Safeguarding Adults Board

WWF Safeguarding Adults Review Summary and Action Plan

Summary

WWF had been diagnosed with multiple sclerosis (MS) at the age of 55 (in 1983). She was very independent, was full of character and had a great love of animals. She knew her own mind and had a wide circle of friends and family members that she was regularly in touch with. She was widowed in 2010 which was very significant for her and had an impact on her mood and ability to go out. WWF had smoked for fifty years and remained determined to continue smoking, even though it had become progressively more difficult for her to light her cigarettes safely.

She was known to hold definite views and would not always agree with the professionals who supported her, or her family members, however her care workers and the Local Authority OT were able to develop very effective working relationships with her. In the period under review WWF's mobility had deteriorated and she was using a wheelchair. She had particular difficulties with swallowing, transfers and the use of her left hand. In this period, there were a number of small fires that caused WWF burns, and professionals made considerable single agency efforts to reduce the risk of further fires occurring. However, in January 2016 there was a significant fire which resulted in WWF requiring in-patient hospital treatment for several weeks. Upon discharge the professionals and care workers continued supporting WWF at home, and she continued to engage with the comprehensive support package that was in place. WWF had full mental capacity and understood the risks that her choice to smoke generated. WWF's physical strength declined and the two OTs who were involved both agreed that it was no longer safe for her to be transferred using a standing hoist. WWF was very distressed by this decision and her mood was affected. On 19th July 2016 a further very serious fire occurred, and WWF was taken to a local hospital, and was then transferred to Stoke Mandeville Hospital, where she sadly died on 21st July 2016.

Recommendations and Action Plan

1. **FINDING 1 - Is there a pattern of willingness in Wandsworth Adult Social Care to commission agencies with particular expertise in supporting adults who have challenged services, in spite of the additional cost involved?**
    - There was a recognition of a huge market locally and that quality and safety were not necessarily linked to costs.
    - Services are commissioned based on service user's needs, but affordability is a consideration.
    - Noted very positive features of how the agency worked with WWF and other professionals. Following her death the immediate triggering of a CQC inspection was extremely distressing to staff already upset WWF's death.

Recommendation

1.1 SAB to write to CQC outlining the negative impact on care workers and staff due to the timing of the inspection.

2. **Finding 2: Is there a common perception that even in cases involving high risk, multi-agency communication can be limited to task orientated /single issue focussed conversations rather than undertaking shared risk assessment and management.**
    - There was recognition that Multi-agency risk management meetings are rare outside of individual adult safeguarding or provider concerns enquiries. This may be due to professionals becoming desensitised to the risks so not recognising the value of a multiagency risk management plan.
    - Recognition that there was a need for organisations to support practitioners to escalate when they have concerns. Noted that the VARMM process was a forum for this and that not all members were aware of the changes to the adult safeguarding process and the impact on the VARMM.

Recommendation

2.1 Changes in the adult safeguarding process and the way in which multiagency high risk cases are managed to be discussed and clarified in the wider partnership.

3. **Finding 3 – When working with adults whose choices generate high risks, interventions by practitioners and their managers to reduce risk, can result in a tendency to practice defensively even when the adult has the necessary mental capacity to make their own decisions, impacting negatively on the their rights and quality of life.**

- Noted that it was important for all practitioners with support of their organisations, to find the right balance between supporting capacitated risk taking and managing risks. This would be achieved if practitioners were offered the opportunity to reflect on high risk cases and to consider how to work with the person in their best interest, without practicing defensively. Supervision had a key role to play in this.
- Noted that the case had provided impetus for the London fire brigade to highlight the flammable nature of emollient creams.

Recommendation

3.1 Agencies to ensure that practitioners are offered regular supervision and discussion on effective management of high risk cases in the context of capitated choice.

3.2 All partners to ensure that the recently issued information on the flammable nature of emollient creams is shared with staff and taken into account in assessing risks.

4. **Finding 4: Current efforts to mitigate fire risk due to smoking are not formally part of risk assessment and management, making it less likely that professionals discuss creative options that could have a realistic change of reducing risk.**
    - Noted that the is no formal, commonly agree risk assessment or risk management protocol across the partnership

Recommendation

4.1 SAB to develop a shared risk assessment and risk management protocol for people who behave in ways which puts themselves or others at risk.

Composite Action Plan

No.	Category	Recommendation	Outcome	Actions	Leadership – agency and person	Timescale
1	Organisational systems	SAB to write to CQC outlining the negative impact on care workers and staff due to the timing of the inspection.	Create awareness of the impact of a CQC inspection following the unexpected death of a client.	Chair to write to CQC sharing the SAR report and outlining the impact of the inspection on the care workers.	SAB Chair	Nov 2017
2	Inter-professional and interagency collaboration	Changes in the adult safeguarding process and the way in which multiagency high risk cases are managed to be discussed and clarified in the wider partnership.	Improve understanding across partnership of the mechanism available to facilitate multi-agency working.	Share revised safeguarding adults process with all board members.	Head of professional standards and safeguarding	Nov 2017
3	Direct practice	Agencies to ensure that practitioners are offered regular supervision and discussion on effective management of high risk cases in the context of capitated choice.	Embed an organisational culture and practice across the partnership is which avoid defensive practice from impacting negatively on the lives of adult service users.	Partners to assure the board that the learnings from the SAR are shared across their organisation and that there is regular reflective supervision in place for all staff.	All agencies	Feb 2018
4	Direct practice	All partners to ensure that the recently issued information on the flammable nature of emollient creams is shared with staff and taken into account in assessing risks.	Increased awareness of the risks of emollient creams to certain service users.	Partners to assure the Board that the recently issued Fire Brigade guidance on the risk of emollient creams is shared with all clinicians and care workers.	All agencies	Dec 2017

5	Inter-professional and interagency collaboration	SAB to develop a shared risk assessment and risk management protocol for people who behave in ways which puts themselves or others at risk.	Shared tool to better manage risk in the context of “unwise” decisions.	The SAB to identify a task and Finish group to develop a shared risk assessment and risk management protocol	SAB	March 2018