

Adult A Safeguarding Adult Review Learning Brief

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Case Summary

Lancashire LSAB commissioned a Safeguarding Adult Review (SAR) regarding an adult, known as adult A, who sustained a head injury and subsequently died.

Adult A lived with her husband for 60 years. There was no previously reported domestic abuse between the couple although, Adult A's husband could be argumentative and difficult to engage. Her husband had a diagnosis of Alzheimer's and Adult A, herself, had difficulties with her memory and suffered with low mood. Both of them suffered with confusion and hallucinations. Adult A's son had raised concerns that he was seeing a different presentation to the one professionals were seeing and was concerned. This was potentially linked to the time of the visits from professionals, which had all been during the day whereas he was receiving a lot of contact in the evening and overnight from his parents. Sadly, Adult A died following an incident with her husband, which was deemed to have contributed to her death.

The review highlighted key themes which are listed below:

- When undertaking any assessment professionals should always seek to incorporate family member views (particularly if they are actively involved in the care of the service user) and, where appropriate, share with other agencies. Family members often visit loved ones at different times of day and for longer periods of time than professionals, as well as knowing the individual well – this makes their insight invaluable particularly when assessing risk. If it is not appropriate to involve family members this should be clearly documented within agency records;
- Professionals should always be mindful of completing a mental capacity assessment when working with individuals when there are concerns regarding mental wellbeing and confusion. The review highlights the challenging situations professionals can be in when assessments are not clearly documented, decision specific or not undertaken;
- When working with a service user, couple or family which is raising challenging, complex issues (such as confidentiality) or there is a disparity between family member concerns and professionals then a multi-agency meeting should always be considered as a way to resolve these concerns as early as possible. If a meeting takes place, the outcome and any decisions made should be clearly documented within records in a timely manner;
- When discussing issues of confidentiality with an individual or couple it is essential to consider mental capacity when assessing what information should be shared with family members. If it is agreed not to share information with family members this should not be seen as a barrier to listening to family concerns;
- Professional curiosity should always be utilised to clarify the circumstances to which an individual has come by an injury when more than one explanation is provided;
- Individuals have a right to make choices regarding their care; however, professionals should explore reasons why people refuse care packages. Consideration should be given to increasing the level of concern/ risk when explanations don't appear genuine, particularly when decisions are made by a dominant person in a couple's relationship;
- Information sharing not only applies to other professionals involved with the service user but also to the service user and family members. Outcomes and assessment decisions should be shared with the service user and appropriate family members (in line with agreed confidentiality agreements);
- When working with adults, including older couples, professionals should give consideration to the possibility of domestic abuse including controlling and coercive behaviour and recognise this may be long standing behaviour. This should always be considered as part of a risk assessment.

Good Practice Highlighted:

- A Community Mental Health Practitioner and Adult Social Care officer communicated particularly well with each other and completed multiple joint visits;
- The consultant at the memory assessment clinic undertook an assessment on Mrs A when diagnosing Mr A as part of the initial screening appointment;
- On visits, professionals assessed environmental factors, for example the house cleanliness was checked and fridges and cupboards looked in.