PERTH AND KINROSS COUNCIL ADULT PROTECTION COMMITTEE

18 November 2022

A22 Learning Review

Report by Iain Wilkie on behalf of the Learning Review Group

1. RECOMMENDATION

It is recommended that the APC note the contents of this learning review.

2. BACKGROUND

This was a request to hold an informal review of the circumstances for A22 following a series of crisis meetings that led to his hospital admission on 24 December 2021. This learning review follows the principles of an learning review, although it is noted that A22 does not meet the criteria for a learning review as defined by the revised ASP learning review guidance: (https://www.gov.scot/publications/adult-support-protection-learning-review-guidance/documents/)

The combined chronology (appendix A) was drawn from the single agency chronological histories shared by:

1. Adult social work and social care
2. Child protection social work
3. Community mental health records
4. An MHO chronology
5. Health records

This learning review refers to the adult as A22 to protect his anonymity. His family has been referred to as Mrs A22 and children (L22 & K22) of A22 to protect theirs. L22 is 16 at the time of writing this chronology. K22 is 14.

Brief Family Overview

A22 was diagnosed with Parkinson's around 13 years ago and over the years he has become increasingly dependent on others.

Prior to his move into residential care (in which this learning review is based), A22 resided with his wife and two daughters as a PKC tenant in a flat in Perth city centre . However, at the time of his move into residential care, his relationship with his wife and children had broken down and Mrs A22 and children were in the process of leaving the family home. He has no close friends or family in the area.

A number of ASP Case Conferences had been held prior to the crisis meetings between health and HSCP senior strategic leaders on 24 December 2021. However, these ASP CCs could

not resolve the complex position of carers refusing to provide A22 with the necessary personal care he required due to his 'alleged' sexualised behaviour towards them. This lack of care left him at significant risk. He was formally detained in hospital on 24 December 2022. A welfare guardianship was later imposed. He was discharged from hospital to a care home earlier this year where he continues to reside.

The learning review group met on 31 October 2022. It was made up of those who were directly involved in supporting the A22 family.

The review group acknowledged that it has not been easy to combine the different single agency chronologies shared as part of this informal learning review. The combined chronology is appended thot his summary as is the analysis supporting the findings.

However, the challenges in bringing relevant information for the purpose of this review reflects the complexities for services trying to support and mitigate risks for each of the individuals that make up the A22 family and at the same time, the challenges that exists taking a whole family approach to the provision of the right care and support.

It is clear that other themes have emerged already from this exercise, including challenges around escalation, when to escalate and to whom, and where existing escalations processes do not exit, where practitioners raise concerns about adults and children considered to be at risk. This is evident when significant decisions about how and where a legal basis to intervene is owned by the one practitioner.

This report also highlights the complexity in trying to support an adult considered to be at risk who continues to refuse to engage, particularly where capacity and choice exists.

Summary of findings:

1. The lack of a multi-agency chronology led to missed opportunities in relation to communication, information sharing and left decision making less joined up and focused.
2. It was difficult to see how there was a whole systems/whole family approach to safeguarding, with limited attention given to the risk to Mrs A22 and to the A22 children.
3. The review found that professional curiosity across all agencies was lacking, and that this left an opportunity for Police to pursue alleged criminal activity that may have brought a more detailed, forensic capacity assessment and risk management plan for A22
4. It was considered that the different health agencies involved with A22 each shared their own record of involvement, and that it was considered that this led to silo working.
5. The learning review found a lack of evidence-based capacity assessment of A22s insight and decision making, particularly through the lens of self-neglect
6. It found that health and HSCP practitioners are unaware of what the escalation process is, whom to escalate concerns to and when.
7. The review acknowledged the lack of clarity around the roles and responsibilities of transporting detained patients from home into a hospital setting.

Recommendation:

On behalf of the L22 learning review group, I ask that the contents of this learning review report are noted by the APC and that this report gives the APC the necessary assurance that any learning drawn from this now forms part of the APC Improvement Plan 2022/23

Contact Officer: Iain Wilkie, Inter-agency Adult Protection Co-ordinator
Address: 2 High Street, Perth, PH1 5PH
Telephone: 01738 476727
E-mail address: iwilkie@pkc.gov.uk

*Reports to be presented to a Member / Officer Group, Committee, Sub-Committee or the Council **must be signed off** by the Chief Executive or the relevant Executive Director.*

Appendix A

Combined chronology from the information shared:

2009

July 2009 Approximate date of Parkinson's diagnosis.

2 October 2009 Initial referral to Social Work Services - request for community care assessment

2014

10 June 2014 VPR received from Police Scotland detailing breakdown in home environment - referred for assessment and carers support.

2015

21 Jan 2015 – 28 September 2015

Hospital admission: Dopamine dysregulation. Significant input from psychiatry and psychology- behavioural problems related to his neurological disease and a superimposed functional element

5th February 2015 - September 2015

MDT inpatient discharge planning notes aggressive behaviours and sexualised behaviours noted by ward staff, transfer to psychiatric ward explored but did not progress, concerns over family dynamics and high risk of carer breakdown noted, specialist nursing placement identified but declined - discharged home with Care at Home support.

2016

11 January 2016 Child Care Concern - Parkinson's Nurse reported concerns to social work that A22 was making frightening statements to his children e.g. telling them that he was going to die. Concerned about the children being left alone with him and having to carry out care tasks - not progressed under Child Protection.

4 March 2016 Adult Protection Inquiry - initiated by allocated social worker following an allegation made by A22 that his wife was physically abusing him. Not substantiated, carer support offered. No further action under ASP

7 March 2016 MyCare commenced care at home service.

2017

4 August 2017 Adult Protection Concerns received, and Section 4 ASP Inquiry completed (alleged Mrs A22 had pressed a knife against the chest of A22). A22 advised that he did not wish to leave the property when Council Officers were discussing the AP concerns, and he advised that he did not wish to report these to the police. During most of the visit A22 disclosed significant Child Protection concerns (including a recording of a child screaming and Mrs A22 shouting. This information was shared with the Child Protection Duty Team on return to the office.

Following this, Child Protection (CP) Social Worker visited the family with the Public Protection Unit and the children were removed to a place of safety (A family friends house), with agreement from Mrs A22. When the PPU visited, A22 refused to let them hear the recording. Out of Hours social work then visited A22 to assess his care needs as Mrs A22 advised that she would not be providing any care for him. Given that it was 11.30pm it was agreed that A22 would remain at home overnight and a worker would visit AM the next day.

Child Protection records state "*Adult Social Work (ASW) contacted Child Protection Duty Team (CPDT) raising concerns after home visit. Concerns regarding domestic assault between the parents and children living in unsafe environment. A22 disclosed to health that Mrs A22 had threatened him with a knife and played recording of L22 screaming and Mrs A22 shouting. Report of Mrs A22 physically assaulting L22. CPDT visited the Home and Safety Plan was implemented with family. Public Protection Unit (PPU) informed, and Out of Hours (OOHS) alerted. Parents agreed for the children to reside with a family friend voluntarily. Children will have morning and evening phone contact with their mother. Adult Protection Social Work (APSW) advised to share concerns with police*".

5 August 2017 Out of Hours visit completed by Social Work. A22 declined the offer of respite stay. Rapid Response supporting A22 over the weekend.

7 August 2017 Adult Social work attended CP Initial Referral discussion meeting held at Perth Police Station. Children x 2 currently away at a pre-arranged summer camp.

8 August 2017 ASP Strategic Discussion with Team Leader and Service Manager. Agreement from SM that two weeks of fully local authority funded respite could be offered to A22 given the complexities of the situation, to try and alleviate some of the stress. Joint visit to the family home where A22 again declined the offer of respite. A22 was aware that an increase to his care package was not available at present. Rapid Response still supporting. Mrs A22 advised that she leave the family home when the children return, therefore advice given for her to present as homeless to be offered emergency accommodation. CP records note joint HV with SW & Police. Relationship between A22 and MRs A22 strained and volatile. Mrs A22 agreeable to referral to Woman's Aid.

9 August 2017 IRD held for children. Concludes that "*A CP assessment to be undertaken. To contact the summer camp to make sure any disclosure or upset the children may present to summer camp workers should be shared with CPDT and Contact with Perthshire Woman's Aid "*

9 August 2017 Mrs A22 offered emergency accommodation. Mrs A22 did not accept this accommodation advising it was unsuitable. Telephone call with A22 who again advised he wishes to remain at home.

10 August 2017 Joint home visit with Welfare Rights Officer. Completed paperwork with A22. Telephone discussion held with GP requesting a capacity assessment and also passing on the information that A22 has been over medicating on his Madopar Medication. Food parcel provided due to concerns raised from carers regarding lack of food in the home. Legal Meeting held in relation to the child protection concerns and it was discussed that there currently was not enough evidence to prevent the children returning to the home when they are back from camp.

11 August 2017 Joint home visit with Child Protection Social Worker. Mrs A22 advised that she would be providing A22's care (food preparation and changing his bed). This was

agreed with A22 therefore Rapid Response service ended. For the majority of visits that were completed by Rapid Response, A22 declined assistance with personal care, despite at times being soiled. Often when Rapid Response visited on their next call, he had been found to have tended to his own personal care. Strategic Discussion held with TL Duncan.

12 August 2017 Children x 2 returned to the family home from summer camp.

14 August 2017 CP records note Mrs A22 refused alternative temporary accommodation. Waiting for permanent offer

16 August 2017 Capacity assessment completed by GP (unclear on outcome)

31 August 2017 From CP records: *SW (CP) spoke with L22 and K22 separately. L22 shared she was scared when her mother shouts at her, if she moved out of the family home she would be worried her father would not have anyone to care for him, her father has been talking to a 19 year old on social media and her mother has a male friend and L22 does not get involved in her parents arguments as L22 disclosed when she has before her mother has hit her arm. K22 presented more guarded than L22 when asked how life in the family home was. K22 did confirm her parents argue and shout at each other and her mother shouts at L22 and herself. K22 shared how her time at summer camp was. K22 did enjoy talking about her summer camp and was smiling when discussing this.*

14 September 2017 From CP notes "*APSW gave an update regarding A22's health. A capacity assessment was completed on 16/08/2017 and it was found A22 has capacity and A22 was described as " a complex man probably more than he presents"*

Child protection Social Work (CPSW) observed both L22 and K22 to have normalised their parents' behaviour. Child Protection Duty Team to continue to progress assessment

11 September 2017 A22 admitted to specialist hospital in London for further assessment. Care package stopped.

20 September 2017 CP notes that school stated that L22 told school that mum is sometimes not nice to A22.

21 September 2017 CP Home Visit: Mrs A22 appears to not recognise the concerns SW have over the children's wellbeing, such as L22 and K22 being exposed to parental shouting and leaving them at home without an adult

26 September 2017 CP notes state that Mrs A22 to appeal the offer of permanent accommodation on the basis that the area is known for racial tension. (Area not recorded)

27 September 2017 MyCare commenced care at home service.

28 September 2017 CP SW recommend to Scottish Children's Reporter SCRA[1] need for voluntary support as opposed to compulsory supervision

31 October 2017 SCRA decision; With reference to s.67(2)(a) Lack of Parental Care, the Reporter decided no action but to refer back to the Local Authority for advice and guidance.

[1] https://www.scra.gov.uk/

2 November 2017 CP SW notes" *Child Plan Meeting L22 and K22 did not attend the meeting. Mrs A22 presented volatile and emotional stating SW and Housing are not helping her get a house or get care for Mr A22. Education shared that L22 disclosed to the school that she had taken on a caring role for A22 which included personal care, which Mrs A22 was not present. None of the agencies were aware of this. Actions from meeting: Rent Bond Scheme Application to be completed, PKAVS Young Carers to meet with children. Education to monitor presentations and record information shared"*

8 November 2017 CP SW notes; "*Contact with Family; Home Visits to see L22, K22, A22 and Mrs A22. L22 appeared 'weighted' in comparison to previous meetings. Children will help with medication for A22 but no personal care. Decision needs to be made re referral to SCRA or Child protection case conference (CPCC). Further discussions with team leader re ensuring family support and girls safe and well in environment.*

November 2017 CP SW notes. Summary; *Children calmer, home conditions normal. Case notes state "A22 declining increasing care and he will manage*"

2018

12 February 2018 CP SW: Workers Meeting, K22 shows no impact of any difficulties at home. L22 assessed as moderate level of caring and banded red level of support by young carers. Whilst concerns present Initial Child protection Case Conference not needed at this time.

Outcomes: SW continue to meet with girls fortnightly. School continue to monitor and provide feedback of concerns. Day Sitting Service to be looked into.

10 May 2018 CP SW: Case Closed "Advised family SW were to close involvement as home situation appears stable and no reports of concerns from children.

12 November 2018 Adult Social Worker visited Mycare in relation to an incident that occurred at the weekend whereby A22 was reported to masturbate in front of the carer on both Saturday and Sunday. Public Protection Unit contacted, and advice sought. It was agreed that given A22' s diagnosis we need to be clear that attempts to address this behaviour with him.

16 November 2018 SW visited A22 and discussed appropriate behaviour, boundaries, and consequences. A22 has advised carers that it is his medication that is causing him to have an erection, health will also be involved so they can provide any guidance / recommendations. A22 also explained that he was washing himself at the time and not masturbating. Where possible male carers are to provide support during times of personal care.

22 November 2018 SW undertakes a joint visit with Parkinson's nurse, who has been in contact with consultant who is going to be urgently reviewing A22's medication. They have indicated that the sexualised behaviours displayed can be a side effect, and they are also referring to psychology.

12 December 2018 Consultant seeks clarification from Parkinson's nurse and SW regarding behaviours witnessed by carers – was A22 masturbating or was he cleaning himself. SW confirmed via email that carers were clear that "A22 was masturbating".

30 December 2018 Mrs A22 contacted Social Work to cancel additional care arrangements that had been put in place to allow her to go on holiday.

2019

14 March 2019 Occupational Therapy assessment completed - Reason for referral: Request for a wet floor shower room. Both OT and Physio rehab teams withdrew involvement due to non-compliance. A22 was adamant that he would not consider being hoisted due to the trauma he suffered when he was hoisted at PRI and they trapped his genitals, he stated that he cannot move beyond this experience. Advised that all care would be taken to ensure safe hoisting, he declined, he was advised that where this was the case a bathroom adaptation could not be progressed, he understood this and stated that for him the goal was to work on exercises to his right foot in the hope that he might be able to weight bear again.

2 July 2019 My Care submitted request to social work. Request for visit to discuss inappropriate behaviour towards female members of staff. Male carer visits Mr A22 10 days out of 14 and there are never any issues with his behaviour. Female carer has been attending and has reported inappropriate verbal and physical behaviour towards her: 'Made a comment that he was 'thinking of me'. Also I said water was hot he said, 'not as hot as you'. On a previous occasions kissing my hand, relieving himself in front of carers and brushing hand/arms on breasts'. A22 was contacted on 3 occasions between 2nd and 8th July 2019 to arrange a joint visit with social work and My Care.

9 July 2019 Joint visit undertaken with My Care Manager and Review officer. Discussed the concerns raised about sexual inappropriate behaviour that was reported. I asked A22 about the comments reported and if he remembers making them. A22 thought about this but did not say if he did or did not. I explained that if this was said, even if it was meant as harmless humour, it is not appropriate to say comments like that as they can be taken as offensive. I suggested that any conversation would be best and safer to be neutral. A22 has expressed that he will not say anything while female carers are in in order to protect himself.

2020

April 2020 Reassessment of client's needs undertaken on physio request to increase care package. Initially in April Mrs A22 had requested not to increase the care package as a result of Covid 19 and subsequent risks in carers visiting the house more frequently.

29 June 2020 Social work received report from a report from My Care Manager that A22 had tried to gift a carer a pair of red lacy underwear to her. The carer was uncomfortable and declined the gift. Manager made a call to A22 and explained that this was inappropriate and recorded this in an incident report. A22 apologised and My Care Manager asked that he did not repeat this gesture to any of the other carers.

2 July 2020 My Care Manager reports ongoing issues with inappropriate behaviour being displayed and comments made by A22 to mostly younger carers. My Care report that they are now struggling to get staff to go in as they feel uncomfortable. A22 appears to take onboard and acknowledge his behaviour is inappropriate when spoken to but behaviour resurfaces a short time later.

2 July 2020 Duty Social Worker visits and outlines the inappropriateness of A22' s behaviour. A22's speech was very unclear, and it was difficult for to determine what he was saying. From what was gathered A22 stated that he did not gift the carer the underwear but

was asking her to put them away in the cupboard. A22 did acknowledge that MyCare had spoken to him about this. A22 was advised that he should not be asking carers to do this as this was inappropriate and led to carers feeling uncomfortable. Discussion around previous inappropriate behaviour and comments made to carers and how this impacts on carers/care provider willingness to continue caring for him. A22's response to this was not clear.

13 July 2020 My Care report further incident when carers was carrying out his care, A22 asked her if she was married, carer stated no. He then went on to say, "if I was married to you, I'd make love to you so good," she ignored this and turned round to get the towel, when she turned back around A22 was masturbating. He then showed the carer that he had downloaded 3 pictures of her from her Facebook onto his device. She stated she was only 16 when these were taken and explained that she did not feel comfortable with him downloading the images, his response was "yes you look very nice".

13 July 2020 Breakdown in care service - MyCare unable to sustain care package due to carers refusing to attend, multiple reports of sexualised behaviour towards female carers noted over a 2-year period. Notice to terminate served.

16 July 2020 Professionals meeting to be scheduled, Risk management plan to be devised and discussed with all parties, SW to contact PPU to share soft information regarding allegations of sexual harassment and downloading images of carers from social media, SW to contact GP and Parkinson's Nurse for input, and liaise with provider.

22 July 2020 Social Worker reports concerns in relation to A22's behaviours toward carers to Child Protection Team.

23 July 2020 MDT Risk Management meeting attended by Social Work, Police, care provider and PKC Contracts - agreed risk management plan for care in the community should be implemented with male carers only given risk to females. Police requested medical report to assist in inquiries over criminality of alleged behaviours.

30 July 2020 Request sent to A22's Consultant requesting a medical report in relation to his level of capacity and control over sexual arousal, including medical opinion on statements that his medication is the root cause - no report was received.

17 August 2020 Perth Homecare commenced care - risk management plan implemented for male carers only

6 November 2020 – 13th October 2021

Ongoing issues in relation to providing full care provision as a result of Covid 19 and the impact this has on staff absence. Several requests made to HART to provide critical care. However, due to capacity visits scheduled could not always go ahead. Crisis placements to Care Homes offered but continuously refused by A22.

2021

30 April 2021 Incident report received from Perth Homecare - female carer in attendance as no male carers available, allegation that A22 was masturbating and holding his erect penis while carer attempted to change his bed.

30 September 2021 Urgent review requested by Perth Homecare - A22's behaviours escalating and carers refusing to attend, no male carers available - joint working by social work and provider to mediate and improve situation.

13 October 2021 Mrs A22 contacted Social Worker highly frustrated in relation to care provision being limited. She stated, “if carers did not attend tomorrow, she would kill her husband.” SW tried to provide reassurance and suggested seeking support through GP for anxiety. However, Mrs A22 was too heightened to take on board advice. Strategic discussion with Team Leader and following action taken:

1. Contact HART/HART+ tomorrow morning to request assistance if they have capacity
2. Contact Police 101 to share information regarding Mrs A22's statement about killing herself and A22.
3. Liaise with provider tomorrow to ensure that care can be provided over the weekend.

14 October 2021 Call from Perth Police to Social Worker. Police confirmed he attended with another officer at A22's home in relation to Mrs A22's comments that she would kill her husband and kill herself. Police advised that Mrs A22 was still in a very heightened state because there would be no care provision today and had shared with officers that she feels the family have been let down. SW advised of the case history and reasons why the provider was unable to send carers today. Police advised that Mrs A22 has said that she has no intention of harming herself or her husband, the comment was a flippant remark said in anger and frustration. Police have no concerns over this but will submit a VPR detailing contact with the family today.

21 Oct 2021 GP Referral to CMHT. Allocated appointment with consultant psychiatrist 5 November 2021

21 October 2021 CPSW; Police Report regarding welfare check to Mrs A22. NFA CPDT

3 November 2021 Telephone call with Child Protection Worker about the emotional impact on A22’s two children and them having to witness parents’ constant arguing. SW confirmed that weekly welfare checks are undertaken. A22 is currently deemed by GP as having capacity but has been referred for a Mental Health assessment. Lynsey advised that she is opening up the children’s’ cases to for further assessment and requested that SW contact CP SW if there any further concerns. CP SW notes state “Opened for further referral, progress to assessment.”

5 Nov 2021 Seen by consultant psychiatry “Recommendations the following plan:

“A Neurological reassessment

- *To consider taking A22 off the Parkinson’s medication to see whether his challenging behaviour lessens. One would also be in a better position to assess his neurological dysfunction.*

- *It might be appropriate to consider the need to transfer A22 into a nursing home where he can have better care. It seems his carers are not coming regularly as he might be very challenging towards them.*

- *I recommend a carers assessment and for this reason a copy of this letter goes to the CMHTeam.*

- *Due to the challenging behaviour of A22 there might also be some impact on the children. Consequently this needs to be assessed by the social services.*

- *Concerning medication one could certainly try Diazepam 2mg PRN to see how this works. On the other hand one could try Aripiprazole at a low dosage such as Aripiprazole 5mg MANE. If it helps it could be increased up to Aripiprazole 30mg per day. I doubt this will have a major impact.*

- *The best way to reduce his challenging behaviour might be to reduce the Parkinson medication and to see what neurological state this will leave him.*

Refer back to GP"

7 November 2021 CPSW. T/C OOHS from friend re concerns for Mrs A22 and girls. Reports of Mrs A22 and the girls unable to cope and in great emotional distress, expressing feeling unable to cope.

8 November 2021 CPSW. T/c to school. No concerns raised albeit both children 'closed'

9 November 2021 Breakdown in care service; Perth Homecare served notice to terminate care package on 19/12/21. School note that L22 angry, dad difficult and may be moved into a care home

10 November 2021 Emergency meeting convened with Contracts and Perth Home Care. Outcome: provider has served notice to end care service on 19/12/21, Option 1 supports to be explored again, Crisis placement will continue to be offered. Agency carers have been looked at but currently no capacity as a result of Covid 19. Agreed with Team Leader that weekly welfare checks would be carried out by SW and additional worker to the family home.

12 Nov 2021 Letter from GP seeking advice from neurology

Between November and December 2021 HART are contacted daily to request input for critical support. Ad hoc support is provided intermittently. Due to Covid 19 staffing resources is a major concern. Health aware from records about the complexity and the difficult in finding care at home as a consequence of A22's sexualised behaviour.

18 November 2021 CP SW notes Meeting with Mrs A22. Mr A22 displaying significant challenging and aggressive behaviours towards her and the children. Reports L22 is feeling suicidal. Serious concerns voiced for daughters' wellbeing. SW to contact housing for Mrs A22, K22, and L22. SW to contact adult care Services for A22. SW to contact young carers for potential 1:1 support for girls.

26 November 2021 Child Protection Duty Team allocated worker to support Mrs A22 and children x 2 as this is having an impact on the wellbeing of the children. An MDT approach is being taken with school involved. Alternative accommodation being sought for Mrs A22 and the children through housing.

CP Notes state "T/C guidance teacher re L22 suicidal ideation. Reports took 6 hours last night for things to calm down. She rated herself an 8/10 on suicide scale but no suicide plan. Reported she attended GP 25.11.2021 and explained feeling suicidal. T/c with Mrs A22 to discuss L22 disclosure of feeling suicidal and create safety plan. A22's SW case discussion re key issues and concerns for K22 and L22. L22 referred to CAHMs. L22 safety plan implemented by Mrs A22. Counselling appointment on 08.12.2021

26 November 2021 Update provided to social worker regarding health input - Professionals involved; Parkinson's Nurse has a visit scheduled on Tuesday with another senior nurse to

discuss the situation with him and feedback to consultants. He has a Neurology Consultant and a Parkinson's specialist who are looking to review his medication and advice on specialist care. Consultant Psychiatrist from CMHT has assessed A22 but offered no clinical assistance from a psychiatry perspective. GP is aware of situation and is attempting to support family by linking in with various specialists and monitoring. All medical professionals agree that residential/nursing care is in his best interests.

7 December 2021 Following Social Worker welfare visit request made to GP for home visit due to concerns over A22's general condition, he is declining care and apparent lack of insight or concern about the risk to his wellbeing. Request to be passed to GP who would possibly be able to carry out the visit tomorrow.

8 December 2021 GP carried out a joint visit with another GP colleague. Crisis placement discussed. However, A22 still refusing this provision.

11 December 2021 Following social work welfare visit concerns raised in strategic discussion with Team Leader and SW regarding A22's physical health and impact of their presenting behaviours on sustaining the care provision. An ASP Inter-agency Referral Discussion planned 13th December 2021.

13 December 2021 IRD convened - Care provider has terminated service, allocated worker unable to source another provider, concerns over A22's wellbeing. Health records refer to this: "Current care provider will cease on 19th December, with no replacement agency identified (current provision being the 3rd agency involved). Increasing challenges for the care staff, in particular female personnel given behaviours presenting. Complex history described in terms of health, with the involvement of several specialists over the years. There has been honest and open discussions with A22 in terms of the difficulties meeting his needs in present environment, will not consider the option of a care home. From the extended family's perspective concerns raised in terms of his children, and there has been discussions with Mrs A22 as to housing options moving forward. It was felt that a capacity assessment would be key at this time, GP/Consultant/Neurologist to determine who might take this forward. There was acknowledgement that there is a real imminence to risk management planning. It is to be determined if January review can be brought forward through Neurology.

13 December 2021 Following IRD it was agreed that Adult Support and Protection Investigation to be undertaken in accordance with the 3-point test. A22 is at risk of significant harm and potentially death as his care needs are unmet. A22 is more vulnerable to harm due to his diagnosis of Parkinson's disease which has reduced his mobility and physically functioning to the extent that he remains in bed at all times. A22 is unable to safeguard himself from harm for a number of reasons; he is unable to independently meet his care needs and relies on others, he will not consent to measures being taken to remove him to a place of safety and there are concerns over his mental health and capacity.

15 December 2021 MS Teams call – SW, TL and ASP Lead. A22 refusing care home placement. A22 has been without care for 4 days and has periodically been without care over the past few months as carers have been refusing to attend. Highlighted the number of professionals involved and responses from health colleagues e.g. GP has visited, Psychiatrist has visited, Parkinson's nurse has visited, request has been sent to Neurology for review with earliest appointment set at 12/01/22 - all have offered suggestions that he may be better suited to a nursing care home but have not commented on his capacity or insight into his condition which is crucial in accessing care for him as he is refusing consent. A22's behaviour towards carers, refusal to accept care home placement, statement that he would rather die than be admitted to a care home, attitude towards women, complexity of his character, mental

health and capacity, barriers in supporting him as cannot currently apply any intervention under the 3 acts without his consent.

Advice taken:

- Request for GP to assess capacity - if GP advises incapacity, then we could make urgent application for Guardianship to arrange care home placement as a safeguarding measure
- Arrange ASP Case Conference as a matter of urgency. Service Manager to be approached for discussion as CC will allow for MDT participation as part of legal framework. Crucial to have representation from SW, NHS, Police and all agencies involved in care.
- Escalate concerns to senior management within HSCP to highlight that there are complexities to this case which have both social care and clinical elements therefore we require support and response from consultants who are best placed to advise on appropriate clinical care e.g. could a specialist nursing placement be identified?
- District Nurses requested to undertake skin integrity check for A22.
- Consultants contacted to request their input.
- Emails sent to Contracts, Quality Monitoring Team and HART and service manager responsible for service to request care provision as a matter of urgency

17 December 2021 GP Capacity assessment: While in many respects A22 does have full capacity, he also has fixed delusions and appears to lack capacity for decision making perhaps as a result of these delusional beliefs. GP advised that it would be necessary to have the expertise of a psychiatrist but as this would be obtained in a Guardianship application, she would be comfortable with making the initial statement about capacity to initiate the AWI process. Email communication sent to Legal and Mental Health Officer Team to request advice and input in taking forward welfare Guardianship application specifically in relation to deciding where A22 resides.

17 December 2021 23 Care Homes contacted across Perth and Kinross to establish if Care Home placement can be sourced. No Care Home has capacity of staffing provision to meet A22' s needs.

21 December 2022 Urgent Adult Support and Protection Case Conference held with the following agreed actions:

- To continue to search for a suitable care home
- SW and Consultant Psychiatry to visit A22 today to assess capacity
- Interim Guardianship application to be submitted before the end of the week if A22 is deemed to be lacking capacity around the ability to make decisions about his care needs
- IRD to be held later today by Child Protection Team regarding Mrs A22 and the children
- Housing to continue to progress housing for Mrs A22 and both children
- HART to continue to visit A22 as and when they can
- Transport to be considered for when A22 needs to be moved.
- SW to provide an update to out of hours

21 December 2021 Joint visit carried out by SW, MHO and consultant psychiatrist to assess A22's capacity and complete AWI (1) form in support of Guardianship Application.

Additionally, to inform A22 of the outcome of ASPCC and ask again if he would willingly allow for a care home placement to be arranged.

In social work notes A22 had not had care for 4 days, he was wearing a heavily soiled incontinence pad and had food in his hair. There was a strong smell of urine and faeces in the house. A22 refused all offers of care. Consultant Psychiatrist spoke to A22 on his own and fed back that he was not very cooperative in discussions, unable to reflect and not able to reason about how to improve his situation or safeguard himself. Consultant Psychiatrist advised that he believed A22's decision making was impaired and that he was lacking capacity in relation to his care needs.

MHO attempted to speak with A22 to advise him of the Guardianship process, explain his rights and obtain his views. However, he advised that he not listen and that he would not be admitted to a care home unless 'dragged out in handcuffs'.

21 December 2021 Child Protection Team confirmed that following IRD safety plan has been agreed that the children are not to be left alone with their father. The children are not to enter their father's room.

22 December 2022 Mrs A22 agrees that Local Authority be named as welfare Guardian in application.

22 December 2022 MDT Forward Planning meeting held via MS Teams in the event that we are able to find a care home for A22 and require to transfer him from his home, where he is adamant, he does not want to leave to the care home via a removal order. The following concerns were discussed at planning meeting:

- 12 care at home providers contacted – no one available to meet client's needs
- HART internal critical care team who are full to capacity and do not have resources specifically enough male staff to provide the care he requires, which will not change at present given the pandemic.

- 36 Care homes contacted across the whole of Scotland – no placement available

- Guardianship application to be submitted to the court on Friday under Adults with Incapacity (Scotland) 2000

- Removal Order under Adult Support and Protection (Scotland) 2007, cannot be progressed unless there is a place of residence to move A22.

22 December 2021 Following on from panning meeting email sent by Team Leader Laura Carse in agreement with Service Manager to Consultant psychiatry. Highlighted that there are no other options to safeguard A22 in the community. This is due to risk of emotional and physical harm to care staff and being unable to appropriately manage these risks due to A22's presentation and behaviours. Requested a full assessment of his mental and physical needs given A22's presentation in order to inform an appropriate support intervention.

23 December 2021 Response received from consultant psychiatry that A22 "certainly has no acute mental disorder that needs hospitalization or detention. He had social care need which I am unable to address."

23 December 2021 TL contacts Mental Welfare Commission to request advice and support. Subsequently no response received until 5th January 2022.

23 December 2021 ASP Coordinator emails Consultant psychiatry and GP regards his decision not to proceed with detention, advising that it is Local Authority's view that this not the correct decision, outlining the reason to why A22 meeting the threshold for detention.

23 December 2021 ASP NHS Coordinator emails senior consultant psychiatrist to alert him to the situation and to request a case discussion. It was agreed that A22 would be assessed under the Mental Health and Care Treatment (Scotland) 2003 given his current mental state and presenting behaviours by consultant psychiatrist.

24 December 2021 The plan outlined did not come to fruition and A22 remained at home. Following further discussion between senior management in both social work and health services, decision that psychiatrist and mental health officer would visit the family home in the afternoon and again family would be supported by Child Protection Team to leave the property whilst this took place.

A22 assessed under Mental Health Act and detained under s44 (STDC). A22 conveyed to Perth Royal Infirmary ward 1, but transport arrangements unclear, uncoordinated and delayed.

30 December 2021 CP case notes "marked difference in girls emotional wellbeing. Adult Care to remove Mr A22's bed from living room

2022

Dec 2021 to July 2022: SW involvement continues and identification for nursing placement continues.

10 January 2022 Short term detention order revoked without consultation of the MHO. Social Circumstances report completed. Interim welfare guardianship order in place

6 February 2022 CPSW notes "telephone call from Mrs A22. L22 has taken an overdose of paracetamol. Advised to phone 999.

7 February 2022 CPSW notes "CAHMS initial assessment of L22. T/C with Mrs A22 re L22 overdose. Reported she has already spoken to school. Initial assessment no mental health condition. Assessment to continue. Mrs A22 to support K22 at home

7 February 2022 Adult Protection Case Conference review.

23 February 2022 CPSW case notes "assessed as no ongoing role for CAHMS. Feels overdose and low mood reaction to home environment, grief, loss and situation with father.

3 March 2022 CPSW notes "T/C guidance update on L22. 1:1 session with L22 with reports of feeling guilt over father situation. Discussion with L22 about possible supported contact with father. Visit to Lighthouse with K22 and L22. T/C to Mrs A22 re her reporting she is struggling. Guidance to phone Mrs A22 and DHT to input safety plan in school. L22 offered support with visits to see father. Mrs A22 told of services for personal support and safety plan for L22 at home covered.

21 March 2022 Welfare Guardianship granted by Sherriff in favour of Local Authority

Welfare Guardianship appointed to Local Authority on 18 March 2022 to the Local Authority with the following powers:

(a) Power to require the adult to reside at a place specified by the Welfare Guardian, being suitable accommodation
based on an assessment of the adult which may include a significant deprivation of the adult's liberty;

(b) Power to make decisions and arrangements in relation to the care and support services required for the adult and to enter into and sign contracts, agreements, or other documentation for the provision of such care and support services;

(c) Power to authorise the giving of personal care and assistance with hygiene to the adult;

(d) Power to authorise the adult's carers to use approved methods of restraint only where necessary to protect the adult or others from harm when providing personal care;

19 April 2022 CPSW case notes "Mindspace referral for counselling for Mrs A22 and L22. T/C with CAHMS does not feel L22 requires any further psychiatric support. L22 has asked to see her dad.

24 June 2022 Case closed to CP SW

7 July 2022 Care Home Placement identified out of area in Renfrewshire and A22 discharged from hospital.

1 September 2022 CPSW case notes " Contact from L22's guidance teacher re Mrs A22 T/C with concerns for L22 low mood and self-harming Update provided and advice given. Contact made with CAMHS. No role for Child Protection Duty Team (CPDT)

Appendix B – Analysis of findings from learning review group. This is contained within a separate interim learning review report shared with the APC.

What were the challenges that prevented safeguarding?

The following is the views from Adult Social Work

- Obtaining input and guidance from consultant, psychology and psychiatry specifically in relation to formulation and care planning. Information that was provided was contradictory and there did not seem to be a joined-up approach between these professionals. Communication was limited on their part until ASP concerns.
- Engagement on the part of key health professionals Consultant, psychology and psychiatry in multi-Disciplinary approach; medical v ecological model of assessment and intervention
- Queries regarding capacity, decision specific tool completed but no response
- Availability of resources specifically provision of care
- Care staff knowledge and skills – would have benefited from additional training specifically around appropriate interventions
- A22's understanding and perceptions of the situation that meant he could not comprehend the criticality of his needs and circumstances
- Difference in professional values and expectations.
- Labelling of unpaid carer and not always listening to their views

Views from Parkinson's Specialist Nurse:

- A22 was reluctant to engage with physiotherapy, psychiatry, psychology.
- He did not agree with reducing his medication with abnormal beliefs related to this.
- He at times stated that he did not have Parkinson's (his wife often questioned the diagnosis) and that eating various foods/fasting would help cure his Parkinson's.
- He did not acknowledge the extent of his dopamine dysregulation/impulsive compulsive behaviour. He denied presence of behaviours when questioned.
- He had abnormal beliefs regarding care home placement.
- Male carer availability

Views from CMHT Senior Charge Nurse:

- A22 was reluctant to engage with physiotherapy, psychiatry, psychology.
- He did not agree with reducing his medication with abnormal beliefs related to this.
- He at times stated that he did not have Parkinson's (his wife often questioned the diagnosis) and that eating various foods/fasting would help cure his Parkinson's.
- He did not acknowledge the extent of his dopamine dysregulation/impulsive compulsive behaviour. He denied presence of behaviours when questioned.
- He had abnormal beliefs regarding care home placement.
- Male carer availability

Views from MHO Team lead:

1. No defined avenues for escalating concerns about decision-making by Consultant Psychiatrist (we note that the individual referred to, was a locum and is no longer in post)
2. Time delays, due to communication issues between agencies – SW were informed that an assessment was to take place however this was not communicated to the doctor tasked with completing the assessment (Dr H)
3. Ongoing issues regarding adequacy of structures in place for arranging transport to hospital for detained patients. Appreciate that the Psychiatric Emergency Plan review is nearing completion and will hopefully address this for future situations.

Why did safeguarding reach crisis point

From adult social work Team leader

- Availability of care in the community meant that A22 could not be supported to continue living at home.
- Presenting disinhibited behaviours increased substantially and impacted on family substantially and the ability to deliver care safely. This in turn affected being able to access alternative supports
- Covid 19 pandemic impacted the availability of resources such as care homes and access to care provider resources

4. Summary of single agency practice issues

Please identify known good practices as well as any known areas for improvement.

From adult social work:

- Social worker demonstrated person centred approach and leadership skills and attributes in persevering in trying to implement a multi-Disciplinary approach.
- Clear escalation process and pathway within social care.
- Collaboration and communication between Police, Parkinson's nurse, NHS ASP advisors, Mental Health Officer Team and Child Protection
- Parkinson's nurse practice and knowledge of client's needs
- Ecological approach adopted by social worker taking account client's needs and that of the unpaid carer and children
- Understanding of principals underpinning AWI and ASP act and the implementation of these in practice.
- Input and support provided by GP. They had knowledge of A22' s needs and were responsive to requests and consultations.
- Mental Health Officer Team and Legal were knowledgeable and very supportive. They were proactive in their response and helped to explore at interventions available to the MDT.
- Having continuity by having a specific individual identified from MHO, Social Work, Parkinson's Nurse, NHS Advisor, Legal.

Parkinson's Specialist Nurse:

- Earlier referral to outreach nurse from Robert Ferguson Institute
- Completion of impulsive compulsive monitoring tool
- Close working between social work and health
- Plan in place for admission OOHs

MHO Team lead

- Prior to events on 24.12.21, it is our understanding that significant work was devoted to attempting to secure a residential or home care resource which could meet A22's complex needs. We feel that it is important that the amount of work spent attempting to avoid admission to hospital is recognised and acknowledged. The resulting admission to hospital was the only option available.

- It should also be noted that it had been identified at the ASPCC on 21.12.21 that it was not possible to continue to support A22 at home, and that all options, including the possibility of admission to a care home, had been explored and exhausted. There appeared a perception that it was a 'social care' problem, rather than a problem which required a joint health and social care response.

- Social work staff spent a significant amount of time (in excess of 8 hours) with A22's family on Christmas Eve, ensuring as far as possible that they were supported, kept informed and their needs met. It had been agreed that they should be out-with the home during the assessment and the delays in this being completed and a conclusion reached had a significant impact.

5. Summary of single agency recommendation

Please highlight any areas which may require further consideration:

From Adult Social Work

- NHS pathway for escalating concerns
- Earlier intervention on the part of psychology, psychiatry and consultants. These issues of concerns were identified in 2014 why did A22 not receive psychology input at this point?
- Training and awareness for hospital staff, psychology, psychiatry and consultants in relation to person centred care, health and social care standards and professional values.
- Contracts review of care providers skill and knowledge.
- Strategic plan that focuses on recruitment and sustainability for care at home.
- Review of workload pressures and impact on practice for all staff

Family view of this learning review

It would appear from AIS that the current relationship between A22, Mrs A22 and social work is strained. A22 is in a care home in Glasgow. Mr and Mrs A22 appear desperate for A22 to return to a care home provision in Perth so that they can sustain closer contact and what appears to be Mrs A22's view that the care and treatment of A22 in Glasgow is of a poor and

unacceptable standard. Social work is currently trying to secure a care home provision in or closer to Perth than A22's current placement, but given A22's complexities, securing this is not easy. This is frustrating A22 and Mrs A22.

SW has regular contact with A22 and with Mrs A22. SW told me that the need for A22 to move to Perth dominates her conversation with A22 and Mrs A22. She is of the view that including A22 and Mrs A22 into this learning review at this time would further heighten frustrations that A22 and Mrs A22 have at this time. Therefore the value of their inclusion into this learning review would be of no benefit and runs the risk of heightening existing frustrations.

It is therefore on this basis that I have not sought the views from A22 or Mrs A22 at this time.