Clive

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1. Introduction

1.1 Barnsley Safeguarding Adults Board initiated this Safeguarding Adult Review (SAR) in October 2018, following the sad death of CLIVE (aged 59) in January 2019. In line with national guidance the report is anonymised and the name CLIVE was agreed with his family

1.2 The aim of a SAR is to promote learning and improvement action in order to prevent future incidents involving death or serious harm. The Care Act 2014[1] states the following:

(1) An[2] SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—

(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) condition 1 or 2 is met.

(2) Condition 1 is met if—

(a) the adult has died, and

(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(3) Condition 2 is met if—

(a) the adult is still alive, and

(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

(4) An[2] SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

1.3 In this case an adult with care and support needs was subject to self-neglect. This Overview Report provides an overview of the deliberations and recommendations of the SAR/ DHR Panel, Independent Chair/ Author, and a learning event, drawing overall conclusions and recommendations from the information and analysis contained in Individual Management Reviews (IMRs) and other information supplied.

1.4 Contributors to the Report include the following:

Contributor	IMR/ report/other	Organisation
Adult Social Care	IMR	BMBC

[1] See http://www.legislation.gov.uk/ukpga/2014/23/section/44

[2] "An" is grammatically incorrect but is retained here, in line with the original as quoted.

Ambulance crews/paramedics	IMR	Yorkshire Ambulance Service
Berneslai Homes (Customer and Estate Services & Assets Regeneration and Construction)	IMR	Berneslai Homes
Domiciliary Care	Report	Mears
Fire and Rescue	IMR	South Yorkshire Fire and Rescue
Barnsley hospital (In patient and A&E)	IMR	BHNFT
GP	IMR	GP Practice
CLIVE's family	Other - conversation	Family
SWYPFT Mental Health and dietetics	IMR	SWYPFT
DWP (Personal independence and other benefits)	Report	DWP
Safer Neighbourhoods	Report	BMBC

1.5 The following agencies were asked to contribute to the report following the initial requests for information

- DWP
- Domiciliary Care (Mears)

1.6 The IMR authors were asked to complete their reports covering the period December 2012 to January 2019

1.7 The timescales agreed take account of the death of CLIVE's mother, who provided significant support for CLIVE throughout his life

1.8 Barnsley Safeguarding Adults Board and the author would like to extend thanks to CLIVE's family for their contributions to the report and approving the learning generated.

s2. Circumstances that led to a Safeguarding Adult Review being undertaken and summary of SAR process

2.1 CLIVE was found deceased in his bungalow in January 2019 by staff from the care agency who attended daily to support with meals and personal care tasks (showering) .At the time of his death, CLIVE was in receipt of support from the mental health tenancy support and a housing management worker employed by Berneslai homes; additional support was provided by Adult Social Care via a domiciliary care package to assist with meals and personal hygiene for the six weeks prior to his death.

2.2 CLIVE had been referred to safeguarding and social care by professionals and family four times between 2013 and 2017 to address concerns about self-neglect and his inability to self-care

2.3 The SAR/DHR panel considered the Safeguarding Adult Review referral received in October 2019 at the SAR panel held on 24 October 2019 and agreed that case met the SAR criteria. CLIVE's death was not identified as a possible SAR until the coroner contacted Adult Social Care in September 2019 confirming the cause of his death. The Board manager was appointed as the chair of the IMR author panel meetings and author of the final report. The board manager is independent of the agencies involved in Clive's case.

2.4 IMR authors and other contributors met to review reports and identify any additional areas for examination on the following dates

Date	Purpose of meeting
22/11/2019	Initial meeting to review IMR's received and evaluate the need for additional information
17/12/2019	Evaluation of additional information received and new IMR's
28/1/2020	Review combined chronology and initial analysis
23/4/20	Discussion at SAR executive panel

2.5 Family were contacted and agreed to contribute to the review, the board manager and independent chair of BSAB met with two members of CLIVE's family who provided valuable information about CLIVE's earlier life and his relationships with family and others. *Offer made to share report and/or action plan with family – add to or amend depending on feedback from family*

2.6 BSAB approval of the report

28 May 2020

3 Terms of Reference

3.1 The following were agreed and formed the basis of the IMR template

- Compliance with agreed Self-Neglect and Hoarding Policy(formerly known as VARMM)
- Examine the effectiveness of multi-agency information sharing and joint working
- Evaluate if the learning from previous SARS/lessons learnt has been embedded in practice
- Explore the policy of discharging individuals who do not attend (DNA) appointments
- The impact of claiming Universal Credit on isolated adults
- Examine the impact of loss and the services available locally to help adults who have experienced bereavements

4 Facts of the case

4.1 CLIVE was found deceased in his bungalow in January 2019 by staff from the care agency who attended daily to support with meals and personal care tasks (showering) .At the time of his death, CLIVE was in receipt of support from a mental health housing support officer and housing management officers employed by Berneslai homes; additional support was provided by Adult Social Care via a domiciliary care package to assist with meals and personal hygiene for the six weeks prior to his death.

4.2 CLIVE had limited contact with any support organisations prior to his mother's death in November 2012, following her death he was referred, with his consent, to Adult Social Care, South West Yorkshire Partnership Foundation Trust, MIND and to the mental health housing support workers within Berneslai Homes. CLIVE's family contacted Adult Social Care in April 2014 to request support for him following the death of his mother who was his main carer

4.3 The issue of self-neglect was first identifying by Yorkshire Ambulance Service (YAS) in May 2013, additional referrals identifying his inability to effectively self-care were received from Berneslai Homes, Barnsley Hospital and his family, the final referral being received by the hospital social work team in December 2018

4.4 An abridged chronology shows the significant contacts/interventions between CLIVE and organisations covering the review period

Date	Organisation	Summary
2004	GP	CLIVE referred for intervention from MH to assist with his Obsessive compulsive disorders (OCD). CLIVE's mum accompanied him to appointments. It was noted that he was prescribed medication to manage his anxiety.
April 2004	Department for Work and Pensions (DWP)	CLIVE claimed and awarded Disability living allowance (DLA) £21.50 per week. Discontinued in Sept 2017 as Personal Independence Payments (PIP) replaced DLA
September 2004	GP	Prescribed paroxetine for anxiety, discontinued in 2012, as CLIVE reported that he was not taking it as it "didn't help"
September 2012	GP	CLIVE attended the surgery with his sister; he stated had not been out for months and was very reclusive. Keen to try Cognitive Behavioural Therapy (CBT). Referral made to SWYPFT mental health
March 2013	SWYPFT	Letter sent to CLIVE offering him an appointment, CLIVE declined appointment in April 2013. Letter sent to GP confirming non engagement
March 2013	GP	CLIVE's sisters attended concerned about him. They stated that CLIVE eating very little, very reclusive and self-neglectful. GP agreed to visit. Home visit took place, obsessive hand washing much worse. Referral to Mental Health services but CLIVE chose not to access this support
April 2013	SWYPFT	Referral received from GP, outlining obsessive behaviours and the lack of hot food since death of his mother. Declined appointment offered and referred back to care of GP
May 2013	Yorkshire Ambulance Service (YAS)	Referral to ASC following transfer of CLIVE to hospital, concerns that he was not managing following the death of his mother (November 2012)

Date	Organisation	Summary
May 2013	Barnsley Hospital (BHNFT)	Admission due to chest pains, concerns identified about his mental health and weight loss. Referral made to mental health liaison team and an appointment offered to CLIVE post discharge. Referral made to ASC. Discharged to care of GP
May 2013	SWYPFT	Assessment by Mental Health Liaison team at Barnsley Hospital
May 2013	SWYPFT	CLIVE attended an appointment, with his nephew, with the Barnsley Assessment and Brief Intervention Service (BABIS). Discharged with his commitment to engage with dietetics via his GP and to engage with the local Lifelong Centre to develop some skills and reduce social isolation. He indicated he was considering supported accommodation; there is no evidence that this request for a move to supported accommodation was shared with appropriate organisations.
June 2013	Berneslai Homes (BH)	Referral to ASC identifying Obsessive Compulsive Disorder (OCD) and aggression to neighbours, including threatening one of them with a golf club. CLIVE's OCD meant he struggled to use the cooker and microwave
June 2013	Adult Social Care (ASC)	Assessment completed, at home, CLIVE did not meet the threshold for care and support services, and he was referred to Mental Health and dietetics support via his GP. He was left information about bereavement and meals on wheels services. There is no evidence to suggest that CLIVE accessed this support
June 2013	SWYPFT	CLIVE's nephew rang concerned about CLIVE's mental health and his ability to cope. Advised he had declined services and if concerns persist to encourage contact with his GP. Adult Social Care referred to SWYPFT as their assessment indicated he had no eligible needs but may benefit from mental health support?
April 2014	SWYPFT	Referral via mental health liaison team following CLIVE's attendance at the hospital. Disclosed suicidal intent and self-neglect. Referral to BABIS
April 2014	SYFR	Called to CLIVE's home by his family to respond to a house fire in one of the bedrooms
April 2014	SWYPFT	Call from BH reporting suspected arson at his property asking for information from the assessment
April 2014	BH	CLIVE supported to register for alternative accommodation, two , one bed bungalows identified. Neither viewed.
April 2014	GP	CLIVE and both sisters attended surgery. Records state unkempt, low in mood and a BMI of 17.44. Referral to MIND. Bloods taken to establish general health.
April 2014	MIND	Referral received, contact made with Clive but he did not access support. MIND continued to send offers of support and activities to Clive but this did not result in his engagement with the service
April 2014	SWYPFT	Call from CLIVE's family expressing concerns about this mental health and the possibility of suicide or self-harm. Advised to contact police and/or GP as no consent obtained to contact SWYPFT
April 2014	SWYPFT	CLIVE attended appointment at BABIS (supported by sister), denied suicidal thoughts but did admit that reduced food intake may result in his death and OCD and anxiety. Referred back to GP and agreed to seek support from MIND
April 2014	SWYPFT	Call to BH to advise that no mental ill health but behavioural issues and that CLIVE had declined support and been referred back to GP
May 2014	GP	Complaints of urinary problems, bloods requested as prostrate enlarged. Results of the tests showed no cause for concern and monitoring agreed
Nov. 2014	BH	Letter sent to confirm rehousing still required – no response
March '15	BH	CLIVE removed from rehousing list due to lack of response
July 2015	GP	Low mood, isolation. Felt alienated from sisters. Notes state he felt he would be better off going to sleep and not waking up but had no plans to make this happen. Referral for CBT

Date	Organisation	Summary
July 2015	SWYPFT	GP letter dated May 15 requesting cognitive behaviour therapy for CLIVE. Letter sent to SWYPFT mental health team for triage
July 2015	DWP	CLIVE made a claim for Employment Support Allowance (ESA), this was closed in October as CLIVE did not attend a work capability assessment (WCA) despite several telephone calls and re-sending relevant forms.
July 2015	SWYPFT	CLIVE rang requesting support, details added to GP referral. CLIVE noted to be happy to wait for assessment appointment
August 2015	SWYPFT	CLIVE sent appointment to see Cognitive Behavioural Psychotherapist, he rang to rearrange appointment
September 2015	SWYPFT	New appointment for September sent to CLIVE in a letter, however he cancelled the appointment and indicated he did not want to receive any support; as a result the referral was closed and he was referred back to the care of his GP
September 2015	GP	CLIVE reported accepting help from MIND. Prescribed Fluoxetine with a plan to review in 3 – 4 weeks, CLIVE reported that the Fluoxetine were not helpful and he had discontinued their use
March 2016	DWP	CLIVE made claim for ESA (Employment Support Allowance). Did not attend required Work Capability Assessment (WCA) appointment, claim not completed
November 2016	DWP	CLIVE made a claim for Personal Independence Payments (PIP), however failed to return all forms. Claim not processed
May 2017	BH	CLIVE offered support of Mental Health Housing Support Worker and Rents Officer to address the escalating rent arrears. CLIVE declined the offers of support to claim for benefits stating he had savings to live on
June 2017	GP	CLIVE reported weight loss and headaches and issues with sleep. Stated relationship with sisters deteriorated. BMI low, additional bloods requested with a view to referring to dieticians, the blood results did not identify any issues requiring support from dietetics
March 2018	BH	CLIVE contacted about rent arrears, issues with benefits identified. Advised to address before the arrears escalate
March 2018	BH	Call received from housing benefits saying that CLIVE had not engaged with a claim for benefits. BH advised to try and support him to complete the claim for Universal Credits and housing benefits
March 2018	BH	Attempts made to support CLIVE to claim both Universal Credit (U.C) and Housing Benefit without success. Notice seeking possession issued due to scale of rent arrears
April 2018	BH	Housing Management Officer and Mental Health Housing support worker tried to support CLIVE to make a claim for both Universal Credit (U.C) and Housing benefit without success
May 2018	BH	CLIVE rang reporting nerves and chest pains, limited food intake. Unable to make claims required, despite offers of support. Planning to see GP. Agreed to pay off £400 via phone to put a temporary hold on eviction process. Records indicate that CLIVE was appreciative of support
June 18	GP	Letter sent to CLIVE asking him to attend surgery, following call from Berneslai Homes about rent arrears. CLIVE – did not attend the GP appointment as a result the GP visited CLIVE at home, CLIVE reported being “desperately lonely” since death of mother and had not heard from his sisters in over 2 years and did not feel he could contact them. GP referred to My best Life, no response appears to have been received about the outcome of the referral

Date	Organisation	Summary
July 2018	ASC	BH referral received to request a VARMM (Vulnerable Adults Risk Management Meeting) to address the risks associated with CLIVE's self-neglect, initially BH colleague advised to contact SWYPFT due to history of mental health. In a second call to Adults Social Care the Berneslai Homes worker was advised to coordinate the VARMM meeting and invite relevant organisations. No record of a VARMM meeting being coordinated by any agency?
July 2018	YAS	CLIVE rang 999 requesting support for chest pain. On arrival the ambulance crew informed of lethargy, poor appetite and weight loss. Taken to Barnsley hospital and admitted
July 2018	BHNFT	CLIVE assessed by the Urgent Care Therapy Team (UCTT) – physiotherapy and occupational therapists. CLIVE discloses that he is unable to open doors, mail and struggling to eat due to fear of contamination. Excessive hand washing has resulted in significant tissue damage. Urgent referral to dietician. CLIVE discloses that he is not taking medication prescribed for depression.
July 2018	BHNFT	CLIVE engages with staff and eats well with dietician. Referred to gastroenterology and mental health liaison teams. Recorded that Clive gained 3 Kg whilst in hospital
July 2018	SWYPFT	Mental Health Liaison team assessed CLIVE on ward. No evidence of anxiety, OCD or suicidal tendencies. Agreed to engage with Berneslai Homes mental health worker and GP following discharge from hospital
August 2018	BH	Visit to CLIVE, appeared physically much better. CLIVE advised that his bank account was overdrawn and he needed support to move money from the Building society to the Bank. Housing Management Officer supported CLIVE to travel to the bank and building society to transfer money which he had agreed would support him to pay off some of the rent arrears. No payments were made against the rent arrears. BH sent CLIVE a letter advising him that they would be taking him to court to seek possession of the property.
August 2018	BH	Telephone call to CLIVE's GP advising that he would be in court in September for non-payment of rent
September 2018	BH	Visited CLIVE to explore payment in advance of court date seeking possession of the property. No reply
September 2018	BH	Court granted possession in 28 days and additional court costs added to CLIVE's rent account for non-payment of rent.
October 2018	BH	Mental Health Housing Support Worker and Housing Management Officer visited CLIVE to discuss non-payment of rent and significant risk that he would be made homeless if no payments received. CLIVE said he would pay but did not make any agreement about how or when the payments would be made.
November 2018	BH	Several attempts made to see CLIVE, no answer. Call to GP to update them of the planned eviction date. CLIVE advised via hand delivered letter that the court bailiff's would be calling on the 16 November to evict CLIVE On 16 November CLIVE paid £1000.00 by debit card and agreed to claim Universal Credit. Eviction suspended by BH
November 2018	GP	CLIVE attended with mental health worker from Berneslai Homes, Very anxious. Weight down to 41.4 KG, referral to community dieticians. Prescribed Citalopram for low mood and anxiety
November 2018	BH	Call from CLIVE to seek support from Mental Health worker. Concerns that he may not be attending GP appointments?

Date	Organisation	Summary
November 2018	YAS	999 call by CLIVE to request ambulance. CLIVE presented unkempt, cold (heating not on), duvet on floor in living room. CLIVE says he has been sleeping on the floor for over a year. CLIVE identified as Hypoglycaemic and transferred to hospital, YAS obtained consent for a referral to ASC
November 2018	BHNFT	Admitted with hypothermia, hypoglycaemia. CLIVE states he is struggling to live alone. Dietetic assessment resulted in a fortified diet and supplements, which CLIVE agreed to take. Referrals to mental health for support when he is discharged and an urgent referral to Occupational Therapy due to the reported number of falls?
December 2018	BHNFT	Occupational therapy assessment, CLIVE discloses he doesn't shower as anxious about falls, CLIVE states he would be too embarrassed to allow people to help with personal care due to weight loss, as he found letting people into his home a real challenge.
December 2018	DWP	Berneslai Homes Mental health worker and his GP provided additional information to support CLIVE's claim for Personal Independence Payment (PIP), as a result he was awarded enhanced rates for both daily living and mobility. CLIVE sadly died before payments made in January 2019
December 2018	BH	Call to ASC and Hospital OT to discuss finances and rent issues.
December 2018	BHNFT	Occupational Therapy (OT) assessment completed in the hospital kitchen. CLIVE was able to make toast and tea however it is noted that CLIVE took four minutes to wash his hands in preparation for making food. CLIVE reported to have shared that this is why he avoids making meals at home. Dieticians noted that CLIVE had gained 3KG in weight whilst in hospital and referred CLIVE for community dietetic support. CLIVE agreed to delivery of a range of equipment (Pressure relieving cushion, foam mattress topper, free standing toilet frame and bath board) CLIVE provided with contact details of an Obsessive Compulsive Disorder (OCD) community support group at his local Tesco's. The large number of empty cereal boxes stored in his property discussed with him and a referral to South Yorkshire Fire and Rescue (SYFR) for a fire safety assessment recommended, CLIVE declined this referral. Discharge to a short term care placement on 7/12 to allow the domiciliary care package to be established
December 2018	BMBC ASC	Social care assessment completed and the risks of self-neglect identified. A care and support plan agreed to include a 30 minute lunchtime call and a one hour call per week to assist with showering and food shopping. Noted CLIVE very frail and emaciated, at this point he weighed six stones. ASC postponed financial assessment as a result of the risks faced by CLIVE and the problems reported by him preventing him accessing Universal Credit and Housing Benefits. Referral made to DIAL to assist with claim for Universal Credit. Discussed possibility of a move to supported accommodation with social worker. No evidence this was progressed. No details about what CLIVE's understanding of supported accommodation were recorded
December 2018	BH	CLIVE advised that a direct debit needed to be set up to avoid eviction. CLIVE declined. A week later CLIVE agreed to a direct debit for £100 a week commencing January and thanked officers for their support.
December 2018	YAS	Transfer of CLIVE to care bed to allow ASC to set up the domiciliary care package for CLIVE.
December 2018		CLIVE discharged himself from care and travelled home in a taxi as the domiciliary care would commence the following day

Date	Organisation	Summary
December 2018	BMBC – ASC	Call received from Mears (Domiciliary Care Company) to advise that they had not been able to complete the assessment due to CLIVES's anxiety. They agreed to return later in the day and see if CLIVE could engage with the assessment. CLIVE disclosed he had no access to money to allow them to shop for him, CLIVE asked Mears to use his bank card to get shopping, MEARS staff declined as outside financial policies. Mears noted that CLIVE was sleeping on the floor in the living room. CLIVE claimed it was due to him having a bad back, the care company did not appear to know that the hospital had arranged a range of equipment to meet his needs, including provision of a mattress topper
December 2018	GP	CLIVE attended the surgery, claimed his mood had lifted. GP made a referral to gastroenterology as abnormal LFT's and ferritin. Arranged appointment for CLIVE to come back on 31/1/2019
December 2018	BMBC – ASC	ASC contacted Mears to evaluate the impact of the care package? Mears reported that support working well but that CLIVE had refused help to shower as he was waiting for a bath board to be delivered. Mears reported that CLIVE would allow carers to make him a sandwich, but often refused claiming he had already eaten. Mears confirmed that CLIVE had milk, bread, cereal and meat in the property but he had refused all assistance with preparation of hot meals.
December 2018	BHNFT (OT)	Attempt made to deliver equipment to CLIVE at home, as he had failed to answer the phone. CLIVE did not open the door but gestured that staff should leave without delivering the equipment. CLIVE was discharged from the service at this point
January 2019	BMBC – ASC	Telephone calls made to contact CLIVE, no answer and no facility to leave a voicemail message
January 2019	BMBC – ASC	Calls made to Mears requesting updates, Mears stated that CLIVE was reluctant to let staff do anything. CLIVE claimed he was doing his own shopping, he would not allow them to check if he had shopped and had food in the property? CLIVE would not allow staff to assist with his mail or with personal hygiene – showering and/or using the washing machine. CLIVE continues to sleep on the floor and displaying high levels of OCD behaviours. CLIVE reported to be looking unkempt
January 2019	BMBC – ASC	Further attempts made to contact CLIVE and Mears. Spoke with Mears on 24 January and a message requesting urgent contact with Adult Social Care. On 28 January notified that CLIVE passed away on 26 January 2019.

Mears confirmed that the lack of access to the handheld records and digital records limit their ability to evidence the details of the visits made by their staff. Handheld records were not recovered from CLIVE's property; if the family have these records the author has not had access to these. Mears report that CLIVE

- never refused entry to staff, he was always polite but regularly questioned why they were coming to his home. This was shared with ASC but not until the package was due for review
- Would not allow staff to cook or prepare any food for him, claiming he had eaten. He was observed eating a sandwich on a limited number of visits
- Refused all help with personal care, did not have a shower whilst carers present claiming he did not have the relevant equipment. (CLIVE refused delivery of this equipment from the hospital) There is no evidence to suggest he had a shower independently
- Only allowed them to do one shopping trip during the six weeks the service was in place
- Would not allow them to access the kitchen to check if he did have food

5 Background

5.1 CLIVE's family kindly provided background information to the review to support our understanding of him and his relationships.

5.2 CLIVE was the youngest of three children and had a happy childhood. He did well at school academically, played a number of sports and was reported as being popular with other students. He had a passion for music and football which continued into adulthood and whilst his mum was alive he occasionally attended football matches and regularly watched sport on TV. CLIVE was interested in music and this formed the basis of conversations with his nephew. CLIVE was an avid reader, with a particular interest in autobiographies.

5.3 At the point he left school he began to show signs of anxiety and depression which impacted on his ability to form and maintain relationships with people outside the home and family members. His family report that he did not have any friends and did not, apart from a short holiday relationship as a young man; he did not create or maintain any long term relationships

5.4 CLIVE did have a close relationship with his father; they spent a lot of time together, including going out for drinks. CLIVE's mother was very protective of him and he did not learn to complete basic living tasks such as cooking and using the washing machine.

5.5 CLIVE did secure employment on leaving school, but it is reported he lacked motivation, despite his intelligence. His working life included mining, which he really disliked, with Ringtons' Tea, Asda and a gardening role. He ceased all paid employment in his mid-twenties and did not work again

5.6 CLIVE lived most of his life with his parents and ultimately succeeded their tenancy after their deaths. He briefly had his own tenancy at Worsborough but used to spend a number of days/nights at his parents' home and gave up his tenancy within a year

5.7 CLIVE's parents were concerned about his inability to cope with noise and change and paid for private psychology support in Brierley, ultimately CLIVE declined to attend. His mum supported him to attend SWYPFT mental health appointments at Littlewood Court

5.8 CLIVE's anxiety and OCD behaviours escalated after the death of his father in 1994 and his reliance on his mother increased, however she reported to her family how his variable moods and OCD impacted on her ability to care for him and at times shared that she "struggled to manage his moods"

5.9 CLIVE had a difficult relationship with his sisters, who were concerned about his behaviour and his reliance on his mum, especially when her health started to decline. CLIVE was verbally aggressive to both sisters and on one occasion he physically threw his sister out of his home.

5.10 After the house fire, the cause of which was not established. CLIVE briefly moved in with both his sisters, however these arrangements were not successful so CLIVE was supported to move into a B&B in Bridlington for a couple of weeks until the property was repaired.

5.11 CLIVE loved Bridlington, in the past the family had taken many holiday there. CLIVE liked being in the B&B as his meals were cooked and there was an order to the days. The family travelled

to Bridlington to bring him home, when the property was repaired, however CLIVE informed them he was staying for a further week. During his time away the family had cleaned and decorated his home, stocked the fridge and cupboards with food which CLIVE did not acknowledge or thank them for.

5.12 During his mum's hospital admission with a heart attack, CLIVE allowed the family to collect her pension and shop for food, he expected them to cook all his meals at a time that suited him. He would reluctantly attend family events at Christmas and Easter etc. but clearly found them really difficult. He would return Christmas presents and cards – unopened.

5.13 Following the death of his mum in 2012, his family attempted to support him to develop cooking and cleaning skills, CLIVE was very resistant to this and would become verbally aggressive and refuse to see them.

5.14 The family spoke with the GP to express their concerns about CLIVE; they don't know what action, if any was taken by the GP in response to this conversation? Family supported CLIVE to GP appointments but CLIVE refused to allow them to "sit in "on the appointments and family believe that CLIVE did not tell the GP about the issues.

5.15 CLIVE hated travelling on buses, due to the noise and contact with people and would prefer to walk or get taxis.

5.16 The family confirmed that CLIVE was very secretive about money and very frugal. Family did not think CLIVE was receiving benefits but was living on money inherited from his father.

6 Analysis of the case

6.1 CLIVE experienced significant difficulties following the death of his parents, but struggled to engage with family or agencies that could have provided help and support. Appointments outside his home were a particular challenge due to his anxiety about infection and sensitivity to noise on public transport. His lack of regular income deterred him from using taxis to travel to appointments

6.2 CLIVE had insight into his difficulties and would request support from GP and mental health services but struggle to engage with this support when offered, failing to attend most appointments outside of his home. It is unclear if CLIVE took medication to address his low mood regularly, though he did report that medications were "not much use"

6.3 A number of agencies attempted to support CLIVE, however the majority of the support options required CLIVE to leave the home, as CLIVE struggled to leave his home he either did not attend or contacted to decline the service.

6.4 There is no evidence to suggest CLIVE any issues with literacy, despite this he often failed to return forms which resulted in him not having any regular income. Berneslai Homes workers who visited regularly suggested that CLIVE's self-awareness of his situations hampered his ability to complete forms due to his embarrassment. Family report that there was a quantity of unopened mail in the property following his death

6.5 Berneslai Homes maintained a good working relationship with CLIVE, despite the primary reason for their contact being linked to his rent arrears and possible eviction, suggesting that the quality of personal relationships and persistence did support delivered in his own home did enable CLIVE to engage with support/services.

6.6 ` Berneslai Homes Mental Health Housing Support Worker provided valuable support to CLIVE and their work in completing applications for benefits, including Personal Independence Payment (PIP) resulted in allocation of significant benefits, unfortunately not paid until after his death

6.7 Concerns about CLIVE's self-neglect and hoarding had been identified in 2013 and further referrals were made by both family and a number of other services; there is no evidence that the VARMM policy or its replacement the Self-Neglect and Hoarding Policy was used to complete a multi-agency risk assessment and development of a risk management plan..

6.8 CLIVE failed to attend a number of appointments (GP, dietician, mental health, DWP etc.). Each agency responded in line with their individual policies for non-attendance and discharged him from services, despite multiple requests for service from either CLIVE or other agencies. It is unclear if the discharge policies for individuals who "do not attend" (DNA) have any exemptions when the risks to the adults' safety/wellbeing are high

6.9 CLIVE clearly liked being "looked after", his mother had met all his daily living needs whilst alive, after the fire in his home he enjoyed the stay in the bed and breakfast in Bridlington, extending the stay by a further week. Following admission to hospital with malnutrition he engaged fully with staff, resulting in weight gain due to the structure provided in these settings.

6.10 CLIVE engaged with a wide range of assessments whilst in hospital, further evidencing his willingness to engage in a setting that he felt safe.

6.11 CLIVE's anxiety and OCD behaviours limited his ability to engage with support outside of the home did not prevent engagement with hospital staff and other patients who he spoke with on a regular basis whilst on the ward. This is in marked contrast to his life at home which resulted in CLIVE reporting to his GP that he was "desperately lonely at home" following the death of his mother.

6.12 CLIVE may have benefitted from a rehabilitation bed following discharge from hospital rather than a package of care at home, given his reluctance to allow people into his home.

6.13 A number of references have been made about CLIVE considering supported accommodation the first being made to SWYPFT very soon after his mother's death. These were repeated after the house fire; however this request does not appear to have been discussed with Berneslai Homes? If CLIVE had requested this it would have resulted in a referral to other organisations as Berneslai Homes do not provide any supported accommodation. CLIVE discussed the possibility of a move into supported accommodation with the social worker involved in his assessment in December 2018. There is no detail about what CLIVE's understanding of supported accommodation was and how this would help him? Given CLIVE's refusal to accept support, even when the request was self-generated it is unclear if supported accommodation had been identified if CLIVE would have moved into it or accepted the support provided?

6.14 The majority of agencies who offered CLIVE appointments outside the home have indicated that had they had access to information about his inability to leave his home may have been able to provide a home visit. This raises questions about the current referral and assessment tools used by organisations to evaluate the needs of the adult referred to them. CLIVE's willingness to engage with hospital staff when on the ward was in direct contradiction with his ability to accept help/equipment from them when he was back at home.

6.15 A number of organisations did identify self-neglect concerns and shared them, appropriately with Adult Social Care, however it appears that ownership of the management of the risks was not identified and no multi -agency action was agreed.

6.16 Barnsley had agreed via the Barnsley Safeguarding Adults Board policies to address the risks associated with adults who self-neglect and/or hoard, initially via the Vulnerable Adults Risk Management Model (VARMM) and later by the Self-Neglect and Hoarding Policy(March 2018). The adoption of the policies does not appear to have been well embedded within all partner agencies, potentially hindered by the absence of a multi-agency safeguarding adults training resource. The referral by Berneslai Homes in July 2018 should have prompted a multi-agency risk assessment coordinated by Adult Social Care, however Berneslai Homes were asked to organise a multi-agency meeting to address the risks. Ultimately no multi- agency response was completed by any agency hampering the creation of a personalised risk management plan to assist CLIVE. Escalation routes do not appear to have been utilised either within Berneslai Homes or between Berneslai Homes and Adult Social Care to establish which organisation would lead the multi-agency response.

6.17 Requests to ask other organisations to lead the response to self-neglect were not followed up to confirm they had been received and actioned and if not that ownership would return to Adult Social Care. This was an earlier recommendation from the SAR completed into the death of JACK which required all agencies to produce an audit trail of actions linked to self-neglect and/or hoarding cases.

6.18 A number of positive organisational working relationships were identified; including effective joint work between Berneslai Homes and the GP who worked together to progress CLIVE's benefit claims and reduce the risk of his eviction from his home. Adult Social Care and the Hospital staff worked together to assess CLIVES needs and support his discharge from hospital, including a postponement of the required financial assessment by Adult Social Care.

6.19 SWYPFT, DWP and ASC have acknowledged that the absence of information about CLIVE's difficulty in engaging with appointments outside the home resulted in him not receiving services he was entitled to. Changes to referral mechanisms may be beneficial to increase access to services to other adults who may struggle to engage with external appointments.

6.20 CLIVE appears to have been willing to allow professionals into his home, even if he questioned the reasons for their visits (Care company), if home visits had been organised it is likely that CLIVE would have allowed the worker(s) into his home and if a relationship was established would have probably accepted support based on his willingness to engage with the Berneslai Homes staff. Examination of the current criteria for home visits may be valuable to reduce the risks to adults who will struggle to engage with appointments outside the home.

6.21 A number of organisations were informed by CLIVE how lonely he was following the death of his parents and whilst appropriate advice and support were provided to him, the impact on his ability to self-care does not appear to have been fully explored. Learning from both local and national SAR's provide strong evidence to suggest that bereavement/loss is likely to lead to self-neglect and /or hoarding especially for adults with psychological or mental ill health.

6.22 Some confusion appears to exist around mental capacity and mental health assessments and the role of staff in each. Berneslai homes believed that the GP had completed a mental capacity assessment; however the GP indicated that he believed CLIVE had capacity and had not had reason to complete a mental capacity assessment. Mental Health assessments were completed and the view formed that whilst CLIVE did have anxiety and OCD behaviours this was not warrant secondary mental health support. CLIVE requested support from SWYPFT mental health on several occasions but declined appointments when offered; it is unclear if this was linked to the need to travel to the appointments. The GP, on reflection, believed that CLIVE had a developmental disorder which was not assessed or addressed before his death that this combined with his longstanding OCD behaviours and anxiety combined with the impact of the bereavements may have affected his "executive" capacity. (Note – CLIVE was never formally diagnosed with OCD by mental health services but his GP had the view that CLIVE did live with behaviours that limited his life). Learning from local and national SARs suggest that "executive capacity" is a poorly understood area of practice and may be a topic for wider debate and inclusion in the local self-neglect and hoarding policy

6.23 It is unclear how the lack of regular income impacted on CLIVE's choices to decline to attend appointments, however as CLIVE had real difficulty using public transport and preferred to pay for taxi's to attend appointments, it is likely to have deterred attendance. CLIVE had prolonged periods without regular income due to the requirement to attend the DWP offices and the lack of knowledge within other supporting organisations that home visits could have been provided by the DWP

6.24 All IMR authors indicate that contact with CLIVE would have been more effective if additional professional curiosity and persistence had been in evidence, however no organisation found any failure to adhere to current assessment frameworks

6.25 The majority of IMR authors recommend cascading of learning from this and other self-neglect and/or hoarding SAR's with internal mechanisms to evaluate compliance with the policy and the impact on practice.

7 Conclusions and recommendations

7.1 CLIVE's case mirrors many other SARs locally and nationally reviewing the deaths of adults directly linked to self-neglect and/or hoarding. It is clear that many individual agencies worked well with him and the staff from Berneslai Homes demonstrated real persistence in maintaining a relationship with him. The GP showed real commitment to CLIVE, supporting him to secure benefits and avoid eviction. However, CLIVE mentioned to several agencies how lonely he felt and on at least two occasions discussed supported accommodation, however this was not followed up with further conversations or exploration of options to address his isolation and self-neglect

7.2 Criteria linked to non-attendance or no contact disadvantage adults like CLIVE along with the requirement to attend appointments outside the home, with limited regard for the adults' ability to physically, emotionally or financially to be able to do this.

7.3 CLIVE's inability to reach out to his family, who he felt he had "burnt his bridges with" prevented him accessing their support which had in his earlier life been really valuable, especially his relationship with his nephew. Assessments would benefit from exploring family support as part of the asset /strength based approach to work with adults.

7.4 Safeguarding Boards need to robustly evaluate their abilities to embed new policies and audit the impact of them to provide the necessary governance to safeguard adults

Recommendations

7.5 Mechanisms to be introduced to ensure that when new safeguarding policies are approved all organisations can evidence that the policies have been embedded in both practice and in recording systems

7.6 Examination of the ability to deliver the necessary training to embed policies on either an individual organisation or multi-agency basis should be considered and audits to evaluate the impact may be worthy of consideration

7.7 Escalation routes are established within all Barnsley Safeguarding Adults Boards (BSAB) partners to support staff who are struggling to manage the risks and/or there is dispute about which organisation should lead and coordinate the self-neglect response.

7.8 A review of individual organisation's referral forms and mechanisms to contact the adult would be beneficial to avoid discharge from service as a result of "did not respond" or "did not attend" for adults who will struggle to engage with services outside their homes. This review would benefit from providing a mechanism to grade the priority of the response, if not already in place

7.9 Identification of adults who have longstanding mental ill or psychological issues who experience bereavement to offer interventions to reduce the risk of them self-neglecting and/or hoarding should be explored via the BSAB sub groups and agreed by BSAB. In addition to this identification and appropriate information sharing, cataloguing services that currently exist to support self-neglecting adults and evaluating if commissioning of additional services would be beneficial.

7.10 Identification of the organisations that currently provide home visits and asking all these organisations to evaluate the criteria applied to these and if necessary amended to provide more assertive support to adults who frequently decline or do not attend appointments. Creation of a directory of organisations/services that provide home visits and how to request these would be beneficial as knowledge of the availability of the DWP home visiting, SWYPFT Dietetics services etc. appears to have limited the responses to CLIVE's self-neglect.

7.11 BSAB support Barnsley DWP who have asked senior managers to explore creation of a vulnerability flag on the national system to ensure that if this information is provided and logged additional support, including home visits will be offered to ensure that adults are able to access benefits they are eligible to claim

7.12 Inclusion of self-neglect cases in relevant supervision and or team meetings is considered to provide support to the individual members of staff working with the adult but to increase knowledge of this complex issue

7.13 Explore if information sharing between organisations is possible about adults who frequently Do Not Attend or decline appointment to promote a more persistent and professionally curious response

7.14 Consider inclusion of executive functioning (circumstances in which the adult gives superficially coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers) in any future reviews of the current self-neglect and hoarding policy.

7.14 A map of local existing bereavement services is produced and evaluated to ascertain if any of these would have been accessible to CLIVE and other adults in similar circumstances

7.15 Consider use of family group conferences for adults who self-neglect and/or hoard and how they might be facilitated both with and against the wishes of the adult

8 Individual action plans

8.1 Adult Social Care

REVIEW

1 BSAB are overseeing a review of the self-neglect and hoarding policy and any changes resulting from this will be implemented by

a) Cascading the key changes via team managers meeting, supervision sessions and team meetings
b) Reviewing the ERICA recording system and implementing any changes to embed the updated policy
c) What formal training has been completed to date and identify if ASC would benefit from creating learning opportunities going forward.

2 The ASCQAT will be asked to complete audits of self-neglect and hoarding cases as part of their programme to evidence that ASC are compliant with the revised policy

ACTION

a) All self-neglect and hoarding cases will be included in supervision at all levels and any issues identified will be discussed at relevant forums
b) All cases exiting the self-neglect and hoarding managed by ASC will be discussed by the team manager and Head of Service to validate that all risk management options have been explored. These discussions will be recorded on ERICA on the adult's record
c) ASC will implement a learning programme if identified as required from the training needs analysis
d) High risk cases that include self-neglect and hoarding that may not be appropriately managed within the self-neglect and hoarding policy will be referred to the newly created multi-agency panel chaired by Adult Social Care
e) ASC will identify mechanisms to support the cascading of both local and national SARs that will support development of practice when working with adults who self-neglect and / or hoard.

8.2 Berneslai Homes

a) Front line Housing Management Officers will now receive annual mandatory refresher training in relation to Safeguarding as opposed to bi-annual.
b) Training records will indicate date of completion, and evaluation for all officers.
c) Areas for further training will be explored annually as part of PDR process and arranged on a case by case basis, using effective supervision around areas for improvement / lessons learned / SAR outcomes etc.
d) All new starters in Housing Management teams will be required to undertake mandatory Safeguarding Training within the first 6 months of commencing employment / transferring roles in addition to overview of Vulnerability Strategy which is already provided at Corporate induction**.**

8.3 Barnsley Hospital

a) Share the CLIVE report at the next Trust safeguarding steering group for learning
b) Consider how the Trust can raise the issues of hoarding and self-neglect in our urgent care areas so they early identification is made and reported.

c) Consider whether the issues of self-neglect and hording are routinely discussed at the safeguard steering group
d) Learning from any future cases will be discussed at safeguard steering group

8.4 **CCG**

a) The CCG Designated Nurse Safeguarding Adults will ensure that the learning from the Safeguarding Adult Review for Clive is disseminated widely, including internally within the CCG and externally to GP practices and other health partners'

8.5 **GP**

a) Review and amend current Safeguarding Vulnerable People's policy to ensure self-neglect is highlighted in all relevant parts of the policy
b) Distribute the amended policy within the practice
c) Display posters in the clinical rooms detailing various forms of abuse including self-neglect to ensure it is at the forefront when undertaking consultations
d) Complete Significant Event Analysis within practice for discussion at practice meeting
e) Safeguarding lead to undertake a supervision session with the safeguarding lead for the area and then undertake supervision in practice
f) Training on the Mental Capacity Act

8.6 **SWYPFT**

a) The safeguarding training will be updated on completion of the Safeguarding Adult Review, by the Specialist Advisor for Safeguarding Adults. The Safeguarding Adults Advisor will discuss with The General Manager the referral pathway, where there are concerns and pattern of non-engagement.
b) SWYPFT to consider if their referral letters/forms need to include evidence of priority/urgency and whether there are any factors that will impact on the adult's ability to attend appointments

8.7 **YAS**

<u>Current Policy Review;</u>

YAS policy definition of self-neglect includes "Persistent failure to seek help or access services to meet health and social care needs. An inability or unwillingness to manage one's own personal affairs." Following the discussions around the table and the agreement that CLIVE appeared to seek help but be unable to then engage with those next steps the definition currently used would include those in a similar situation to CLIVE. The policy makes clear that it is good practice to obtain consent for a referral to Adult Social Care unless to do so would increase risk of harm to the person, staff member or member of the public (there is a public interest to disclose). The policy also specifies that if a person has been assessed as lacking capacity to consent to the referral then it would be appropriate to refer in the best interests of the adult at risk.

The referrals made for CLIVE were with his consent for a Social Care Assessment request and crews assessed him as having capacity to agree to them at the time, therefore, I am assured that the current policy as outlined above remains appropriate in identifying risk and believe this to be reflective of the discussions we had during the meeting.

Current Training Review;

The current YAS training package for all operational staff is reflective of the YAS policy as detailed above and provides further reassurance as to the identification of adults at risk. Whilst the referrals for CLIVE were for Social Care Assessments with consent, the current Level 2 and Level 3 training includes case studies and escalation from Social Care Assessment to Adult Safeguarding based on assessment of risk and any known views, wishes and preferences of the individual .

Current Feedback Process;

As discussed during the meeting YAS ordinarily would have a very limited period of time with the patient and would not maintain ongoing case management, with the exception of a patient making repeated calls for service which meets the remit of the YAS Frequent Caller team for whom additional training is provided to Level 3 competencies and who work as part of the multi-agency approach to assessing and addressing unmet needs. The existing process for referrals is that these are emailed to the relevant Local Authority and a delivery/read receipt is attached which would identify that either the referral has been delivered or there has been a delivery failure. These receipts are checked by the Health Desk who send the emails and also by the Safeguarding Senior Quality Administrator to ensure delivery failure messages are identified and followed up. YAS currently send approximately 1600 referrals across the locality each month. YAS also record on our Datix recording system any feedback which is received from Local Authority in response to the referrals sent.

Review of IMR

Persistent non-attendances were not known to YAS in the case of CLIVE. As above, for patients who contact YAS repeatedly a team of clinicians are in post who review unmet care needs and this would include whether agencies are currently working with the patient to ensure the multi-agency approach to support the individual. I do not feel that more information would have particularly assisted the YAS response to CLIVE as our contact was so limited.

In terms of work needed to clarify that the policy only applies to adults who have capacity, as above the YAS policy reflects that referrals can be made without consent if the risk threshold is met. YAS training includes guidance to be clear, complete, concise and correct (the 4C approach) within the referral SBAR (Situation, Background, Assessment and Recommendation) and to “say what they see,” to accurately reflect the conditions within the home. A specific scoring tool is not used, however, as YAS crews cover across the Yorkshire and Humber region the 4C approach enables consistency across services. The SBAR tool on the referral forms is designed to highlight assessment of risk and recommended actions which is a key component of the existing YAS safeguarding training.

All agencies

All agencies indicated that the learning from this SAR should be cascaded, a number of agencies suggested either single or multi- agency training around managing self-neglect and hoarding

Glossary

ASC – Adult Social Care

BMBC – Barnsley Metropolitan Borough Council

BH – Berneslai Homes

BHNFT - Barnsley Hospital

DATIX – Risk Management Recording System used by Health.

DWP – Department for Work and Pensions

ESA – Employment Support Allowance

GP – General Practitioner

MCA – Mental Capacity Act

OT – Occupational Therapy

SAR – Safeguarding Adults Review

SWYPFT – South West Yorkshire Partnership Foundation Trust (provided mental health and dietetic support)

VARMM – Vulnerable Adults Risk Management Model

WCA – Work Capacity Assessment

YAS – Yorkshire Ambulance Service

References

Jack SAR - https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/barnsley-safeguarding-adults-board/safeguarding-adult-reviews-sars/

VARMM policy – approved September 2016

Guide to carrying out capacity assessments - https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2019/03/Mental-Capacity-Guidance-Note-Capacity-Assessment-Updated-March-2020.pdf

Self Neglect and Hoarding Policy - BSAB approval date – 15/3/18 . launched 01/06/18
SCIE – building an evidence base for practice - https://www.scie.org.uk/self-neglect/policy-practice/evidence-base