Background

GC was known to be an independent, sociable man who had historically chosen an unconventional lifestyle. He lived frugally, with no central heating or hot water in his house and would not have TV or lights on, preferring to use candles. GC cared for his wife, who occupied separate rooms in the house, which were well furnished and modified with heating. He slept in a downstairs room seen by visitors to be full of boxes and used an electric fan heater, which he was warned was a fire hazard. He was first known to health and care services in 2007 and, following a hospital admission, received a care package and support from Adult Social Care (ASC). At times GC refused or cancelled the support offered to him but assisted with the care of his wife, whose own needs were increasing.

Background

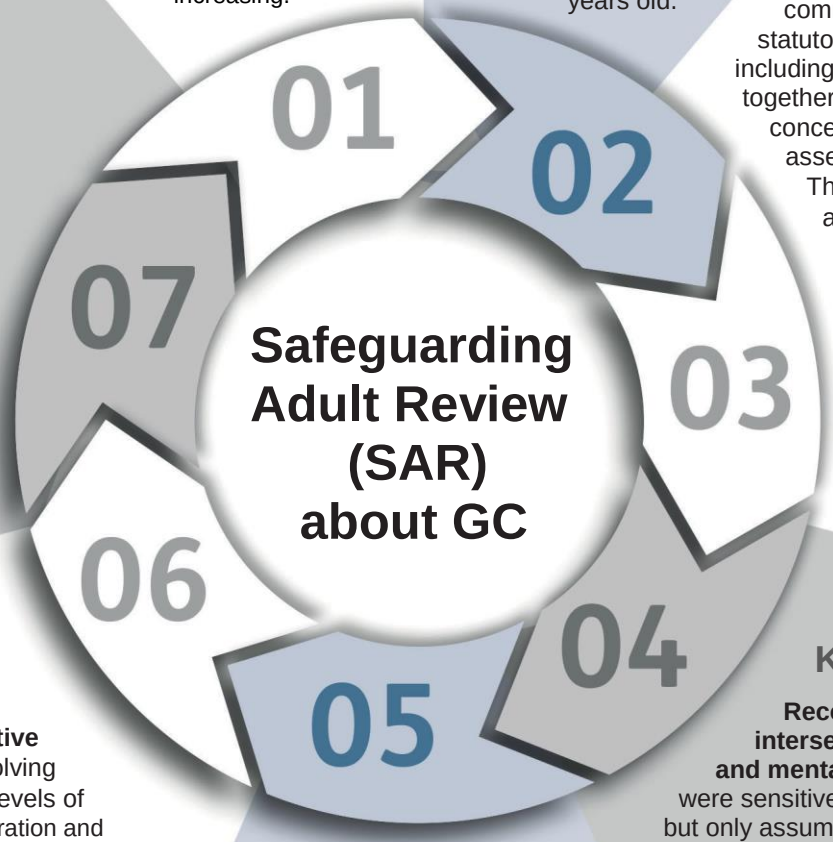
In December 2014, after a home visit by his GP, GC was admitted to hospital and diagnosed with dehydration and self-neglect. He was discharged with a care package in late January 2015. The care package was stopped in late February at the request of his daughter but later resumed when GC's wife was admitted to hospital. His wife moved to a nursing home in March and died there three months later. From March, GC lived alone, with some support from his children and a care package. In May, GC was reported missing and found in a confused state at a central London station. During late 2015, several concerns were raised by the care agency to ASC about fire risks in GC's home, but he refused to have a smoke detector fitted. GC died in house fire in March 2016. He was 92 years old.

Further Reading

If you would like more information on the SAR about GC, please refer to the published executive summary.

To receive information about the Havering SAB's multi-agency training programme, please email:

safeguardingpartnerships @havering.gov.uk



Review

In September 2016, the Havering Safeguarding Adults Board (SAB) commissioned a SAR as key statutory criteria had been met, including how agencies had worked together. In particular, there were concerns about what risk assessments had taken place. There was a desire to learn any lessons for future practice found in the review. The SAR, led by an independent reviewer, involved many of the agencies represented on the SAB, and identified a number of practice-related recommendations for improvements to multi-agency systems.

Key finding

Partnership and collaborative approaches. Situations involving self-neglect and increasing levels of risk benefit from close co-operation and collaborative working. Development of a multi-agency strategy and shared recognition of high risk and complexity in cases also requires a clear SAB escalation process, which is shared and understood across all relevant agencies. Additional input from other services is supported by multi-agency collaboration and agreed internal processes developed to reduce risks to individuals at increased risk of harm, particularly when these escalate.

Key findings

Person-centred approaches. Agencies worked individually to provide care that was therapeutic and person-centred but, despite some inter-agency communication, generally did so in isolation. Inclusion of specific risk assessments and necessary action is a key part of person-centred care, related both to prevention and protection, particularly concerning risk to self and others. Regular review and re-assessment can help reduce the risk of significant harm.

Involving the Fire Brigade. The SAB's self-neglect and hoarding policy should include an automatic referral to the London Fire Brigade, which offers free home safety visits.

Key finding

Recognition of the intersection of self-neglect and mental capacity. Agencies were sensitive to GC's choice of lifestyle but only assumed that he was capable of making this choice. It is not clear from case records that his mental capacity was formally assessed at any stage. Understandings of self-neglect and capacity are nuanced, and flexible approaches and management of such cases are required. Individuals who are no longer able to protect themselves are still owed a duty of care. Multi-agency training for professionals on these issues would improve understanding and help in identification of how to intervene effectively.

Havering Safeguarding Adults Board

7-minute briefing