Hillingdon Safeguarding Partnership

Safeguarding Adults Review 'Carol': Practice Briefing

A discretionary Safeguarding Adults Review was completed following Carol's death to identify any learning for the safeguarding network in Hillingdon.

Carol was a 77 year old white female. She lived with her partner of 35 years. She reportedly became reluctant to have visitors in her later years, becoming isolated and dependent on her partner.

In the months before her death, family members had noticed poor home conditions, significant memory problems, weight loss, and that she had sustained bites from her dog. A housing officer and a social worker visited her at home during this time.

Carol's partner called an ambulance when she became unresponsive. On attendance paramedics found that Carol was in a very poor condition, indicating that she had been seriously unwell for some time and that her care needs had not been met.

Key Lessons for Practice

Strive to understand people's day to day lived experience

- When you assess someone's needs and risks, ask yourself what life is like for them, put yourself in their shoes.
- Be curious about and critically reflect on the implications of all the information available to you,
- Think about the lived experiences of carers, as well as cared for people.
- Assessments need to go beyond questions and answers - use your observations and critical thinking.
- Explore contradictions and inconsistencies between what you are being told by different sources.
- Explore contradictions between what you are being told and what you can see, hear and smell.

Working with carers is necessary to reduce risk of abuse and neglect

- **Informal carers are owed a duty of assessment and support under section 10 of the Care Act 2014.**
- **Even when a person refuses an assessment of need, there is still duty to consider their informal carer's ability and willingness to provide care.**
- **Informal carers sometimes neglect a loved one as a result of lack of understanding, capability or because of complex family dynamics.**
- **Explore family dynamics. Take account of background information or current concerns about domestic abuse or family conflict when assessing a person's ability and willingness to care for someone.**
- **Where a carer says they are meeting someone's needs, speak out if you see something that contradicts what you are being told, such as poor personal hygiene or an unkempt home environment.**
- **If you feel unable to challenge someone on the quality of care they are providing, seek help from a colleague or manager.**

This briefing is about safaguarding adults from neglect

This briefing support best practice in working with carers

Supervision and management oversight supports better safeguarding practice

- Supervisors and managers should promote a working culture that values use of self, critical reflection and professional curiosity.
- Supervisors and managers should encourage thorough assessments and engagement with complexity.
- Practitioners should be encouraged to critique what people say to them and challenge inconstencies and contradictions where necessary.
- Effective and skilled supervision is important to enable practitioners to critically reflect on their feelings and experiences during encounters with service users.
- Practitioners should be encouraged to be open about feeling intimidated or fearful of service users and/or their families.
- Practitioners should not be rewarded for speedy throughput of work at the expense of thorough assessment. Good practice can take time.

Correct application of the Mental Capacity Act can help keep people safe

There is often confusion around when to doubt mental capacity. The Code of Practice says that we should doubt capacity if:

- **the person's behaviour or circumstances cause doubt as to whether they have the capacity to make a decision, e.g. unwise decisions, especially those that expose the person to risk. It is not sufficient to assume such decisions are "lifestyle choices" without respectful challenge and exploration of the person's reasoning and background information.**
- **somebody else says they are concerned about the person's capacity, e.g. a family member, another care giver or professional.**
- **The person has previously been found to lack capacity to make other decisions in their life, eg where someone who has been found to lack capacity to decide what care they need, doubt is cast on their ability to make financial decisions.**

There does NOT need to be a diagnosis of mental disorder in order for you to doubt capacity. This is a common misconception that hampers best safeguarding practice.

Use this briefing on the Mental Capacity Act 2005 to support supervision, team meetings, student development and professional development

Partnership working is important to identify and manage risks

- Exploring and addressing differences of professional opinion is important. If one professional is concerned and another is not, they should talk to each other to understand their respective views.
- Use the Safeguarding Partnership Escalation Policy if there are unresolved differences of opinion about a person's safety.
- Share information in a clear and thorough way. Check that the recipient understands what you want them to do and why.
- Safeguarding Enquiries should always involve all relevant safeguarding partners - enquiries should not be completed by Adult Social Care in isolation.
- If there is a police investigation alongside a safeguarding enquiry the police, adult social care, and other relevant agencies MUST plan the enquiry together, and should pool knowledge and expertise. Professionals should not be undertaking this work in isolation.
- If there is difficulty securing coooperation with a safeguarding partner, use the Safeguarding Partnership Escalation Policy.

Practice briefing: Best Practice in Adult Safeguarding Enquiries