

## Learning from Safeguarding Adult Reviews

**Gemma** (Name has been changed for reasons of confidentiality)

Gemma had regular contact with services responding to her presentation due to substance misuse. She was homeless and would stay with a friend and in emergency housing provision. Gemma was admitted to hospital following attending A&E, brought in by police.

Gemma was discharged to a supported placement for homelessness provision, where Gemma relapsed in her substance use the following day, and shortly later unfortunately passed away.

### Actions Taken

- The Transfer of Care Hub (TOCH) to provide a duty Adult Social Care Social Worker to attend Complex Discharge MDT's.
- WWL Absconding Policy and Standard Operating Policy reviewed and revised to include prompts for consideration to complex presentations.
- Adult Social Care's Self-neglect policy has been updated and is explicit regarding referrals to Section 42 pathway.
- The VARM is now operational and supports adults who are high risk but do not meet Section 42 criteria under the Care Act; with an additional level of Quality Assurance to refer into Section 42 if the individual is eligible under the Care Act.
- GMMH have updated their overarching safeguarding policy and training which is now mandatory.
- Rewording of the safeguarding alert form to be explicit regarding the reporting of contextual details of concern, not just details of the incident (guidance now included in the new procedures).
- GMP and Adult Social Care Initial Assessment Team have daily meetings with GMP Safeguarding Unit to discuss referrals to ensure all appropriate referrals are made to the Local Authority.
- Management and prioritisation of DoLS waiting lists.
- WAWY Drug and Alcohol Services have adapted their protocols to offer assertive outreach to individuals that are disengaging with the service as an amendment to the previous 'Did Not Attend' discharge policy.
- Back to the Future Transformation includes 'Named Social Worker' programme which will provide Adult Social Care Social Workers to have greater insight into an individual's engagement needs.
- WWL have completed an audit of adherence to Quality Standards in regard to Mental Capacity Act Assessments with overall compliance at 75%. Subsequent training needs have been identified relating to awareness of the Act and legal requirements surrounding Capacity Assessment and an audit action plan has been implemented to further improve assessments.
- WWL have introduced additional bespoke safeguarding training sessions delivered weekly within Emergency Village; and includes dissemination of 'How to..... Safeguarding' guides
- WWL have identified and are responding to a risk relating to gaps in electronic patient records as a result of separate systems in use between WWL & GMMH – a joint risk management plan inclusive of shared process and pathways with requirement for future audit to ensure adherence to recommendation is being implemented.

- WWL have put in place systems whereby Clinicians are now alerted should a patient want to leave Emergency Department and an MCA needs to be completed (if not already done at Triage or within clinical consultation); They have also revised and reviewed their Absconding Policy & Standard Operating Procedure to ensure 'prompts' to consider complex presentations

### **Practitioner Questions**

- Have you detailed the reasons and wider context as to why you are concerned for an individual within any safeguarding alert raised?
- Do you approach perceived non-engagement using trauma informed practice?
- Have you considered methods of 'harm reduction' whilst engaging someone in services?
- Have you considered support for those providing informal care to an individual?