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

Nigel February 2021

Learning from a professional review

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Nigel

The West of Berkshire Safeguarding Adults Board were alerted to the case of Nigel through a Safeguarding Adult Review (SAR) notification. Nigel had been found deceased at home after forced entry by the police. Nigel was 64 when he passed away.

Nigel lived alone and had regular contact with his sister. Nigel had been on medication to manage his Mental Health for several years. Due to concerns that the medication was having a negative impact on his physical health Nigel made the decision to reduce his medication. Nigel did seek professional advice regarding this decision, but it appears that he chose not to follow it.

The SAR Panel concluded the criteria for a SAR to take place had not been met. However, it was agreed that a professional review of the partnerships involvement with Nigel will take place in order to identify any lessons for the partnership.

The professional review identified that agencies supporting Nigel worked in silos which made it difficult to identify and respond to his circumstances as self-neglect. Nigel was not presenting to agencies in a way that is identified as typical in someone who is self-neglecting and on face value Nigel appeared to be engaging with services. A multi-disciplinary approach in responding to the safeguarding concern raised would have been more appropriate and may have led to a better outcome for Nigel. As each agency had different pieces of information which would have formed a more comprehensive picture on how Nigel was managing and engaging with services.

Each section on the following slides details what each agency knew about Nigel individually, in chronological order, and how they responded in order to demonstrate what a multi-agency approach would have possibly identified. Please take the time to consider this case and reflect on your caseload, are there any individuals that you are working with that may benefit from a multi-agency response/discussion?

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What is Self- Neglect?

"Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. Practitioners in the community, from housing officers to social workers, police and health professionals can find working with people who self-neglect extremely challenging. The important thing is to try to engage with people, to offer all the support we are able to without causing distress, and to understand the limitations to our interventions if the person does not wish to engage" - **Self-neglect: At a glance | SCIE**

There was a missed opportunity for professionals working with Nigel to identify and respond to suspected self-neglect through the safeguarding framework when SCAS raised a safeguarding concern.

The following slides detail what information each agency knew about Nigel, in chronological in order to demonstrate how a multi-disciplinary approach in responding to the safeguarding concerns raised would have been more appropriate and may have led to a better outcome for Nigel. As each agency had different pieces of information which would have formed a more comprehensive picture.

Agency Key

LA, Local Authority
BHFT, Berkshire Heath Foundation Trust
RBFT, Royal Berkshire NHS Foundation Trust
SCAS, South Central Ambulance Service
, Opportunity to use framework for multi-agency discussion
GP – Nigel's GP

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Chronology of agency contact with Nigel, broken down by individual agency, to demonstrate the important of a multi-disciplinary approach				
Agency	**When**	**What they knew**	**What they did**	**What happened**
LA	1. Early Sep 19 2. Late Oct 19 3. Early Dec 19	1. Safeguarding concern received from SCAS. 2. Further concerns received from SCAS. 3. Contact received from BHFT Common Point of Entry (CPE) requesting information of the concerns raised by SCAS.	1. Concern managed through care management process. Nigel spoken to over the phone, who stated he had received medication for his anxiety and had made private home care arrangements. 2. Nigel contacted on the phone, who stated he was able to manage and was able to contact people for support if needed. Nigel was not asked about his private home care arrangement. 3. A member of the safeguarding team tried to contact Nigel on the same day to enquire how the home care arrangement was working.	1. Nigel had not received medication to manage his anxiety or arrange home care privately. 2. The concern was closed. 3. Contact could not be made with Nigel as he had passed away.

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Agency	**When**	**What they knew**	**What they did**	**What happened**
BHFT	1. Early Dec 18 2. Late Oct 19 3. Early Dec 19	1. Nigel seen as an outpatient. 2. GP referral received. 3. Planned to close case due to Nigel's non-engagement.	1. Plan agreed to slowly wean Nigel off his medication. Nigel appeared stable. 2. Contact attempted by CPE. 3. Spoke with Nigel's GP about the case closure where it was agreed that the case should not be closed, and it should be escalated to the crisis team.	1. Nigel did not follow this plan. 2. Nigel did not engage. 3. Contact could not be made with Nigel as he had passed away.

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Agency	When	What they knew	What they did	What happened
RBFT	1. Early Jul 19 2. Mid Aug 19 3. Early Sep 19	1. Nigel seen as a neurology outpatient to investigate his tremor, it was thought that his tremor was not linked to his medication, but a scan was required to confirm this. 2. Nigel was admitted to hospital after a fall at home led to a broken hand. Nigel appeared very anxious about going home and whilst there was no indication of self-neglect Nigel appeared fixated on starving to death. 3. Nigel attended to hospital regarding his concerns about swallowing.	1. Arranged follow up appointment and informed Nigel's GP when he failed to attend. 2. An OT assessment was conducted to ensure that Nigel would manage at home and Nigel was discharged from hospital with home care and support with shopping. 3. Nigel cancelled two follow up appointments.	1. Nigel did not have the scan to confirm diagnosis. 2. Support ended after 1 week from discharge as assessment concluded it was no longer required. 3. GP informed.

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Agency	When	What they knew	What they did	What happened
SCAS	1. Mid Aug 19 2. Early Sep 19 3. Mid Sep 19 4. Mid Oct 19 5. Late Oct 19	1. Attended to Nigel after a fall at home no concerns identified. 2. Attended to Nigel who reported breathing problems. Concerns identified around how Nigel was managing at home. 3. Nigel contacted 999 and reported difficulties in swallowing, an ambulance was not required Nigel refused a follow up call and agreed to contact his GP. 4. Nigel contacted 999, reported he had not been able to go to the toilet for several months, he was not eating as his cooker was broken and he was unable to contact his GP. 5. Nigel contacted 999, reported he was unable to swallow, and he hadn't eaten for a week. Nigel stated he could not get an appointment with his GP and asked to be admitted to hospital.	1. Taken to hospital. 2. Taken to hospital, safeguarding concern raised. 3. No action. 4. A taxi was arranged to take Nigel to hospital. 5. A safeguarding concern was raised, and a GP appointment was made for the next day.	SCAS did not identify Nigel as a person who was anxious over his health due to the level of calls, normally in these situations the volume of calls would be much higher. Nigel did not contact his GP as agreed on the 999 call.

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Chronology of agency contact with Nigel, broken down by individual agency, to demonstrate the important of a multi-disciplinary approach

Agency	When	What they knew	What they did	What happened
GP	1. Early Jan 18 2. Early Nov 18 3. Early Feb 19 4. Mid Aug 19 5. Early Sep 19 6. Late Sep 19 7. Late Oct 19 8. Late Nov 19 9. Late Nov 19 10. Early Dec 19	1. Nigel wished to reduce his medication as he was concerned about the physical side effects. 2. Nigel cancelled his prescription at the pharmacy. 3. Nigel was noted to have a tremor. 4. Nigel admitted to hospital after a fall, discharged with support from Rapid Response. 5. Nigel contacted 999 as he had concerns about his swallowing, the paramedics were concerned about possible self-neglect. 6. Nigel cancelled his hospital appointment to investigate his swallowing issues. 7. Nigel was visited by paramedics who were concerned that Nigel didn't have food in the house. 8. Nigel failed to attend his hospital appointment to investigate his tremor. 9. Nigel's sister contacted GP to raise concerns about Nigel's engagement. 10. BHFT contacted to state that they will be closing the case due to Nigel's non-engagement.	1. A plan agreed with Nigel to slowly reduce medication. 2. Encourage Nigel to continue with his medication, referral made to BHFT. 3. Referral made to RBFT to investigate. 4. No action. 5. Advised paramedics to take Nigel to the RBFT, review arranged with Nigel and his sister. Nigel agreed to attend follow up appointments and enlist support from a home care agency privately. 6. No action. 7. A home visit was conducted, Nigel was observed not to have difficulty in swallowing. A referral was made to BHFT as anxiety was believed to be the cause of Nigel's swallowing difficulties 8. No action. 9. Contact with Nigel was attempted but with no success. 10. GP shared their concerns about Nigel, and it was agreed that the case will remain open.	Nigel did not follow the medication plan agreed with his GP. And 5, 6. Nigel did not engage with follow up appointments instigated by the GP to investigate his concerns about the possible physical side effects his medication was causing. Nigel did not access services from the home care agency as agreed as it he felt it was too expensive. The GP surgery could not contact Nigel. Nigel was found deceased at home.

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Response to learning from Nigel's Case

- Learning shared and discussed with West of Berkshire Safeguarding Adults Partnership Board.
- Recommendation from SAB to review the Supporting Individuals to Manage Risk and Multi Agency Framework (MARM), to ensure that the process meets its objectives – *The purpose of the Multi Agency Risk Management Framework (MARM) is to support the individual and staff to reach agreement and adopt strategies around risk decision making and the management of those risks where they are manageable.*
- Mental Health Crisis Review led by Mental Health & Learning Disabilities ICP Programme Board identified several priorities with the following providing an improved link between GP Surgery's and Mental Health Services by introducing a new Primary Care Mental Health Pathway and Primary Care Mental Health (PCMH) Team.

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Further information to support professionals in identifying and supporting individuals that self-neglect

- Berkshire Safeguarding Adults Policies and Procedures: https://www.berkshiresafeguardingadults.co.uk/ (Section 2.6 self-neglect)
- The West of Berkshire Safeguarding Adult Partnership Board has a localised risk management framework which may be appropriate where self-neglect is known or suspected. The risk framework can be found here: http://www.sabberkshirewest.co.uk/practitioners/supporting-individuals-to-manage-risk-and-multi-agency-framework-marm/
- Clutter index tool, to support in the identification of hoarding https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf
- Royal Berkshire Fire and Rescue Service - Safe and Well visits, you can refer vulnerable people for a safe and well visit by a representative from 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. Go to the Royal Berkshire Fire and Rescue Service's website.
- Did not attend appointments/ Was not brought, the Royal Devon & Exeter NHS Foundation Trust have produced an informative video on the possible reasons why vulnerable adults may not attend appointments, encouraging that the term did not attend is replaced with 'was not brought. The video can be found here.
- React to Red, pressure care awareness: http://www.sabberkshirewest.co.uk/media/1278/react-to-red-cards-a5.pdf
- Safeguarding Adults Review 7 Minute Learning Summary Carol: http://www.sabberkshirewest.co.uk/media/1479/carol-practice-note-v10.pdf
- Safeguarding Adult Review 7 Minute Learning Summary Paul: http://www.sabberkshirewest.co.uk/media/1432/paul-practice-note-v10.pdf
- Practice Note Safeguarding Adult Review Aubrey: http://www.sabberkshirewest.co.uk/media/1396/practice-note-aubrey-v10.pdf

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Concerned about an adult?

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives:

- **Reading** – call 0118 937 3747 or email safeguarding.adults@reading.gov.uk or complete an online form
- **West Berkshire** – call 01635 519056 or email safeguardingadults@westberks.gov.uk or complete an online form
- **Wokingham** – call 0118 974 6371 or email Adultsafeguardinghub@wokingham.gov.uk or complete a online form

For help outside of normal working hours contact the **Emergency Duty Team** on 01344 786 543 or email edt@bracknell-forest.gov.uk

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

The Board has two websites: Home | Safeguarding Adults Board (sabberkshirewest.co.uk) and a website dedicated to safeguarding policies and procedures: Home Of Berkshire Safe Guarding For Adults (berkshiresafeguardingadults.co.uk)