

Vulnerable Adult Risk Management

Case Review

“Fred” died in Plymouth in May 2005 in Derriford Hospital and whilst his death has been attributed to natural causes, the case management by the Social Services department prior to his death had to be reviewed.

Fred appeared to be choosing to live in squalor, declining all offers of support; bar community meals twice a week. There was no evidence of liaison with the GP or District Nurses regarding his diabetes and no cognitive assessment regarding Fred’s capacity to understand the consequences of living in such conditions and refusing services. There was no evidence of liaison with the Landlord, Plymouth City Council, who could have exerted some influence / change in maintaining the property as part of the tenancy agreement. Discussion regarding the need to action a clean-up or re-housing application did not occur. The case was not reviewed by the care management team and the Adult Protection process was not considered.

Fred, in common with other vulnerable adults, appeared to be making a life-style choice but in truth this choice was not tested in a robust manner.

The lack of a capacity assessment, necessary to ensure if Fred or any other vulnerable adult had or has the capacity to understand the consequences of the decision to refuse services / input from Social Services, was significant.

Capacity, or lack of capacity is a vital element in care planning with, or for, vulnerable adults at risk of self-neglect.

Once established, planning can then follow one of two routes, either

- i) in the case of lack of capacity, a decision to follow Adult Protection Guidance to work in the individual’s ‘best interests’, or

- ii) in the case of capacity, to follow the Adult Protection Risk Management Process.

Had Fred been assessed and was found to have the capacity to understand the consequences of refusing services, then a Risk Management meeting should be called to ensure the following:-

1. Establish capacity and record when, where and by whom the assessment was carried out.
2. Critique the Care Plan and discuss with a network of professionals alternative options for encouraging engagement with the Vulnerable Adult, i.e. consider which professional is best placed to successfully engage, - would the vulnerable adult respond more positively to a health or a voluntary agency professional?
3. Having established an alternative / holistic Care Plan, the vulnerable adult's resistance to engagement should be tested by the re-introduction of the new plan by the person or the agency most likely to succeed (this would be decided at the Risk Management meeting).
4. If the plan is still rejected, the meeting should reconvene to discuss a review plan. The case should not be closed just because the vulnerable adult is refusing to accept the plan. Legal advice must be taken as to a reasonable review plan, including time scales.

In summary, the following formulae / process should be applied:-

- Test capacity
- Alternative Care Plan
- Test Resistance
- Review

This process will not affect an individual's human rights but it will ensure the department extends its duty to care in a robust manner and as far as is reasonable.

The dilemma of managing the balance between protecting vulnerable adults from self-neglect against their right to self-determination is a serious challenge for the Community Care Services.

Applying this robust formulae should ensure all reasonable steps are taken to ensure safety; ideally by a multi-disciplinary group of professionals.

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