Briefing Note

Safeguarding Adult Review – Mr B

March 2020

Background

Over the summer of 2018, safeguarding concerns were raised by several partners in relation to Mr B's neglect and hoarding. He had been living in uninhabitable home conditions. His flat was littered with bags of faeces and he had a rat infestation. Despite the efforts of individual professionals working with him, his self-neglect and hoarding significantly impacted on his health and wellbeing. This eventually led to admission to a care home where he was found to be in a serious state of neglect, including pressure sores.

An independent Author led the SAR

Key Lines of enquiry

1. Did agencies communicate with each other, if not, why not?
Communication among professionals was episodic and reactive. There was no framework for them to share information and understand the risks from different perspectives

2. Were Mr B's views established, clearly, understood and acted upon?
Mr B's views are clearly visible in the SAR and are recorded in case files. The vice chair of the SARP met with Mr B and his views were provided to the SAR report. At times, he refused consent for interventions he needed, leading to a deterioration in his condition and a view that he was challenging to work with.

Findings

MASH adult referrals and assessments

TVP MASH threshold for referral to ASC was not met initially due to lack of consent and Mr B's perceived capacity

Recommendation
Review of TVP MASH procedures to consider a more detailed risk assessment involving partners when there is concern for self neglect

Multi agency pathway for self neglect and hoarding

The self neglect and hoarding posed a risk to:- Mr B, regarding pressure sores/general health; the public, and professionals due to the verminous property. Professionals also found Mr B challenging to work with for a variety of reasons

Recommendations
A Multi agency response–Use the Multi Agency Risk Tool (MART)

Identification of the correct person to build rapport and understand reasons behind behaviour, and to assess need for MCA

Promulgation of new guidance from Berkshire Online procedures to inform all workers of guidance including powers of Environmental Health partners

Utilisation of Community Matron for individuals with complex needs who are not accessing services

Findings continued

Communication; sharing information and record keeping

Communication and information sharing was inconsistent within, and between agencies

Recommendations
Effective and accurate record keeping should be consistent across all agencies

Information sharing and communication should be consistent across all agencies ensuring it is necessary, proportionate, relevant, adequate, accurate and timely. GDPR is not a barrier to justified information sharing; information can be shared without consent if a person's safety may be at risk.

Examples of good practice

The social worker provided consistent support and was diligent in persisting and encouraging Mr B to accept help

The GP's professionalism, persistence and good practice of care was key to progression

There are examples of good practice and appropriate referrals made by the Practice GP, the Care Home GP, the Housing officer, RBFRS, SCAS and TVP

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 Frame work for people not accessing services. This is especially important when clients may be challenging and appear to make risky decisions.

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

Identify appropriate liaison worker/Specific point of contact (SPOC)

It was clear that Mr B worked well with some persistent key members of staff.

All agencies should work together to identify who is best placed to communicate with clients who can be challenging and appear to make risky decisions.

Persistency and professional curiosity are key skills required by the SPOC

Can such situations be prevented?

Training for all practitioners in 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 pressure sore awareness

It was identified that Mr B was at risk of developing pressure sores due to his situation, however not all agencies were mindful of this.

*All agencies who come into contact with people who may be at risk of developing pressure sores should ensure **all** staff are trained to identify and risk assess for pressure sores.*

Agencies should agree a simple communication process e.g. book held in the home

Improve Community Matrons awareness

The value and role of the Community Matrons was highlighted during the Practitioners event. Community Matrons are able to work with more complex patients who require extra support to feel confident and independent at a specific time.

Improved awareness is required of the role Community Matrons can play in the life of people who are challenging and appearing to display risky behaviour concerning their health.

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

Improve understanding of hoarding

The practitioners event highlighted differing views regarding self neglect and potential hoarding.

The Berkshire Online Procedures have recently been updated regarding this. Updated information can be found in chapter 2.6.

All agencies should highlight this to their staff to raise awareness of the latest information including the recommendation to use the recognised clutter scale to assist professionals to assess level of concern.

Improve information sharing

Current procedures led the TVP MASH to not share information at initial point of concern due to lack of consent from Mr B and his perceived capacity to make this decision

All agencies should ensure staff are aware that GDPR and perceived Mental Capacity is not a barrier to justified information sharing; information can be shared without consent if a person's safety may be at risk.

Click here to read the full SAR