

STOCKPORT SAFEGUARDING ADULTS BOARD

01 Background

Elizabeth was 87 years old. She lived in a one-bedroomed first floor flat. Elizabeth had two sons who both spent extended periods of time living with her.

Elizabeth and her sons had a history of alcohol excess. In March 2015, Elizabeth was diagnosed with alcohol related dementia and she was known to specialist services. She did reduce her alcohol intake and on some occasions she did not attend pre-arranged appointments.

Elizabeth may have been neglectful of her own health needs at times which could have been induced due to alcohol related dementia impacting her perception of her own health needs.

02 Safeguarding Concerns

An ambulance attended the flat and found Elizabeth in a soiled bed and unable to mobilise. A number of people, including her son appeared to be intoxicated at the flat. Elizabeth was taken to hospital and the ambulance raised a safeguarding concern.

Elizabeth was examined and was found to have fractures and bruising. She also appeared to have suffered a stroke and had an acute kidney injury. Elizabeth's son states she fell 4-7 days before the call but without any medical treatment, and since then, she had been in bed immobilised. There was previous concerns relating to financial exploitation, the buzzer to Elizabeth's flat had been disconnected and concerns with compliance of medication.

It was reported by professionals that Elizabeth appeared nervous and shaky when in the presence of the son.

03 Financial Exploitation

There was a lack of consideration of both sons coercive and controlling behaviour as a factor in her decision making.

Opportunities were missed to support Elizabeth with the concern of capacity, best interest and financial exploitation, through the lack of professional curiosity and with professional challenge to both sons of the concerns.

There was a lack of co-ordinated single and multi-agency action to address the ongoing allegations of financial impropriety.

04 Alcohol Misuse

Elizabeth was advised to reduce her drinking, or preferably abstain and advised that some of the effects on her cognition may be reversible.

Elizabeth said that she did not want to stop drinking alcohol despite advice from professionals and support from her son. Good practice by professionals was evident.

05 Information Sharing & Multi-Agency Working

A stronger focus on multi-agency working would have strengthened an understanding of Elizabeth's daily lived experience and enabled a more robust approach to information sharing and the commitment to safeguarding her.

Communication between agencies would have enabled professionals across services to discuss Elizabeth's needs and risks and jointly manage them.

Capacity assessments, including consideration for fluctuating capacity were not always conducted in the context of other vulnerability factors and a multi-agency discussion would have been beneficial.

07 Safeguarding Process

Neighbourhood services now operate a model where multi-agency working is at the heart of complex cases and the new model is co-located which affords greater opportunities to work together and share information in real time.

There is a new liaison forum between the neighbourhood team and housing. This is a forum in which a case such like would now be assessed.

ASC has a new process to ensure greater professional presence at the first point of contact. The aim is to ensure that the public and professionals get the right advice, information and response in a timely manner. This means the risk and safeguarding issues are identified and addressed at first point contact.

06 Other Risk Factors

There was a lack of consideration about the potential risks to Elizabeth from both her sons whilst intoxicated, and when staying with her, acting as her carers.

Neither son appears to have been offered a carer's assessment or to have received carer's allowance.



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Safeguarding
Adults
in Stockport