

01 Background

AA was an elderly lady, living at her home address with family members who were known to have a history of mental health issues. There was also a known long history of hoarding.

07 Failure to attend appointments by AA was not considered under the 'was not brought' guidance.

AA was dependant upon her family members to take her to appointments and therefore any 'did not attend' should have been viewed as 'was not brought'. This changes the perspective and should lead practitioners to check why the appointment has been missed.

07 There was refusal of care by carers without consideration for the capacity of AA .

There was a refusal of care on AA's behalf on a number of occasions throughout this case. Medical treatment, assessments for care and welfare checks were refused by AA's family members, but there is no evidence of any assessment of AA's capacity.

There was also no evidence of consideration of the carers capacity to make these decisions.



02 There was a lack of a holistic and co-ordinated approach to the complex needs of an adult with care and support needs

Agencies focused on their own agendas eg housing, health, environment, without looking at what life was actually like for AA

03 There was a lack of awareness of coercion and control within a family/caring dynamic .

AA was not spoken to alone and was only asked how she was in front of family members.

04 There were barriers to the Adult Social Care referral for AA

Without a Social Worker, AA lacked an advocate, someone who could see what life was like for her, identifying her needs and making plans to address them

05 There was a lack of safeguarding supervision
Nowhere within this case is there any reference to safeguarding supervision.

. If the practitioners had access to safeguarding supervision they would have been able to assess the risks in this case, provide challenge and helped to provide a cohesive multi-agency approach.