1 SAR

In February 2017 Sunderland Safeguarding Adults Board (SSAB) undertook a scoping exercise regarding information known by partner organisations in relation to 'Eva'. Whilst the conclusion was that the specific cause of Eva's death did not indicate a strict statutory requirement to undertake a Safeguarding Adult Review (SAR), the recommendation was that a SAR should be carried out due to the similarities to a SAR published by SSAB in October 2015 relating to 'Angela, Barry and Claire'.

2 Background

Eva lived in a social rented property in Sunderland, with her daughter and carer Denise. Eva had a reported medical history of stroke, dementia and severe contractures. Eva died in hospital from hospital-acquired pneumonia having been admitted some time earlier with infected pressure sores.

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The Safeguarding Board were concerned that Eva may have suffered from neglect and/or self-neglect. The review considered:

- Extremely unhygienic and poor conditions within the home, with large numbers of animals present and Eva's choice of sleeping arrangement in the living room
- Eva refusing community-based nursing interventions, resulting in ongoing deterioration of pressure sores
- Denise declining visits to her mother and refusing offers of support
- Concerns about Denise's role and ability as Eva's only family carer
- Deterioration in health and home conditions
- Concerns about application of the Mental Capacity Act

4 The Review

The Review involved a number of partner agencies who operate in Sunderland. As part of the review front-line staff who had worked with Eva participated in a workshop, which provided valuable insight and supported the SAR process to identify learning and key recommendations. The Executive Summary was published 29th May 2018.

5 Key Learning

- Adult Concern Notifications in respect of neglect/self-neglect must be followed up with a view to social work intervention. Decisions for 'no further action' should be recorded with the reason why
- Hospital discharge planning should always consider whether the current care package needs to be modified on discharge

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- Mental Capacity Act assessments should always record the aspect of decision making being assessed, the assessment outcome and the evidence base
- Non-compliance with medication can be an important indicator of self-neglect and should be recorded clearly
- Concerns for neglect/self-neglect where it places an individual at risk of serious harm should always lead to a safeguarding concern referral
- All staff, regardless of grade, organisation or level of involvement, have a responsibility to raise a safeguarding concern

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- Informal carers should be offered a Carer's Assessment, professional curiosity should be applied to understand family dynamics and capacity to provide care
- Possible animal neglect should be recognised as an indicator of risk to vulnerable adults and children in the household
- Home care workers should have increased access to training opportunities
- Agencies have a responsibility to staff health and wellbeing when working in unhygienic conditions
- The engagement of deep cleaning services is complex and often the responsibility of the tenant/client—guidance for frontline staff should be produced

Sunderland Safeguarding Adults Board