

Practitioner Learning Brief Safeguarding Adults Review (SAR): ANNE

Background

- 68-year-old female armed forces veteran, who lived with her partner (also an armed forces veteran) in a privately rented home.
- Reported that she had been living in a bedroom alone, with very poor eating habits and concerns over the cleanliness of her room.
- Only known to services for 6 months before her death, prior to this, had not been seen by services for 10 years.
- Described by ECC Adult Social Care (ASC) workers as 'a lovely lady to speak to'.
- Found deceased at home by Primary Care Paramedics and Police on 17th November 2022.

May 2022

In May 2022, a gas engineer attended the property to complete a yearly check and raised concerns with the landlord regarding the state of the property.

On 26th May, the landlord visited the property for the first time in 12 years, which led to a safeguarding concern being raised with ECC-ASC over the cleanliness of the house (including flies, faeces on carpets), hoarding issues, possible lack of food, toilet blocked/overflowing and a general state of disrepair. However main concern to note was for Anne, as her bedroom door was only open 6 inches, and the room was in complete darkness. The landlord believed Anne was unable to care for herself and was trapped in the bedroom.

Police attended and spoke to Anne through the door, noting concerns she was self-neglecting, and her partner could not help her. A safeguarding concern was raised with ECC-ASC and was combined with the concern raised by the landlord. Police also made a referral to the GP surgery and to Essex County Fire & Rescue Service (ECFRS) Community Builders (re the clutter/debris causing a fire risk). Police spoke to Anne alone, said that she spoke coherently, did not appear to be under any duress and did not disclose anything of concern. Police also spoke to Anne's partner, who reported that Anne did not leave her room and was unable to go out.

Further unannounced visits were made to the property on 31st May by ECC-ASC and ECFRS. It was interpreted from the visits by the ECFRS and ECC-ASC that action had already been taken regarding the state of the property (since the landlord and Police visit) as there was no evidence of hoarding or clutter and it was perceived that Anne could exit her room to access the bathroom.

During the visits, Anne was unwilling to come downstairs, and both agencies were unable to access her room. Anne was offered a Care Act assessment; however, she declined both this and offers of support (apart from having a smoke alarm fitted and fire-resistant bedding supplied, as Anne smoked in bed).

Both agencies spoke to Anne's partner, who explained that he was Anne's carer. He reiterated she didn't leave her room, but she was content and ate well, plus she didn't like him being out of the house for long. It was also recorded that Anne had had negative experiences with medical professionals and chose not to engage with any medical support. He was offered a carers assessment, which he declined, and there was no cause for concern regarding Anne or her partner's mental capacity to make their own decisions. Following the visits, the safeguarding concern was concluded, with signposting given to the landlord relating to their concerns about a gas safety certificate.

June - July 2022

The GP surgery had attempted to speak to Anne and/or her partner to no avail, a letter was sent on 10th June asking Anne to book an appointment to see a GP. The surgery planned a health visit for 11th July to make contact/offer Anne support, but there is no record of the visit taking place.

September 2022

In September, ECC-ASC noted a contact from a concerned neighbour on Anne's partner's record; he had asked a neighbour for some help cleaning, and upon the neighbour visiting the property, they reported the state of the property was so poor and was too much of a health hazard for them to clean it. An attempt was made to gather further information from the neighbour with no reply, and the GP surgery was contacted and asked to do a home visit.

November 2022

By 4th November, no further information had been received from the neighbour or GP surgery, and ECC-ASC Neighbourhood Team were tasked with completing a Care Act assessment (with the case also being discussed at a Supporting Independence Discussion meeting).

On 7th November, the team made an unannounced visit (following no telephone contact) as ECC-ASC Neighbourhood Team had received a call saying that Anne's partner may need some help with cleaning. However, the property was noted to be clear, clean, and with a decorator present, painting rooms. Anne's partner advised that he was getting everything finished, as the landlord would be calling again in two-weeks' time to check the property. He declined further support with the property and/or with care for Anne and declined a Carer's Assessment.

Anne refused to see the ECC-ASC workers (one of whom who had previously visited in May), but was willing to speak, saying she had a cold and wanted to get back to bed. She recalled the worker from their previous visit but declined a Care Act assessment; it was recorded there was no reason to doubt Anne's or her partner's mental capacity.

On 17th November, two paramedics from the GP surgery attended the address following a request from ECC-ASC, two days earlier. Anne's partner was reported to have been agitated and would not let them in to examine Anne, he believed Anne may have passed away and his account of when he last spoke to her kept changing. Police were called, accessed Anne's room, and established she had died. Anne's partner was arrested due to suspicious circumstances around the death and was later released without charge when the forensic post mortem showed no signs of third-party involvement. The clinical cause of death was recorded as hypothermia and ketoacidosis.

10

years unseen by any health services

2

safeguarding concerns raised. (combined into 1 referral)

8

areas for improvement that were identified:

- Where safeguarding concerns are raised about a person not known to ECC, but appears to have care & support needs, a joint plan (ECC-ASC & Primary Care) is required enabling an assessment to be undertaken. Safeguarding concerns should not be closed until the individual has been seen by Primary Care. If health input is declined, a joint review by ECC-ASC and Primary Care should be undertaken to reach a decision.
- A review of the ESAB Self-Neglect Flow Chart & Self Neglect Guidance to incorporate fluctuating mental capacity / consideration of physical health problems / need for Mental Capacity Act Assessments to be in place.
- Seek assurance (ESAB) that practitioners are competent in deploying MCA assessments, particularly where fluctuating mental capacity, or capacity affected by physical illness, might be the case.
- Share the SAR report with Primary Care to raise awareness of the need to review patients who have not been seen for years, when they were deemed to have a long-term health condition.
- Awareness raising for practitioners regarding how they can connect with armed forces veteran services.
- Consider (ESAB) a safeguarding awareness programme to focus on how communities / workers who attend homes can understand how to raise safeguarding concerns & what happens when a concern is raised.
- Commission (ESAB) a learning and development programme on a reviewed version of the self-neglect guidance across the multi-agency network (how practitioners identify/assess potential self-neglect & using historical evidence). Also seek mental and physical health views within assessments for potential self-neglect.
- Commission (ESAB) a multi-agency audit of self-neglect cases to assess how the Mental Capacity Act 2005 / associated statutory guidance has been applied / whether consideration of executive functioning or the individual's autonomy has been achieved.

Good Practice

It is acknowledged that there have been positive changes following this case, which include:

- System changes (ECC-ASC) which allow a more streamlined approach to safeguarding referrals through a Centralised Team.
- Monthly meetings now occur (GP Surgery) to discuss patients with long term conditions, identify those who have stopped reaching out to their GP for support and consider whether there should be follow up by the GP practice.