Safeguarding Adult Review (SAR) regarding 'Vicky'

Summary of learning

Pen picture of Vicky

Family members described Vicky as a bright child and young woman who was enthusiastic about her administrative job at the local hospital. She experienced her first epileptic seizure at the age of 17 and her family noted a cumulative decline in her cognitive capacity and short-term memory from that time. Vicky struggled to look after herself effectively (e.g. personal hygiene, cooking, negotiating public transport), however used the alarm on her mobile phone to remind her to take her epilepsy medication. She was also diagnosed with depression at times and a mild personality disorder.

Why was a SAR undertaken

Vicky had been known to several agencies. Her cause of death was found to be (SUDEP[1]), most likely related to her epilepsy. The SAB decided to undertake a discretionary SAR (under section 44, Care Act 2014) in order to explore learning related to managing risks with adults who disengage from services, have a complex picture in terms of their mental capacity. The period under review in the SAR was 2018 until Vicky's death in July 2019.

Appraisal of the professional practice in this case as it unfolded

In the middle of January 2018 Vicky's CMHT Care co-ordinator raised a safeguarding concern that Vicky may have been financially exploited by two 'friends'[2] she was staying with. On 7th May 2018 Vicky was injured by a female assailant. Her Care Co-ordinator raised the incident with the police, who visited Vicky and found she was no longer living in her own flat which appeared dirty and unlived in and was instead staying in a nearby neighbour's flat. The police could not proceed with any criminal investigation in relation to the physical assault as there was insufficient evidence and Vicky was reluctant to provide the name of the witnesses.

In July 2018 Vicky's Care Co-ordinator advised the Hampshire MASH (Multi-Agency Safeguarding Hub)[3] that Vicky had again been assaulted and was being financially exploited by people she regarded as 'friends'. The Care Co-ordinator arranged a multi-agency meeting which included the police, made a referral for additional support and arranged for a standing order to be set up to limit the money loss. Professionals were concerned that Vicky was a target for

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[2] Although we are using the word 'friends' as this was how Vicky referred to them, it is important to be aware that from the perspective of the professionals the relationship was an exploitative one, so we use it with inverted commas.

[3] The MASH is a small multi-agency team based in the same office to enable effective sharing of safeguarding related information across agencies.

cuckooing[4], but Vicky remained reluctant to agree to police involvement. Vicky confirmed that she had a cannabis issue but declined any help and support with this. The view of the neighbourhood police officer (who knew Vicky quite well) was that Vicky did not always fully understand the consequences of the decisions she made and may lack capacity in relation to certain decisions, however the view of her Care Co-ordinator (who had also worked with Vicky for some time) was that Vicky had the mental capacity to make the decision to give her 'friends' the money and was making 'unwise decisions.'

The Review Team noted that it is a common experience for professionals to hold different views about an adult's mental capacity, and it is important that these are openly discussed to ensure a more robust and broadly informed view can be reached. The need for a willingness to broach these different professional opinions is explored in ***Finding 1.***

The Housing Officer advised that if Vicky continued to allow others to live in her flat, they would need to look at enforcement action for sub-letting. A 'management housing move'[5] was suggested to enable Vicky to have a new start elsewhere, but Vicky did not wish to progress additional support or to consider alternative accommodation. On 9 December 2018 Vicky contacted the police to report that her epilepsy medication had been stolen. The police and OT1 highlighted to the Hampshire MASH their continuing concerns about financial exploitation and the possibility of 'cuckooing'. The view reached by the Hampshire MASH was that the situation did not meet safeguarding criteria on the basis that Vicky did not appear to have any social care needs and was thought to have the mental capacity to be making unwise choices rather than to be lacking mental capacity in relation to the money she gave her 'friends' in return for cannabis.

Given Vicky's known vulnerabilities and the suspicion of criminal activity that posed a risk to her, the Review Team felt this referral should have resulted in a safeguarding enquiry being opened. The nature of an adult's capacity to make key decisions, does not form a part of the '3 part test' used to determine if a safeguarding enquiry should be opened under section 42 (1) (The Care Act 2014)[6], so this consideration should not have formed a part of the decision not to open a section 42 safeguarding enquiry. Practice issues relating to how mental capacity and unwise decisions form part of professional decision making about services and interventions is explored in ***Finding 3****.*

In December 2018 Vicky attended her annual epilepsy review with the Consultant Neurologist. The CMHT generally regard it as being the role of the GP to liaise with specialist services such as the Epilepsy Service, so there is not necessarily direct communication between the CMHT and Epilepsy Team.

The Review Team felt that this case highlighted gaps in the communication arrangements between primary care and secondary services such as mental health and epilepsy services in cases with this level of complexity, an issue which is explored in ***Finding 2.***

On 23 January 2019 the Housing Association received an anonymous report that Vicky's property was not being lived in. Their fraud team began investigating and the following week a joint visit was undertaken with the police. Vicky was found living in her neighbour's flat rather than her own,

[4] Cuckooing occurs when drug dealers take over the home of a vulnerable person in order to use it as a base for county lines drug trafficking

[5] This mechanism allows the Housing Landlord to arrange a move to alternative accommodation.

7 This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—
(a) has needs for care and support (whether or not the authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

which appeared unlived in. Despite a discussion with Vicky about the risks to her of being investigated for fraud, Vicky confirmed that she was reluctant to move back into her flat and said instead she would prefer to give up her tenancy. The possibility of a 'management move' was not re-visited at this point as the picture that had emerged was that Vicky was not able to manage the requirements and responsibilities of holding an independent tenancy and the Housing Association did not have any supported accommodation stock that could have been offered as an appropriate alternative.

Given the serious consequences of giving up her tenancy in this way (i.e. the possibility of being designated 'intentionally homeless' and thereby losing her right to be housed in the future) the Review Team noted that it would have been appropriate for a formal assessment of Vicky's mental capacity to make decisions about her tenancy to be arranged, however this was not considered because Vicky was felt to have capacity to make unwise decisions, and professionals were concerned that if Vicky kept her tenancy, her behaviour in letting others live there would leave her open to be investigated and potentially prosecuted for fraud.

The neighbourhood police officer sent an account of his concerns to Hantsdirect advising that he believed Vicky was neglecting herself, was prone to on-going suicidal thoughts, was potentially at risk of abuse or harm and needed a more supported living setting. Hantsdirect (CART team) recognised it was important for a local team to make further checks and forwarded the PPN1 electronically to the Havant HCC social care mental health team to ensure they were aware of the on-going picture of risk and could decide how to respond.

On 25 March 2019 a Care Programme Approach (CPA) meeting was held by the CMHT, attended by the Housing Association and the police. Vicky joined the second half of the meeting. It was felt that Vicky had the mental capacity to make a decision about whom she lived with, however there were concerns that she did not have control of the keys and other people had access to the flat. Vicky wished to relinquish her tenancy and it was agreed that Vicky would be discharged by the CMHT due to non-engagement, and that the Housing Association would serve an Eviction Notice.

The Review Team noted that by this point Vicky appeared to have increasingly limited control over her circumstances and safety and that it would have a been appropriate for the agencies to revisit their intention to close her case and consider alternative support mechanisms given the risk of homelessness. However, the Review Team recognised the challenges faced by services in knowing how to respond when an adult's circumstances amount to chronic 'lower level' risks that do not always meet the various legal and organisational thresholds for an on-going service response. This issue is explored in ***Finding 3.***

Three days later Vicky presented at QA Hospital feeling suicidal. She was seen by the Mental Health Liaison Team and discharged with follow-up by the MH Crisis Team. In the following week Vicky's mood continued to fluctuate, and she required a short admission to a Psychiatric Unit with thoughts of self-harm. A week later (7 May 2019) the pharmacist raised concerns about Vicky's mental health to her GP who responded promptly by trying to contact Vicky, the crisis team and her CMHT Care Co-ordinator. The pharmacist subsequently raised concerns again when Vicky presented with no credit on her phone. In response the GP booked a face-to-face appointment with Vicky for 10 May, however Vicky did not attend.

These actions by the pharmacist were noted by the Review Team to have been prompt and responsive practice.

The following week Vicky presented at the GP reception with a facial injury but was unwilling to attend the minor injuries unit or to consider support from MIND. Vicky advised the GP that she was living with a couple and had been attacked by one of them, but also said that she felt safe

living with them. The GP rang the HCC Hantsdirect to report her concerns and that Vicky's mental health was currently poor. HCC MASH decided not to proceed to a section 42 safeguarding enquiry on the grounds that the assault had occurred over a week earlier and Vicky had said she now felt safe.

The Review Team felt that the decision not to open a safeguarding enquiry was odd in the circumstances and that given Vicky's unstable mental health and lack of an allocated worker, it would have been appropriate for further exploration to have been undertaken by the MASH to understand whether or not Vicky was a victim of domestic abuse or possibly mate crime (or hate crime), to gain a clearer understanding about Vicky's living arrangements and why she was reluctant to talk to the police.

Vicky's 'friend' asked her to leave the flat, making her homeless. She moved to Portsmouth to be closer to her sister. On 10 June 2019 Vicky contacted the PCC Housing Team and was placed in temporary B&B in Portsmouth while initial checks were made to understand the circumstances around her homelessness[7].

The Review Team noted the difficulties often generated for adults with vulnerabilities who need to maintain regular medication supplies and /or support but are re-housed in emergency accommodation away from their usual support networks and services (e.g. GP, CMHT). The potential consequences for more vulnerable adults are explored in ***Finding 4****.*

The Portsmouth Housing Team were gathering information to understand Vicky's needs and whether or not she was 'intentionally homeless'[8]and whether she needed a social care assessment so that a support package could potentially be arranged to support her in B&B while more appropriate accommodation was located but became increasingly concerned about her presentation and completed an application for supported housing and on 8th July raised a safeguarding concern to the Portsmouth adult social care team.

The Review Team were impressed with the committed and efficient approach demonstrated by the Portsmouth Housing Team and their ability to put together a comprehensive assessment of need and risk in a short period of time.

On 9th July 2019 an ambulance was called as Vicky appeared vacant, drifting in and out of consciousness, and was possibly having multiple seizures. Vicky disclosed she had taken a small overdose of medication and was taken to A&E.

The team at A&E does not have access to an IT system that interfaces with other key agencies and so it is challenging for them to be able to understand the wider needs and vulnerabilities of the adult, which in this case included homelessness. These issues are further explored in **Finding 5.**

On 12 July the PCC team decided that a Care Act 2014 assessment of Vicky was needed in order to inform their decision making about Vicky's social care and safeguarding eligibility. However, Vicky had already left the hospital. The PCC social care duty team arranged to visit Vicky on 22

[7] The Housing Act 1996, Part VII sets out the legal framework within which homelessness is assessed. It places a legal obligation on Local Authorities to make enquiries to determine whether there is any duty to provide housing.
[8] The definition of intentional homelessness under the Housing Act 1996 Section 191(1) provides that a person becomes homeless intentionally if all of the following apply: (a) they deliberately do or fail to do anything in consequence of which they cease to occupy accommodation; and (b) the accommodation is available for their occupation; and (c) it would have been reasonable for them to continue to occupy the accommodation.

July, but sadly the social worker found that Vicky had died in her hotel room. Her cause of death was subsequently found to be (SUDEP[9]), uncertain but most likely related to her epilepsy.

The Review Team formed the view that it is not possible to make a direct causal link between Vicky's sad, sudden and unexpected death and the responses of the professionals in the preceding weeks and months, however the review of professional practice has generated some important areas of learning for the local safeguarding system that are explored in the findings.

The Findings

1	When professionals hold differing views about whether an adult has capacity, agreement is not always reached, and the rationale for differing views is rarely documented. This can result in a slowing of progress to a capacity assessment or risk management work.
2	Current structures and processes locally involving Epilepsy Services and Mental Health Services require the GP to act as the point of contact for communications, however due to pressures of time this is increasingly difficult for GPs to achieve effectively.
3	Eligibility and service thresholds can mean that adults who appear to have mental capacity and make 'unwise' decisions involving personal risks, may still be vulnerable and find it difficult to access support, particularly if at times they are ambivalent about engaging.
4	Homeless adults with care and support needs can be further disadvantaged when they are placed in emergency accommodation without a support package outside their 'home' area, away from their usual network of support and services.
5	There are currently limitations in how the hospital Emergency Department fulfil their statutory 'duty to refer' homeless people under the Homelessness Reduction Act (2017).

Further reading - useful links for good practice

Mental Capacity Act code of Practice 2005

Homelessness Duty to refer

Positive practice safeguarding and homelessness 2020

The Multi-Agency Risk Management framework

NHS Social Prescribing facts

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