

### Case Summary

Adult O had a diagnosis of Paranoid Schizophrenia, Moderate Learning Disability, type 2 diabetes and high blood pressure. She refused medication with the exemption of a depot injection for her pre-determined medical condition which she accepted as part of her routine without any real understanding of its purpose.

Agencies attempted to support Adult O with known hoarding and self-neglect, but engagement proved to be difficult for her. Adult O's Mental Capacity was questioned. An assessment was undertaken which concluded that she had capacity around self-care and hygiene.

Following multiple no access visits over a 2-day period in February 2020, police forced entry to Adult O's home. Sadly, she was found to be deceased. The cause of death was determined as natural causes.

The review highlighted several key themes and areas of learning which are explained below. It is anticipated that a copy of the SAR report will be made available on the [LSAB website](#).

### Key Themes and Learning Points

#### **Self-Neglect and Hoarding:**

The risks posed by Adult O's hoarding and self-neglect were assessed by professionals as low to moderate but her inability to engage, and her refusal to consent to professionals sharing her information, resulted in Adult O's situation being unmonitored for periods of time. Effective use of the Self-Neglect Framework and better understanding of when consent can be justifiably and legally overridden would result in more multi-disciplinary team meetings, in which the agencies who are attempting to support an individual can share their information, plan support and assess ongoing risk.

#### **Compliance with Valid Consent:**

Adult O continued to accept her depot injection being administered on a regular basis by nurses attending her home address but it has been established that in 2016 Adult O had been deemed to not have capacity regarding consent of this treatment. Consequently it was being administered under the basis of 'overall benefit' as part of a best interest decision.

A patient's decision to consent to treatment is ongoing and accordingly this best interest decision should have been kept under review.

#### **Mental Capacity:**

A professional assessment of Adult O's mental capacity to address her self-neglect deemed her to have capacity in 2019. However, capacity is decision-specific and time-specific and should be regularly revisited.

Professionals who knew Adult O became accustomed to her choices and had learned to accept them. This was partly in recognition of her having the freedom to make choices. Whilst Section 1 of the Mental Capacity Act 2005 states that a person is not to be treated as unable to make a decision merely because he makes an unwise decision, familiarity of a person, their characteristics and their unwise decisions, must not result in capacity not being subject to regular consideration.

#### **Making Safeguarding Personal and Non-Engagement:**

In the absence of engagement, professionals found it hard to make Adult O's safeguarding personal and there is a sense of her being passed from agency to agency in the hope that she would eventually find herself able to engage with one of them.

A closer look at Adult O and her experiences with social care renders her inability to engage with professionals unsurprising and highlights the importance of professionals working to gain her trust. Adult O may have found it easier to engage with a strengths based approach, which would have seen professionals trying to connect with Adult O through shared interests, instead of immediately focussing on a service solution.

**Working relationships between agencies and within agencies:**

Adult O's circumstances and needs were complicated. Although the risks around her were assessed as low to moderate, the number of issues, the length of time they had been ongoing and her inability to engage with and respond to support, made her situation a complex one which would have benefitted from a robust multi-agency response. Instead agencies worked in silos and did not combine their skills and expertise or pull all of the known information together.

Had the Self-Neglect Framework been evoked, its pathways for inter-agency communication would have been followed and agencies would have worked together.

**Lead Professional:**

Adult O was afforded a disjointed service provision which, in the absence of any lead professional continued due to a lack of oversight of the support being offered. Although all the practitioners involved in supporting Adult O were professional, conscientious and striving to help her, their focus was predominantly on their own service remit and consequently a holistic approach was foregone.