

Safeguarding Adult Review – Stephen

Practice Briefing



Stephen was one of five siblings, in his younger days he worked for Jaguar Land Rover as a specialist paint sprayer, travelling all over Europe. In 2000 Stephen was diagnosed with liver damage from excessive alcohol consumption, by 2005 he had begun to have blackouts and other symptoms associated with epilepsy. In 2008 he was detained under section 3 of the Mental Health Act (MHA) and was described as having cognitive and behavioural issues related to Korsakoff's Syndrome as well as having an acquired brain injury. In November 2016, whilst Stephen was a long-term patient at a Neurological Centre, he was diagnosed with cancer, he could not tolerate the chemotherapy necessary to treat the disease and as a consequence his lifespan was expected to be limited. Stephen did not have the mental capacity to make decisions about his own care and treatment, and so decisions were made in his 'best interests'. Stephen was discharged from the neurological centre in June 2017 with the expectation that he would live in his own tenancy near his family until his death.

Stephen was 59 years old when he died in August 2018, he had choked on a sandwich whilst alone in a room in his flat. At the time of his death Stephen was supported to live in his own tenancy with 2:1 domiciliary care.

Lessons

Commissioning

Funding pathways for people with complex needs must be clearly defined and understood. The processes used to judge the quality and suitability of commissioned services must be clear, understood and used consistently. There must also be a clear agreement in place regarding commissioned service monitoring responsibilities.

Mechanisms need to be in place to make sure that health and social care specialist and community supports for people with complex needs are identified, are involved in discharge planning and are in place prior to discharge.

Safeguarding and Professional Curiosity

An adult at risk cause harm to others, including their own staff or carers, but if they are completely dependent on the people they are harming for their wellbeing and safety this will increase their risk of harm, particularly neglect. It can be difficult to immediately recognise a situation as one where there is a risk of harm, but if the situation appears unusual as Stephen's situation did, or there is an accumulation of incidents, this should result in a report to the local authority. Equally an adult who has self-harmed but is either in a care setting or has 24-hour care should arouse curiosity in staff and further referrals should be considered.

Mental Capacity and DoLS

This review demonstrates the inconsistent understanding and use of the provisions of the Mental Capacity Act 2005 in all organisations in Solihull. For example an application for a Community Deprivation of Liberty Safeguard was not progressed by SMBC although this was a recurrent agreed action from meetings. There was no assessment of Stephen's mental capacity by the community health team or use of best interest decisions, this may have led to a perception of Stephen actively 'refusing' or being non compliant, and contributed to the absence of planning to manage his engagement with the service.

Carers

There needs to be greater consideration of the support offered to family carers where there are also commissioned services providing 24-hour care. The support of Stephen's mother was factored in to risk assessments and plans, but no carers assessment (Care Act 2014 s10) was undertaken with her as to how this could be sustained in the community, and no advice was given under the LA wellbeing duty (Care Act 2014 s2) as to who would support her and her family in this role.

Accountability

The six principles of safeguarding apply to all sectors and settings and should inform the ways in which professionals and other staff work with adults. Principle 6; Accountability involves having complete transparency in delivering safeguarding practice. Everyone is accountable for their actions as individuals, services and organisations when it comes to safeguarding vulnerable people. The principle of accountability applies to all agreed actions arising from meetings held to prevent or respond to harm regarding an adult with care and support needs. Agreed actions must have timescales, be checked and if they have not been undertaken the reasons for this and alternative actions or decisions must be recorded.

Dispute Resolution Procedure

[The Solihull Safeguarding Adult Board Interagency Dispute Resolution Procedure](#) is for the management of individual safeguarding adults cases where professional disagreement arises. There will be occasions where staff from one partner agency may have concerns about the way in which staff from another partner agency is/are delivering their part of the safeguarding process. The first responsibility to raise a concern about the judgement or action of another practitioner and seek resolution rests with the staff member who first identifies the potential issue. Only if that fails to resolve the matter should it be escalated. At no point should disputes place adults at greater risk, obscure the focus on the adult, or delay decision making.



Safeguarding and Professional Curiosity

Early sharing of information is the key to providing an effective response where there are emerging safeguarding concerns [Care and Support Statutory Guidance 2014](#). No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed.

Professional curiosity is the ability to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and challenge rather than making assumptions or taking things at face value. Professionals must take responsibility for the safeguarding role they play, however large or small, in the life of the person they are supporting.

Risk Assessment

The Care Act 2014 created the duty to promote the wellbeing, choice and independence of adults with care and support needs, including living a life free from neglect and abuse. Risk assessment is about supporting adults to achieve the right balance between the risk they face and the way they want to live their life. Best practice should involve working collaboratively with other agencies around the adult to gain a full picture, assess risk and plan any strategy to address it. Assessments, judgements and defensible decisions should be clearly recorded. Those involved in decision making and responsible for actions should be documented; this is especially important where situations are complex, high risk, or controversial. Birmingham Safeguarding Adults Board have developed some helpful guidance on this topic [find it here](#)

Carers Assessments

The local authority has a legal duty to offer a range of advice, supports and assessments to carers. Carers' assessments must seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself i.e. whether the carer is, and will continue to be, able and willing to care for the adult needing care. Therefore assessment must include a consideration of the carer's potential future needs for support. Some carers may need support in recognising issues around sustainability, and in recognising their own needs. [Care and Support Statutory Guidance 2014, Section 6.18](#)

Mental Capacity and DoLS

Professionals and other staff need to understand and always work in line with the [Mental Capacity Act 2005 \(MCA\)](#). An assessment of capacity and, where needed a best interest decision or Deprivation of Liberty Safeguard application, is an opportunity to assess and plan the best way to act in a person's best interests. Who the decision maker is for a best interests decision will depend on the situation and the type of decision. Whoever is the decision maker, it is important they talk with others involved with the person, and involve the person themselves as much as possible, to get a good understanding and therefore make the best decision they can [Mental Capacity Act Code of Practice](#). The MCA includes the Deprivation of Liberty Safeguards (DoLS) – a set of checks that aims to make sure that any care that restricts a person's liberty, where that person lacks capacity to consent, is both appropriate and in their best interests. [DoLS at a glance](#)

The key elements of these safeguards are:

- to provide the person with a representative – a person who is given certain rights and who should look out for the person receiving care
- to give the person (or their representative) the right to challenge a deprivation of liberty through the Court of Protection
- to provide a mechanism for a deprivation of liberty to be reviewed and monitored regularly

[DoLS Resources from SCIE.](#)