Safeguarding Adults Review
7 Minute Learning Summary

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Tina

Tina, a retired nurse, was an 83-year-old female who was married and lived in the community, in a privately owned property, with her husband. Tina's husband was her main carer, she was not in receipt of a formal package of care although support was received from a home care agency once a week for housework and shopping, this was arranged and funded privately by the couple.

In 2021 Tina had involvement from health and adult social care due to pressure sores, diarrhoea, and increased frailty. There was a further referral in the summer of 2022 when it was reported that Tina was housebound, her health and physical state had deteriorated, not moving from the sofa and she had been unable to stand for several months.

Tina did not receive an assessment of need for care and support by the local authority so there was very little information regarding her care and support needs recorded. It is known that Tina had a medical history of Chronic Obstructive Pulmonary Disease (COPD), Liver damage (alcohol) and Osteoporosis. Tina's husband had a carers assessment the summer of 2022. The carers assessment detailed that he had his own health issues and that he was struggling to manage all the caring tasks associated with his wife.

There was an ongoing known history of Tina refusing equipment that she had been assessed as needing despite the risks identified. However, there was no risk management plan in place and Tina was deemed to have capacity to make the decisions to refuse equipment and care by the professionals involved, a formal mental capacity assessment was never completed for Tina.

Tina was admitted into hospital in the autumn of 2022, after a visit from the Community Matron. On the day of hospital admission, it was stated that Tina appeared in pain, had a dehydrated skeletal appearance with no visible body fat and had a cluster of pressure damage to the sacrum and left buttock which were reported to be unstageable. Tina also had a chest infection which was confirmed on hospital admission. Tina's condition deteriorated, and she died shortly after admission.

Learning Points

Mental Capacity Act: if a person's decision making is putting them at high risk and/or they repeatedly make unwise decisions, that raises questions their mental capacity and should prompt a mental capacity assessment, this was not considered for Tina.

Professional Curiosity: would have been beneficial to establish why Tina was refusing support. There was mention of alcohol use on a number of occasions by agencies involved although professional curiosity was not applied to establish more information. No consideration was given to the impact alcohol may have on Tina's ability to make decisions.

Risk Assessment: there was an ongoing known history of Tina refusing equipment that she had been assessed as needing. A multi-agency risk assessment and management plan was not in place despite professionals identifying concerns and risks while working with Tina. A comprehensive risk assessment and management plan could have been completed to take full account of Tina's home situation, state of mind, and physical condition, this could have been shared with all agencies involved to enable a holistic approach to working with Tina.

Information Sharing: the limited multi-agency information sharing hindered a holistic view of Tina's evolving situation. It would have been valuable to have more information sharing between all agencies as not everyone involved with Tina and her husband were aware of the concerns and risks.

Care Act Assessment: was not carried out at any point. Carrying out an assessment of need was an important opportunity to understand Tina's whole situation and views. The objective of a needs assessment is to determine whether the adult has care and support needs and what those needs may be. No consideration was given to the Care Act 2014 Section 11 refusal of assessment, if an adult refuses a needs assessment the local authority need not carry out the assessment, unless the adult is experiencing, or is at risk of, abuse or neglect which the SAR found Tina clearly was.

Thankyou for taking the time to read this practice note. If you would like to provide any feedback or have any questions regarding the Board please contact: Lynne.Mason@Reading.gov.uk

West of Berkshire
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7-minute Learning Summary

Safeguarding Adults Review Tina

Professional Curiosity: is where a practitioner explores and proactively tries to understand what is happening within a family or for an individual, rather than making assumptions or taking a single source of information and accepting it at face value.
It means:

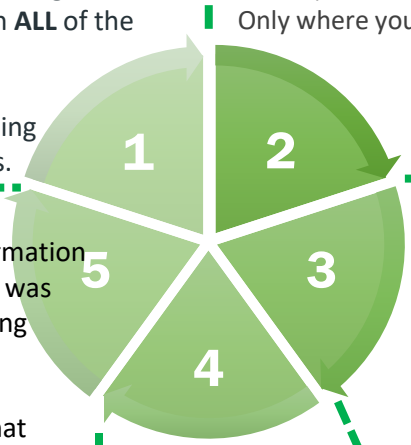
- Testing out professional assumptions about different types of situation
- Considering information from different sources to gain a better understanding of a person and their family functioning which, in turn, helps to make predictions about what is likely to happen in the future
- Seeing past the obvious
- Questioning what is observed

It is a combination of looking, listening, asking direct questions, checking out and reflecting on **ALL** of the information received.

Professional curiosity is a recurring learning theme within safeguarding adult reviews.

Mental Capacity Act: 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. Once you have identified an impairment or disturbance in the functioning of the mind or brain, it is important to decide whether the inability to make the decision is because of this impairment. This is known as the "causative nexus. Only where you can reasonably say that the person cannot make the decision because of the impairment of their mind can you say that they lack capacity to make the decision.



Information sharing: Tina's family and professionals working with Tina had information that was not known to each other, which was therefore not considered when considering Tina's capacity to refuse care.

Throughout the SAR it was understood that Tina's alcohol use may have impacted on Tina's capacity to refuse care. If a more holistic approach would have taken place, this may have been identified by professionals and risks could have mitigated by applying the best interests principles of the Mental Capacity Act.

The Care Act Statutory Guidance states:
14.43 Early sharing of information is the key to providing an effective response where there are emerging concern. To ensure effective safeguarding arrangements:

1. All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an Information Sharing Agreement to formalise the arrangements.

2. 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.

The Information Sharing Protocol covers all of the agencies that form the Safeguarding Adults Board.

Risk Assessment: involves collecting and sharing information through observation, communication and investigation. It is an on-going process that involves persistence and skill to assemble and manage relevant information in ways that are meaningful to all concerned. Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people should be integral in all assessment and planning processes.
Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adults risk assessment is to assess current risks that people face and potential risks that they and other adults may face.
Multi-agency meetings are very beneficial to risk assessments and should be considered when risk assessing as other agencies are likely to have information important to successfully assessing risk.

Care Act Assessment: an adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect. Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so.

Section 11 of the Care Act should have been considered for Tina