



SAFEGUARDING ADULTS REVIEW

‘COLIN’

Merton Safeguarding Adults Board

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Introduction

1.0 Overview of Circumstances That Led to Review

1.1 On 20 February 2018, Colin was found deceased at his home address by police after neighbours had raised concerns with police that they had not seen him for at least six weeks. It is believed that Colin had been dead some two weeks prior to being found by police.

1.2 Colin had been known to mental health services since at least 2006 (information requested from mental health services but not received to provide exact date of first presentation to mental health services) with a diagnosis of Paranoid Schizophrenia. He was legally entitled to both section 117 aftercare¹, and the Care Programme Approach² (CPA).

1.3 Statutory Duty to Conduct a Safeguarding Adults Review

1.4 The Merton Safeguarding Adults Board (MSAB) has a statutory duty³ to arrange a Safeguarding Adults Review (SAR) where:

- (a) An adult with care and support needs has died, and the SAB knows or suspects that the death resulted from abuse or neglect, or an adult is still alive, and the SAB knows or suspects that they have experienced severe abuse or neglect, and
- (b) There is reasonable cause for concern about the SAB, its members or others working to safeguard the adult.

1.5 Board partners must co-operate in and contribute to the review to identify the lessons to be learnt and apply those lessons in the future⁴. The purpose of a review is not about apportioning blame or responsibility, but to identify ways in which agencies can work collaboratively or singularly and together to help and support and protect adults with care and support needs who are at risk of abuse and neglect, including self-neglect and are unable to protect themselves.

1.6 Merton SAB's Decision to Conduct a Review

A SAR Panel was appointed to undertake the review. Membership of the Panel comprised senior representative of the agencies involved with Colin; the Chair and the lead Reviewer were independent of those agencies.

Review Methodology

2.0 Review Model

The methodology for the review is selected as a hybrid of "significant events analysis" and learning event that involved the following:

- Chronologies of involvement from all agencies that were involved with Colin twenty-two months before his death (May 2016 to February 2018).
- Thematic analysis of the learning themes emerging from the chronologies.

¹ Section 117 Aftercare; Those people who have been detained under sections 3, 37, 45A, 47 or 48 of the Mental Health Act (MHA) are eligible for aftercare when discharged from hospital. S117 places an enforceable duty on both Health (Clinical Commissioning Group (CCG)) and Social (local authority/Council (LA)) Services to provide aftercare services to Colin on discharge from hospital. Neither the CCG nor the LA can charge for the services engaged in meeting those needs – s117 aftercare is free

² The Care Programme Approach (CPA) is the national framework for mental health services assessment, care planning, review, care coordination, and service user and carer involvement focused on recovery.

³ Sections 44(1)-(3), Care Act 2014

⁴ Section 44 (5), Care Act 2014



- A learning event with practitioners and operational managers that had directly been involved with Colin during the review period.
- Additional information and/or documentation from the following:

2.1

Agency	Documentation/Information Reviewed	Requested but Not Provided
London Borough of Merton Adult Social Care Safeguarding Team.	<ul style="list-style-type: none">– Adult Social Care case notes for the period of review– Merton Adult Safeguarding Policy and Procedure– Case notes of Section 42 Adult Safeguarding Enquiries raised in the review period	<ul style="list-style-type: none">– Names and contact details of Collins brother and niece.– Assessments under the Care Act 2014– Mental Capacity Assessments– Section 117 documentation, assessments, and care plans– Deputyship Team: Documents, letters to Colin, email of safeguarding referral made by Deputyship Team to Safeguarding Team, and case notes, especially case notes of meeting with Colin's brother and niece.– Environmental Health Team: Case notes for review period, pest control companies report and photos, all letters received from Anthony Gold solicitors, referrals received by Environmental Health re Colin's home.
Merton Assessment Team, South West London & St Georges	<ul style="list-style-type: none">– Merton Assessment Team case notes for the period of review.–	<ul style="list-style-type: none">– CPA; care plan, risk assessment, and risk contingency plan
Mental Health NHS Trust	<ul style="list-style-type: none">– RiO case notes for the review period	<ul style="list-style-type: none">– Documentation of detention under the



	<ul style="list-style-type: none">– Dates of both informal and formal admissions to hospital– Date of first presentation to mental health services	<p>Mental Health Act 1983</p> <ul style="list-style-type: none">– Previous safeguarding concerns and enquiries– Section 117 care plan, risk assessment, and reviews– Policy and Procedures: Adult Safeguarding, Adult Mental Health Operational Policy, Section 117 policy, CPA policy, Hard to Engage policy.
Anthony Gold Solicitors	<ul style="list-style-type: none">– Correspondence from Anthony Gold Solicitors to Merton Local Authority and St Georges Mental Health NHS Trust within the review period.	
Metropolitan Police Force		<ul style="list-style-type: none">– Merlin report of police attendance to Colin's address on 04/07/2017
Bishops Road Medical Centre		<ul style="list-style-type: none">– Letter from GP requesting when Colin last seen and last in receipt of medication.

2.2 Safeguarding Adults Review (SAR) Process

2.3 This review process is not an enquiry into how or why Colin died or to hold any individual or organisation to account; neither is it to apportion blame. It is an appreciative thematic analysis into the decisions and actions taken by those agencies who were involved with Colin. The key outcome of this SAR is to improve the future safeguarding of those adults living in Merton with care and support needs and to promote a further learning culture in both single and multi-agency safeguarding working arrangements. This SAR will provide an understanding of what fully happened and what needs to change to avert the likelihood of reoccurrence. It will also highlight and promote areas of good practice, which can be shared to further support Merton's learning culture ethos.



2.4 Safeguarding Adults Review Governance

- 2.5 The Chair of the SAR Panel will be responsible for regularly advising the SAB Chair of any emerging findings that require the attention as matters arise throughout the review process and before the SAR Overview Report is drafted. In terms of any risks identified in the review that may have an immediate impact on adults with current care and support needs or children and young people, review panel members are responsible for taking any relevant immediate action or escalating within their own agency.

2.6 Participation of Colin's Family

Colin had a brother, a niece, and a nephew who attempted to contact him throughout his life. This included expressing concern during the review period about his safety and well-being to Colin's deputy, Anthony Gold solicitors. The SAR lead reviewer was unable to contact Colin's niece or family as despite a request was not provided with contact information.

Colin: The Person

3.0 A Pen Picture

Colin was born on the 16th of January 1945 and was seventy-three years old at the time of his death (found deceased by police on the 20th of February 2018 at his home). Colin had no family in the United Kingdom, but he did have a brother, niece, and nephew in America; according to reports, Colin's next of kin is his niece. Colin's family had made numerous attempts to engage with him over the years, including a visit to his home on August 15th, 2017, by his brother, niece, and nephew. Regrettably, Colin denied knowing them and requested they leave.

- 3.1 Colin was a retired psychiatric nurse who had worked for many years at Springfield University Hospital, a psychiatric hospital in Tooting, South London, and the headquarters of the South West London and St George's Mental Health NHS Trust. Colin was a solitary man following his retirement, appearing to prefer his own company to that of others; no evidence of meaningful relationships has been discovered. According to neighbours, Colin was constantly 'out and about' and lived independently in his own home.
- 3.2 Colin had complex mental health needs with a diagnosis of paranoid schizophrenia which over the years manifested in both positive and negative symptoms⁵ of the illness. Colin had a significant history of non-engagement with services and chronic self-neglect and had been subject to detention under the Mental Health Act 1983 (as amended 2007) on four separate occasions. There is no reported evidence that Colin misused drugs or alcohol, and Colin was not open to any mental health or adult social care team at the time of his death (last seen by Merton Assessment Team in October 2017).

Case Chronology Overview

4.0 Events Prior to Review Timeline

- 4.1 In 2006 Colin was reportedly storing weapons behind his front door and was arrested in his rear garden for a breach of bail offence where he fought with a police dog, kicking, and punching it (reported in 'Post Incident Review (Gap Analysis)', no further information regarding these events have been provided to SAR author).

⁵ Positive symptoms are highly exaggerated ideas, perceptions, or actions that show the person cannot tell what is real from what is not as hallucinations, delusions, confused thoughts and disruptions to speech and trouble concentrating. Negative symptoms of schizophrenia may result in lack of pleasure, withdrawal from friends and family, trouble with speech, and self-neglect.
<https://www.webmd.com/schizophrenia/schizophrenia-symptoms#1>



- 4.2 On the 2 December 2011 Colin was detained under section(s.) 136⁶ of the Mental Health Act, records note that Colin had been living in squalor with bizarre and anti-social behaviour mainly aimed at his neighbours. Colin presented with a mental disorder which was of a nature and degree that warranted his detention in hospital. He was subsequently detained under s.2⁷ of the Mental Health Act and later that same day admitted to Wilson Hospital, Juniper Ward. On the 23 December 2011, the s.2 was converted to s.3.⁸ Colin remained subject to detention and in hospital until his discharge in April 2012 by which point, he had been transferred to Norfolk Lodge; a step-down inpatient facility. During Colin's admission a Computed Tomography (CT) brain scan was performed and found to be normal for his age.
- 4.3 Colin returned home with a package of care under the Care Programme Approach (CPA)⁹ which consisted of antipsychotic medication in the form of oral Olanzapine 20mg and support from Morden Recovery and Support Team (RST). Given Colin had been detained under s.3 of the Mental Health Act he was entitled to section 117 Aftercare.¹⁰
- 4.4 During the following year, Colin disengaged with mental health services although it is believed he continued to collect his antipsychotic medication, Olanzapine from his GP surgery until May 2013. By July 2013 given Colin's disengagement with both mental health services and medication (both of which were recorded relapse indicators for Colin), an impromptu home visit was arranged for the 18 July 2013 by Merton's Home Treatment Team. Colin was not home, and neighbours reported that they had not had sight of him for around two weeks, which was unusual.
- 4.5 There were no available records or information to ascertain what took place for Colin between 18 and 30 of July. On the 31 July 2013 Colin was detained under s.3 of the Mental Health Act where he remained subject to detention at Norfolk Lodge until 31 October 2013. On the 8 October 2013, a CPA meeting was held to discuss his impending discharge. His CPA discharge plan consisted of; antipsychotic medication in the form of oral Olanzapine 20mg, Deputyship for his convoluted finances and property, support from RST and regular review of his mental health and attendance at the Recovery College. RST report that they had regular contact with Colin on his discharge but that his engagement was 'patchy'.
- 4.6 In late December 2013 concerns were raised regarding Colin's welfare. RST initiated regular impromptu home visits at variable times of the day to sight Colin and assess his mental health. Neighbours reported they had seen Colin coming and going at random times of the day, usually outside regular office hours. It is recorded that RST would continue with the

⁶ NB: The following relates to legislation prior to changes made on 11.12.2017 - S136 provides emergency powers for the police to deprive a person of their liberty temporarily if the person is in a place to which the public have access and certain conditions are met. The police may remove the person if it appears to the police officer that they have a mental disorder and are in immediate need of care or control and that it is necessary to remove that person to a place of safety in their own interests or for the protection of others. The person is not removed because they are suspected of committing any criminal offence. In the case of S136, the person must be removed to a place of safety to enable them to be examined by a registered medical practitioner and to be interviewed by an approved mental health professional.

⁷ is part of the civil sections under the Mental Health Act. It provides for someone to be detained in hospital under a legal framework for an assessment and treatment of their mental disorder for a period of up to 28 days for assessment and treatment.

⁸ section 3 of the Mental Health Act is commonly known as "treatment order" it allows for the detention of the service user for treatment in the hospital-based on certain criteria and conditions being met for up to 6 months.

⁹ Care Programme Approach (CPA) was introduced in 1990 to provide a framework for effective mental health care for people with severe mental health problems. ... regular review and, where necessary, agreed changes to the care plan.

¹⁰ Section 117 of the MHA requires the responsible after-care bodies, in co-operation with relevant voluntary agencies, to provide after-care for patients detained, transferred, or admitted under sections 3, 37, 45A, 47 or 48 MHA, who then cease to be detained. The duty to provide such services continues until such time as the person is no longer in need of such services.



impromptu home visits until the matter could be raised at Care-pathways in January 2014. Due to the absence of information, the outcome of this intervention is not known.

- 4.7 Records indicate that on the 22 October 2014 a Merton local authority Approved Mental Health Professional (AMHP) sent an email to a duty sergeant, at the Metropolitan Police requesting police attendance at Colin's home address to enable the execution of s.135 (1) warrant (police had previously failed to attend on the last two occasions). On the 23 October 2014, the s.135(1) was discharged and Colin was assessed under the Mental Health Act but was not detained. It is not known what alternative safety and or support plans were identified as alternative options to admission.
- 4.8 On the 11 November 2014 RST undertook a home visit to Colin. It was recorded that Colin was still wearing the same dirty clothes from when he had been assessed 20 days earlier. RST explained to Colin that Anthony Gold solicitors had contacted them as Colin was at risk of losing his home as the mortgage had not been paid. Colin reported that he had paid his mortgage off and no longer owed any money. RST recorded that Colin did not appear to have the capacity to deal with his finances and could not comprehend the seriousness of the situation. Although Colin agreed to attend an appointment at the Wilson Hospital on the 25 November 2014, he was keen for RST staff to leave his home. As the staff moved toward the front door, Colin slapped hard one of them on their arm and quickly closed the door once they were out of his property.
- 4.9 From the 12 to 26 November RST reported that they continued to attempt engagement with Colin; impromptu home visits and posting his medication through the letterbox (in the knowledge there were no children or pets at the property). However, these attempts proved unsuccessful. On the 26 November 2014 RST requested a police welfare check, which police declined to undertake. On the 28 November 2014 Colin was discussed at care pathways. The agreed plan was that a referral for a Mental Health Act assessment would be requested with a view to treating Colin with an anti-psychotic depot injection. There is no evidence to suggest that the request for a Mental Health Act assessment was made or undertaken.
- 4.10 On the 24 March 2015 the Court of Protection was satisfied that Colin lacked the capacity to make various decisions concerning his property and affairs and Anthony Gold Solicitors were appointed as "the deputy."
- 4.11 From November 2014 until August 2016 there is no available information to ascertain if Colin's mental health was continued to be monitored and reviewed in line with CPA or if he was in receipt of any s.117 support services.
- 4.12 During the following eighteen months (26 August 2016 to 20 February 2018) eight safeguarding referrals were made in respect of Colin and his health, safety, and wellbeing. Five of these referrals were made by Anthony Gold, two from Colin's neighbours and one from the Metropolitan Police Force. The last safeguarding referral was made the day before Colin was found deceased by police at his home (20 February 2018).
- 4.13 Review Period: 11 May 2016 to 20 February 2018**
- 4.14 On the 26 August 2016 Anthony Gold Solicitors wrote to Merton Adult Social Care Services raising safeguarding concerns. They advised that Colin had substantial funds and were attempting to assist him with day to day living but that Colin was refusing to engage. They reported that Colin had last been prescribed medication in November 2013, missed several health appointments and had not been seen by mental health services since October 2015.



- 4.15 On the 30 August 2016 the letter from Anthony Gold solicitors was screened by Merton's Safeguarding Adults, First Response Team. Due to concerns raised, further discussions were had with Merton's Local Authority Safeguarding Manager. It was concluded that further enquiries were warranted under Merton's safeguarding adult's procedures and that mental health services were best placed to undertake the enquiry. The recorded rationale for this decision was that they believed Colin's presenting issue was his mental health condition. Four working days later (6 September 2016) First Response Team raised a s.42 enquiry and reassigned the enquiry to MAT and forwarded an acknowledgment email to Anthony Gold informing them that mental health services would be leading the s.42 enquiry.
- 4.16 The following day (7 September 2016) Anthony Gold solicitors contacted the MAT manager requesting an update. There is no information available to suggest that Anthony Gold received this update. The following day MAT services attempted to telephone Colin but were unsuccessful.
- 4.17 On the 9 September 2016 MAT held a Multi-Disciplinary Meeting (MDT), in attendance were the teams Consultant Psychiatrist and two MAT Community Psychiatric Nurses (CPN's). It was agreed that an unannounced visit to Colin was required.
- 4.18 Later that same day two CPN's from MAT visited Colin at home. Although Colin came to the door and reportedly gave eye contact and a rapport was initially established when he learnt the staff members were from mental health services, he became angry and allegedly stated *"you should go and f---ing assess yourself"* and closed the door on them.
- 4.19 On the 12 September it was agreed to discharge Colin from MAT and close the safeguarding enquiry. MAT records report *"a home visit was carried out in line with s.42 and Colin did not appear to be in immediate danger, appeared well-fed and calm or guarded and did not want involvement with mental health services"*. The records go on to state that Colin's *"presentation of non-engagement is chronic, that he is well known to the team's consultant psychiatrist, and there has been no change in his presentation in a long time and that he normally functions this way, no acute presentation and no indication that assessment under the MHA is required and that medication has never made a difference to his presentation"*. MAT have subsequently reported that the focus of their assessment was Colin's mental health state and not safeguarding.
- 4.20 Later that same day (12 September 2016) Anthony Gold solicitors contacted the MAT manager requesting contact details of the head of social services as they required an update on the s.42 enquiry. There is no recording as to whether Anthony Gold received this information.
- 4.21 From the 12 September 2016 until 18 November 2016 there is no information available for us to build a picture as to Colin's mental wellbeing, health, or safety.
- 4.22 On the 18 November 2016 Anthony Gold solicitors wrote to Merton Safeguarding Adults Team as concerned that Colin had not been using his gas or electricity since July 2016 and that the weather was getting colder. On the 24 November 2016 Anthony Gold solicitors telephoned MAT who forwarded them a blank referral form. Later that day Merton Safeguarding Adults, First Response telephoned Anthony Gold solicitors who informed them that MAT had forwarded them a blank referral form.



- 4.23 On the 15 December 2016 Anthony Gold solicitors undertook a deputy home visit to Colin. Although Colin did not invite them in, he engaged in conversation for around fifteen minutes, reported he was using his electricity as he did not like gas and was holding a hot cup of tea.
- 4.24 For the next six months Anthony Gold solicitors attempted to work on behalf of Colin as his deputy for his property and financial affairs. In April 2017 they wrote to Merton Council reporting that their application for Colin's council tax exemption underclass U had been successful. In May 2017 they attempted to put in place buildings and contents insurance, but due to Colin's lack of engagement and the limited information known about Colin's property, this was not successful.
- 4.25 From April to May 2017 Anthony Gold solicitors attempted to source a practitioner to undertake a testamentary capacity assessment. They contacted Colin's GP, South West London and St Georges Mental Health Trust, the Local Adult Mental Health Team, and private practitioners. All declined to undertake the assessment.
- 4.26 In June 2017 Anthony Gold solicitors made enquiries to engage a case manager for Colin to assist him with day to day living and improve his quality of life. However, Colin did not respond to any correspondence from Anthony Gold solicitors. The Case Management company required up to date information on Colin's current health which was not known by Anthony Gold solicitors. Anthony Gold solicitors contacted Colin's GP, who informed them that he did not know Colin and believed Colin last visited the surgery in 2014 and not been in receipt of medication since that time. He stated that he believed Colin did not present a risk to others.
- 4.27 On the 28 June 2017 Colin's neighbour contacted Safeguarding Adults, First Response Team reporting that she had found him urinating in her garden. The First Response staff member recommended that if she found Colin doing this again, she should contact the police.
- 4.28 On the 4 July 2017 Colin's neighbour again contacted Safeguarding Adults, First Response Team reporting that she had contacted police as while in her kitchen that morning she saw liquid being thrown into her garden which was coming from Colin's Garden. The neighbour reported that when she went out to her garden, there was a strong odour of urine. The Neighbour reported that Colin's shirt was dirty, and his trousers were being held up by a cloth used as a belt. She explained that Colin appeared confused and worried and denied throwing urine into her garden. Police found pots and pans filled with urine in Colin's garden and stated it appeared as if he was using his garden as a toilet. Police asked Colin if his toilet was working, the neighbour reported that Colin had hesitated but then said yes but refused police entry to his home. First Response staff member recorded that Colin *"may require an assessment under the Mental Health Act as he may not be able to look after himself fully."* However, there is no evidence to suggest that a referral was made to MAT or the duty Approved Mental Health Professional or that a safeguarding concern was raised.
- 4.29 Twelve working days later (20 July 2017) MAT received a Merlin report from police raising their concerns for Colin's mental and physical wellbeing. A referral discussion was had between four MAT staff members and their manager. It was agreed Colin would be offered an appointment for an assessment. On the 31 July 2017 Colin was sent a letter inviting him to an assessment on the 17 August 2017 which he subsequently did not attend.



- 4.30 In July 2017 (exact date not known) Anthony Gold solicitors received correspondence from Merton Council reporting a possible rat infestation at Colin's property. Anthony Gold solicitors contacted various Pest Control companies to obtain quotes. The Deputyship team wrote to Colin to inform him of the possible infestation and requested permission to arrange a visit.
- 4.31 On the 15 August 2017 Colin's niece, nephew and brother visited Colin at his home. On arrival, they found Colin's front door to be slightly ajar, they closed the door and then knocked. On answering the door, Colin stated he did not know them and started yelling and swearing at them telling them to go away. This information was not reported to mental health services or adult social care.
- 4.32 On the 20 August 2017 at the MAT MDT meeting it was agreed that an unplanned home visit to Colin would be undertaken on the 25 August 2017 as he had not arrived for his appointment on the 17 August. The team discussed Colin's continued refusal to engage with services and the anti-social behaviour he was presenting towards his neighbours. It was agreed that these were all indicators that his mental health may be deteriorating.
- 4.33 Two CPN's from MAT attended Colin's home on the 25 August 2017. Colin did not come to the door; however, it appeared to be open, but that something was blocking it from opening. They posted an appointment for an assessment for the 4 September 2017. Colin's neighbour informed them she had seen him most days going out and taking the bus.
- 4.34 The lead reviewer can only assume that Colin did not attend the appointment the 4 September 2017. Later that day at the MAT MDT meeting it was agreed that the MAT manager would contact adult social care to see what information they had to determine a plan of action moving forward.
- 4.35 On the 22 September 2017 MAT contacted Merton adult social care who confirmed that Colin was known to them but not an open case. It is recorded in Colin's MAT case notes that an adult social care staff member suggested that MAT would need to try and see Colin before seeking support from adult social care. There is no documentation of this conversation in Colin's adult social care case notes.
- 4.36 On the 4 October 2017 a MAT CPN and student nurse undertook an unplanned home visit to Colin. Although Colin answered the door, he refused entry, stated he was well and required no intervention from mental health services. The CPN asked Colin if he knew any of the doctors at Wilson Hospital. Colin stated he did not but that he believed they were not qualified, doctors. After five minutes, Colin shook the CPN's hand, said he had to go and clean his house and closed the door on them. The assessing CPN subsequently recorded in Colin's case notes that *"It had been difficult to assess full mental state given Colin was rushing them, but that he did not appear to be floridly psychotic or appeared to be relapsing in his mental state."*
- 4.37 On the 9 October 2017 at the MAT MDT meeting it was agreed that there were no identifiable concerns regarding Colin's mental health and as such Colin would be discharged from MAT but, if in the near future a Merlin report was received assessment under the Mental Health Act would be considered.
- 4.38 On the 17 October Anthony Gold solicitors emailed Safeguarding Adults, First Response Team reporting Merton Council Community and Housing Department had informed them



that a complaint had been received from Colin's neighbour regarding a possible rat infestation at Colin's property. Anthony Gold solicitors explained there was limited to no access into the back garden and that Merton Environmental Health had informed them they were no longer willing to assist given Colin was not responding to their correspondence. In this email Anthony Gold state, *"Colin is a recluse, suffering from long-standing mental illness, a vulnerable adult and that a rat infestation is not only a danger to Colin but also to his surrounding neighbours."*

- 4.39 As a result of the referral, Safeguarding Adults, First Response screened previous case records and noted information received from Merton Safeguarding Manager in August 2016 which stated Colin's presenting issue was his mental health. Based on that recording they forwarded Anthony Golds solicitors safeguarding concerns to MAT and informed both MAT and Anthony Gold of their decision.
- 4.40 The following day MAT forwarded an email to Safeguarding Adults, First Response stating they believed Colin's situation was a case for Social Services, Housing, and Environmental Health unless Colin was refusing treatment and was a risk to self and others. MAT stated they had no powers under the Mental Health Act to enter Colin's home and that Colin had been recently assessed by themselves on 4 October 2017 whereby it was established that there were not enough concerns to warrant treatment within secondary services and Colin had therefore been discharged back to his GP.
- 4.41 That same day First Response emailed Merton Environmental Health on advice from Merton Safeguarding Adults manager. They reported that mental health services would not be acting as they believed the situation sat with social services and environmental health. They requested support from Environmental Health as believed they had specific legal powers to act in such circumstances and requested that the email was accepted as a referral.
- 4.42 On the 27 October 2017 Anthony Gold solicitors emailed Safeguarding Adults, First Response as had not heard from MAT and requested their contact details. Within the email, Anthony Gold solicitors raised significant safeguarding concerns of rat infestation at Colin's property and requested urgent intervention from social services. They attached photos of how 'dire' the situation was and explained that when a private pest control company had arrived, Colin had refused them access. Anthony Gold solicitors reported that the property adjacent to Colin's had a rat infestation in their roof, which was suggestive that Colin had the same in his roof.
- 4.43 On the same day, the safeguarding screening officer from First Response acknowledged Anthony Golds email and advised that they would attempt to contact Environmental Health that day and report back to Anthony Golds solicitors' as soon as possible.
- 4.44 On the 31 October 2017 the Safeguarding Adults, First Response Manager telephoned the Manager of MAT. Although the MAT manager was on leave, they discussed Colin's case with the Mental Health Team Manager. Case recordings state *"Colin currently living in squalor with a rat infestation that is affecting neighbour, that Colin is urinating in pots in his garden is not engaging with services and deputies and appears to be under s.117 Mental Health Act,"*. Also recorded was the agreement that a multi-agency meeting was required; however, there is no information to ascertain whether this meeting took place or not?
- 4.45 On the 1 November 2017 Safeguarding Adults, First Response emailed MAT requesting Colin's formal mental health diagnosis and any potential risk factors. They also telephoned



Colin's GP surgery, who reported that although Colin is registered with them, he had not been seen in 2015.

- 4.46 On the 3 November 2017 the Initial Support and Assessment Team emailed Safeguarding Adults, First Response informing them they had spoken with Environmental Health who had said they were aware of the situation and had written to Anthony Gold solicitors asking if Colin's backdoor would be replaced after they accessed the property.
- 4.47 There is no available information to inform what took place for Colin between the 4 November 2017 and the 19 February 2018.
- 4.48 On the 20 February 2018 at 15:34hrs Anthony Gold solicitors telephoned the Safeguarding Adults crisis line raising urgent concerns that Colin's neighbours had not seen him since December. Safeguarding Screening Officer advised Anthony Gold solicitors that they should contact MAT.
- 4.49 Between 15:34hrs and 16:31 the Safeguarding Screening Officer contacted three local hospitals and Colin's surgery; however, Colin had not been admitted to hospital and neither had he been seen by his GP.
- 4.50 At 15:45hrs Anthony Gold Solicitors emailed MAT requesting an urgent welfare visit to Colin. There is no recorded information to suggest what decisions and actions were made by MAT in response to this email.
- 4.51 At 17:30hrs a welfare visit was undertaken by a Safeguarding Adults, First Response staff member. Colin did not come to the door, and there was no response from inside. The staff member spoke to Colin's neighbour, who reported that it was 'very unusual' not to see Colin and that they had not seen him for approximately six weeks. The neighbour explained that recently another neighbour had attempted to pull down the overgrown ivy but when they did rats ran out in every direction. The neighbour advised that due to her concerns for Colin's welfare, she would contact the police the next day. The staff member left their direct contact details and advised that the neighbour could contact social services with any update, especially if they saw Colin.
- 4.52 Sometime that evening (time not provided) Colin's neighbour contacted the police citing welfare concerns.
- 4.53 That evening (time not known), Anthony Gold solicitors contacted the police. They were informed that police had already been called to the property and Colin had been found deceased inside the property and his body removed by the coroner.
- 4.54 The following day discussion was had with the Merton Safeguarding Adults Manager whereby it was agreed to request a welfare check from police. Police informed them that they had been called to Colin's property the previous evening and found Colin deceased.
- 4.55 At 16:17hrs the same day, First Response Team informed MAT that Colin had been found deceased at his property.

Analysis of Review Period and Conclusions

5.0 Self-Neglect and Non-Engagement



- 5.1 Colin had a significant history of self-neglect dating back to at least 2006. Previous records and documentations have highlighted Colin's self-neglect as a relapse indicator of deterioration in his mental health, which was an attributing factor in all his detentions under the Mental Health Act.
- 5.2 During the review period, we know Colin was self-neglecting his personal hygiene, physical and mental health, and his environment. Colin failed to accept or understand the risks associated with his self-neglect and continually refused to engage or accept support from mental health services or his deputyship team. In total, eight safeguarding concerns were received by Merton Safeguarding Adults, First Response Team. All these referrals were related to Colin's extreme self-neglecting behaviour and the associated risks to self and others.
- 5.3 SCIE explains self-neglect as an extreme lack of self-care to the extent that it threatens personal health and safety. This may take the form of neglecting one's personal hygiene, health, or surroundings with the inability to avoid harm because of self-neglecting behaviour and actions. Often those with extreme self-neglecting behaviour fail to seek help or access services to mitigate the risks and often are either unwilling or unable to manage their personal affairs. The causes of extreme self-neglecting behaviour are difficult to establish but can be because of several reasons including mental disorder¹¹.
- 5.4 It is widely acknowledged that working with people who self-neglect can be alarming and challenging. Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. Local authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act (2005) and consideration to the application of the Mental Health Act 1983 (as amended 2007) where deemed appropriate.
- 5.5 The Care Act statutory guidance informs us that any concerns about self-neglect "do not override" the principle set out in Section 1 of the Act and that any restriction to an individual's rights should be kept to *"the minimum necessary."* A decision on whether a response is required under safeguarding should be made on a case-by-case basis and *"will depend on the adult's ability to protect themselves by controlling their own behaviour"* and adds *"An individual is identified as self-neglecting if they appear to be at significant risk of harm to self, or self and others, as a consequence of neglecting their daily living needs (which may be personal and/or environmental) and they are not engaging with support"*.
- 5.6 There are numerous documented indicators associated with self-neglect which Colin presented with throughout the review period. However, there appeared to be limited understanding and/or knowledge across the agencies of the risks associated with self-neglect and little evidence of multi-agency operational and strategic infrastructure in the management and approach to self-neglecting behaviour. This is evidenced by the often lack of clarity and ownership by the agencies as to which agency should have taken the lead responsibility for supporting Colin. In all the information received, there is no evidence that an assessment of risk concerning self-neglect was undertaken either by a single agency or as part of a multi-agency approach.
- 5.7 SCIE states that a strategy for good practice when working with those individuals who self-neglect should *"ensure that Local Authorities should work with partners to ensure; a multi-*

¹¹ Scie, *At a glance 71: Self Neglect*; Published October 2018



*agency approach from a strategic level to work on the ground, including shared ownership, risk assessment, and management*¹² A multi-agency approach towards Colin's self-neglect would have allowed the collation of vital information from various sources which could have supported clarity as to the impact the self-neglect was having on him and identify the risks attributed to the self-neglect. This information could have then been used to formulate a risk management plan that was proportionate with reasonable tolerance of acceptable risks.

- 5.8 There was no availability of recording or information that could evidence that practitioners within the agencies had knowledge and understanding of the legal requirements and applications that can be utilised concerning self-neglect and interface between the different forms of legislation. This is highlighted throughout the review period, whereby the only documented legislation considered was the Mental Health Act (1983, as amended 2007).¹³ No reference has been made to the use of the Mental Capacity Act (2005) s.16(2)(a)¹⁴, Care Act (2014), Article 8 of the Human Rights Act (1998)¹⁵ or the Public Health Act (1984) s.31-32¹⁶ all of which could have been considered in the support and management of Colin's self-neglecting behaviour.
- 5.9 Research and lessons learned from Serious Case Reviews have informed us that all agencies have a role in supporting people who self-neglect. Before we can begin to support the person, as agencies, we need to understand why the person is self-neglecting and get to know the person. Gaining insight into the 'actual person' and their lived experiences and life history supports agencies in understanding the self-neglecting behaviour and positive changes that can be affected. Research evidence that information and life histories gained from family assist agencies in building a picture of the person to help gain an understanding of the self-neglect. Although Colin had a brother, niece, and nephew the only documentation provided which mentions them is from Anthony Gold solicitors which was because of Colin's niece contacting them with concerns regarding Colin's behaviour on a visit to Colin by herself, Colin's brother, and nephew.
- 5.10 It is crucial that agencies and practitioners understand approaches on how they are best placed to engage with people like Colin who refuse to engage with services. There is no documentation to suggest that any thought was made to consider approaches that could have been implemented to build a relationship with Colin. Instead, Colin's rejection of support was accepted by agencies without reasonable challenge or effort of intervention.

5.2 Mental Capacity

- 5.2.1 In 2015 the Court of Protection was satisfied that Colin lacked the capacity to make various decisions concerning his property and affairs and Anthony Gold Solicitors were appointed as *"the deputy."* Despite this, there is no evidence to suggest that during the review period Colin's mental capacity was assessed in line with the safeguarding concerns being raised regarding his self-neglect and no recorded reference made of capacity from any agencies. However, in November 2014 (outside of the review period) the mental health Recovery and

¹² " SCIE, *At a glance 71: Self-neglect*, October 2018

¹³ *Mental Capacity Act 2005, s.16(2)(a)- the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.*

¹⁴ *The Care Act 2014 statutory guidance-self-neglect is included as a category under adult safeguarding.*

¹⁵ *Article 8 of the Human Rights Act 1998- gives us a right to respect for private and family life. However, this is not an absolute right, and there may be justification to override, for example, protection of health, prevention of crime, protection of the rights and freedoms of others*

¹⁶ *Public Health Act 1984, s.31-32-local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases*



Support Team have recorded *"Colin did not appear to have the capacity to deal with his finances and could not comprehend the seriousness of the situation."*

- 5.2.2 Throughout the review period, there were numerous incidents whereby Colin made 'unwise decisions'¹⁷ which should have prompted an assessment of capacity. It appears from documentation that it may have been perceived that Colin had capacity as documented by MAT, *"presentation of non-engagement is chronic, that he is well known to the teams consultant psychiatrist, and there has been no change in his presentation in a long time and that he normally functions this way, no acute presentation and no indication that assessment under the MHA is required, and that medication has never made a difference to his presentation"*.
- 5.2.3 It would appear, that each of the involved agencies took the opinion that Colin had the capacity to make an informed choice regarding the way he was living and the risk he was exposing himself and others to. The Mental Capacity Act states that a person is assumed to have mental capacity unless there is a reason to believe otherwise. It also states that a person should not be deemed to lack capacity just because they make an 'executive'¹⁸ or 'unwise decision'.
- 5.2.4 Given the repeated 'unwise decisions' Colin made, and risks attached to those decisions, the Mental Capacity Act Code of Practice¹⁹ clearly advises investigation of capacity. A formal assessment of Colin's capacity would have allowed assessment of specific decisions regarding his lifestyle and his rationale for these decisions. It would also have assessed his understanding of the risks he faced and the impact his mental health may be having on his decision making.
- 5.2.5 The opinions of agencies that Colin was capacitated questions the level of knowledge and understanding practitioners had around mental capacity and impairment. Research has taught us that having a thorough understanding of mental capacity and impairment is vital when working with people that self-neglect. During the review period, there is no evidence to suggest that practitioners assessed Colin's ability to understand, retain, use, and weigh relevant information, including information about the decisions he was making (mental capacity) and how he would implement these decisions (executive capacity). Impairment of executive capacity can make it difficult for a person to make decisions at the moment when the decision needs to be executed; for example, they may recognise the need to eat and drink, but fail to act on that need²⁰.

5.3 Mental Health

- 5.3.1 Colin had a significant mental health history with a diagnosis of paranoid schizophrenia which manifested over the years in both positive and negative symptoms of his diagnosis.

¹⁷ Mental Capacity Act 2005, S. 1 (subsection 4)- *"A person is not to be treated as unable to make a decision merely because he makes an unwise decision."*

¹⁸ Executive capacity and decisions relate to a person's ability to put a decision into action.

¹⁹ Department for Constitutional Affairs (2007) Mental Capacity Act 2005 Code of Practice. London: DCA. Para 2.11 *"There may be cause for concern if someone repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character. These things do not necessarily mean that somebody lacks capacity but that there might be a need for further investigation, taking into account the person's past decisions and choices"*.

²⁰ Braye, Orr, and Preston-Shoot, 2015



He had been detained under the Mental Health Act 1983 on four separate occasions, was entitled to section 117 Aftercare and had previously been supported under the CPA.

- 5.3.2 Colin's last admission under the Mental Health Act, section 3 was in July 2013, he was discharged from section in September of that year and remained at Norfolk Hospital as an informal patient until his discharge home in October 2013. At his CPA review, shortly before his discharge, his CPA discharge plan home was formulated and agreed by Colin and his MDT.
- 5.3.3 Shortly after discharge, Colin disengaged with mental health services and ceased prescribed anti-psychotic medication. Records indicate that in December 2013 concerns had been raised regarding Colin's mental health. This triggered involvement from the mental health Recovery and Support Team who adopted an assertive outreach approach in the form impromptu visits to Colin to re-engage him with mental health services and assess his current mental well-being. However, there is no information to establish whether this approach was successful, how long it lasted, and if any positive outcomes were achieved.
- 5.3.4 There is no recorded documentation which informs us of when or why Colin was discharged from mental health services or if his mental health was indeed monitored and reviewed between November 2014 and August 2016 by his GP as suggested in his original CPA discharge plan. During the review period, Colin was referred to mental health services on six separate occasions with only two of these referrals being accepted by MAT. At this time Colin was refusing to engage with any services or agencies, was toileting in his back garden, throwing urine into his neighbour's garden and was living in a property that was infested with rats. These were clear relapse indicators that Colin's mental health was deteriorating, which had previously resulted in his detention under the Mental Health Act.
- 5.3.5 Both referrals correctly instigated a home visit, but only one of these was Colin seen, this visit lasted approximately fifteen minutes. Colin was discharged from services on both occasions, citing "*no immediate risk*" and discharged back to the care of his GP. There is no available information to demonstrate how risk was assessed and why these decisions were reached.
- 5.3.6 An up-to-date brief mental health chronology and risk assessment of previous and recent incidents of relapse, referrals and interventions would have identified that Colin presented with the same relapse indicators present in previous episodes which had resulted in his detention under the Act.
- 5.3.7 Information provided suggests that practitioners had limited understanding of the Mental Health Act and its application with regards to self-neglect and the importance of the early identification of deterioration in mental health. On the 17 October 2017 Safeguarding Adults, First Response requested support from MAT as safeguarding concerns had been raised by Anthony Gold solicitors that Colin had a rat infestation at his property. MAT has recorded in response to the request "*unless we establish the risk to self and others and refusal of treatment, we have no powers under the MHA to allow entry into clients home as being suggested.*"
- 5.3.8 It is unclear why this decision was not challenged or why Colin was not referred to CPA given he was clearly refusing treatment; refusal of antipsychotic medication and engagement with GP for review and monitoring of his mental health and was at risk of the rat infestation in his property given his rejection of pest control services.



- 5.3.9 Given the concerns raised and evidence which suggested that Colin's mental health was indeed deteriorating MAT could have made a referral to Merton's Approved Mental Health Professional Team to request an application for a s.135(1) warrant which would enable police to remove Colin to *"a place of safety with a view to making an application for his detention under the Mental Health Act and/or other arrangements for his treatment or care"*²¹.
- 5.3.10 Colin was also entitled to s.117 Aftercare given his previous detention under section 3 of the Mental Health Act. It cannot be ascertained from the information received if Colin were ever in receipt of aftercare services, however, s.117 could have supported Colin to assist him to live safely and independently in his home and be a source of monitoring of his mental health and well-being. It is however recognised that Colin may have rejected offers of support /intervention and that Colin's capacity at that time would be an integral factor as to whether this could have been put in place.
- 5.3.11 The Mental Health Act also provides other frameworks which could have been considered by both mental health services and the Safeguarding Adults, First Response Team and would have been best supported and considered using a collaborative multi-agency approach. Section 7 of the Mental Health Act, Guardianship could have been considered to support Colin's engagement with mental health services and treatment.²² A Supervision Community Treatment Order²³ before Colin's discharge from hospital under section 3 of the Mental Health Act could also have been considered and thought given as to the effectiveness such an order may have had in ensuring Colin's continued mental health and well-being.
- 5.4 Multi-Agency Working, Interagency Communication, and Case Coordination**
- 5.4.1 During the review period, there were numerous missed opportunities for information sharing between agencies and services which could have resulted in multi-agency interventions to ensure Colin's well-being and safety. Agencies appeared to be working very

²¹ NB: legislation changed in on December 11, 2017, with the introduction of the Policing and Criminal Act 2017 which made changes to sections 135 (1) and 136 of the Mental health Act 1983 (as amended 2007) therefore for the purpose of this review relevant prior to the changes has been used in line with the review period.

²² Guardianship under the Mental Health Act 1983 (MHA) provides a framework of care to help a person aged 16 or over achieve as independent a life as possible out of hospital while protecting their safety or that of others. A guardian may be a local authority or someone else approved by a local authority (a 'private guardian'). Guardians have three specific powers as follows: They have the exclusive right to decide where a patient should live; They can require the patient to attend for treatment, work, training or education at specific times and places (but they cannot use force to take the patient there), and They can require that a doctor, approved mental health professional (AMHP) or another relevant person has access to the patient at the place where the patient lives.

²³ Community Treatment Order s.17(a): There are two mandatory conditions (s17B (3)) : (a) a condition that the patient makes himself available for examination under section 20A below; and (b) a condition that, if it is proposed to give a certificate under Part 4A of this Act in his case, he makes himself available for examination so as to enable the certificate to be given.

Other discretionary conditions can be specified if the RC and AMHP agree that they are necessary or appropriate for one or more of the following purposes (s17B (2)): (a) ensuring that the patient receives medical treatment; (b) preventing risk of harm to the patient's health or safety; (c) protecting other persons. Once a CTO is in place, the following actions can be taken: The patient can be recalled to hospital temporarily for assessment; Once recalled, the CTO can be revoked, which resurrects the detention; Alternatively, once recalled, the patient can be released back onto the CTO; The patient can be discharged from the CTO at any time. The RC can recall the patient if he breaches a mandatory condition (s17E (2)) or if in his opinion (s17E (1)): (a) the patient requires medical treatment in hospital for his mental disorder; and (b) there would be a risk of harm to the health or safety of the patient or to other persons if the patient were not recalled to hospital for that purpose.



much in silo and unclear of their statutory roles and responsibilities. Practitioners seemed unsure of both adult safeguarding procedures and pathways to take when working with adults that self-neglect.

- 5.4.2 Although there were many recorded incidents of concern amongst agencies only twice was a multi-agency meeting referred to. The first occasion on the 30 October 2017 was by a First Response Team member who documented in Colin's case notes *"appears to be a place of multi-agency working, but main decision to be made is which team would be best placed to coordinate the role"* however, this opinion was not shared or acted upon. The second time a multi-agency meeting was referred to, was the following day whereby a discussion was had between the managers of safeguarding adults and the community mental health team in the absence of the MAT manager. Although this discussion was documented, and agreement sought that a multi-agency meeting was required the meeting never took place.
- 5.4.3 The Care Act 2014 (Statutory Guidance 2016) includes self-neglect as a category of harm and places a duty of cooperation between agencies. Practitioners and agencies have a duty of care when working with cases of serious self-neglect, even when the individual has mental capacity. Duty of Care is described in tort law as *'the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property.'*
- 5.4.4 During the review period, no one agency took the lead in coordination or accountability. On one incident MAT refused to offer support citing they were not the best place agency to intervene and, on another occasion a First Response staff member informed MAT that they could not offer support unless Colin was seen by MAT initially. A First Response Team member also informed Colin's neighbour to contact the police; because of him throwing urine in her garden rather than raising Colin's behaviour as a concern to MAT which may have instigated an assessment of his mental health.
- 5.4.5 Throughout the review period, each involved agency appeared to show a lack of urgency for the concerns being raised, which resulted in considerable delays in responses. Each of the six safeguarding concerns were seen in silo and not as a series of increasing concerns raised over a short period of time. Information was not shared between agencies or shared internally within the same agency (Environmental Health being aware of a possible rat infestation, but no communication made adult social care). A collation of all the information would have built a picture of the increased risks associated with Colin's self-neglect and non-engagement and may have increased the level of urgency and need for multi-agency intervention in compiling a strategy moving forward.

Recommendations

- 6.0 The following recommendations are intended to support the Merton Safeguarding Adult Board and agencies in their continued development in responding to individuals where safety and safeguarding risks are associated with self-neglect.
- 6.1 Mental Capacity**
- 6.1.1 Implementation of multi-agency refresher training on learning and understanding of mental capacity and conducting mental capacity assessments which should include evidence from SARs on the significance of mental capacity in cases of self-neglect and service refusal/complex high-risk cases.



- 6.1.2 Review guidance on triggers for mental capacity assessments in cases where repeated 'unwise decisions' have been made, which increases the risk to the individual.

6.2 Risk Assessment and Management

- 6.2.1 Development of a multi-agency self-neglect risk threshold matrix tool.
- 6.2.2 Development of multi-agency risk assessment template, to include referral pathways to assist in the early identification of levels of risk that trigger thresholds for referral to a multi-agency discussion forum.
- 6.2.3 Review of Adult Social Care and Mental Health Services assessment, acceptance criteria, care planning, and review; to ensure it contains a checklist of domains of risk to be considered concerning self-neglect and non-engagement.
- 6.2.4 Request that mental health services review and revise their case closure policies and re-referral gateways to CPA, especially light in the NHS Long Term Plan and the Community Mental Health Frameworks.

6.3 Self-Neglect and Multi-Agency Working, Interagency Communication and Case Coordination

- 6.3.1 Develop a multi-agency self-neglect policy and procedures considering the learning from this review to identify areas that might require strengthened guidance to agencies, such as:
- what constitutes self-neglect
 - mental capacity and working with unwise decisions.
 - risk assessment and risk panel and thresholds
 - case coordination
 - importance of relationship building
 - legal guidance and measures to protect others
 - advocacy
- 6.3.2 Request that adult social care and mental health services review and revise their guidance, policy, and procedures regarding difficult to engage people.
- 6.3.3 Request that adult social care and mental health service implement training on the importance of recording decisions, reasons for decisions, interventions, and outcomes of interventions.
- 6.3.4 Conduct a multi-agency training needs analysis to identify training and development needs relating to self-neglect, followed by a workforce development strategy based on that analysis.
- 6.3.4 Implement a programme of multi-agency self-neglect awareness training using the multi-agency policy and procedures.

Developments to Date

- 7.0 In response to initial findings of this SAR, Merton Adult Social Care department have implemented the following actions:



- **Safeguarding Adults Merton's Sub-Group (SAM):** hub for case studies, reviewing safeguarding audits, peer supervision and safeguarding updates with representation from both adult social care and mental health.
 - **Quality Assurance Meeting (QAM):** hub for performance and audits.
 - **Risk Panel:** forum for complex case discussion
 - Earlier contact with Merton Council Legal Team when working with legally complex cases.
 - Adult social care practitioners now have access to Mental Health Trusts database, RiO which enables practitioners the ability to track referrals to the mental health team.
 - Professional curiosity – or lack thereof has been identified and steps to address this are in the process of being reviewed by adult social care management.
 - Cases of doubt – in cases where there are 'grey areas' in case management responsibility, the receiving team will now undertake the initial assessment, feed back to the host team and convene a professionals meeting.
 - Pending recruitment of a quality assurance officer.
- Merton Mental Health Social Work**
- Karen Linde, known for her work around Social Work for Better Mental Health, is scheduled to engage social workers in mental health. Karen's engagement efforts have been extremely successful in a variety of local authorities and NHS Mental Health Trusts.

Appendices

Appendix (A) Action Plan

Appendix (B) Chronology

Appendix (C) Lessons Learned Presentation

Appendix (D) Lessons Learned Event Questions and Feedback

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