MANCHESTER SAFEGUARDING PARTNERSHIP Learning from Reviews: Adult AD

QUESTIONS TO CONSIDER

• Reflect on the findings and discuss the implications for your service or practice.

Consider how and in what
 Circumstances the provisions of the 20
 Mental Health Act and Mental
 Capacity Act are used when it appears somebody is refusing treatment.

• When assessing capacity consider if the person can execute the decision (executive capacity).

You shouldn't assume capacity if the person's behaviour or circumstances raise doubt as to whether they have the capacity to make the decision

 Visit our website resource hub: <u>www.manchestersafeguardingpartners</u> <u>hip.co.uk</u> for more information

practitioner assumptions in a number of ways -

Practitioners to reflect on their

ensure wide dissemination of learning using

knowledge of the dynamics of self-neglect

the learning pack on the MSP website.

This case challenged

and what actions agencies would

WHAT TO DO

•

need to take.

BACKGROUND

This briefing summarises the key learning from the SAR. Adult AD's quality of life went into a steep decline after sustaining brain damage following a road accident in 2001. AD could no longer manage independently and moved to supported living. AD regularly declined ars the offer of care and support. Adult AD was often seen by services as challenging to work with. Following a rapid decline in health, AD

was admitted to hospital

where it was necessary

for a leg to be

amputated.

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7-MINUTE BRIEFING

SAFEGUARDING CONCERNS

When Adult AD moved into supported living, staff reported that they found AD to be verbally challenging and would decline the support on offer. There were concerns about self-neglect and about AD's mental capacity to manage their health and wellbeing. There were significant delays in assessing this. Once this was done there was some confusion as to whether AD's refusal to accept was an issue of mental capacity to make that decision or one of mental illness.

WHY WAS THE SAR CARRIED OUT?

There must be a review of an adult with needs for care and support if there is reasonable cause for concern about how the SAB, members of it, or other persons with relevant functions worked together to safeguard the adult and (*Condition 2*) the adult is still alive and the SAB knows or suspects that the adult has

FINDINGS & RECOMMENDATIONS

- MSP should require partners to demonstrate that their staff can identify and address those instances where it is believed the person or people concerned have suffered self-neglect.
- experienced serious abuse or neglect. Section 44 of the Care Act 2014 n ances where ople for a SAR

WHAT NEEDS TO CHANGE?

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All agencies to ensure that practitioners understand how self-neglect and issues of mental capacity assessment relate to Manchester Safeguarding Partnership procedures.

This 7 minute briefing can be found at www.manchestersafeguardingpartnership.c o.uk/resource/safeguarding-adult-reviews/

- concerned have suffered self-neglect.
 MSP should gain assurance that there is a shared understanding among partner agencies and their staff
 - about when to formally assess mental capacity including possible deprivation of liberty and that the interface between Mental Health Act and Mental Capacity Act are understood.
- MSP should gain assurance that staff from partner agencies understand how to escalate concerns and when to call multi-agency meetings to ensure more integrated support and care.

More information can be found on our website at <u>www.manchestersafeguardingpartnership.co.uk</u> Contact us at <u>manchestersafeguardingpartnership@manchester.gov.uk</u>

