

Practitioner Learning Brief Safeguarding Adults Review (SAR): SIMON

2019

In October 2019, short-term support through an outreach service was commissioned for Simon, to help meet his independent living needs and access key services. He developed a good relationship with his support worker, maintaining frequent contact and during this time registered with a new GP practice (however did not see a doctor).

April - August 2020

Between April and June 2020, Simon's support worker became increasingly concerned about his deteriorating health and wellbeing and he was encouraged to see his GP. However, he declined as he was too frightened (in case he was exposed to COVID-19). By July, Simon had mobility difficulties, was unable to complete basic living tasks and believed he had suffered several 'mini' strokes. Again, he was encouraged to contact his GP but continued to decline (afraid to attend hospital alone). His support worker contacted the GP surgery and requested support in applying to the local authority for a change of accommodation. A safeguarding referral to Adult Social Care was not made at this stage.

In August, it was agreed that Simon's short-term support services would continue, and a referral to Adult Social Care for self-neglect/deteriorating ability to care for himself was made. Adult social care spoke to Simon (via telephone) and determined this was a medical issue; hence the GP practice were asked to contact Simon and the social care referral was closed. At this time, Simon continued to express a fear of attending health care settings and was reluctant to engage with his GP.

Between August and October, the GP surgery made several appointments for Simon to attend, he cancelled these at short notice and on 5th October, the practice informed social care that they had not been able to see him.

January 2021

On 4th January, Simon informed housing services that, as his heating was still not working, he was staying with the person who had been suspected of financially exploiting him. He also advised he was consuming a bottle and a half of whisky daily. The risk of exploitation was recognised with Simon advised to go home. Agencies were then unable to contact Simon until 7th, and on 11th Simon advised his support worker that his heating was still not working. An urgent repair was arranged (within 24 hours), however this was never completed as they were unable to contact him. Daily efforts (by all agencies involved) were made to contact Simon, and it was identified that his mobile phone appeared to have been disconnected from the network.

On 21st January, Essex Police were contacted (via the 'Live Chat') by housing services to request a welfare check for Simon, due to his vulnerability and medical needs. However, as they didn't believe Simon to be in immediate danger, the request was declined (and no historical checks of police system made). Further attempts to locate Simon continued.

Background

- 55-year-old male, moved to the Tendring in 2019 following the breakdown of a long-term relationship; no family or friends in the area.
- Experienced a period of rough sleeping before reporting to the local authority with housing needs and was provided with accommodation and services to enable independent living.
- Medical history of poor physical health, in addition to depression and alcoholism.
- Moved to a new home in December 2020, which was better able to meet his changing physical needs.

October 2020

During October, Simon asked his support worker for help in securing new housing. He also stated he had recently stayed in hospital; but there was no record of any hospital admission. Concerns around his health were also reported by other agencies at this time. Simon did attend a GP appointment at the end of October, and it was suggested that contact be made with adult social care and housing services and an appointment was requested at the Stroke TIA (Transient Ischaemic Attack) clinic (however no measures put into place to support him attending).

During this time, Essex Police (and housing services) were advised that Simon was being financially exploited. Police visited, however Simon explained he had given money voluntarily hence the case was closed. The Community Rehabilitation Team also met Simon at his home regarding his mobility issues, and a support plan was put into place.

November - December 2020

In November, Simon failed to attend 2 appointments at the Stroke TIA (Transient Ischaemic Attack) clinic and as a result the clinic discharged him. Simon also said that he had been the victim of a robbery, but this wasn't reported to the police due to lack of any additional detail. Adult Social Care received a request for a Care Act assessment (from GP) and the referral was quickly assessed. A review of Simon's housing was requested and following a housing assessment; it was noted that Simon had lost sight in one eye, become thin, was unsteady on his feet, and was unable to conduct tasks such as carrying his shopping. The process to commission new housing began immediately (a safeguarding referral was not considered at this time).

A reablement worker visited on 18th November (for an assessment) but was unable to gain entry, so phoned Simon, who advised them he was in hospital (no longer requiring support) hence the reablement worker left, and case was closed. A Housing services officer also visited Simon for a pre-arranged appointment on the same day and met the reablement worker in the building's foyer. The officer phoned Simon, who confirmed he was at home. Their appointment proceeded, during which Simon stated that he had lied about being in hospital as he was embarrassed to receive support. This was not reported to social care/other agencies. In December, Simon moved into his new accommodation, and as the heating system was not working properly, a repair was prioritised. Agencies continued to work with Simon, which included visits to his new home.

2

safeguarding referrals received by Adult Social Care (August 2020 & February 2021)

2

Welfare Check requests made to Essex Police over a 2-week period.

2

occasions of Simon being the possible victim of crime (financial exploitation and robbery).

5

areas for improvement that were identified:

1. Build upon existing structures to continually improve the way that services are delivered to vulnerable people, including methods to consistently identify those who are vulnerable and to improve the way that services are delivered to them through coordinated multi-agency working practices and embracing the 'Making Safeguarding Personal' principles. (Suffolk and North-East Essex Integrated Care Partnership).
2. Review existing policy in the use of safeguarding referrals and the third-party reporting of crimes to the police. Underpin with a training and awareness programme to ensure that new policy is consistently understood and followed (All).
3. Revise the current Welfare Check policy and develop new guidance for staff to ensure that its application is more consistent. Underpin with a program of vulnerability training Promote the revised policy widely across the safeguarding partnership*. (Essex Police). *Please note: this recommendation was included prior to the Right Care Right Person (RCRP) Programme being implemented by Police nationally.
4. Revise the existing multi-agency missing protocol to include vulnerable adults who are reported as missing by professionals after contact has been lost and where concern for their safety exists. (Essex Police).
5. Develop new policy and procedure to manage the disengagement or loss of contact with service users. Underpin with a training and awareness program, including an annual refreshment for existing staff. (All)

February 2021

On 4th February, the housing provider contacted Essex Police and requested a welfare check be completed. Police determined that the threshold had not been met but, as Simon appeared to be missing, created a missing person report. However, this report was then closed with no further action as police recommended that the agencies continue their enquiries to locate him. A safeguarding referral was made by the housing provider to Adult Social Care, and on 6th, a social worker went to Simon's home. Finding the door shut but unlocked, the social worker contacted the police for support. Upon entering his home, they found Simon deceased inside, appearing to have been deceased for some considerable time, having died from natural causes related to his long-term medical history.

Good Practice

The relatively new Integrated Care System within England provides an excellent opportunity to build upon current good practice and improve the way that vulnerable people are identified and supported within a multi-agency approach, seeking to improve information sharing and improve multi-agency joint planning.



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