

SAFEGUARDING ADULT REVIEW ADULT L PRACTITIONER LEARNING BRIEF

Background

Adult L came to the United Kingdom with her mother and siblings from Nigeria, to seek asylum when she was around 12 years old. Professionals who knew Adult L when she was a teenager report that her relationship with her mother became strained and following a period of Child in Need support, Adult L was accommodated into Local Authority Care. Adult L then experienced several changes in placement before settling with a foster carer. When Adult L turned 18 years of age, she moved to Rochdale in supported living accommodation.

Adult L lived with long standing issues with weight management, and when at the beginning of the scoping period of this review, Adult L was admitted into hospital with sepsis, she was a bariatric patient. At this time Adult L's home was reported to be unkempt and cluttered and there was evidence of poor personal hygiene. A safeguarding referral was made but following Adult L's discharge from hospital, support services (including District Nurses attending the home for wound care management) only achieved a limited engagement.

In time, Adult L's property deteriorated to an unkempt and malodorous condition. Adult L agreed to her property undergoing a deep clean but following a Care Act Assessment being completed by Adult Social Care, she declined further support. Adult L was deemed to have capacity to make this decision. In September 2022 following Rochdale Borough Housing submitting a Safeguarding Referral, a duty Social Worker communicated with Adult L, who then agreed to allow nurses into her home and to consider mental health support if delivered by telephone. Unfortunately, nurses still did not achieve physical access and 2 months later, Adult L was sadly found deceased in her bed.

Agencies Understanding of Adult L's Lived Experience

It was crucial that professionals gained an understanding of Adult L's lived experience, as without it professionals were unable to take her ensuing behaviours into consideration within their care and support offer.

Professionals must actively seek and utilise 'windows of opportunities' to ask questions and learn about a person. Because Adult L wasn't always able to engage with professionals or welcome them into her personal home, such junctures were infrequent. When they did arise, it was imperative that they were utilised to their maximum potential. When they didn't arise, it was imperative that professionals consulted each other, and historic case notes, in an attempt to understand Adult L better.

Information Sharing, in particular to Difficulties Engaging Adult L.

Professionals often struggled to engage Adult L, but this was not shared effectively across agencies. Had the professional contact and engagement with Adult L (including discharge from services), been shared multi-agency, a plan could have been developed with regards to achieving engagement. Better professional curiosity may have resulted in multi-disciplinary meetings convening. Had more questions been asked regarding how Adult L was able to meet her care needs without accepting support from professionals, the risks may have been identified and resulted in Adult L's circumstances being escalated to managers and/or considered against safeguarding processes such as the Rochdale Self-Neglect and Hoarding Strategy and Toolkit and/or the Multi-Agency Risk Management principle – both of which would direct professionals to share information multi-agency.

Professional Understanding of the Link between Adult L's Physical Health and Bariatric Care Needs, and her Mental Health

Adult L, having an extremely high Body Mass Index of over 80, qualified under the NICE criteria for consideration of bariatric surgery. The ideal pathway would have been an initial assessment by a Tier 3 multimodal weight management service, but Adult L declined Nutrition and Dietetics services.

To gain a better understanding of why Adult L was unable to accept the appointments that were crucial to her health, professionals could have been more professionally curious and explore Adult L's circumstances and vulnerability in more depth. Adult L was potentially facing at least two known barriers which hindered her ability to accept support.; low mood (resulting in a lack of motivation) and problematic mobility (making it hard to physically attend appointments).

Support had been offered to Adult L for her mental health on occasions, but sadly mental health agencies had been unable to engage her effectively. Towards the end of the scoping period Adult L agreed to access mental health support by telephone. Sadly this did not commence prior to her death and this highlights the need to explore a range of support options with a person.

Professional Application of the Multi-Agency Risk Management (MRM) Protocol

Professionals did not need to wait for the section 42 threshold to be reached before convening a multi-agency meeting. Having been:

- deemed to have mental capacity to understand the risks posed to her, and
- in continuing to place herself at risk of serious harm or death, and
- by being unable to engage effectively with health and Social Care services,

Adult L, with her care and support needs was suitable to be considered under the Multi-Agency Risk Management process.

Had any professional working to support Adult L recognised that the Multi-Agency Risk Management process was appropriate, a multi-agency risk management meeting would have convened and professionals from multiple agencies would have shared their information about Adult L, considered risk, and worked a multi-agency plan to manage it.

Good Practice

- Mental capacity assessments were completed by the District Nurses
- Rochdale Borough Housing responded swiftly to concerns being raised and visited Adult L's home.
- When Adult L reported that she could not leave the house, a GP home visit was conducted the following day.
- District Nurses were persistent with their efforts to engage Adult L

What did we learn?

- As a result of agencies not seeking further information when it became clear that they were struggling to engage Adult L effectively with support, no professional or agency gained a vital understanding of Adult L.
- Practitioners did not consistently apply curiosity to practice and as a result no single professional gained a greater understanding of Adult L. This impacted on the level of support offered to Adult L.
- The learning objective of Safeguarding Adult Reviews is hindered if key frontline decision-making professionals do not attend learning events.
- It is important to listen to, educate and possibly challenge patients with extreme obesity who decline services and advice on the importance of weight intervention whilst simultaneously respecting their autonomy.
- The Multi-Agency Risk Management Protocol is not being routinely used by professionals and this is preventing effective multi-agency risk identification and management.

What needs to happen?

- Partner agencies need to assure Rochdale Borough Safeguarding Adults Board of robust managerial oversight to support the incorporation of multi-agency professionals' meetings into practice when professionals are struggling to engage an individual (to share as much information and professional curiosity as possible and drive best decision making).
- Rochdale Borough Safeguarding Adults Board need to encourage the attendance of frontline decision-making professionals at Safeguarding Adult Review learning events and audit future attendance.
- Rochdale Borough Safeguarding Adults Board need to learn of the current challenges professionals from all agencies face when attempting to open dialogue about a person's weight management when supporting people experiencing obesity (who are at risk of harm). And partner agencies need to assure Rochdale Borough Safeguarding Adults Board that their staff are supported within this practice and informed of pathways and procedure.
- Rochdale Borough Safeguarding Adults Board need to monitor how the Multi-Agency Risk Management Protocol is being embedded into practice from an assurance point of view and modify the promotion of the protocol accordingly in response.

In addition, Rochdale Borough Safeguarding Adults Board need to assure themselves and partner agencies that their guidance to support professionals, references both low and high Body Mass Indexes where weight management is a factor.