



**Mr & Mrs Z Safeguarding Adult Review Learning Brief**  
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**Case summary**

Mr and Mrs Z were an elderly couple who lived at home and did not receive any formal care support, they were known to their G.P and the District Nursing Service. Mr Z suffered from a thyroid condition and was not always compliant with his medication. Mr Z contacted Adult Social Care (ASC) in March 2015 to request support with maintaining the cleanliness of their home and a referral was made to Age UK in response to this request. A further referral was made to ASC shortly afterwards by a family acquaintance who expressed concern about Mr Mrs Z's ability to meet their own needs. District Nurses also attended as a result of concerns being raised and they found Mr Z to have a sore toe. A GP home visit was undertaken and a diagnosis of gout was made, blood tests were taken and a referral was made for Mr Z to attend hospital as an out-patient, however, Mr Z did not attend this appointment. The District Nursing Service made subsequent visits in response to their health needs. In June 2015 the G.P was contacted by a neighbour and local councillor in relation to their concerns about the couples living conditions. The G.P visited and was denied access to the property by the couple but they did agree to a referral being made for a Care Act assessment. A referral was made by the G.P, and on the same day ASC were contacted by the couple's daughter in law who expressed concerns regarding their living environment and ability to meet their own needs. A Social Worker visited in August but the couple declined offers of support and were reported to be offended that people had expressed concern about their living arrangements. During the next 7 months a number of agencies and professionals visited the property and recorded evidence to indicate the couple were not able to adequately maintain their property or meet their needs, however, the couple declined offers of support and were considered to have the capacity to make this decision. In November 2015 a neighbour contacted the Police as the couple had not been seen for a few days, entry to the property was gained and the couple were located and found to be in a poor condition. The couple were admitted to hospital by ambulance. Mrs Z died a week later in hospital of pneumonia and Mr Z died two months later in hospital of ischaemic heart failure although pneumonia was also recorded in the hospital notes.

**The review highlighted key themes which are listed below:**

- Multi-agency guidance should be developed by CSAB in relation to people who self-neglect or are at risk of doing so. The guidance should be incorporate best practice and emerging research evidence in relation to self-neglect.
- Continuous professional development opportunities should be offered on a multi-agency basis to support staff in implementing the policy, share best practice and evaluate the impact of interventions where people self-neglect.
- Adult Social Care should review practice in relation to how the first point of contact operates to ensure that referrals are responded to appropriately and feedback is provided to referrers
- All agencies should undertake a stock take of how professionals are applying the Mental Capacity Act 2005 in practice, particularly in relation to people who self-neglect. The findings should be used to develop a training plan to strengthen awareness, joint working and confidence in relation to working in complex risk situations.

- CSAB information sharing protocols should be reviewed to support effective joint working to safeguard adults.

**Good Practice Highlighted:**

- There were areas where good practice was demonstrated in attempting to support Mr and Mrs Z. District nursing responded positively to concerns from a member of the public, visited to assess needs and made several follow up attempts secure support for them.
- The GP similarly made several visits to encourage the couple to support help, looking beyond the presenting medical need of Mr Z to the wider social and environmental situation, and worked closely with district nursing colleagues to this end.