

# Discretionary Safeguarding Adults Review

(Tina)

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### 1. Introduction

#### Case Summary (Tina)

- 1.1 Tina was an 83-year-old female who was married and lived in the community in a privately owned property with her husband. The husband was Tina's main carer, she was not in receipt of a formal package of care although support was received from Flair once a week for housework and shopping, this was arranged and funded privately by the couple. In 2021 Tina had involvement from health and adult social care due to pressure sores, diarrhoea, and increased frailty. There was a further referral in June 2022 when it was reported that Tina was housebound, deconditioned, not moving from the sofa and she had been unable to stand for several months.
- 1.2 Tina did not receive an assessment of need for care and support by the local authority so there was very little information regarding her care and support needs recorded. Her husband had a carers assessment undertaken on 25<sup>th</sup> August 2022. The carers assessment detailed that he had his own health issues and that he was struggling to manage all the caring tasks associated with his wife.
- 1.3 There was an ongoing known history of Tina refusing equipment that she had been assessed as needing despite the risks identified. However, there was no risk management plan in place and Tina was deemed to have capacity to make the decisions to refuse equipment and care by the professionals involved, a formal mental capacity assessment was not completed for Tina.

1.4 Tina was admitted into Frimley Park Hospital (FPH) on 13<sup>th</sup> October 2022 after a visit from the Community Matron. On the day of hospital admission, it was stated that Tina appeared in pain, had a dehydrated skeletal appearance with no visible body fat and had a cluster of pressure damage to the sacrum and left buttock which were reported to be unstageable. Tina also had a chest infection which was confirmed on hospital admission. Tina's condition deteriorated, and she subsequently died on 17<sup>th</sup> October 2022.

The statutory criteria are not met in this case; the Care Act 2014 Sec 44 states that:

(1) An SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—

(a) 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,

(2) condition 1 is met:

(a) the adult has died, and

(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

In cases where the criteria is not met and there is learning but the case does not meet the criteria for a SAR, the SAB may recommend another form of review as in this case.

## **2. Terms of Reference**

**2.1** The Terms of Reference for the discretionary SAR were agreed as:

- i. Was the MCA applied effectively including the impact of alcohol, medication, and low mood on the outcomes of functional test and on executive function?
  - a. What strengths or gaps in practice can be identified.
- ii. How did agencies work together to understand the relevant history, the nature and degree of presenting concerns and to share information to deliver a holistic multi-agency approach.
- iii. How did T's status as a self-funder impact on the application of the Care Act in particular in relation to sections 9, 11 and 42.

## **3. Scope of the Review**

3.1 The period of time the Safeguarding Adult Review considered for Tina was set from 1<sup>st</sup> May 2021 until the 17<sup>th</sup> of October 2022. The impact of the Covid 19 pandemic was still a pressure on health and care professionals during this time frame.

#### **4. Methodology of the Review**

4.1 Chronologies were requested from the following agencies for the time period defined in the scope of the review.

- Wokingham Borough Council Adult Social Care
- Berkshire Healthcare Foundation Trust (BHFT)
- General Practitioner (GP) WICN (Wokingham Integrated Care network)
- Flair Care Agency
- Frimley Park Hospital (FPH)
- NRS Healthcare Ltd
- Rainbows PA agency

4.2 A 1.5-hour multi-agency practice learning event was conducted by Sharon Whitehead, Practice Consultant on 2<sup>nd</sup> May 2023. This event involved front line workers and managers from Wokingham Borough Council; Berkshire Healthcare Foundation Trust (BHFT), Flair, and another Wokingham Borough Council Practice Consultant.

4.3 Chronologies were shared before the learning event and this provided the opportunity for the agencies involved to evaluate their own practice, highlighting any good practice and to consider any areas for improvement in preparation for the event.

4.4 The SAR Panel identified that the husband may have wanted to be involved in the SAR. The husband was contacted, and he did not wish to be involved in the review.

#### **5. This review identified similarities highlighted in the Ken SAR 2021.**

5.1 Common themes between Tina and the Ken SAR, that require consideration for learning and improvement:

- Risk assessment and management in relation to self-neglect
- Application of the Mental Capacity Act considering Decisional and Executive Capacity
- Effective multidisciplinary agency teamwork
- Pressure sore and prevention and care
- Appropriate involvement of family members
- Commissioning of services for self-funders

#### **6. Tina- Overview**

- i. Tina was an 83-year-old who lived in a privately owned property with her husband.
- ii. Tina was able to express her views and wishes clearly in maintaining her independence at home.
- iii. Tina was a retired nurse who had two children a son and a daughter, both live some distance away and could not provide regular physical support for Tina.
- iv. Tina had a medical history of Chronic Obstructive Pulmonary Disease (COPD), Liver damage (alcohol) and Osteoporosis.

- v. Tina died in FPH on 17 October 2022, the cause of death was identified as; Frailty of old age, Chronic Obstructive Pulmonary Disease, Chronic Back Pain; There was no coroner involvement for Tina.

## **7. Key Events**

- 7.1 On 5th May 2021, A District Nurse visited Tina to review a pressure ulcer. Tina had taken to her bed few weeks prior with diarrhoea, poor mobility, back pain, and increased frailty, there was also a record of liver damage due to alcohol use. Tina agreed to having a hospital bed and mattress, she was at high risk of malnutrition and pressure damage. Tina was referred to Rapid Response 14-day pathway with Intermediate Care therapy assistants for personal care and pressure care. Further notes state that Tina appeared malnourished and was laying on wet pads and plastic bags with a suspected urine infection, the house was described as hoarded. Tina declined the Rapid Response practitioners request to speak with her daughter.
- 7.2 On 13th May 2021, Rapid Response/Intermediate Care recorded that Tina appeared to have capacity to make her own health decisions. During the visits Tina was frequently declining the personal care and pressure care. Tina did consent to her details being passed to Adult Social Care (ASC).
- 7.3 On the 14th May 2021, the Wokingham, ASC Independent Broker received an email from the Rapid Response Occupational Therapy Assistant (OTA) requesting urgent input to identify a private package of care for Tina. The Independent Broker contacted Tina and she declined any assistance; a home visit was not completed although the Independent Broker asked Tina to reconsider a package of care over the weekend.
- 7.4 On the 17th May 2021, the Independent Broker emailed the OTA to advised that Tina refused support with care at the moment. It was left with Tina to contact the Independent Broker in the future if things changed. There was no further communication from the OTA to highlight any concerns there may have been in relation to risks associated with Tina not accepting any formal care and support. There was also no additional scrutiny or discussion with the Independent Broker although the initial request was viewed as urgent.
- 7.5 Also, on the 17th May 2021, ASC Admin left a message for the Independent Broker to call Tina's husband back about options available to support Tina. There was no verification of this call being returned to the husband by the Independent Broker. No further action or contact from the Independent Broker was made with Tina or her husband.
- 7.6 The Rapid Response practitioner noted that Tina appeared to have capacity to decide on her ongoing care needs and declining a package of care, although no formal capacity assessment was completed. Tina was discharged form Rapid Response/Intermediate Care on 20th May 2021 upon discussion with the GP.
- 7.7 On 8th June 2021, Tina requested that the profile bed, mattress, and other equipment be collected as it was no longer used, collection arranged by District Nurse's. The return

of the equipment was not questioned and NRS collected the equipment on 28th June 2021. There was no further contact until June 2022.

- 7.8 On 10th June 2022, a referral for community physiotherapy was made for Tina by the GP. It was reported that Tina was housebound, deconditioned, not moving from the sofa with weak knees and ankles and she had been unable to stand for several months. In response a Physiotherapy letter was sent asking Tina to make contact, concerns were clearly highlighted although a visit was not made until August 2022.
- 7.9 On 2nd August 2022, the Intermediate Care Team (ICT) Physiotherapist home visit took place. Notes state that Tina appeared thin with muscle wastage, she was at high risk of malnutrition and pressure damage including infection. With Tina's consent the Physiotherapist ordered a pressure reducing cushion, gel heel pad, return and glide about commode, Tina declined the offer of a bed and to trial different mattress. The Physiotherapist also spoke with GP who agreed referral to West Integrated Care Network (WICN) and to visit Tina.
- 7.10 The Physiotherapist raised her concerns about Tina's self-neglect with the BHFT safeguarding team; reported the home to be cluttered but with clear walkways, Tina losing weight, declining pressure relieving equipment, poor mobility but pressure areas intact. There were no concerns highlighted regarding Tina's capacity, and it was agreed that Tina could make unwise decisions to decline equipment and a package of care, Safeguarding was not progressed. The Physiotherapist was advised to complete non concordance paperwork, and discuss ASC, a Carers Assessment referral, and Social Prescriber involvement. Mental capacity does not seem to have been considered around Tina's self-neglect and the associated risks identified, no formal capacity assessment completed.
- 7.11 On 3rd August 2022, referrals were made to the Fire service, dietician, and the Wokingham Integrated Care Network (WICN). On the 4th August 2022 the (WICN) monthly MDT meeting took place for complex cases; concerns were raised around Tina and her husband struggling. Plan agreed, Physiotherapist to refer to social prescriber, GP to review bloods, and Tina to be on next month WICN for review. There is no record of this meeting on the ASC data base for Tina, so it is unclear if there was adult social care representation at the (WICN) meeting.
- 7.12 On 5th August 2022, (ICT) Physiotherapist visited – Reported that Tina was unable to stand and was offered a profiling bed, riser recliner a Domus overlay (pressure relieving) for the sofa and a transfer board, although Tina declined all equipment. The Physiotherapist noted that Tina was able to understand and report back the information given regarding risk of pressure ulcers and impact on her rehab and likely further deterioration. A risk assessment and management plan do not appear to have been considered. Non concordance paperwork was completed with Tina.
- 7.13 On 11th August 2022, (ICT) Physiotherapist visit, the Fire service and Tina's cleaner were also present during the visit. Tina reported losing track of days and how long she

has been on the sofa as her sleep had been erratic, Tina again declined offer of equipment she had been assessed as needing.

7.14 On 15th August 2022, the (ICT) Physiotherapist made a referral to ASC Duty requesting a carers assessment for Tina's husband. The Physiotherapist advised that Tina had capacity regarding risks and was declining pressure relieving equipment. The Occupational Therapy Duty worker made a phone call to Tina discuss an occupational therapy visit to review options such as riser, recliner chair, commode, hospital bed. Tina declined the visit and all equipment offered and the package of care as it would take away her independence. The duty worker did not apply professional curiosity when considering the risks and Tina's mental capacity when she declined the equipment and a package of care.

7.15 A formal Mental Capacity Assessment was not completed by the Physiotherapist or Duty worker. Tina's husband was referred for an urgent carers assessment.

7.16 On 19th August 2022, the (ICT) Physiotherapist visit, Tina declined Zimmer frame and support with washing she preferred to use wipes. A bottle of red wine was observed on the table, Tina stated she had one glass a day. There was no further questions or professional curiosity on Tina's alcohol intake, no consideration given to the impact alcohol may have on Tina's ability to make decisions.

7.17 On 25th August 2022, a Carers Assessment completed for Tina's husband, both Tina and her husband were reluctant to employ a carer. Flair home help were supporting weekly with shopping and de-cluttering. Tina's husband was the main carer for his wife, and he reported struggling with the role. It was noted that the property was cluttered, and there were concerns raised from the workers line manager about Tina developing pressure sores . There was no evidence of a risk assessment or clutter index being completed, and a safeguarding referral was not raised despite the concerns and reports of the husband struggling.

7.18 On 6th September 2022 - Tina cancelled a visit with the (ICT) Physiotherapist she had been unwell with diarrhoea and still feeling weak. Tina refused a number of visits with the Physiotherapist due to diarrhoea and feeling weak. The Physiotherapist advised Tina that she may need to be discharged and be referred back once feeling better due to the 6 weeks intervention period. No concerns were raised over Tina's poor health and refusal of services.

7.19 On 8th September 2022, there was a WICN meeting: GP was aware of Tina's low mood, and that the physiotherapy progress was slow. Plan: MDT Case coordinators to re refer to social prescribers as the initial referral was not received, also update from GP required as unable to attend the meeting. Noted case to be reviewed again at the next WICN meeting.

7.20 On 20th September 2022, email from (ICT) Physiotherapist to ASC Independent Broker requesting support with setting up private care for Tina as she was due to be discharged from their service. A review from the Physiotherapist was refused by Tina.

There was a note advising that the property was cluttered but had clear walkways. Tina was unable to transfer from the sofa and she has declined all equipment and not progressed with rehabilitation. Tina's husband has also been unwell and struggling with his mobility. They were now ready to accept a private package of care. Tina had been advised by the Physiotherapist to contact her GP, as she was still weak with diarrhoea and at risk of pressure damage it's unclear if this happened.

7.21 On 21st September 2022, ASC Duty received a message from Tina's husband to arrange equipment collection. The Duty Occupational Therapist provided Tina with the NRS contact number to arrange collection herself. The duty worker did not make contact with other professionals involved with Tina to discuss the request and possible risks of removing the equipment, limited professional scrutiny demonstrated.

7.22 On 21st September 2022, the Independent Broker spoke with Tina and then contacted Rainbow Social Care to arrange an assessment for a private package of care each morning for Tina. The visit was arranged with Tina and her husband for 27<sup>th</sup> September. After the visit a call was made to the Independent Broker as the package of care requested was not suitable. Tina was assessed as requiring assistance of two carers due to her poor mobility and equipment needs and Rainbow Social Care only provide one carer calls, concerns were also raised about empty alcohol bottles in the home. The Independent Broker advised that he would find a more suitable agency.

7.23 On 28th September 2022, the Independent Broker emailed the (ICT) physiotherapist regarding the concerns raised by Rainbow care agency including the evidence of empty alcohol bottles. The response from the Physiotherapist confirmed that Tina had declined all equipment, and Tina was assessed as having capacity to make the decision to decline the equipment. The Independent Broker did not make a referral for the completion of a formal mental capacity assessment even though self-neglect and misuse of alcohol had been highlighted risks along with the unwise decision making. No referral was made for an assessment of need or a positive risk assessment and plan. This would have also been an ideal opportunity to request a professionals meeting to plan a coordinated approach with all professionals involved with Tina and her husband. Multi-agency discussions were missing around capacity and risk and the assumption held by professionals that Tina had capacity remained.

7.24 On 28th September 2022, the Independent Broker contacted a different agency (VJ Carers) who confirmed an assessment visit with Tina for 30<sup>th</sup> September. There was no record that this visit went ahead or that any care was arranged for Tina. The Independent Broker did not follow up the visit with VJ Carers to obtain the assessment outcome, and no further contact was made with Tina or her husband despite the risks and concerns raised.

7.25 On 6th October 2022, the (WICN) Wokingham Integrated Care network meeting took place. It was reported that the GP had visited Tina and her husband on the 5<sup>th</sup> October and noted that couple both had poor mobility but stated no acute medical concerns. Both were still reluctant to accept help and the GP was concerned that the situation could deteriorate rapidly without a package of care, it was agreed that the Community

Matron (CM) would visit Tina. Agreed plan for the MDT Case coordinators to arrange referral to community nursing, and ASC to provide feedback to Tina's husband's allocated social worker who would be invited to the next meeting. The Independent Broker involved with Tina did not have any knowledge of the WICN meeting and was not made aware of the outcome of the meeting. The limited multi-agency information sharing hindered a holistic view of Tina's evolving situation.

7.26 On 13th October 2022, the Community Matron (CM) visited Tina, her husband and daughter were also present and reported deterioration in Tina's condition over past two weeks. Tina had stopped drinking alcohol during this time and her daughter stated that Tina was drinking heavily until that point. It was noted that Tina appeared to be in pain, dehydrated skeletal appearance with no visible body fat. The sofa cushions were urine and faeces soaked with a large number of soiled pads under a blanket. Redness was noted to left heel and clusters of unstageable pressure damage to sacrum and left buttock. Vital observations were taken by the CM that indicated hospital admission was needed.

7.27 Tina was initially declining admission to acute hospital, and it was reported that these were her longstanding wishes. Tina agreed to equipment being ordered, this included a profiling bed, memo flex mattress, over table bed, Wendy Lett sheets. Tina told the Community Matron that she "has had enough" and "there is nothing more that can be done". A call was made to the GP who agreed acute admission was the best option however if Tina did not wish to go then little could be done. There was still the assumption that Tina had capacity to make the decision on treatment and care. Ultimately, Tina agreed to hospital admission and transport was arranged the same day.

DATIX was completed by the Community Matron for pressure ulcers and a safeguarding referral was correctly raised.

7.28 On 14th October 2022, a Safeguarding Concern was received by the Wokingham Adult Safeguarding Hub (ASH) it was reported that Tina had been sleeping on the sofa since June 2022 as she was unable to stand or transfer there was no pressure relieving equipment or formal care support in place. A call was made to Tina's husband who confirmed Tina had been admitted to FPH.

7.29 On 14th October 2022, Frimley Health Foundation Trust (FHFT) deemed that Tina was approaching end of life, reported that she was extremely frail and had infected pressure sores. After discussion with Tina and her daughter the decision for comfort care to be provided was made and there was to be no significant investigation or intervention.

7.30 On 15th October 2022 - a note from FHFT stated Tina's pressure injury was assessed and was found to have an ungradable pressure ulcer in the sacrum with multiple grade two pressure ulcers also. Tina's health continued to deteriorate while in hospital and she died on 17th October 2022.



## 8. Findings

TOR 1 - Was the MCA applied effectively including the impact of alcohol, medication, and low mood on the outcomes of functional test and on executive function?  
What strengths or gaps in practice can be identified.

### 8.1 Areas of strength:

Discussions were had relating to Tina's self-neglect with BHFT safeguarding in line with safeguarding protocol, and non-concordance paperwork was completed.

8.2 Professionals did revisit the need for equipment and care with Tina and discussed the positive impact the care and equipment could make although the recorded details of the conversations were limited.

### 8.3 Missed opportunities:

Professionals considered Tina had capacity to make decisions, although a formal mental capacity assessment was not completed by any professional involved. It is unclear if any consideration was given to Tina's executive capacity relating to her alcohol use and low mood and the ability to make informed decisions. Mental capacity can be fluctuating, and it is important that professionals recognise this and consider capacity assessments regularly and understand capacity is time and decision specific. Given the concerns around Tina's self-neglect, misuse of alcohol and unwise decision making it would have been appropriate to assess mental capacity around equipment and her care and support needs regularly.

8.4 There was the mention of alcohol use on a number of occasions by agencies involved although professional curiosity was not applied to establish more information. However, the daughter reported that Tina was heavily drinking until 2 weeks before her hospital admission. Engagement with family earlier on could have provided a clearer picture of Tina's circumstances, her drinking behaviours, and the associated risks.

8.5 The Duty Occupational Therapist (O/T) and Independent Broker did not progress an assessment of capacity. The information received from the physiotherapist regarding Tina's capacity may have prevented other professionals from undertaking a mental capacity assessments and applying their own professional scrutiny. It would have been an opportunity to question the issues around capacity and unwise decision making and establish if Tina truly understood the potential risks in her own self neglect and the impact of refusing the care and equipment she had been assessed as needing.

8.6 The Independent Broker exchanged emails with the Physiotherapist regarding the concerns highlighted. Tina declined all equipment and was deemed to have capacity to make the decisions. A formal mental capacity assessment was not completed by any professional involved with Tina despite numerous opportunities.

TOR 2 - How did agencies work together to understand the relevant history, the nature and degree of presenting concerns and to share information to deliver a holistic multi-agency approach.

8.7 Areas of strength:

On the 2<sup>nd</sup> August 2022 a referral was made to WICN this demonstrated a good Multi Agency approach, where concerns around Tina could be discussed with partner agencies involved. Referrals were also made to the dietitian, the fire service, and the Social Prescriber although this referral was delayed.

8.8 Rainbow Social Care agency raised concerns about the risks they identified regarding Tina and her care and support needs and that she was unable to move and required equipment. There was also evidence of empty alcohol bottles, and this information was shared with the Independent Broker who also shared the information with the physiotherapist.

8.9 Some communication and information sharing did occur between professionals and partner agencies and around Tina's self-neglect and associated risks.

8.10 Missed opportunities:

There was an ongoing known history of Tina refusing equipment that she had been assessed as needing. A multi-agency risk assessment and management plan was not considered despite professionals identifying concerns and risks while working with Tina. There were ongoing risks and concerns highlighted but limited sharing of information between professionals and agencies involved with Tina. Communication between agencies is a central way of ensuring that those involved in supporting an individual have a shared understanding of their needs, risks, and recommended interventions.

8.11 A comprehensive risk assessment and management plan could have been completed to take full account of Tina's home situation, state of mind, and physical condition, this could have been shared with all agencies involved for a holistic approach. A recurring theme was the lack of coordination and communication between different professionals regarding the risks identified for Tina.

8.12 The Flair agency worker was not aware of any concerns or risks and reported that Tina did not appear low in mood when she was visiting. The Flair worker reported that Tina "liked a drink" as there would be bottles of wine in their online shop when it arrived. It would have been valuable to have more information sharing between all agencies as not everyone involved with Tina and her husband were aware of the concerns and risks.

8.13 In August 2022 Tina's husband had a carers assessment and reported he was struggling but there was no further exploration or questioning on how Tina was managing or how he could be supported. Did he understand the potential risks in Tina refusing the care

and equipment? There were missed opportunities to consider her husband's needs and views as the main carer for Tina. Professional curiosity into his perspective could have supported him with the role of carer for Tina but also possibly provide some clarity on the high-risk decisions being made.

8.14 In August 2022, a referral was made for Tina's husband to receive a carers assessment although, there was no evidence of joint working and sharing of information with the Independent Broker. Some couples have interdependencies which could have been informative in the assessment and therefore shared. The husband may have also benefitted from referral to advocacy support if no informal support was available.

8.15 When Tina had agreed to having a care package there was no record that care was ever put in place for Tina and no apparent follow up from the Independent Broker. Given the risks and concerns raised by the agency and physiotherapist, further contact with the family, Tina and her husband and the agency to determine the outcome of the care agency assessment visit could have ensured acceptance of ongoing care and support and prevent subsequent further deterioration.

8.16 Professionals' meetings were not arranged aside from WICN, and it appeared not all relevant partners involved with Tina were present to take part in the WICN discussions. The Community Matron was only involved at crisis point, if she had been involved earlier, the outcome for Tina may not have reached that point.

TOR 3 - How did Tina's status as a self-funder impact on the application of the Care Act in particular in relation to sections 9, 11 and 42.

8.17 Areas of strength:

Tina and her husband had arranged Flair home help privately to support with regular with shopping and housework weekly.

8.18 In August 2022 the Physiotherapist Spoke with Safeguarding team at BHFT, although safeguarding was not indicated.

8.19 In October 2022 the visit from the Community Matron respected Tina's wishes but continued to revisit the decision regarding going to hospital until Tina agreed. Tina's longstanding wishes of not wanting to be admitted to hospital were respected for as long as possible. The Community Matron correctly raised a safeguarding referral from her visit and completed Datix. There was clear evidence of professional curiosity demonstrated.

8.20 Missed opportunities:

A Care Act 2014 Section 9 Assessment was not carried out at any point by the Independent Broker. Carrying out an assessment of need could have been an important

opportunity to understand Tina's whole situation and views; the objective of the needs assessment is to determine whether the adult has care and support needs and what those needs may be. The agencies involved may have missed an opportunity to entirely understand Tina's viewpoint on decisions she made to refuse equipment and care provision by not using their professional curiosity. Consideration could have been given for advocacy to support the Care Act Assessment. There was the absence of management oversight on the decision making within the Independent Broker role.

8.21 The Independent Broker could have obtained consent from Tina to discuss the situation with her husband or children, or to request that he visit to meet Tina in person before she made a decision to refuse care. This would have offered the opportunity to meet Tina and understand the potential risks in Tina refusing the care but also to provide encouragement and allow her time to engage in the process. Professional curiosity would have been beneficial to establish why Tina was refusing the support. Were there concerns about the financial impact or the intrusiveness of having carers, this could have been discussed and any concerns and anxieties that Tina had addressed.

8.22 The assumption that Tina had capacity to decline equipment and care and support was maintained. No consideration was given to the Care Act 2014 Section 11 refusal of assessment, if an adult refuses a needs assessment the local authority need not carry out the assessment, unless the adult is experiencing, or is at risk of, abuse or neglect which Tina clearly was. If someone is undoubtedly at risk but is refusing help, that raises questions about the person's mental capacity and should prompt a mental capacity assessment, this was not considered for Tina.

8.23 Under the Care Act 2014, you do not need to lack mental capacity to be vulnerable or self-neglecting. Even if someone appears to be making free choices that lead to self-neglect, it is still self-neglect and action is required under Care Act.

8.24 There is mention of the property being cluttered a number of times although no record that a clutter index had been considered or completed. There is also mention from the line manager of the worker who carried out the carers assessment that there were concerns about Tina self-neglecting in relation to the Care Act 2014 Section 42, however no safeguarding referral was raised for Tina. There had been repeated risks and concerns raised for Tina but not progressed under safeguarding. Had there been better communication and joint working by partners involved in the safeguarding, the risks of self-neglect could have been identified and crucially managed much earlier. There were missed opportunities to raise safeguarding concerns by agencies involved.

## 9. Recommendations

### 9.1 Recommendation 1 :

The safeguarding adult board to request all partner agencies review their pathways for Self-funders. There needs to be a clear pathway and procedures that include a referral process for self-funders that does not disadvantage them or their carer's. Management oversight is also required for all referrals for self-funders to complete appropriate triage and ensure Section 9 assessments are carried out as required and in line with the Care Act responsibilities and duties.

(Note, currently change is taking place and there is a review of ASC pathways and processes for Wokingham Borough Council including the role of Independent Brokers who work with self-funders)

### 9.2 Recommendation 2:

The safeguarding adult board to request assurances that all partner agencies are trained in applying the Mental Capacity Act 2005 and completing formal Mental Capacity Assessments, specifically regarding decisional and executive capacity when working with self-neglect and alcohol use. Ensuring that local guidance and training is in place so that mental capacity assessments and reassessments are undertaken where appropriate and, in a manner consistent with the guidance set out in the Mental Capacity Act Code of Practice.

### 9.3 Recommendation 3:

The safeguarding adult board to request reassurance from all partner agencies that workers are trained in risk identification and risk assessment in line with their risk assessment framework. To ensure appropriate completion of risk assessments and risk management plans when evidence of risk has been identified. This should include having appropriate knowledge of care act duties in order to support professional challenge including the use of Section 11 of the Care Act 2014 refusal of assessment.

### 9.4 Recommendation 4:

The safeguarding adult board to request assurances from all partner agencies that safeguarding adults training and the related issues of risk, self-neglect and mental capacity is provided and monitored.

### 9.5 Recommendation 5:

The safeguarding adult board to request assurances from all partner agencies that Multi Agency Information Sharing protocol is in place and promoted. The use of Connected Care by all partner agencies would support with sharing of information. There needs to be a greater consideration of multi-agency strategy discussions to share information and develop comprehensive safeguarding and risk management plans.

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Endorsed by the West of Berkshire Safeguarding Adults Board on 27<sup>th</sup> September 2023