

The audit of 12th February 2020 reviewed the records of six adults who were referred to Adult Safeguarding by health providers. The aim of the audit was to ascertain whether there were good multi-agency standards for managing cases and whether organisations have implemented a robust and consistent response in line with statutory and good practice guidance, SGSAB policies and procedures and the six key principles underpinning all adult safeguarding work.



Mary is 96 and living in a care home. She has a diagnosis of dementia. Physically well although walks with the aid of a zimmer frame. Experiences anxiety and agitation. Concerns were raised by the ambulance service, Mary had fallen with fracture to neck of femur. Concern about delay in calling for medical help after a poor handover.

Organisations that audited their involvement with the four adults were: Adult Social Care, GPs, Sirona, NBT, Police



Multi Agency Quality Assurance Audit: Referrals from Health February 2020



Joseph is aged 82 and diagnosed with schizophrenia managed by a monthly injection, some short term memory impairment. Lives at home with a package of care. Concern raised by AWP about possible cuckooing by two females. Concern also raised about financial abuse.



Holly is 27 and has a history of depression, OCD and an eating disorder. Recently become alcohol dependent. Living independently with a package of care. Referral came through GP when Holly's mother disclosed wanting to harm Holly



Noel is aged 54 and diagnosis of diabetes. At risk of falls, has a pacemaker and known to mental health for depression. Lives at home with wife and referral by PCLS following disclosure of domestic abuse and controlling behaviour by his wife



Ivy is aged 76 and has no care or support needs. GP made a referral following suspicion of financial abuse by grandson who had moved into Ivy's home



Gabriel is age 88 and has a history of high blood pressure, and is at risk of falls. Lives with his wife. Requires support to manage at home but currently has no services as care agencies will not agree to support because of the risk to staff due to clutter. Referral came from ambulance service when visit to home reported the house was cluttered, dirty and smelling of urine

- FINDINGS**
- Good multi agency working identified and sharing of information appropriately
 - Family not included by care home for Mary and they were her representative.
 - When agencies refer to a non statutory organisation, this hasn't always been recorded
 - Use of advocacy identified for adult and alleged perpetrator
 - Recording could have included a clearer rationale for Joseph and for Holly
 - Professionals making assumptions & value based judgements with Joseph
 - Some agencies did not work within professional boundaries for Joseph
 - Holly was not informed that a safeguarding enquiry was happening about her
 - Multi agency meeting delayed, and did not actually take place despite being required
 - No DASH completed when Domestic Abuse identified
 - Good use of alternative venue for meeting away from the home with Ivy
 - Ivy engaged with audit and gave good feedback about the process and outcome and says she feels safe.
 - Good joint working between Police, trading standards and adult social care for Gabriel

Recommendations

- Care providers need to always maintain good communication with families
- Police to raise awareness with partner organisations about Problem Solving Plans used by Neighbourhood Policing that can be implemented with individuals or locations
- Ensuring that recording, information and assessment of risk is based on factual information rather than assumptions
- Consider alternative and creative ways to hold multi agency meetings including by tele conferencing to avoid delays in face to face meetings, or holding meetings in, for example, GP practices.
- Opportunity for police to revisit a victim of domestic abuse after they are in a place of safety
- DASH should be completed by practitioners of all agencies when there are concerns or disclosure of domestic abuse
- Use of clutter rating scale to identify risk when hoarding identified and use of risk assessment within self neglect guidance

Self Neglect
Guidance available
by clicking here

Clutter Rating Scale
available by clicking
here