

Case Summary

Adult K was an 80 year old male who died in hospital, the immediate cause of death was identified to be sepsis and leg ulcer, with evidence of other contributory health conditions including community acquired pneumonia, chronic obstructive airways disease and Atrial Fibrillation (AF). The presentation of Adult K on admission to hospital gave professionals cause for concern; he was reported to be in a poor state of health, dehydrated, malnourished and with evidence of self-neglect.

Adult K was cared for at home by his wife. He had refused healthcare for a number of years and concerns regarding his self-care specifically arose from March 2018 up until his death in December 2018. In the months preceding Adult K's death, he had received treatment from the District Nurse team due to ulcerations. The Ambulance service had attended due to falls within the home and the GP was also aware of Adult K's health needs and previous reluctance to engage with treatment options. From August 2018 onwards, Adult K's wife had reported difficulties in caring for Adult K, she also had her own medical needs which would impact on her ability to continue to provide care for her husband. A week before admission to hospital, Adult Social Care undertook an equipment assessment and subsequently a full care and support assessment. This led to a support package being agreed in Adult K's best interests, although sadly Adult K was admitted to hospital not long after this assessment and was not able to benefit from this support prior to his death.

The review highlighted key themes and areas of learning which are explained below. It is anticipated that a copy of the SAR report will be made available on the [LSAB website](#) once the Coronial process concludes.

Key Themes and Learning Points

Prevention:

Prevention is one of the principles that underpins safeguarding work; it is better to take action before harm occurs. Adult K had a history of refusing services, which meant that agencies could have predicted that he would need more support. Agencies tended to respond to Adult K's needs reactively. A referral to Adult Social Care should have occurred earlier regardless of consent.

Carers Assessment:

A Carer's Assessment was not considered for Adult K's wife until she had a serious health issue which was likely to impact on her ability to continue to provide care for Adult K. A referral for a Carer's Assessment could have been completed by any agency involved with providing care and support for Adult K and/or his wife. This links with the principle of prevention outlined above.

Self-Neglect:

The report indicates that Adult K had a long history of 'refusing services'. Although the consequences of refusing services on Adult K's health had been explained to him, professionals don't appear to have explored his reasons for refusing services. Adult K's 'lack of self-care' was not considered as a potential indicator of Self-Neglect.

Mental Capacity:

Agencies questioned Adult K's capacity but no formal Mental Capacity Assessment was undertaken until ASC assessed his care and support needs shortly before admission to hospital.

Public Awareness of Self-Neglect:

The issue of Self-Neglect is complex, it can be difficult for professionals to work with and there can be stigma associated with the term. Raising public awareness would enable families and communities to work with professionals to help prevent, identify and respond.

Holistic Working:

Taking a holistic view of a case can help prevent or delay deterioration. This case provided good practice examples of ASC assessing Adult K's needs holistically and the Ambulance service also considered Adult K's needs broadly. However, this is an approach not employed by all agencies.

Learning Brief – Adult K: May 2022