

Safeguarding Adults Review

7 Minute Learning Summary

Louise

Louise died in hospital when she was in her 40's. Louise had been living at home supported by two carers/personal assistants, one of whom lived in with her. Louise had a young son who lived with his father. All care for Louise had been provided by a domiciliary care agency but 4 years before her death, Louise was given direct payments and employed the two agency carers directly as personal assistants.

At the time of her death, Louise was living with morbid obesity, Type 2 diabetes and mobility difficulties. Louise had pressure ulcers and district nurses regularly visited Louise to cleanse and dress her ulcers. Concerns had been raised over the years about the quality of care provided to Louise by the live-in personal assistant and when admitted to hospital, there was a safeguarding concern that Louise had been left on a commode for 36 hours.

Louise wanted to have weight loss surgery so that she could look after her son at home. Despite making changes in her life in preparation for surgery, Louise was told that it could not go ahead. Following this, Louise refused to allow district nurses to treat her pressure ulcers. Louise was admitted into hospital with pneumonia and sepsis but died two days later.

Lessons

- There were unresolved concerns about the extent to which Louise's care and support needs were being met. There was a lack of clarity about the PA's responsibilities and their competence to meet Louise's needs. Remember that even if someone employs their own staff through direct payments, you are still responsible for making sure their needs are met. Look back in the records at the pattern of previous concerns and ask yourself if the person's wellbeing is promoted even if you think that they have a good relationship with their PA. Sometimes, close relationships may not be as positive as they appear at first sight. Think about what new interventions or approaches are needed to make sure that needs are met and wellbeing is promoted.
- Despite 15 safeguarding concerns being raised over a 5 year period, about Louise, safeguarding processes and enquiries did not lead to change or prompt new interventions. Safeguarding processes did not identify patterns, themes or connections that might have alerted practitioners to the need to reconsider how well Louise's care and support needs were met or the extent to which Louise was feigning compliance and self-neglecting.
- No connection was made between the refusal of bariatric surgery and Louise's subsequent refusal of district nursing care. Louise was heavily emotionally invested in having the surgery so that her son could live with her. The impact of this was not recognised and no support was provided for Louise to cope with the disappointment. Following this, there was insufficient recognition that Louise was self-neglecting and consequently the key components of working with people who self-neglect were not applied.
- Louise's mental capacity to make decisions about her care was assumed rather than assessed. This was despite a consistent pattern of "unwise decisions" to refuse the intervention of the district nurses, Louise's unregulated use of morphine (which she drank out a bottle) and the impact of her self-image upon her self-esteem and feelings of self-worth. Consideration of these factors and their impact upon the decisions that Louise made might have alerted practitioners to the need to assess Louise's mental capacity more formally.
- There was insufficient consideration given to balancing Louise's wellbeing (Section 1 of the Care Act) and the obligation to protect her life (Article 2 of the Human Rights Act) with her right to make decisions (Article 8)

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The Human Rights Act

All public sector bodies, whether or they are directly or indirectly funded by the UK Government have a duty under the Human Rights Act to discharge the State's positive obligations under the European Convention on Human Rights. For adult safeguarding the following are especially relevant:

- Article 2 – to protect life
- Article 3 – to protect against torture, inhuman or degrading treatment
- Article 5 – to protect against unlawful interferences with liberty, including by private individuals
- Article 8 – to protect physical and moral integrity of the individual (especially, but not exclusively) from the acts of other persons.

In practice you will need to balance your duty to protect a client (Article 2) with your duty to Protect their right to choose how to live to live their life (Article 8).

Self-Neglect

- Encompasses a wide range of behaviour – neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Professionals can find working with people who self-neglect very challenging.
- The key to effective interventions in self-neglect is building relationships to effectively engage with people without causing distress and reserving use of legal powers to where they are proportionate and essential.
- Safeguarding processes may be required when working with people that self-neglect, but much of the work is long-term work, which happens under other frameworks
- The following legislation may be helpful:
 - Care Act 2014 (statutory guidance)
 - Human Rights Act, Article 8
 - Mental Health Act 2007
 - Mental Capacity Act 2005
 - Public Health Act 1984
 - Housing Act 1988
- Social Care Institute for Excellence has useful information on [self-neglect](#).
- Refer to the Pan Berkshire policies and procedures website for more information. <https://www.berkshiresafeguardingadults.co.uk/>

Wellbeing

Section 1(2) of the Care Act (2014) states that:

“Well-being”, in relation to an individual, means that individual's well-being so far as relating to any of the following:

- Personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

Mental Capacity

Principle 3 of the Mental Capacity Act is that “A person is not to be treated as unable to make a decision merely because he makes an unwise decision” This does not mean that people have the “right to make unwise decisions”. If someone makes a decision that you think is unwise then this may be sufficient to consider whether or not they have the mental capacity to make that decision.

The Mental Capacity Act requires a three-stage test of capacity to make decisions:

1. Is the person unable to make the decision (i.e. are unable to do at least one of the following)
 - Understand relevant information
 - Retain relevant information
 - Use or weigh relevant information
 - Communicate their decision
2. Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain, whether as a result of a condition, illness, or external factors such as alcohol or drug use?
3. Does the impairment or disturbance mean the individual is unable to make a specific decision when they need to? Individuals can lack capacity to make some decisions but have capacity to make others, so it is vital to consider whether the individual lacks capacity to make a specific decision at a specific time.

Adult Safeguarding

Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect.

Under S42 of the Care Act, the local authority must make enquiries (or cause enquiries to be made) where an adult:

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect,
- and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

