Gloucestershire
Safeguarding Adults
Board

Safeguarding Adults Rapid Review

Marion

Date of Completion: May 2025

Reviewers: Mel Munday and Sam O'Malley

Purpose of the review

This review is designed to learn from the below case and the following principles were applied:

- A culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of adults.
- Aims to identify opportunities to draw on what worked well and promote good practice and what could have gone better and learn from them.
- Seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight.
- Makes use of any relevant research and case evidence to inform the findings.

Methodology of the review

This review will be conducted using a 'signs of safety' learning model and will ask the following questions: -

- What went well?
- What were we worried about?
- What is the learning for future cases? **(Recommendations)**

Case Summary

Marion was a 95-year-old woman living in her own home with her son Tom. She also had a daughter, who we understand she was estranged from, the reasons for this are not known. She had various medical conditions that contributed to her frailty, and she needed support with activities of daily living such as re-positioning, toileting, personal care, assistance to eat and drink and medication administration.

Gloucestershire Health and Care NHSFT (GHC) records state Marion was known to be a previous victim of domestic abuse from her husband (deceased) and her son Tom appears to have taken over her health and welfare being a sole carer. GCC Adult Social Care (ASC) were involved with Marion from June 2020 and this increased from April 2023 onwards. There was a long period of professionals working with Marion who knew her well and were trying different ways to work with her.

A safeguarding referral to Adult Social Care (ASC) was raised in December 2024 by Pine Tree Court care home around Marion's physical condition on admission, described as 'shocking and horrifying' therefore concerns about potential neglect, coercion and control by her son Tom and a report to the Police was advised by ASC and completed. Tom had

not been accepting of any support from either health or adult social care in relation to supporting Marion. There had been 3 previous safeguarding enquiries in relation to this during 2023 and 2024.

Early in December 2024, Tom called Adult Social Care for help as stated he was by this time suffering `carer burnout`. Marion was admitted to Pine Tree Court for a period of emergency respite, *having been assessed as not having mental capacity*. Upon admission Marion was found to have multiple open wounds on her sacrum and thighs and bruising to her thighs, breasts, vagina, and bottom. There were ungradable pressure ulcers on her thighs and bottom and marks on her skin which appear to have been caused by her clothing cutting in to her or by someone trying to remove them. This was reported to the police. Marion passed away in December 2024 at Pine Tree Court.

What worked well - good practice identified:

- Various agencies and teams were involved, with lots of joint visits and good communication between them. ASC reported there was only limited concern at that time. Tom was not happy with the care being provided and found working with professionals difficult. The social worker was trying different ways to engage. They describe checking Marion's capacity regarding decisions regularly.

- Communication between GHC District Nursing service and the GP was good - *trying to understand why Marion responded as she did.*

- Consistency of professionals – District Nursing service provided a single point of contact and developed a visiting schedule in line with Tom's requests. Tom did not live with Marion and wanted to be present for every visit, restricted to afternoons only. They checked with Marion what she wanted, and she always agreed with Tom. A laminated care plan was produced and left in the home to ensure consistency of approach, but this was challenged by Tom. Marion's legs did improve over a 9-month period of consistent visiting. They visited in pairs, as Tom was aggressive, he did not like to be challenged by professionals. The District Nursing service describe implementing a Behaviour Contract with Tom. The team had good engagement with ASC and the Tissue Viability Nurse (TVN), who implemented a care plan. They contacted the Safeguarding Team at GHC, as they needed support. They checked Marion's capacity throughout their interactions with her.

- GP visits were offered when requested (even if declined) – Social Prescriber (employed by the practice) provided holistic support to Marion and was the link back to the GP. GP records evidence good multi-agency working, visits were offered when requested and they communicated with ASC.

- It was recognised that professionals were tenacious in their attempts to engage Marion in meeting her health and care needs at home, even if declined or not adhered to.

- Lymphoedema Nurse came to an agreed communication protocol with Tom.

- Gloucestershire Hospitals NHSFT – There was one admission to hospital and Marion was assessed by the Frailty Team on discharge and referred to the Complex Care Team. Good communication with ASC and GP on discharge.

Common themes and barriers identified: What are we still concerned about

Health Services and ASC:

- The impact of being non concordant with healthcare and associated equipment (i.e. pressure relieving cushions) offered and being clear on Marion's understanding of the consequence to her health by declining.

- Repeat prescription process - Tom refused to collect or support with Marion's prescriptions ordering. A Dosset box was offered by the District Nurse's and declined by Tom. Was there an understanding of what Marion wanted regarding her medication and the implications for her of not taking her medication as prescribed.

- Were these decisions challenged and explored effectively to understand why Marion and Tom were behaving in this way. Was a ***trauma informed approach*** to understanding this considered?

- Consideration of domestic abuse, coercion and control (parent and adult child relationship). The issue of abuse from adult children towards their parents is a significantly neglected area within research and practice, (Holt and Shan, 2024). Research and practice have identified the links between son to mother domestic abuse mostly in the young adult period, however there is little research of the impact of this abuse as they both age. Using language and questioning that is curious about possible coercion and control can support disclosures from older people.

- There was a reported history of domestic abuse within the family, perpetrated by Marion's husband. Did this have an impact on the relationship between Marion and Tom i.e. 'normalised' abusive familial behaviours?

- Was Tom's behaviour challenged and understood by professionals? During the review there seemed to be a discrepancy in how Tom's behaviour was viewed by ASC and health. A male social worker reported not feeling threatened by Tom. This could potentially be viewed as a gender bias.

It is important to recognise that ASC and GHC health services had a contrasting view and experience. ASC felt that Tom and Marion were both equally blocking/refusing visits; Marion's mental capacity was reported as being assessed, hearing both Marion's voice and that of Tom. They didn't appear to want formal carers initially, and ASC had no sense of coercion during their assessments and felt they heard Marion's view. This contrasts with the view of GHC health practitioners who experienced what they (District Nurses) described as 'having to visit in pairs due to Tom's verbally aggressive behaviour, he did not like to be challenged by professionals and although did not live with Marion insisted on being present for all our visits'.

- Opportunities for escalation

A **Multi-Disciplinary meeting** with all key professionals would have been helpful to discuss concerns and provide an opportunity for professionals to work together to plan next steps. The District Nurses were submitting safeguarding referrals which were subsequently closed for appropriate reasons, but a safeguarding meeting around June

2024 could have provided an overarching plan and an opportunity for wider discussion including exploring the possibility of coercion/domestic abuse. Clearly a great deal of work was undertaken, but an overview as described above, was a missed opportunity to agree wider escalation and support.

It was acknowledged that both the social worker and District Nurses could have escalated concerns with their senior managers at this point.

- **Consideration of Police involvement at an earlier point** - If a section 42 enquiry had been commenced, the Police could potentially have been involved to provide additional oversight on possible physical and domestic abuse and neglect. During the review it was acknowledged that the Police have greater powers then other agencies to gain entry to a property and ensure the safety of a person. The challenges of health professionals being able to visit Marion when needed was explored during the review, acknowledging Tom was able to dictate visit times that suited him and also decide when Marion's care or treatment was delivered.

- **Safeguarding supervision** for community nurses was not in place at the time and whilst acknowledging this is now offered by the GHC safeguarding team it is not mandated.

Recommendations:

- Supporting multi-agency practitioners to **understand trauma informed approaches** e.g. changing mindset from 'what's wrong with you?' To 'what's happened to you?'. Behaviours that appear 'risky' may be coping mechanisms, signs of historic trauma and a response to unmet needs. Health as a system needs to reflect through supervision, adult safeguarding training and support that the goal is not to eliminate risk, but to manage and enable risks that promote ***independence*** and ***wellbeing***.

- A **multi-disciplinary meeting** with all key professionals, including the GP in challenging cases such as this could be organised. This supports professionals to work together to plan next steps, hold each other to account and in being clear on each agencies remit. The new GCC Multi-Agency Risk Management (MARM) process is now in place, and any planning should include the voice of the person of concern and their wishes. The phrase shared at learning event that is relevant to above recommendation:

  'It does not matter who does it, as long as someone does'.

- **Consideration of Escalation** - where there are multiple safeguarding referrals over a short timescale, the use of escalation to senior managers to seek support. It was acknowledged that agencies can also contact the GCC Safeguarding Adults Team if they are concerned this indicates increased risk. This was shared at the practitioner learning event; ***There is now a process in place for ASC safeguarding practitioners to go back to the referrer and ask if they need help or would like a meeting convened***

- **Consideration of referral to voluntary organisations or community;** Help the Aged or Befrienders may have supported with Dossett boxes and provided respite for Tom. Establishing support from the voluntary sector ensures multi-agency

support and communication and can provide a valuable ally for statutory services in understanding the true picture and lived circumstances of an individual.

- **All agencies to refresh knowledge of the GSAB Escalation Policy**. This could be achieved through training and supervision opportunities.

- **Mental Capacity Assessment** - all practitioners to have an awareness of mental capacity assessments including executive functioning. Awareness of the Court of Protection in similar cases as it was acknowledged Tom did not have Power of Attorney for health, but his demands and refusal for services for Marion's care were upheld without challenge at times.

- **Awareness of Domestic Abuse** - and the lifelong impact of domestic abuse on familiar relationships as they age, focussing on coercion and control in parent and adult child relationships. Identifying partnership training that could support this awareness for Gloucestershire Health partners and encouraging supervision of cases with specialist Safeguarding practitioners.

- **Harassment of female NHS staff** - All female staff to feel supported and secure in undertaking their duties which will include support from their management structure and organisational harassment/zero tolerance policies.

- **Consideration of Police involvement at an earlier point** - raising awareness within ASC and health agencies around the use of police powers in providing additional oversight on possible physical and domestic abuse and neglect including the ability to enter a home when other agencies are unable to.

- **GHC to consider making regular safeguarding supervision** for community nurses mandatory.

- **The ICB Named GP to highlight this case at ICB GP safeguarding forums** to promote that their role is to provide support and advice to GP's where case escalation may be required.

Summary:

Marion was described as a lady of advanced years who knew her own mind and could be very blunt at expressing her views. However, when she died, she had several unmet health and social care needs.

All agencies involved in this review agreed that this had been a very difficult situation, for Marion, her family and organisations attempting to support them and observing the deterioration in Marion's condition without the evidenced based health support and interventions, that would have eased her discomfort in the last months of her life. Despite evidence of some good practice, it was acknowledged that professionals needed to collaborate more closely and discuss ongoing issues, enhancing understanding and providing a forum to share information. No single agency coordinated a meeting or escalated concerns to managers who could offer oversight, advice and further support. Consequently, the situation deteriorated for Marion, and it was acknowledged that opportunities were missed.

Additionally, it is essential to evaluate the impact of decision-making on health, explore the Mental Capacity Act (MCA) and executive functioning, and meticulously

record the wishes and assessments of those involved. Promoting a collaborative approach with the guiding principle, 'It does not matter who does it, as long as someone does,' is fundamental.

Emphasising the importance of trauma-informed approaches necessitates a shift in perspective from asking 'what's wrong with you?' to 'what has happened to you?'. Facilitating multidisciplinary meetings that include general practitioners is crucial in addressing challenging cases, ensuring professional collaboration, accountability, clarity regarding each agency's responsibilities, and incorporating the voice and wishes of the individual concerned.

Included here is understanding the lifelong impact of domestic abuse on individuals and being mindful that the older population may have limited insight into how domestic abuse is categorised and recognised by professionals today. Using language and questioning that is curious about possible coercion and control can support disclosures from older people.

Marion's situation highlights the tension between the duty to protect a person from harm and the obligation on public bodies to uphold an individual's Article 8 rights (respect for private and family life) as Marion was resistant to receiving care and was deemed by ASC workers to have capacity to make that decision. Practitioners need to be able to assess the point at which the risks to the person outweigh the need to respect their views and wishes and consider what if any action they can lawfully take in those circumstances, for which legal advice should be sought.

Encouraging practitioners across all agencies, including health, to subscribe to the GSAB Newsletter is vital for staying updated on new developments.

It is intended that the recommendations and learning from this review be disseminated across health, social care and the wider GSAB so that learning can be embedded in practice.