

## Self-Neglect Case

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### Background

73 years old lady lives with her husband in a council flat. CLCH DN team visits her once a week to provide care for chronic pressure ulcer. The patient deemed to have mental capacity in relation to her health and wellbeing and has capacity in relation to the care she is getting from the DN team; she is under the complex team to manage her case. She is not refusing nurse's care and allows nurses to come in and provide the required treatment for pressure ulcer care. The issue is her self-neglect of personal hygiene and the flat environment. There is extreme case of bed bugs, flies and maggots. The patient and her husband do not wash or change clothes. The flat was dirty and very unpleasant with rubbish and excrements everywhere covered with newspapers.

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### Previous management

The house was treated and deep cleaned 1 year ago but they had to move out into a respite for the treatment to take place. This time both the patient and her husband refusing to move out for the treatment and declutter to take place and refusing to pay for it. The patient and the husband are arguing that they paid for the first treatment and respite with no success. Both refused an offer to move to a supported living environment due to increased vulnerability of the husband. Both are known to social services and Age UK.

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### Challenges

All nurses are finding the home environment extremely challenging and unpleasant to conduct the visit; there is risk of infection and it is causing real stress and anxiety to the clinical staff. Protective clothing and equipment have been provided by CLCH to the nursing team. Refusing care input from social services. Broken down washing machine, dirty clothes and beddings. Age UK helping with advice, new clothing and cleaning but limited acceptance from patient and husband. Housing application for supported living sent just before COVID-19 lock down 1.

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### MCA and safeguarding consideration

- Patient fully aware and understands risks and concerns associated with self-neglect
- Patient has mental capacity in relation to self-care and care input from nurses
- All steps taken with her consent.
- Agreed to safeguarding referral for self-neglect

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### Practical steps

- Urgent MDT: nurses, complex team, GP, social worker, Age UK, CLCH safeguarding.
- Nurses supported by the complex team
- Social worker helping with cleaning and building trust for better engagement
- Explore a company can do fumigation and cleaning without them leaving the flat.
- Replace the washing machine
- Chase the housing application form for supported living.
- Ensure Making Safeguarding Personal

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### Learning points

- Ensure clinical Notes reflect concerns and how extreme the nature of self-neglect and environment.
- Early escalation in handover, with CLCH safeguarding team and social services to ensure better engagement by all agencies and appropriate support.
- Self-neglect is category of abuse (Care Act 2014). Legal literacy.
- Early safeguarding referral to social services.

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### Learning points

- Duty of care to patient with self-neglect regardless of environment especially patient not refusing health care, health and safety at work place.
- Trust has duty to provide all protective equipment and support to staff.
- Escalation to High risk panel under S42 safeguarding to ensure multi agency approach
- Think family: although the husband not CLCH patient, risk management and safeguarding for both.
- Fire and clutter risk assessments,

