

# Wiltshire Safeguarding Adults Board

## Learning from Safeguarding Adults Reviews (SARs)

### 2019 Briefing

Over the last three years WSAB has carried out four SARs. A fifth review is due to be published in Spring 2019. The analysis below identifies the themes common to our reviews. Learning from recent Wiltshire Domestic Homicide Reviews and Serious Case Reviews has also been considered and contributed to what is the first broad analysis of what local statutory reviews of serious incidents tell us about our how we can more effectively safeguard adults in Wiltshire.

It should be noted that these reviews represent only a fraction of the many cases where vulnerable people are supported by services. In most cases outcomes are good and effective practice protects people who may not be able to protect themselves.

#### 1. Application of the Mental Capacity Act (2005)

Ineffective application of MCA featured in all four of the completed SARs, with the following common features:

- **Assessments of mental capacity should be made when professionals witness an individual making repeated unwise and potentially harmful decisions.** An adult with capacity has a right to make unwise choices. However, where an adult has care and support needs and is making decisions that are not in their own best interest professionals should consider undertaking a capacity assessment.
- **Formal assessments of mental capacity** should happen when there is doubt over mental capacity and an adult is making more serious decisions. Formal assessments provide the legal basis on which to introduce further interventions or assessments of care and support needs. Smaller decisions can be assessed less formally but should still be recorded.
- A lack of understanding that, where mental capacity is in doubt, assessments should be **decision-specific**. This applies regardless of how big or small the decision is. Mental capacity is not binary; a person should not be deemed to 'have capacity or not'.
- **Best-interest decisions** should be made and recorded when a person is deemed not to have mental capacity for a specific issue.
- Mental capacity can **fluctuate**, either due to physiological causes such as Dementia, or because of alcohol or substance misuse. In all cases, the individual decisions about the individual's care and support needs should be made in the same way.

#### 2. Self-neglect

Common threads around this issue were:

- **Self-neglect comes in many forms**, some of which are less obvious or less often recognised. Lack of personal care or a poorly cared for home environment are not the only signs that someone is not taking care of themselves.
- **Best practice approaches** to working with those who self-neglect or who are at risk of self-neglecting may look different depending on the individual's needs, which is why this is such a complex behaviour to work with.
- Working with cases of self-neglect requires **effective multi agency working** and planning, to safely assess and reduce risk. Due to its complex and sometimes changing nature, an individual's self-neglect may present differently to different agencies. By working together and sharing their experience of working with individual agencies can together better safeguard an adult at risk.
- Working with self-neglect may require a **long-term intervention** and persistence

- when trying to engage with service users.
- Self-neglect and **mental capacity** are intrinsically linked and that should be remembered when assessing risk.
- Neglect as a wider issue is a complex and difficult area to address, due to its potential subjectivity. Local Authorities should develop **clear risk assessment methods** for all types of neglect, to support professionals with identifying the harm neglect and self-neglect can cause, and how they should respond.

### 3. **Effective application of safeguarding procedures**

Safeguarding procedures may be in place but a number of reviews demonstrated points at which these were not effectively followed. Common themes here include:

- **Escalation.** Ensuring that staff across agencies know how to escalate a concern, and that everyone is listened to regardless of their seniority or their role in an adult's life. That means escalating concerns within their own agency and with other agencies where necessary. Staff need to feel comfortable and empowered to escalate safeguarding concerns where they feel the appropriate actions have not been taken. Without this, professionals can develop 'learned helplessness' and give up trying to make their feelings known, accepting that they won't be listened to. This is unsafe for the practitioner and puts the service user at greater risk.
- **Communication of safeguarding procedures.** As well as procedures being in place, agencies need to ensure that staff are not only aware of them but feel confident to follow these procedures and apply them whenever relevant. Effective support and supervision should address this point for all staff, but is especially valid where temporary staff are employed, or for agencies where safeguarding may not be their primary purpose.
- Remembering **Making Safeguarding Personal** guidelines should mean that the risks to individuals are considered on their own merits, and reduce the likelihood that generalisations or assumptions are made.

### 4. **Effective assessment**

This includes assessment of risk, as well as care and support needs. Common themes are:

- **Effective risk assessment should have multi-agency input.** Risk assessments should involve information from different agencies to allow professionals to get a broader and more accurate view of the risks. Robust risk assessment means that the most appropriate actions can be taken to safeguard the individual.
- **Risk assessments should be shared between agencies.** This allows for better continuity of care, and should enable more effective safeguarding as the information is available for all to access.
- Any assessment, of risk or otherwise, should include the **wishes of the individual** themselves. This may include the use of an advocate (see below).
- Where there is a crisis and more than once agency is involved, **risk assessments must be formally carried out and recorded.** This encourages agencies to consider their responsibilities and shows a clear rationale behind any decisions that are made. In doing this formal process, a robust outcome is more likely to be found.
- **Discharge from hospital.** Plans for hospital discharge should be shared with all the agencies involved in the adult's care and support. The plans should robustly address all the risks involved with discharge. Plans should include all the key agencies who will be involved with the individual's ongoing care and, decisions should be reached collaboratively. This would prevent incorrect assumptions being made about what any ongoing care package will provide and is the appropriate place for challenges to be made, should agencies feel discharge is premature.
- Effective assessment that involves gathering factual information from multi-agency partners and family/friends should also **prevent assumptions of care** being made. Clear wishes should be sought from the individuals' family and friends about their

ability or desire to support the individual, and their wishes respected and adhered to. Agencies should be clear about what support they are able to offer and, where this does not meet the person's needs, a suitable alternative should be sought.

- Having a **standardised method of risk assessment** is more likely to lead to effective and appropriate actions to safeguard a vulnerable person at risk. Local Authorities may have recommended risk assessment tools that multi-agency partners are asked to use to increase the likelihood that different risk thresholds are commonly understood.

## 5. Communication

Due to the multi-agency nature of effective safeguarding, communication is a key feature of many of the SARs. Common themes are:

- A **complete and robust handover of information** is crucial when individuals are being transferred from one service to another, or from the care of one worker to another. This may be temporary, or permanent but plays a vital part in the future care the individual receives. NICE guidelines provide more information on this subject because of the pivotal role it can play in safeguarding vulnerable people.
- Significant decisions regarding a person's care should be taken after **collective discussion**, including the individual where possible. This ensures that all relevant information is included in the decision and increases the likelihood that the best outcome is reached for that individual.
- **Access to an advocate** where needed. Individuals should be able to express their wishes regarding their care and support needs. An advocate should be sought wherever possible to facilitate this. This could be a formal advocate where, for example, mental capacity is lacking, or it could be a family/friend/long-standing professional who the individual appoints to support them. Where an agency has the individual's wishes clearly recorded, they must ensure these are shared when relevant decisions are being made.
- Making the most of the **best placed person**. Being flexible in how agencies work with vulnerable people typifies Making Safeguarding Personal guidelines. Having frequent and meaningful contact between agencies will help identify who knows the person best depending on the circumstance, and who may be able to support another agency when they are introduced to the person for the first time.

## 6. Difficulty engaging with service users

Individuals who have care and support needs do not always want to accept help from professionals, or from friends or family. Adults with capacity to make decisions have every right to say no to offers of help and safeguarding those people, when they are vulnerable, can be hugely challenging. What we know from our reviews is:

- **Multi-agency working is crucial** here. Including other agencies who work with the individual may increase the chances of engaging with them effectively. That includes agencies who may have worked with the individual in the past - there may be a chance to learn 'what works' for that adult from those agencies.
- Continuous resistance from vulnerable people could lead to a **lack of professional curiosity**, where professionals stop trying to engage with someone and instead make assumptions about how the person is likely to respond. Professionals may accept what an individual tells them despite evidence (or lack of) to the contrary, in the mistaken belief that they have at last engaged with someone and that they are now 'working in partnership'.
- **Regular supervision** for professionals working with individuals who have resistant to engage is crucial in ensuring that the professional has the chance to talk through issues and get a second, less involved perspective and practitioners' methods can be challenged where necessary.