

Learning Briefing

ADULT M



What were the circumstances that led to a Rapid Review Meeting?

A Referral for a safeguarding adult review (SAR) was made by the police following a call received by a community nurse who was raising concerns regarding bruising to the face of Adult M.

Adult M is an 83-year vulnerable white British female who has limited mobility. Adult M lives at home with her son Adult N who has been her carer for 20 years. Information suggested that Adult N may have learning disabilities. When the police arrived, Adult M could not remember anything about the bruising.

There had been previous safeguarding concerns raised by community nurses which had resulted in a S42 enquiry. Following a joint visit by social worker and nurse this was closed.

Despite the concerning picture, the police investigation concluded that Adult N was not responsible for the bruising to Adult M and further family members confirmed that they had no concerns regarding the care delivered by Adult N.

Adult N, an engineer had given up work to take on the caring role for his mother. There was some belief that his behaviours may be due to him being on the autism spectrum rather than learning difficulty. If this is the case then it is feasible that he struggled with any changes and people in the house.

Information shared about him suggests that he's very literal in everything that he does in understanding his mother's care needs and having to have everything exactly right.

Organisations have shared that he has undertaken his care role generally very well until recently. Accepting that his mother is getting older and therefore frailer, and he is also older with his own health needs. His acceptance of more support is as a positive result of the section 42 enquiry and the work undertaken by the social worker.

Noted Good Practice

- The S42 enquiry has worked successfully to enable the social worker to build a relationship with Adult N that has led Adult N to accept more help and support for his caring role.
- The GP knew the family well and were able to add light to the relationships and care that Adult N had successfully delivered for over 20 years.
- The community nurses recognised and discussed concerns as they arose.
- Arrangements were made by the GP practice for Adult M to continue to receive care when Adult N had refused access to nurses at home.



Learning identified	What will help?
<ul style="list-style-type: none">Carer/Cared for relationship concerns Early multi agency working and intervention can help prevent escalation of issues.	<p>If you are working with a person and you have some concerns with the presenting situation, ask yourself:</p> <ul style="list-style-type: none">who else might be working with this family or know this family?Can you proactively prevent escalation of concerns by intervening using multi agency approach? <p>Think about safeguarding and prevention frameworks you can use to prevent or prepare a person for getting older as a carer and the person they are caring for getting older?</p>
<ul style="list-style-type: none">Use of Mental Capacity Act when a person cannot recall how things have happened.	<p>Where a person struggles to recall how injuries might have happened consider whether an impairment of the mind or brain is developing.</p> <p>What would you need to record if you were not undertaking a mental capacity assessment?</p> <p>Who could you seek advice from?</p> <p>Link to WSAB information on the Mental Capacity Act</p>
<ul style="list-style-type: none">It is important to use clutter rating tools and consider referral to Fire and Rescue service if there is a concern regarding hoarding.	<p>Do you know how to rate a room's clutter?</p> <p>Link to WSAB Policy Page with information on Fire Safety</p> <p>Consider which policy and guidance might help?</p> <p>Find out more: Link to WSAB Self Neglect Policy</p>