

Safeguarding Adults Review

7 Minute Learning Summary

Margaret

Margaret a lady in her nineties, lives alone in sheltered accommodation which she moved into after a serious fall. There has been a steady decline in Margaret's physical and cognitive abilities over the last few years. Margaret has two sons who visit around twice a week and support with her shopping. Prior to the incident described in this learning summary, Margaret was in receipt of three calls a day from a care agency and visited a day centre once week. This was commissioned by the Local Authority.

Margaret's first language is not English but she can speak it fluently. Over time communication started to become increasingly difficult between Margaret and professionals, as Margaret will often revert back to speaking her first language. In accordance with her wishes Margaret has no formal diagnosis to her cognitive impairment. Prior to the incident Margaret was known to all services as being a heavy smoker.

Health and Social Care professionals were aware that Margaret was a heavy smoker, and of her physical and cognitive decline, but missed opportunities to identify and respond to the risks that this posed to Margaret and others living in the accommodation block.

A carer visiting Margaret on a morning call reported to their office that Margaret had sustained burns to her arms, chest, hand and face and there was evidence of a fire in the property. Learning has been identified in regard to the professional response to Margaret's injuries, which contributed to there being delays in Margaret getting the medical attention that she required.

Lessons

It is not clear how or when Margaret received her injuries, as Margaret has been unable to communicate this. It is thought that these burns were due to smoking. This SAR concluded that the key learning for the partnership is around identifying and responding to fire risks.

- Agencies held information in relation to Margaret's smoking. There is a need to ensure that **all agencies** are aware of the requirement to identify, and respond to potential fire risks, for individuals, and members of the public, and to escalate when appropriate.
- Improve working relationships between Housing Associations and Health and Social Care, in order to ensure that risks are identified and addressed appropriately.
- When multiple agencies are involved in supporting an adult at risk there should be a **joined up** and **robust** risk assessment to deliver a coherent multi-agency response.
- For all Health and Social Care agencies to access the training offered via the Royal Berkshire Fire and Rescue Service through its Adults at Risk Programme.
- An interpreter could have been considered to support Margaret with her communication difficulties.

Thankyou for taking the time to read this practice note. All other published SARS can be found here: <http://www.sabberkshirewest.co.uk/practitioners/safeguarding-adults-reviews/> If you would like to provide any feedback or have any questions regarding the Board please contact: Lynne.Mason@Reading.gov.uk

7-minute Learning Summary

Safeguarding Adults Review Margaret

Seeking Medical Attention for burns

The carer who visited Margaret did not speak to the 111 call handler directly, the call was made by the manager of the care agency, who had not seen Margaret in person. This led to the severity of Margaret's burns being misreported by a number of professionals. This led to a delay, in Margaret, getting the appropriate medical treatment.

Due to the severity of Margaret's burns and evidence of a fire in the property, 999 should have been called in the first instance. However, burns can appear as less severe depending on type of burn and the reported amount of pain. The level of pain is not always related to how serious the burn is, even a very serious burn may be relatively painless.

The NHS have detailed information on how to respond to burns and scalds which can be found here:

<https://www.nhs.uk/conditions/Burns-and-scalds/>

Risk Management

The fire risk that Margaret's smoking posed to her and other residents in the accommodation block was not managed.

The goal is to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop these deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted.

Risk management entails a broad range of responses that are closely linked to the wider process of support planning. This may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risk, and to promote the potential benefits of taking agreed risks. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes.

A dynamic often multi-agency approach is required for successful risk management, regular reviews of risk management plans are required.

Where someone does not have capacity decisions should be made in their best interests. Where people's actions put others at risk this should be appropriately assessed and managed within Risk Management.

Multi-Agency Risk Management Framework (MARM)

The guidance and framework has been devised to support the West of Berkshire Safeguarding Adults Board Partnership to achieve successful outcomes when working with individuals who are thought to be taking risks in their life. Click [here](#) for the document.

The purpose of the MARM is to support the individual and staff to reach agreement and adopt strategies around risk decision and the management and/or mitigation of those risks. Concerns may be around:

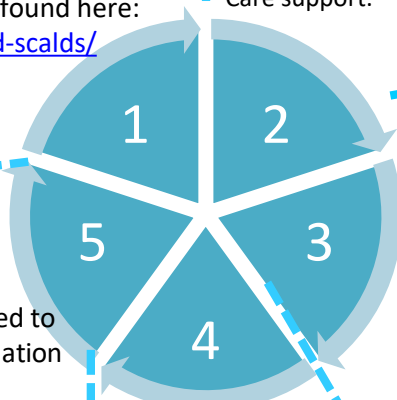
- Where a support plan will not meet identified risks.
- Where risks have been identified in giving an individual a direct payment to manage themselves including safeguarding concerns.
- Where an individual is putting themselves or others at significant risk by declining services.
- All options have been explored and the level of risk is still high.
- Disagreement between services / agencies on managing the level of risk.
- Any local authority worker can present a case to the MARM where there is a complex or challenging risk issue and where guidance and decision making is needed.
- Whilst referrals to the MARM cannot be made outside of the host local authorities, concerns regarding risk management can be raised by the Care Management and Safeguarding referrals routes where MARM will be considered.
- The person does not have to be in receipt of Adult Social Care support.

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 supplying fire safety equipment 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.



Duty of care

Whilst there is nothing to suggest that professionals supporting Margaret, failed in their duty of care, it is appropriate to use this case to refresh people on duty of care and risk management.

- A duty of care is established in common law in relation to all services. For an action to succeed in negligence there must be an identified duty of care.
- An action will only be successful where a duty of care is breached through negligent acts or omissions and where injury is suffered as a result.
- A duty of care is an obligation requiring that a reasonable standard of care is exercised when providing support (or omitting to provide support) that could foreseeably harm others. Councils, health bodies, private care providers and individual care staff owe a duty of care to individuals to whom they provide services.
- An individual with capacity may choose to take risks. In some circumstances, a court may decide that the individual consented to the risk, and therefore find that the duty of care will not have been breached. Providers and/or commissioners could however, be exposed to litigation if they place people in a position of risk, there being an important distinction between putting people at risk and enabling them to choose to take reasonable risks.