analysis which should, but may not always prevent such situations occurring in the future.

Improve Professional Curiosity

Mr A wished to maintain his dignity whilst bathing and kept his undergarments on, however this made it more difficult to identify the pressure sores.

All agencies should ensure staff are aware of their boundaries and the need to show professional curiosity and persistency when faced with unusual circumstances.

Improve information sharing

There were inconsistent views regarding how, and how much information should be shared regarding Mr A's health and predisposition to pressure sores.

All agencies should ensure staff are aware of the need to share appropriate information including special category data if a person's safety may be at risk. GDPR is not a barrier to justified information sharing; information can be shared without consent if a person's safety may be at risk. Clearer pathways are needed for health concerns to be shared.

[Click here to read the full SAR](#)