Neglect and Acts of Omission in Safeguarding Adults

Recognition, Prevention and protection

(NB Not self-neglect on this occasion)

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Definition: Care and Support Statutory Guidance Chapter 14

Neglect and acts of omission including:

ignoring medical emotional or physical care needs

failure to provide access to appropriate health, care and support or educational services

the withholding of the necessities of life, such as medication, adequate nutrition and heating

Care Act Guidance also points out that there should not be a limit to what constitutes abuse and neglect; the circumstances of the individual case should always be considered.

Why?

Unpaid carers

- Lack of knowledge
- Guilt- Not wanting to admit can't cope
- Carer fatigue/Exhaustion
- Domestic abuse
- Carer abuse
- Other caring demands
- Depression
- Substance misuse
- Unrealistic expectations

- (Paid carers- later)

Types of issues in neglect/Acts of omission

- Pressure Ulcers
- Malnutrition/Dehydration
- Medication errors/omissions
- Falls
- Appear neglected e.g. unwashed and matted hair, dirty nails,
- Environment

Context: Neglect and acts of omission

- Greatest number of concerns raised locally
- Statistics from 2nd National Analysis Safeguarding Adult Reviews
  - 2nd Highest category of Abuse (Self neglect accounted for 50%)
  - Gender split is equal
  - 47% lived alone
  - Place most usually own home or care home
- However not able to see correlation then with organisational abuse as numbers lower?
- Underreported? Systemic or one off?- for later

Wilful Neglect

- Under Section 44 of the Mental Capacity Act 2005, any act of wilful neglect is subject to criminal prosecution when the adult lacks capacity to make decisions about their care or treatment and the neglect is carried out intentionally by:
  - A carer (paid or unpaid);
  - A Deputy; or
  - The donee of a Lasting Power of Attorney.
- Where it is suspected that the neglect or act of omission meets this criteria, the police must be notified

Personal attributes of the cared for

- personal characteristics may include:
  - age
  - physical or mental disabilities
  - special educational needs
  - any illness, mental or physical they may have
  - substance misuse
- life circumstances may include:
  - isolation or loneliness
  - finances and work
  - living conditions

Who are the carers who become ‘perpetrators’

“Personally connected” individuals with caring roles. Defined by the Domestic Abuse Act 2021, and includes family members, intimate partners and people who were or are civil partners.

Unpaid carers (e.g. neighbours or friends) who provide care for someone else.

Paid carers: employed care workers, personal assistants, and other paid individuals, in positions of trust, who provide care for an individual.

Volunteers: individuals who provide care as part of a voluntary organisation.

In care relationships, deciding what is deliberate abuse, neglect or inadvertent harm may not be clear-cut. This makes it all the more challenging to detect, report and investigate.

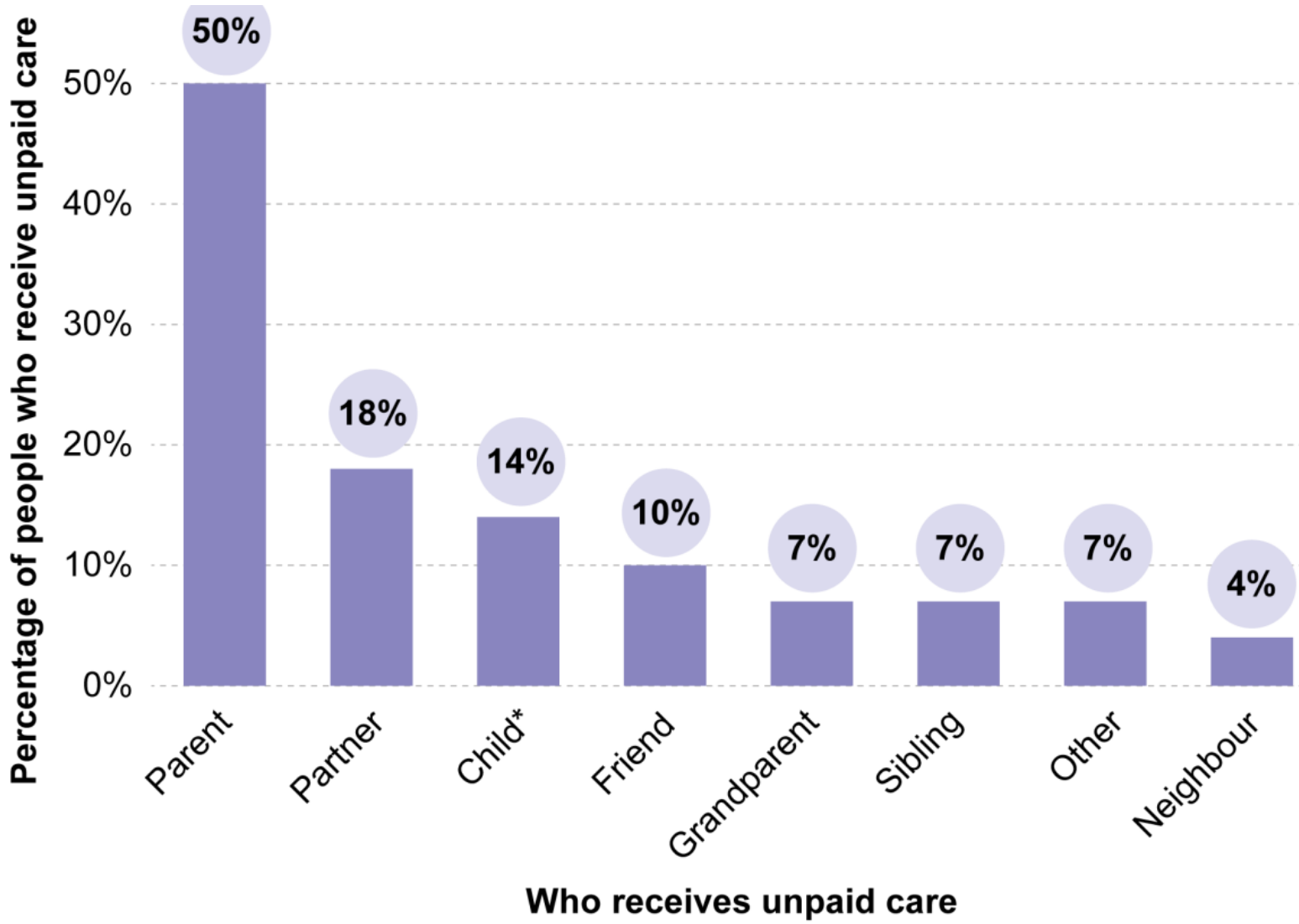
Context: the carers

- 4.7 million people providing unpaid care
- 30% of those provide 50+ hours per week.
- 2.2 million who are 65+ receive care.

From

HM Government. (June 2023). Safe Care at Home Review.

- www.gov.uk/government/publications.



What is the lived experience for those who are victims (From SARs)

Mrs A (unpublished yet)

- Mrs A was a retired nurse who lived at home with her husband.
- confusion increasing, diagnosed with vascular dementia.
- husband main carer with a small package of care to support.
- husband became ill and needed hospital admission.
- package of care was increased so that Mrs A could stay at home with a live in carer
- arrangement continued on her husband's return home
- husband died four months later leaving concerns regarding the care of Mrs A.
- The arrangements of a live in carer continued
- family members requested for a residential placement nearer to them.
- complications leading to delays in funding
- Mrs A was admitted to hospital in an unwell and neglected state.
- Safeguarding enquiries do not appear to have been progressed in a timely manner.
- Mrs A was discharged finally to a care home local to family.
- Mrs A quickly deteriorated, was placed on end of life care and passed away just four months after her husband.

Mrs A: Relevant learning

- Support for families making key care decisions
- Addressing delays in finance
- Weekly Progress chasing of safeguarding enquiries over 28 days
- Early intervention to support families at times of distress and key decision making by considering a preventative and comprehensive multi agency approach.
- Consideration how leadership and accountability are exercised in terms of care at home provisions.
- Robust discharge planning
- When circumstances and needs change, Best Interests decisions regarding where a person should reside need to be revisited.
- Assurance regarding training needs of live in carers (not wanting to admit they are struggling).

Mrs B

- Mrs B, white British 58 year old female, wheelchair user following stroke many years previously, violently assaulted by her son, main carer.
- The Son was mentally unwell and following arrest he was assessed under the MHA 1983 and was formally detained under s2 MHA
- recent bereavement of Mrs B's mother; sister took over care
- Mrs B had a fall, became unwell and was admitted to hospital with acute kidney injury and cellulitis of her foot as well as severe indicators of neglect.
- Mrs B deteriorated over the next few days and died four days following admission.
- Cause of death unrelated to assault or neglect.

Relevant Learning

Professional curiosity; being professionally curious is of utmost importance to understand below surface issues

Recognition of increased risk for those with disabilities who lose their longstanding care arrangements should ensure that assessments are undertaken in a timely manner

Understanding declining of support services is important to identify risk factors

Adult O Kirklees

- 21 year old complex care needs from birth.
- As a child attended special school.
- Did not transition as was closed to children's LD services.
- Left school at 19.
- Admitted few times Sepsis.
- Last admission Pressure Ulcers Grade 4
- Died from Sepsis

Relevant Learning

- Costs for day services.
- Refusal of support by Mum – wanted to care for her child
- Less services available to support
- Mother Phobia of health environments led to defaulted appointments
- GP LD- Annual Health Checks
- Signposting
- Post 16 Mental Capacity /post 18 end of parental responsibility
- Again – professional curiosity for cancelled home visits from dietician and OT.

Organisational Abuse

When Neglect and Acts of Omission take pace in a Care setting or by ‘Paid for’ Carers

When Neglect and Acts of Omission occur within organisations

- Most knowledge of high profile cases:
  - Winterbourne View
  - Whorlton Hall
  - Mendip House
  - Orchid View

Various issues but possibly underreported-?

Organisational abuse

- Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home,
- or in relation to care provided in one's own home.
- range from one off incidents to on-going ill-treatment.
- through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Indicators

- Authoritarian management or rigid regimes
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Not offering choice or promoting independence
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Failure to respond to complaints

(SCIE: www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/#organisationa l)

Prevention

Early intervention and Prevention /Minimising Harms

Advocacy- rights enshrined in law

- Advocacy; the statutory context alongside the requirements of the Mental Capacity Act (2005) and the Mental Health Act (1983) in relation to advocacy, the Care Act (2014) requires local authorities to
  - arrange an advocate for anyone who has 'substantial difficulty' being involved where there is no appropriate individual available to support and represent the person's wishes who is not paid or professionally engaged in providing care or treatment to the person or their carer.
  - might be in assessments, care and support planning, reviews and safeguarding situations. The Care Act (2014) makes clear that local authorities have a responsibility to consider a person's need for an independent advocate from the first time they make contact and through all subsequent contacts.

Advocacy- Rights

- This is set out in Sections 67 and 68 of the Care Act (2014). The Care and Support Statutory Guidance (DHSC, 2020) indicates that each local authority must; “
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review (SAR),” where the above conditions are met.
- The Care and Support Statutory Guidance (DHSC, 2020) underlines the value of advocacy support in sensitive safeguarding situations, which are often daunting and present difficult decisions; where people are often demoralised, fearful, or embarrassed.

Advocacy

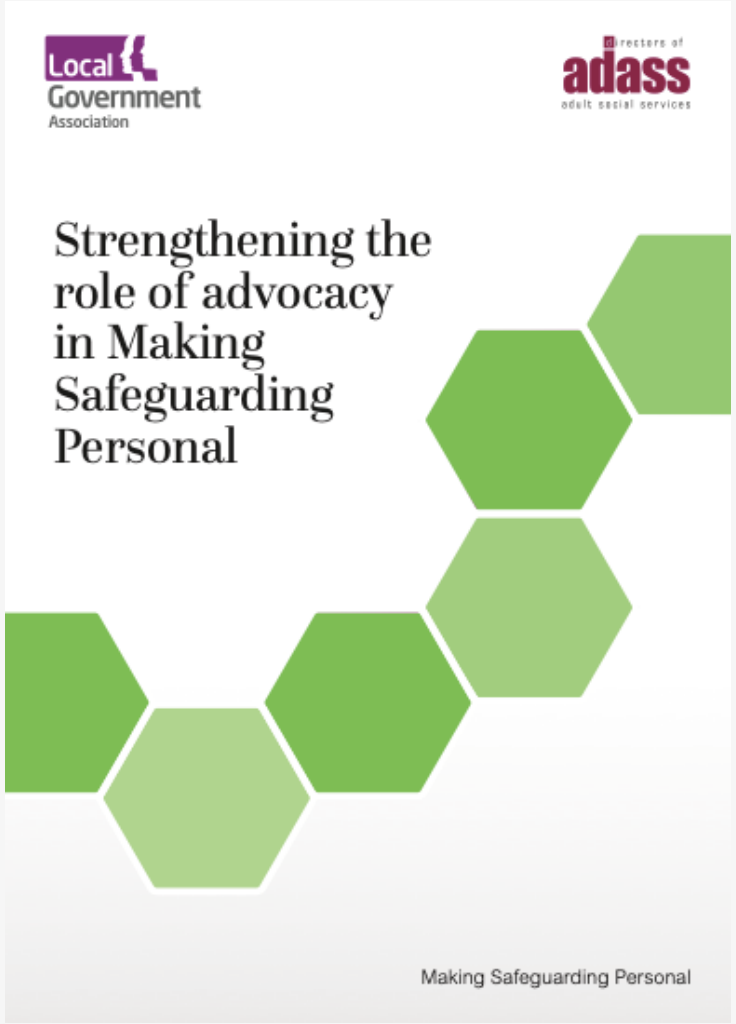
- Advocates are often the only person in someone's support network whose sole agenda lies with the person.
- They are independent of all other health and social care services and their independence is essential if they are to be effective in their roles.
- Advocates are there to support people's involvement and participation and to support the person to communicate their views wishes and preferences and ensure the person's needs are met and rights upheld.

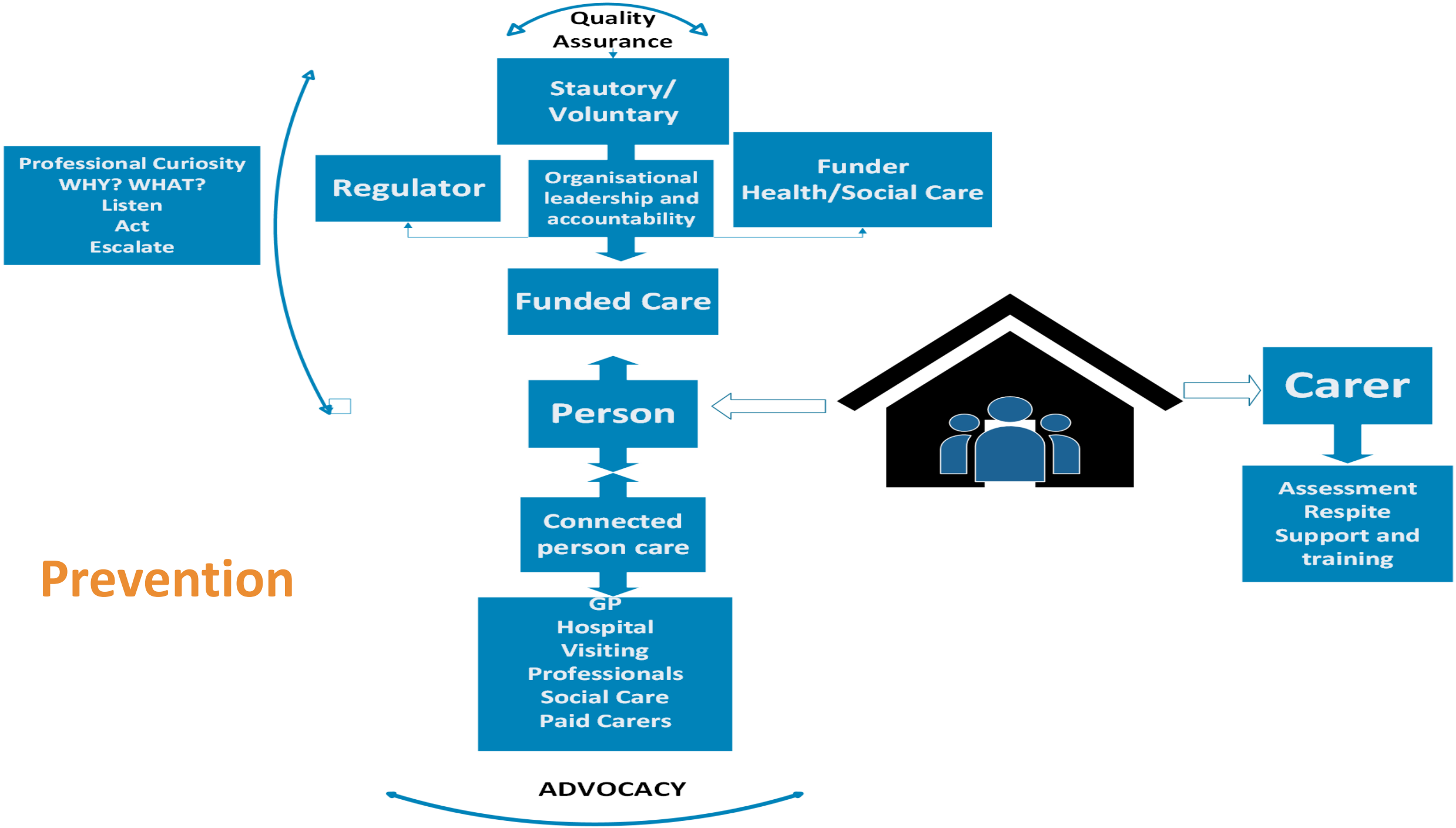
Advocacy Resources

- **Advocacy services for adults with health and social care needs.** NICE guideline [NG227]Published: 09 November 2022

  https://www.nice.org.uk/guidance/ng227

- Seven minute Briefings:
- https://knowsleysafeguardingadultsboard.co.uk/wp-content/uploads/2024/05/KSAB-7-Minute-Briefing-Advocacy.pdf
- https://www.northlincssab.co.uk/wp-content/uploads/2024/05/7-Minute-Briefing-Safeguarding-Advocacy-FINAL2.pdf

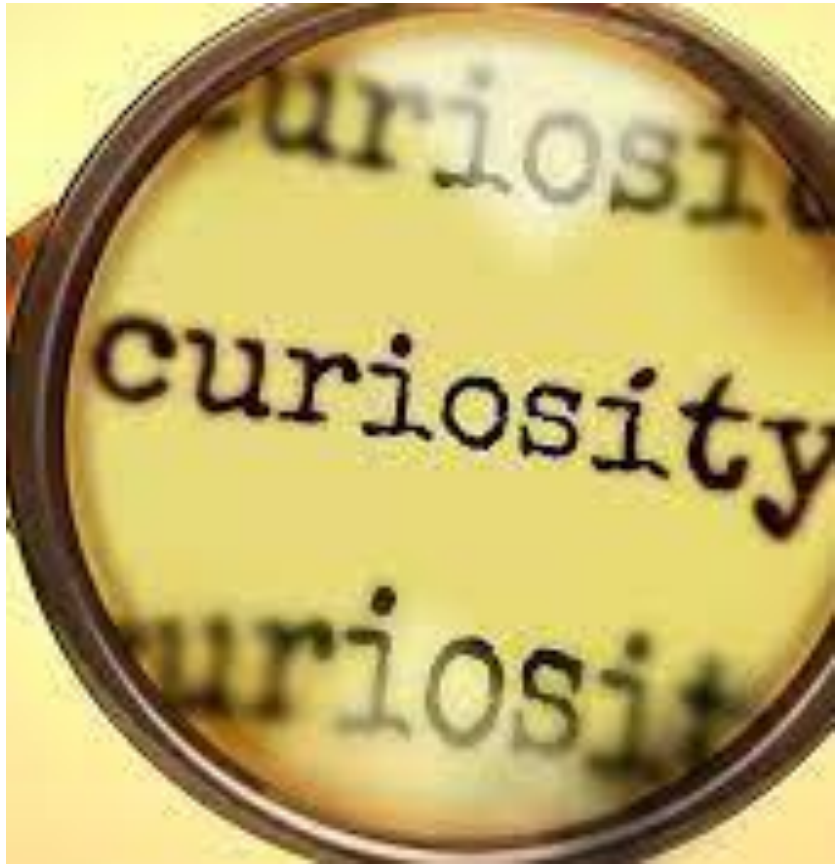



Quality Assurance
Stautory/ Voluntary
Professional Curiosity
WHY? WHAT?
Listen
Act
Escalate
Regulator
Organisational leadership and accountability
Funder Health/Social Care
Funded Care
Person
Carer
Assessment
Respite
Support and training
Connected person care
GP
Hospital
Visiting
Professionals
Social Care
Paid Carers
ADVOCACY
Prevention

Prevention and protection

Pressures on the system; What can we all do?

- Apply professional curiosity
  - Listen- to the person
  - Observe- what do you see?
  - Think- what does this mean/ask why am I seeing/hearing this?
  - Act – What do you need to do?
  - Escalate- Ask “why not?”
- Collaborate and Communicate
- Challenge and Escalate
- Learn from reviews
- Ensure advocacy where required



Thank you

Questions

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