

Safeguarding Adults Review

7 Minute Learning Summary

Henry

Henry was the main carer for his mother and sister, both had passed away. Henry was not in contact with any other family members and lived alone. Henry was known to: GP service, District Nurses, Adult Social Care, Older People's Mental Health Team (OPMHT), all of which contributed to this review.

In January 2017 Henry's neighbour Iris, contacted all agencies to share her concerns about Henry's ability to look after himself. In response to this Henry's GP requested a District Nurse visit but Henry refused entry. The GP then referred Henry to the OPMHT for a Mental Capacity Assessment and Memory Assessment. Henry refused access to a Psychiatric Nurse. A Social Worker was able to gain access to Henry's home 4 days later after meeting Henry at Iris's home.

The Social Worker when visiting Henry's home identified a number of risks including:

- *Broken windows and doors;*
- *Broken loft door which created a very cold draught;*
- *Clutter throughout the property with a pathway which Henry used to get around;*
- *Henry was using his gas cooker to heat kitchen and room;*
- *Social Worker noted an unlit gas ring left on. Henry could not smell the gas and was unaware he had left the ring on;*
- *No hot water – Henry stated he was boiling the kettle for hot water to wash himself;*
- *Heating not working as there was no boiler;*
- *Fire hazard- no fire alarms and never checked by fire service. Henry states that there isn't going to be a fire and there is no risk;*
- *Considerable amounts of paper in the property, significant fire risk.*
- *Henry stated he will put it all in the recycling bin 'when weather improves';*
- *Expired food stuff in very dirty fridge;*
- *Some irregularities regarding information Henry provided about finances.*

On this visit the Social Worker assessed Henry as lacking capacity in regards to his hoarding behaviour and the disrepair of his property. However the case was closed by the Local Authority, with no further action.

A safeguarding concern and a referral to Henry's GP was made in May 2017, by the memory clinic after an incident of wandering at the hospital. Henry was allocated a new social worker, and the GP made a referral to the OPMHT for a Mental Capacity Assessment and a Memory Assessment. A Psychiatrist in the OPMHT visited Henry but was refused entry to Henry's property, the Psychiatrist did not identify a need for a Mental Capacity Assessment so this was not completed nor was a Memory Assessment. Henry was discharged from OPMHT due to lack of engagement.

Henry passed away in September 2017, Cause of death, provided by the Coroner, is recorded as Large Intestinal Bleeding with the mode of death being Hypovolemic Shock (not enough blood in the body for the heart to sustain adequate blood supply to the organs).

Lessons Learnt

- Henry's case was closed by Social Care practitioners incorrectly, as risks were not addressed, their actions did not comply with statutory regulations.
- A Multi-agency approach to supporting Henry to manage risks to was not considered.
- The risk of fire identified at Henry's home was not considered as a risk to others (neighbours, emergency services) and appropriate action was not taken.
- There was no consistency with the professionals who were visiting Henry (which is known to support improved engagement), or consideration of advocacy.
- The risks around possible financial abuse were not identified by the professionals visiting Henry and therefore not investigated further.

7-minute Learning Summary

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Scam Mail

Financial Fraud and online crime is believed to cost the UK Economy £2 Million each day and the allegations are increasing. Vulnerable People are at high risk of being targeted and once someone is a victim of fraud they are more likely to be targeted again.

It appears that Henry may have been a victim of Scam Mail: which is where victims are enticed with a guaranteed prize (sometimes with fake cheques) and will often have to part with cash before receiving this prize. Which will often not arrive or will not be of the value advertised. Often victims of this type of crime are elderly or vulnerable and they are targeted because they live alone and have access to significant savings and/or pension funds.

A indicator that someone may be a victim of scam mail would be a high volume of post. If you suspect that someone maybe a victim of scam mail contact your local trading standards for advice.

Court of Protection (CoP)

Henry was assessed as lacking capacity to make decisions in regards to his hoarding behaviour and the disrepair of his property. Whilst other approaches should have been explored in order for Henry to engage with support. The CoP could have been used to safeguard Henry.

The CoP make decisions on financial or welfare matters for people that lack capacity to make those decisions and they have no registered lasting power of attorney (LPA).

The CoP are responsible for:

- Deciding if the person has the Mental Capacity to make particular decisions for themselves.
- Appointing deputies to make ongoing decisions for people that lack capacity.
- Giving permission for people to make one off decisions for a person that lacks capacity.
- Handling emergency applications
- Consider objections to a LPA registration
- Consider applications to make statutory wills or gifts
- Making decisions about when someone can be deprived of their liberty under the Mental Capacity Act

Further information on the CoP can be Found [here](#).

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 whom 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



Hoarding

Hoarding is associated with self-neglect.

A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter.

If you suspect that an individual has a hoarding issue refer to the [Clutter Index tool](#).

Hoarding can be risk to the individual as well as to other members of the public. For example:

- If a hoarder lives in a flat there maybe a risk to other residents and firefighters that attend a fire.
- Or needles lying around could be a risk to carers visiting the property.

When case of hoarding is identified, risks to both the individual and the public are to be assessed and the appropriate risk management plans put in place.

Royal Berkshire Fire and Rescue Service (RBFRS)- Safe and Well visits

Referrals can be made for vulnerable people for a safe and well visit by a representative from the RBFRS. Their home will be assessed for fire risk, with a view to fitting free smoke detector alarms if required. The Fire and Rescue Service will also discuss home escape plans and provide advice to lower fire risk. See RBFRS [Website](#) for more information.

RBFRS are providing free information sessions on the Adults at Risk Programme, you can book into a session by [here](#).

RBFRS will also visit locations to deliver sessions on the programme for larger groups.