



Safeguarding Adult Review Adult BC

Adult BC was a 70-year old male who had a history of high blood pressure, emphysema, angina, long-standing history of alcohol use, self-neglect, a history of depression and, in the past, suicidal ideation was noted.

Adult BC had a long involvement with Adult Social Care and a placement was identified at a specialist residential home which is a dry house, with no alcohol or other substances on the premises allowed. Residents are free to come and go as they please. Adult BC was placed there for his own safety and initially was attending Drug and Alcohol Services, but quickly disengaged and resumed his alcohol consumption.

There were concerns around Adult BC's capacity due to chronic alcohol use. Adult BC was advised he could look for his own tenancy if he so wished but he could not have his needs adequately met in the community. When under the influence of alcohol he was incapable of looking after himself.

Adult BC had a history of being unable to manage his home safety in the past when he had been drinking and there were numerous deep cleans due to unsanitary conditions. Care home records reflect that when Adult BC was using alcohol extensively his self-care deteriorated significantly and he would decline support from staff and refuse to take his medications.

There are references within the care home records to Adult BC lying in urine soaked bedding and empty alcohol bottles being found in his room. Adult BC was allowed time in the community and was free to come and go as he pleased. On the day he went missing he had attempted to bring alcohol into the home but was denied and subsequently left. Tragically Adult BC was sadly found deceased by the River Tyne.

If you would like a copy of the full report please contact STSCAP@southtyneside.gov.uk

Themes of the Case

- Mental Capacity and the Impact of Substance Misuse on Decision-Making
- Self-Neglect – refusal/inability to understand and engage with support
- Missing Adults
- Professional Curiosity – what do we know about the person?





KEY LEARNING



Language is crucial. When working within safeguarding, it is important that consideration is given to the terminology used and an explanation of any ‘jargon’ and complex terminology is provided to ensure that people understand what safeguarding is and what their role is if they have any concerns.

Accommodation and Housing partners can play a key role in identifying and raising concerns around adult safeguarding. Consideration should always be given to their involvement in Multi-Disciplinary Team Meetings.

Self- Neglect cases involving self-harm are often a result of deep-seated prior trauma present in a variety of ways. This requires lengthy, flexible, and creative involvement and can be contrary to eligibility criteria for services and other organisational pressures. There should be clear guidance.

Practitioners should use multi-agency risk management meetings to determine levels of risk and expected outcomes, considering all aspects of Making Safeguarding Personal. The process should be structured to improve co-ordination, continuity, and communication between services. It should be agreed which practitioner within each agency would have the lead role to oversee the safeguarding process for their organisation.

Multi-Disciplinary Team meetings should consider how discretionary enquiries under the Wellbeing Duty of the Care Act (S1) support the statement ‘*promoting wellbeing involves actively seeking improvements in the aspects of wellbeing*’ It is not enough just to have regard to it.

Mechanisms should be in place to support multi-agency practitioners with reflective practice supervision, health and wellbeing support and management oversight.

Consideration must be given to the use of more creative ways to engage adults and their families which promote effective relationship building, engagement and not disengagement.

Mental Capacity and Executive Functioning
There is a lack of single and multi-agency training (and in some cases within policies and procedures) which cover such topics as Inherent Jurisdiction, Best Interest Decisions, Court of Protection and Shared Care Protocols.

Missing Adults: promoting conversation around missing episodes and minimising the risk to vulnerable adults by putting in place timely and appropriate support

Advocacy - Where a person has been subject to safeguarding interventions, all partners should consider how they involve the person and their family from the very outset of those enquiries and how statutory and non-statutory advocacy can support this.

Trauma Informed Practice and the importance of developing an awareness and understanding of Trauma Informed Approaches through the development of trusted relationships with either the adult, their family or an advocate, which would in turn help them act within the principles of the Care Act and Making Safeguarding Personal

Everyone should seek to raise the profile and understanding of Safeguarding across such establishments as hotels, local businesses and accommodation providers.



QUESTIONS FOR CONSIDERATION



- Does this happen here – if so WHY?
- What needs to change?
- How do we ensure that learning is effectively embedded in day-to-day practice?
- How effectively are the six principles of adult safeguarding embedded in practice and how do they influence the promotion of an individual’s wellbeing through Making Safeguarding Personal.

