

7-minute Learning Summary

Safeguarding Adult Review – Issy



Case Summary

Issy was 26 years old at the time of her death from a heart attack following sepsis as a result of infected pressure ulcers. She had an extremely rare, inherited disease that affects the muscles. In her case the condition was progressive, severely disabling, and life-threatening. As her condition progressed, Issy became increasingly bedbound, socially isolated and in pain. When the COVID pandemic impacted, she was regarded as 'clinically extremely vulnerable' and required to 'shield', to protect her from infection. This resulted in further isolation.

Summary findings

1. "Tunnel Vision" is working to maintain a task focus in pressured work environments which increases the risk of staff inadvertently becoming desensitised to and dehumanising people drawing on health and care services
2. Mental Capacity Act training has not achieved a base line understanding of the application of the Mental Capacity Act across agencies and professions.
3. Family carers needs and abilities are not fully and holistically explored with the consequence that carers are left feeling unsupported'



Lessons



1. It is important for adult and children's services to have a model for joint working on cases involving young people with complex needs
2. Multiagency hospital discharge meetings offer the opportunity for professionals from the acute and community health and social care networks to share planning for delivery of community care with the person and their family carers. These should be prioritised when discharging young people with complex needs and concerns about compliance.
3. Where people have complex needs there is often a wide range of community support agencies offering support. There is a need for this to be co-ordinated and for there to be a recognised mechanism for sharing information and updating risk assessments.
4. Depression and isolation may impact on peoples capacity to make decisions and staff need to be professionally confident in distinguishing between unwise decisions and where executive decision-making capacity is impaired.
5. Self-neglect requires a statutory safeguarding response and cases should be progressed even where the change of engagement of the person is small.
6. There is a need for simple and accessible information on managing Direct Payments and to seek assurance that people with such payments know how to access the funds, the balances and to seek help when they are confused. When surpluses are identified for repayment, this issue must be fully explored with the person and assurance gained that they understand how they can use their allocated funds flexibly to meet their needs.
7. Family carers may need practical and advocacy support, particularly when the needs of the person they are caring for are complex.
8. Parent carers need support and flexibility when their child reaches 18 and their role changes from being responsible for a 'child' to supporting an adult. Professionals need to be sensitive and supportive to parents and the young person. This issue of role needs to be explored as part of carers assessments and in the context of developing support plans for the young person which rely on input from a parent carer.