

Safeguarding Adult Review Adult G Practitioner Learning Brief

Background

Adult G had a supportive family background, but from the age of 20 frequently used cannabis and later went on to regularly use heroin and crack cocaine.

Adult G initially accessed episodes of drug treatment but his engagement with services was not consistent and he continued to misuse drugs and alcohol to the point where he had significant health issues related to using injectable drugs. He often refused medical treatment and his condition deteriorated until in December 2020 he was admitted to hospital and died at the age of 55 after not responding to treatment for sepsis.

Engagement with Family

- Adult G's sister supported her brother to attend appointments and advocated on his behalf when she was able to.
- Professionals engaged with Adult G's family to try and persuade him to take up the offers of treatment

Escalation

- Safeguarding referral made in 2019 was not recognised as meeting criteria and was dealt with as under section 9 of the Care Act as a 'needs assessment'
- No legal advice was sought by any agency involved about the ongoing difficulties in getting Adult G to accept care and treatment.
- Between December 2019 and January 2020 attempts were made to start a care package,
- A Multi Agency Risk Management (MRM) meeting was not convened until November 2020.

Mental Capacity

- More than 6 mental capacity assessments were completed by professionals in 2020 and on each occasion they concluded that Adult G had capacity to make decisions about his care and treatment.
- Staff working with Adult G considered his right to life balanced against the right to private and family life and recognised they could only treat him with his informed consent.

Engagement with Services

- Substance misuse services were offered to Adult G, but due to intermittent engagement he did not receive support. Providers of these services try to ensure there is access for those who are resistant to change, but the availability of funding can mean allocating resources for service provision is difficult.
- Adult G was offered a referral to Access Team and Thinking Ahead which he refused, he also declined support from Adult Social Care (ASC) to access the community services that he originally stated he would like.

Self Neglect

- Adult G was reluctant to accept support for his ongoing drug misuse and had a lack of ability to put his physical health above his substance misuse needs.
- Alcohol and drug misuse led to him suffering from severe leg ulcers, open wounds and deep vein thrombosis. His continued refusal of services saw his condition deteriorate resulting in mobility issue to the point where Adult G was housebound.
- On several occasions Adult G had appeared to want to be treated for amputation of his lower leg, however he would put it off to another day or change his mind.

Good Practice

The District Nurses did not give up encouraging Adult G to allow them to provide treatment to him. They constantly looked for different ways to help his wounds heal.

Good Practice

There were continued efforts by different professionals to encourage Adult G to engage with his care and treatment plan

What did we learn?

- A safeguarding referral was initiated in July 2020. This was following a previous safeguarding referral in 2019 which did not progress as it did not meet criteria. An MRM Meeting was convened in November 2020. Prior to this partner agencies had not had the opportunity to discuss information which they held on Adult G, carry out a multi agency risk assessment or put in place a multi agency action.
- Partner agencies involved were either not aware of the availability of or did not seek advice from within their organisations on how to use legal powers effectively in their practice to improve the wellbeing of Adult G and help to reduce the harm the non engagement and self neglect was causing
- Adult G's reluctance to accept hospital admission was multi faceted but included concerns about how he would cope with being in hospital when he had no access to substance replacements to manage his drug addiction. There is a referral pathway to support hospitals to manage alcohol and opiate dependence if a patient requires this to allow them necessary access to health care. However there is no legally available replacement to the range of drugs which Adult G was dependant on.

What needs to happen?

- Be aware of and know how to escalate concerns about serious self neglect where there is non engagement from the person and the risks to life are increasing.
- Understand and be aware of the MRM process as a way to escalate concerns
- Be aware of legislation that can be applied to supporting people with drug and alcohol problems who self neglect including the Care Act 2014, the Mental Capacity Act and the Human Rights Act 1998. For more information on their application see [How to use legal powers to safeguard highly vulnerable dependent drinkers | Alcohol Change UK](#)
- Be aware of how you can seek legal advice from within your individual organisation if you are concerned about a person with care and support needs refusing treatment to the detriment of their health
- For cases where there are vulnerable people consider making a referral to the Multi Agency Adult Safeguarding Team to facilitate access to support services for individuals and encourage information sharing.
- Consider Peer Support services for people with substance misuse problems. Turning Point offer this type of mentoring by individuals who have gone through similar experiences.

Click here to access the
[MRM Protocol](#)

Click here
[Rochdale Safeguarding Partnership Board -](#)
to access training video on the MRM
Process

Click here to access
[RSCP Escalation Policy](#)

<https://rochdalesafeguarding.com/>