

Case Summary

Doncaster Safeguarding Adults Board commissioned a lessons learned review regarding an adult, known as Adult G, who sustained significant head injuries from a serious assault.

Adult G lived alone and was a Council house tenant in Doncaster from 2005 but due to difficulties in meeting his tenancy conditions, he was evicted in March 2016. He was known to a range of agencies and had a number of complex issues in relation to both his physical and mental health which impacted on his ability to care for himself and maintain his property. Several agencies reported that he was difficult to engage with and often declined offers of support. He had a belief that he was going to die and did not accept the medical assessments that he was not suffering from any acute illness.

After being evicted from his home Adult G spent the next few months living in temporary accommodation before being made homeless and living on the streets in Doncaster. Then one evening whilst sleeping in a doorway he was violently attacked resulting in life changing injuries.

Highlighted key themes:

- Professionals should always seek to support people who present with indicators of self-neglect and respond appropriately through signposting or referral to services. Further exploration as to the situation in Adult G's case should have been considered and may have triggered care and support assessment and formal mental capacity assessment.
- More consideration and narrative was required by agencies when conducting home visits. This would have assisted agencies in painting a picture of what life for Adult G was like on a daily basis.
- Professionals should not assume that leaving the house constitutes social exchange. Training to understand social isolation, what the indicators are and how to respond and support someone who is suffering from social isolation is needed so that services can respond effectively.
- There was a missed opportunity for a multi-agency response to provide a holistic approach to Adult G's vulnerabilities. Robust policies and procedures to address self-neglect should be developed and instigated when responding to adults at risk in similar circumstances.
- There was an opportunity to appoint a keyworker – this may have enabled Adult G to build a trusting relationship with someone. Given that his failed relationships were cited by Adult G as triggers for his anxiety/depression, working closely with one person may have assisted in developing a better understanding of Adult G and his needs
- There is evidence of self-neglect throughout agency interaction however this failed to trigger a referral for a Care Act Assessment. Further training is required to assist staff to recognise self-neglect and its impact upon the person.
- Mental health assessments should provide clear rationale to assist those working with vulnerabilities in understanding decisions made.
- There were missed opportunities between the GP and the consultant Psychiatrist to share information on Adult G's mental health and his ability to care for himself in his home environment.
- There was only one home visit made by his GP as there was an assumption that because Adult G was mobile this wasn't required. This was a missed opportunity to consider Adult G in his home environment and make an informed assessment of his needs.
- There is a clear need for professionals to be given a further understanding of the difference between persons suffering from a mental illness or a mental condition and appropriate responses for this to be shared across the multi-agency partnership.
- Did not attend (DNA) or Disengagement Policies were not followed by agencies, for instance Adult G did not attend for numerous appointments at his GP and their policy was not followed on all occasions which may have resulted in missed opportunities to assist him.
- Partner agencies need a greater understanding of the role of an advocate and the type of circumstances in which one might be considered.

Good practice highlighted:

- St Leger Homes were commended for their good practice through continued attempts to engage and support Adult G to maintain his property and access support as required. This was also conducted through multi-agency working with social care and mental health services prior to Adult G's eviction.
- There was good evidence of inter-agency working when ambulance staff liaised with Mental Health Workers and Adult G's GP, obtained a comprehensive assessment of his situation, and arranged for further visits from other agencies in an effort to assist him.

Shared Learning Brief

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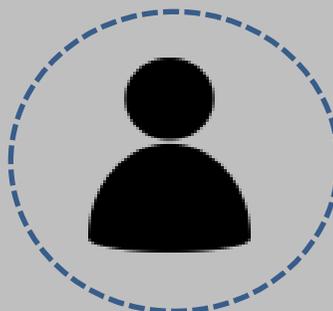
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Adult G



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There were missed opportunities between the GP and the Consultant Psychiatrist to share information on Adult G's mental health and his ability to care for himself in his home environment.

Mental health assessments should provide clear rationale to assist those working with vulnerabilities in understanding decisions made.

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