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Adult Safeguarding Training
Self-Neglect Conference

Michelle Sharma
Named GP for Safeguarding Adults, Swindon Locality

26th November 2024

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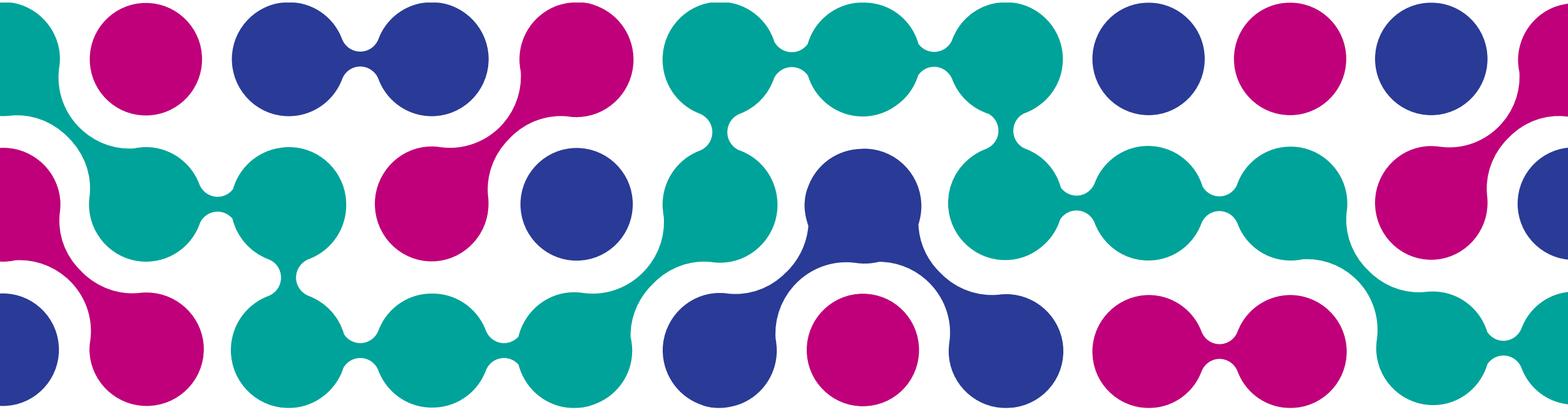
Introduction



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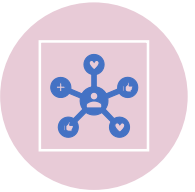
Housekeeping – Impact of Safeguarding training

Some of the things covered may cause emotion, either from personal experience or from experience with patients

Please do take time out if you need



I am available if anyone wants to talk afterwards
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Today’s presentation

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- Review of two cases
- Both SARs
- Similar
- What can we learn?

Six Principles of Adult Safeguarding

- **Empowerment**
- **Prevention**
- **Proportionality**
- **Protection**
- **Partnership**
- **Accountability**

3 adult safeguarding “Section 42” criteria:

The adult has care and support needs

The adult at risk of or subject to abuse

The adult unable to protect themselves from the abuse due to the care and support needs

Case TB 2014

63-year-old man

Registered previous year, on registration found to have slight memory problems, thought to be related to previous stroke, plan was to await medical information from previous surgery

Called for home visit, re cellulitis, found to be inebriated, empty alcohol bottles everywhere

Started on abs

TB continued 2015

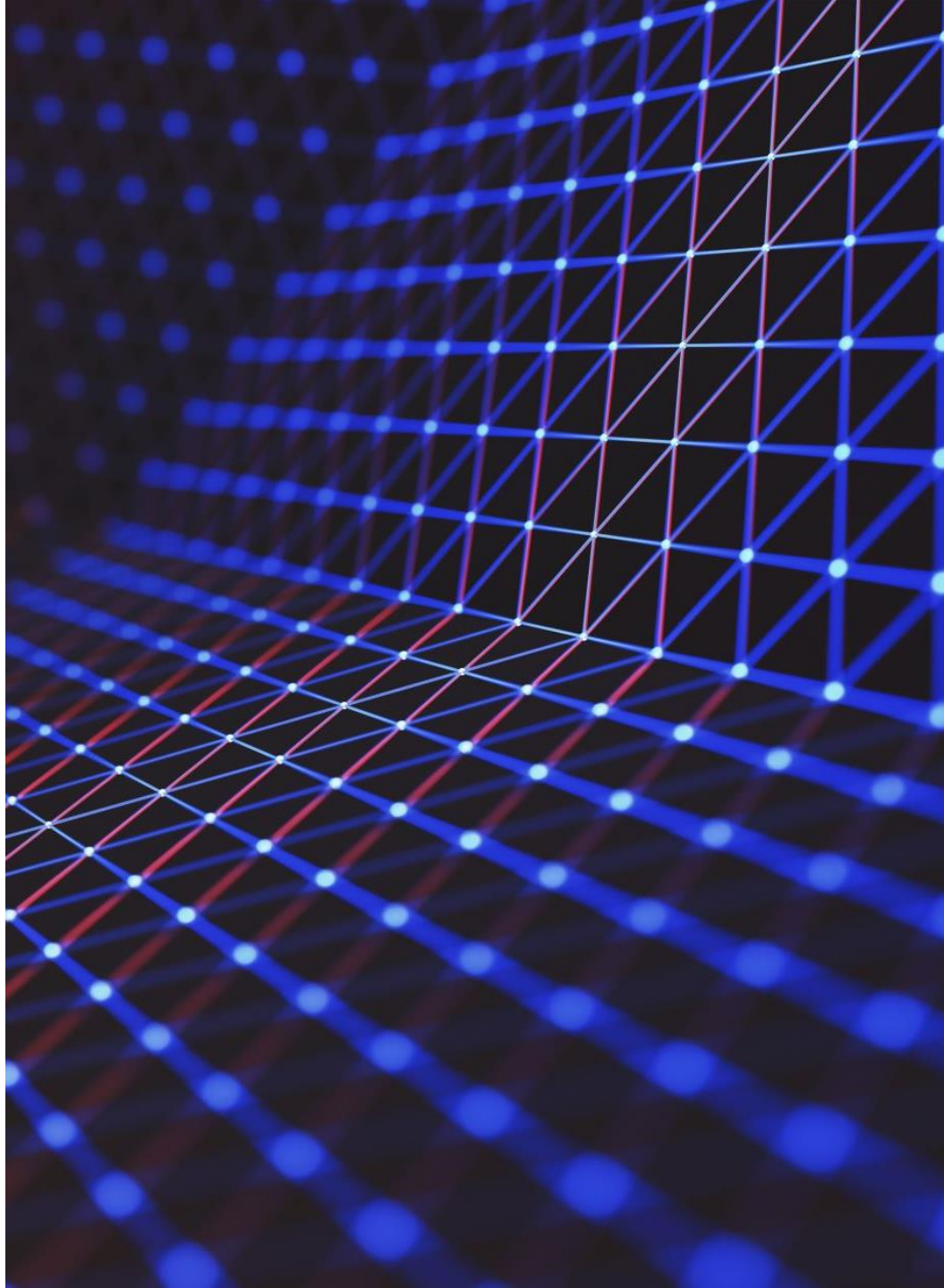
Following year had a stroke.

Year after that his carer contacted the GP about burns on his feet. An appointment was made for the following day.

He attended the walk in centre for a dressing on his feet that day.

The walk in centre noted pts lack of memory leading to the incident.

The patient DNA'd the appointment for review with the GP.

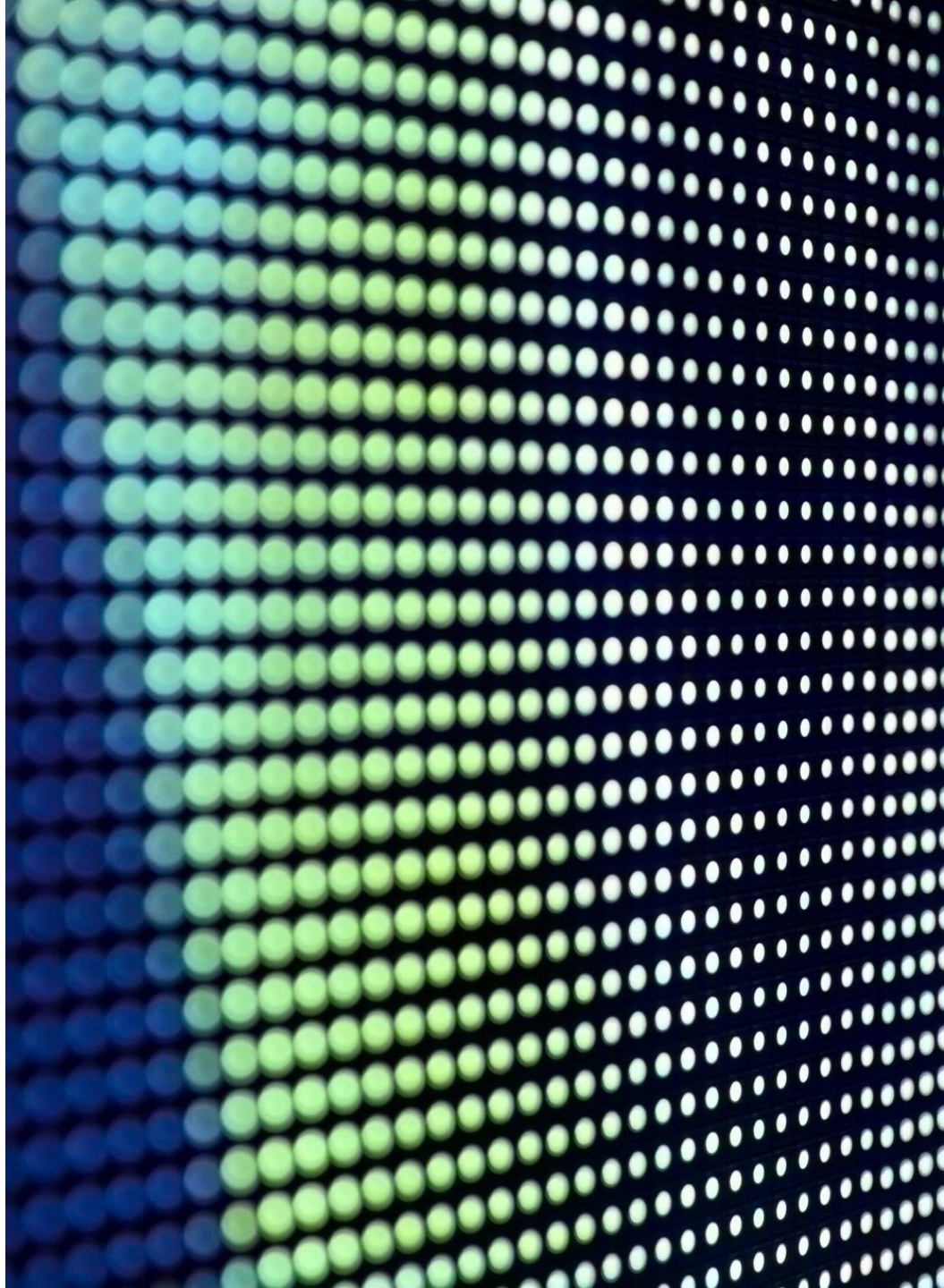


TB continued 2015

Later that year relative spoke with GP re concerns about a deterioration in TBs general condition, health and alcohol problems

Seen at the surgery by the GP, carer present.

Frequent falls, smelled of alcohol, poor memory, contacted by courts for non-payment of bills.



MCA

DOCUMENTATION !!!!!!

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When to complete a Capacity Assessment?

- Under the MCA, you are required to make an assessment of capacity before carrying out any care or treatment if you have reasonable belief someone lacks capacity
- The more serious the decision, the more formal the assessment of capacity needs to be.

Capacity assessments

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Functional test –can the person make the decision?

Caused by an impairment of, or disturbance in the functioning of, a person's mind or brain?

Best-interests decision

Document!

Functional test – can the person make the decision?

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- Understand information relevant to the decision?
- Retain the information long enough to make the decision?
- Weigh the information in balance in order to make a decision?
- Communicate that decision

Template

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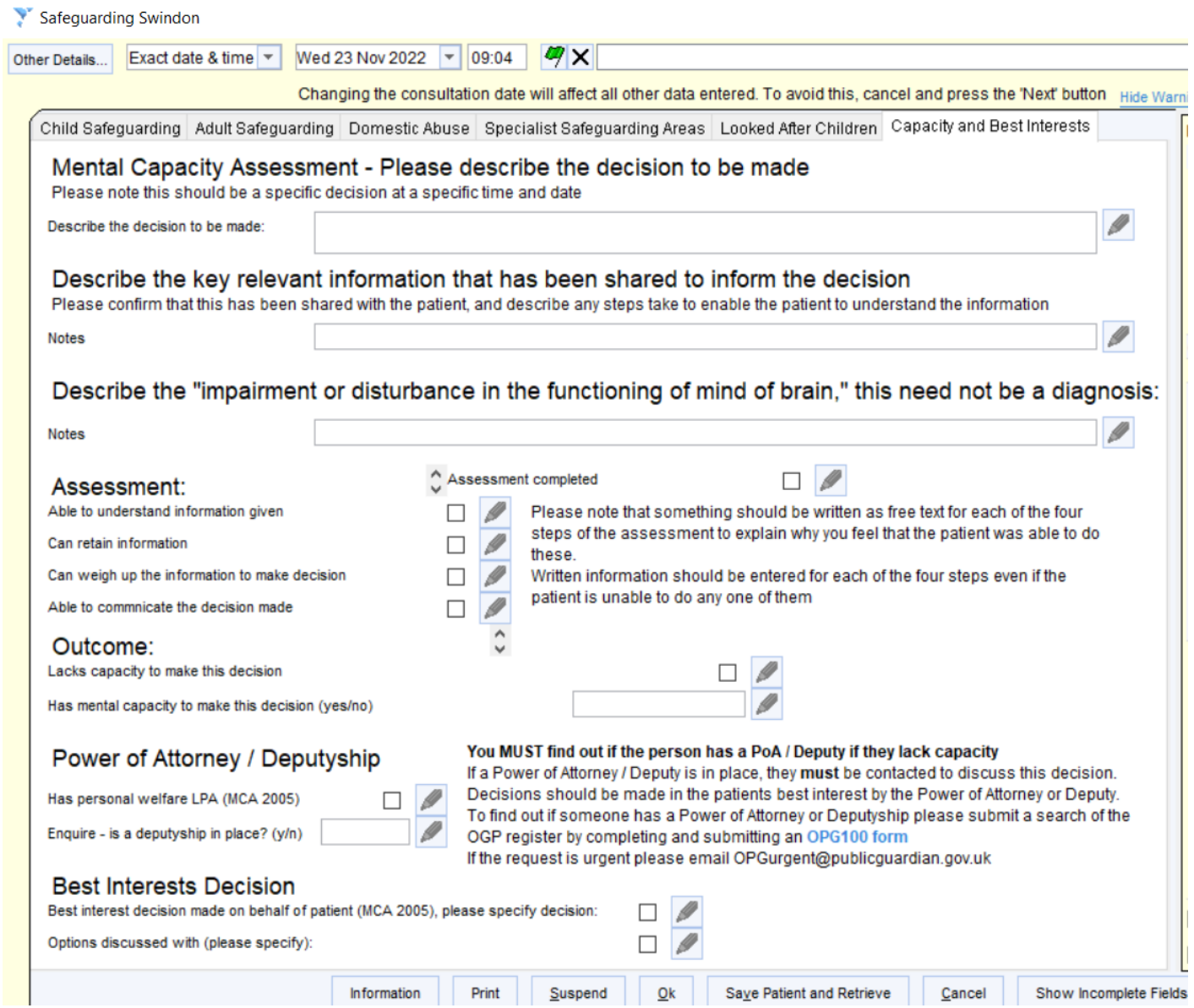


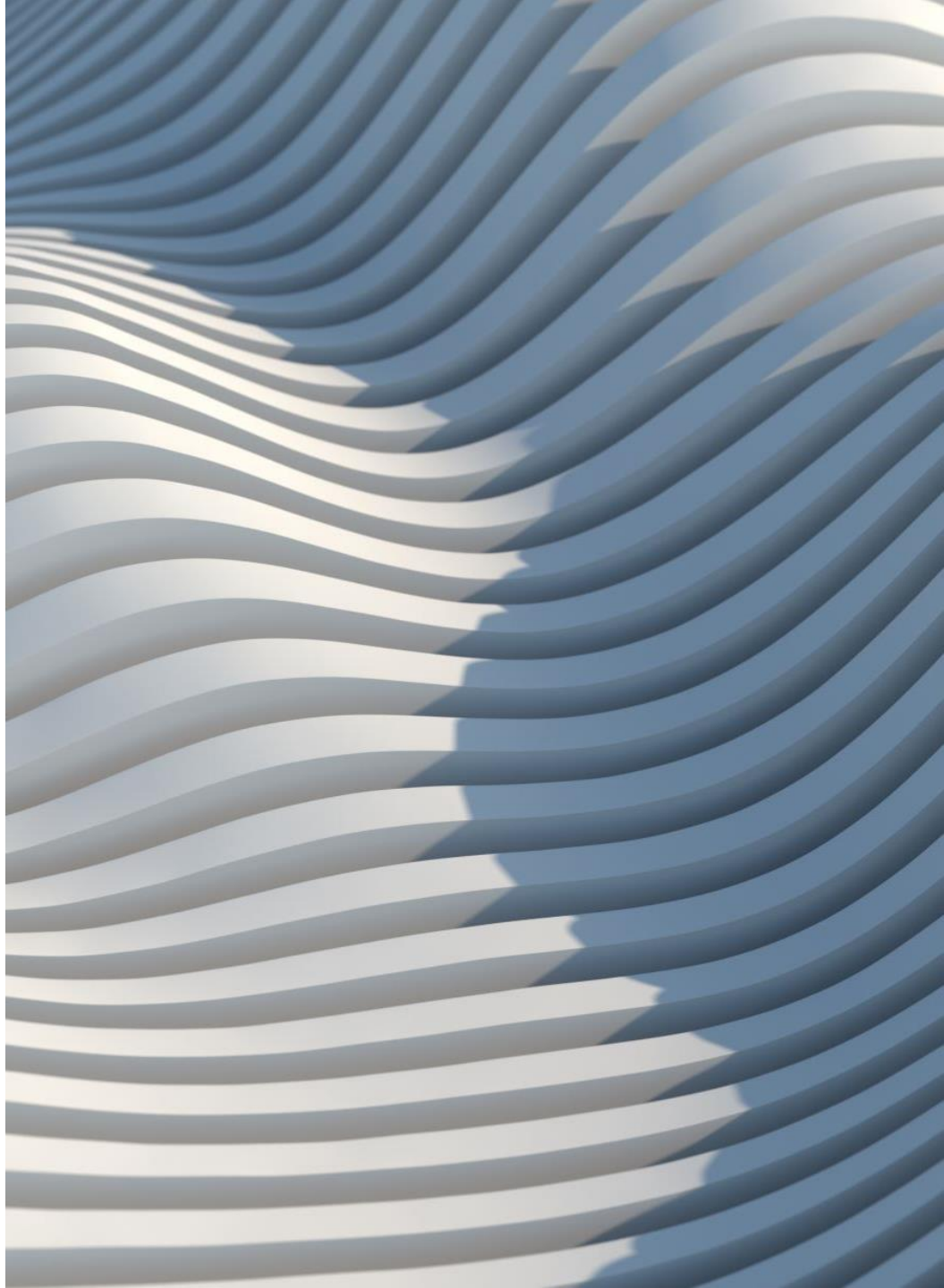
TB - 1 year later 2016

Seen in A&E due to head injury due to fall whilst inebriated.

Aggression towards staff

SHO called the GP to say pt wasn’t eating and was continually drinking

GP approached pt after discharge, declined support from GP and declined support from alcohol liaison service.



Thresholds document/e-threshold

1 year later 2017

- Pt admitted to A&E as a result of seizure related to alcohol withdrawal syndrome
- Safeguarding concern raised by the hospital – unkempt, malnourished, risk of repeated hospital admissions and alcohol withdrawal
- Did TB have mental capacity to make decisions about his treatment?
- Refusing medication and treatment yet appeared very confused
- Discharged from hospital with expectation that brother would liaise with council to initiate formal care arrangements

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Making a referral

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What is a section 42 enquiry?

Once referral received

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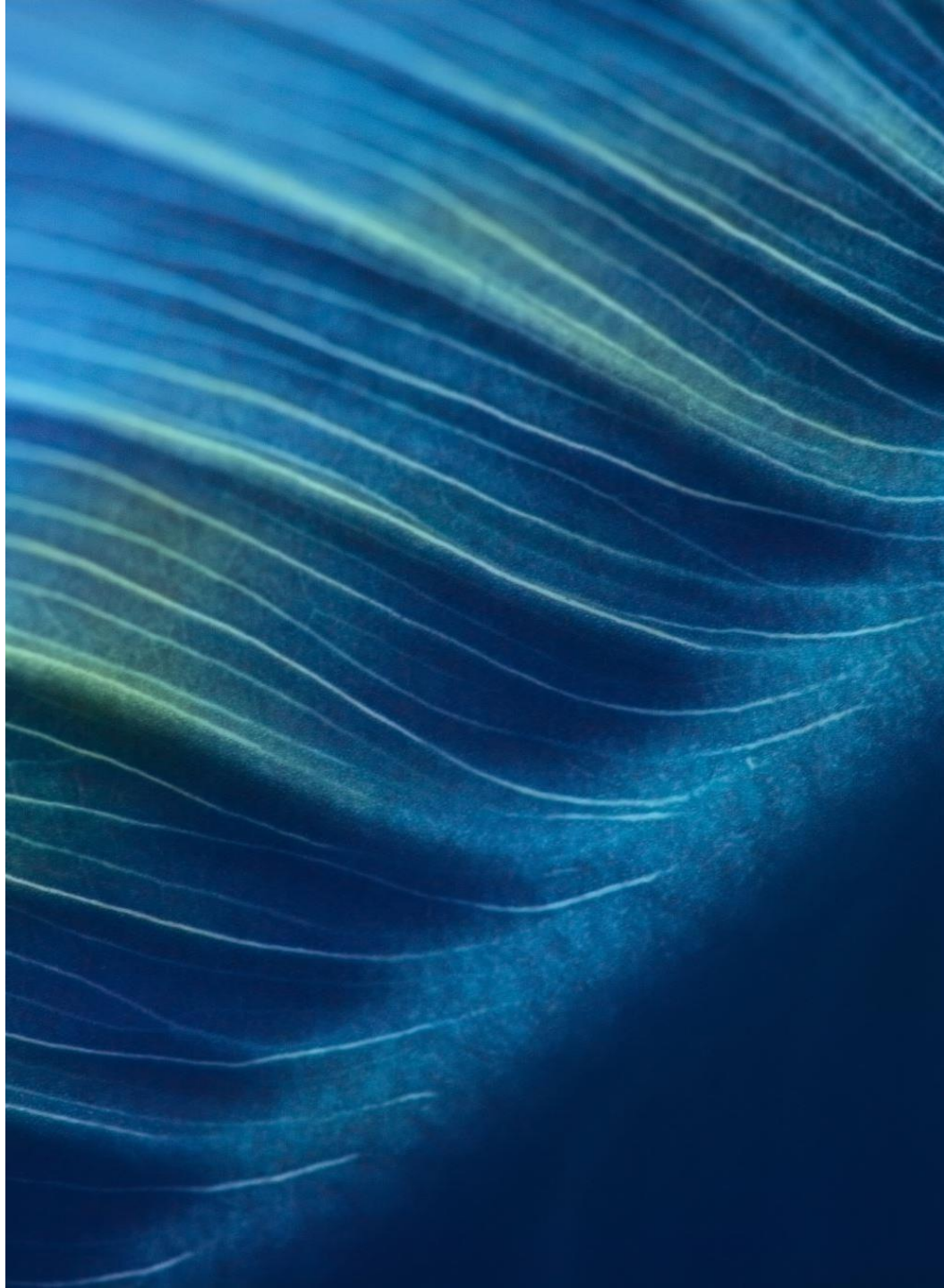
- Accepted as a “Section 42 enquiry” (“under Adult Safeguarding”) OR
- Passed to adult social care OR
- Passed to an alternative pathway OR
- An enquiry could be “caused” to another agency OR
- Closed

Following year 2018

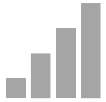
- Continual decline to engage with services
- Falls and drinking continued
- Self neglect evident – declining medication, not doing laundry, no food in flat, declining personal care
- Safeguarding involved mainly surrounding financial abuse
- GP admitted to hospital with decompensated liver disease, died in hospital 2 months later.



When to seek legal advice?

Legal advice:

Where a patient is at risk of significant harm or death



Declines help/referral, leaving them at risk, capacitous decision

Continue to review incl capacity and reiterate support available

Court of Protection

Court of Inherent Jurisdiction

Discuss with the Safeguarding team at the ICB

Patient R

- Age 53, employed in IT
- History of drinking to excess
- Started drinking more heavily during Covid
- Lived with partner M, been together 27 years

August 2022

- Saw GP three times for help with drinking
- Admitted to hospital with effects of alcohol
- Overdose, went to hospital, referred to Mental Health Team
- Mental Health Team discharged patient and referred to alcohol service

September 2022

- Further suicidal ideation x 2
- Taken to hospital and referred to Mental Health Team both times
- Both times Mental Health Team disharged
- GP appointment for fit note – consultation not comprehensive
- DA episode from partner to patient. Discussed at MARAC

October 2022

- Suicide attempt; pneumonia, admitted for 2 weeks
- Hospital referred to Mental Health Team
- Saw GP, told GP was abstaining from alcohol
- Further suicidal ideation, phoned 111 who referred to Mental Health Team

November 2022

- Alcohol service did not hear from patient so discharged him
- Saw GP, said improving, eating properly and abstaining from alcohol
- Also said mood low.
- Further appt 2 weeks later, again said was abstaining from alcohol and attending AA meetings.
- Referred to Talking Therapies.

December 2022

- GP appointment. Said was abstaining from alcohol.
- 111 call – had a fall ? Due to inebriation
- Partner took photo to GP of bruises, requested home visit- declined, advised to come into surgery
- Admitted to hospital later that day
- Partner asked for Pt to be removed from house

January 2023

- Suicidal ideation – hospital referred to Mental Health Team but pt self-discharged
- Police arrested pt due to "breach of the peace."
- Mental Health phoned patient – patient declined help – Mental Health referred to Alcohol Service
- 18th Jan Employer made Safeguarding Adults Referral
- 31st Jan Patient passed away

Referral to Safeguarding Adults

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- No public agency referred to Adult Safeguarding
- Why?
- Happened with both cases.
- **Where a patient is drinking alcohol to excess to the point that they are significantly neglecting themselves, leaving them at risk of significant harm or death, an Adult Safeguarding Referral should be made.**

Professionals meeting

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- No professionals meeting was held in either case
- This would have brought the services together of
  - GP
  - Alcohol Service
  - Mental Health Service
  - Hospital
  - Police
- A decision to refer to Adult Safeguarding may have happened earlier or a joint plan may have been able to prevent this situation progressing

Learning for Primary Care

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- 12 appointments
- Mostly very thorough
- Two instances less than thorough
- Pt said he wasn’t drinking when in all likelihood he was
- Learning – where alcohol or depression is mentioned it should be fully explored and safety netted

Primary Care – what might have helped

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- Continuity – seeing the same doctor each time might have helped but Primary Care has moved away from that model
- A home visit when the partner requested it – it is not clear why this did not happen
- However, the patient was admitted to hospital later the same day so it is unlikely to have changed the outcome.

Feedback from Primary Care

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- Feel like no agencies other than GP will support the patient
- Mental Health Team will not support a patient who is depressed or suicidal if patient uses alcohol to excess – is this right?
- Mental Health Service repeatedly discharged this patient.
- Alcohol Services will discharge a patient if they do not attend appointments.
- Is enough being done by these services to reach out to patients who struggle to accept the help that is offered to them?
- GP reports that patients can end up in a “merry-go-round” situation.

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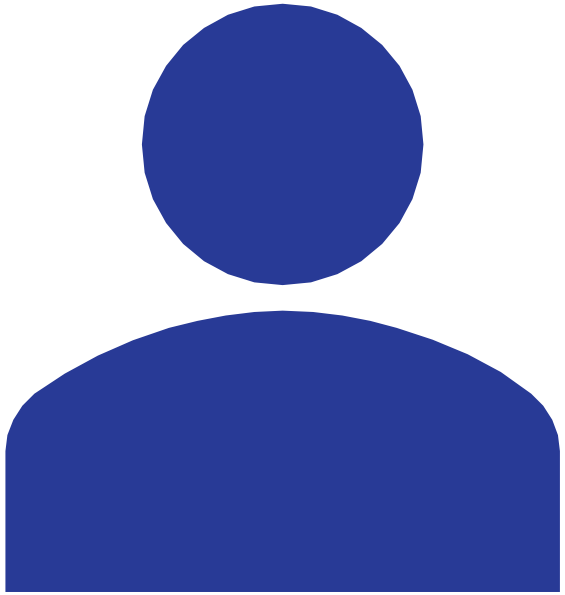
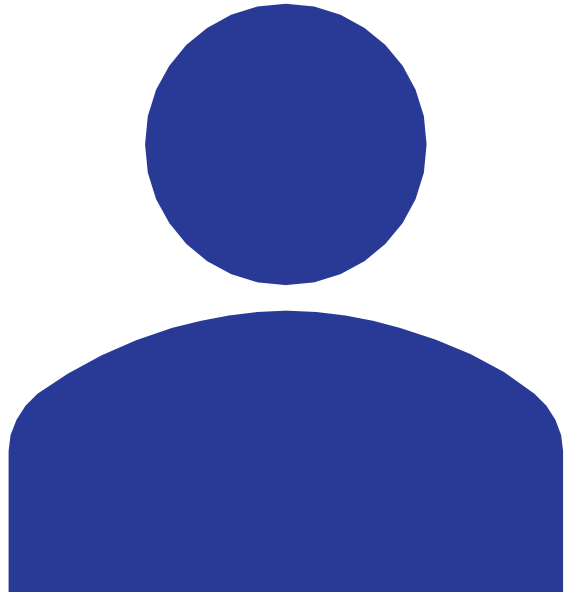
Self-neglect in the early stages …..
If the three adult safeguarding criteria are not yet met

- If you identify early-stage Self-Neglect - hold a professionals meeting
- Allocate a lead agency
- This lead agency should be the agency that is most relevant to the self-neglect
- The lead agency should organise multi-agency meetings moving forwards
- If section 42 criteria become met – referral to Adult Safeguarding and the Social Worker will then be the lead and organise meeting

Resolving Disputes





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Multi-agency training programme 2023-2024

Swindon Safeguarding Partnership (SSP) is pleased to announce the launch of a new training programme and style for the 2023-2024 year