Hillingdon Safeguarding Partnership

‘Rachel’ Safeguarding Adults Review: Practice Briefing

A Safeguarding Adults Review was completed following Rachel’s death to identify any learning for the safeguarding network in Hillingdon.

Rachel passed away, at 85 years old, from sepsis secondary to an infected pressure ulcer. During a two month period, while living at home with a care package and community health care, she developed a pressure ulcer, which continued to deteriorate until she became acutely unwell. She suffered considerable pain and distress during this time.

Safeguarding enquiries found that she had been neglected by the health and social care organisations involved with her.

The SAR found that organisations were working in isolation from each other, family concerns were not acted upon, assessments were insufficiently thorough, and she was left to make decisions she was not able to make. These factors resulted in risks to her life that were not managed.

Key Lessons for Practice

Mental Capacity

When someone lacks capacity to make specific decisions, they might make decisions they do not really understand, causing potential harm or an increase in risk. Timely and thorough assessments of capacity are an important intervention to safeguard people. SARs often find that professionals do not recognise when they need to assess capacity and this increases risk.

Rachel lacked mental capacity to make decisions about her care arrangements. This was determined by a social worker shortly after her discharge from hospital. Unfortunately, no one else in the professional network knew this, and no other professionals recognised the need to doubt and assess her mental capacity, despite her family repeatedly raising concerns and professionals documenting her confusion and difficulties following instructions. She made decisions that placed her at serious risk.

The Mental Capacity Act Code of Practice clearly states the grounds for doubting capacity:

- ***the person’s behaviour or circumstances cause doubt as to whether they have the capacity to make a decision; or***
- ***if somebody else says they are concerned about the person’s capacity; or***
- ***the person has previously been diagnosed with an impairment or disturbance that affects the way their mind or brain works, and it has already been shown they lack capacity to make other decisions in their life.***

Paragraph 4.35

A diagnosis of a mental disorder is not a precondition to doubt nor assess capacity

Best Interests Decisions Making

Once someone has been found to lack mental capacity about something for which a decision needs to be made, that decision must follow the best interests decision making process set out in Section 4 Mental Capacity Act. The decision maker must take into account the views, wishes and feelings of the adult, and anyone caring for, or interested in, their welfare. This includes clinicians, paid carers and family members involved with someone, where it is practicable to consult them. You must evidence efforts to consult. It is unlawful for a professional to make best interests decisions in isolation.

If there is a difference of opinion about what is in someone’s best interest this must be resolved and cannot be ignored by the decision maker. The disagreement may need to be resolved by the Court of Protection.

Lived Experience - Listening to adults and their families

Rachel's family raised concerns multiple times, with all involved agencies, about the sufficiency of care she was given, and expressed a view that Rachel needed to receive 24-hour care. Rachel's experience of acute prolonged pain and distress, and her family's attempts to convey this to professionals, appears not to have been given adequate weight or attention by any organisation.

- Ask adults and their their loved ones their views about risks and what will help. Take what they say into account in assessing the care or treatment they need.
- Think about the day-to-day experience of people in need of support. Think about how pain, loss, frailty and disability affects them, and factor this in to any assessment.
- Managers need to check the recording of the views of adults at risk and their families throughout assessments, care and support plans and best interests decisions. Make sure it is consistent and clear.
- Listen to families and take them seriously when they raise concerns about their loved one's safety and dignity.
- Their views should be clearly documented, and differences of opinion ought to be documented and collaboratively resolved. If not resolved, seek legal advice.

Voice of the Person briefing to support best practice

Skin Integrity Preservation and Management of Skin Integrity Risks

Preventing harm to a person's skin requires people from across the professional network to work together and share information. For Rachel, nurses, social workers and care providers worked in isolation from each other. information about known risks, and challenges in managing them, were not shared. Actions weren't taken quickly enough to manage the risk and Rachel suffered considerable pain.

What the Department of Health and Social Care says:

While the treatment and response to pressure ulcers is predominantly a clinical one, the prevention of them - our ultimate goal - is a shared responsibility. It is vital that any assessment, including risk assessments, address the likelihood of pressure ulcers developing and what action must be taken to prevent them. Those responsible for carrying out assessments and arranging services need to be alert to this issue and have easy access to clinical advice to support care planning.

Lyn Romeo
Chief Social Worker for Adults
Safeguarding Adults Protocol: Pressure Ulcers

Risk Factors for Skin Breakdown

- Frailty
- Reduced mobility
- Incontinence
- Reduced food and/or fluid intake
- Elderly
- Previous skin damage
- Long stretches sitting or lying in one place
- Sliding down chairs or beds

Watch this webinar to learn more

When someone is at high risk of skin breakdown preventative steps need to be taken:

- appropriate pressure relieving equipment
- regular repositioning/turning to offload pressure
- manage incontinence well
- good skin care, such as barrier cream
- care plans which manage risks - the care plan needs to be sufficient to account for the frequency of turning required
- care provision to support adequate nutrition and hydration
- Speak to other professionals involved in their care - nurses, care workers, social workers to ascertain how they are helping to manage risks. Make sure they know about your concerns.
- Any hospital discharge arrangement must include up to date information sharing about skin integrity and is clear about the risks, alongside a strategy to manage risk of skin damage.
- Ensure you know and understand the Waterlow Score or Purpose-T score for anyone you are arranging care or treatment for.