Bristol Safeguarding Adults Board – Case Study

Frequent Caller

Background

Joseph is a 52 year old male who lives alone. His house is privately owned by him and his previous partner who no longer lives at the property due to historical domestic violence. He lives with chronic alcoholism and has diagnosed mental health conditions. He does not engage easily with services and over the years there have been various attempts at interventions.

Joseph is well known to the ambulance service and local acute trust due to the number of calls and attendances which are normally due to known conditions i.e. mental health and alcoholism. Only 8% of 999 calls to the ambulance service result in a conveyance to hospital and 25% managed by the clinical team in the control room. In 2016 an Acceptable Behaviour Contract was signed where Joseph agreed not to call 999 inappropriately but he continued to call inappropriately.

Attempts had been made to manage his needs more appropriately and multi-agency meetings had been held with actions being set however due to Joseph's non-engagement with mental health and alcohol support services these actions failed and he continued to call 999. Joseph is deemed to have capacity to make decisions around non-engagement understanding the risk he places on himself.

Incident(s) – leading to referral

In 2016 an escalation in 999 calls was seen with 14 calls in one month rising to 38 calls the next month. The attending ambulance crews felt there was an increased risk for Joseph and raise an Adult Safeguarding concern noting the following concerns:

- Fire risk in home due to smoking and rubbish in the home
- Security risk – open access
- Self- Neglect
- No medication – not registered with GP
- Environmental concerns – condition of the home

Following the safeguarding concern being raised the ambulance service were not informed of any outcome and the calls continued and the risk remained. The attending crews continued to highlight concerns to the clinical desk within the Ambulance Clinical Hub. There was a concern that the referral was not being prioritised due to the fact that he was well known to services for non-engagement.

They then used the escalation policy to flag the referrals for Joseph.

Action Taken

The team manager and frequent caller clinician discussed the case and an action plan agreed which included:

- Joseph to be conveyed to the Emergency Department as a social admission to facilitate a place of safety
- Advice given in respect of refusal by Joseph and assessment of capacity
- The above information placed as an alert on Joseph's records.

Outcome

Joseph called 999 later that day and agreed to be conveyed to the emergency department. He was admitted to hospital and a multi-agency meeting took place in hospital following a discussion with Joseph about what he wanted to happen with the following actions agreed:

- Further information gathering from GP and CCG
- Social work and risk assessment
- Referral for fire safety check due to hoarding and smoking in the property
- Referral to DHI
- Deep clean of property

Joseph returned home with a care package. He was supported by the social worker to register with a GP and his medications were reviewed. A taxi was arranged to convey him to DHI appointments. A key safe was fitted and food vouchers issued. Fire Check completed.

The result was a decrease in 999 calls and the risk of harm was reduced, however there was a subsequent DVA incident and Joseph was moved out of the area.

Learning Points

- Staff noted the escalating risk and assessed appropriately
- Staff not being biased by previous encounters with the individual
- The importance of using the escalation policy
- Outcomes were person centred around what the individual wanted
- Use of the self-neglect policy and clutter scale may have been useful to support communication between professionals

Further Reading

Escalation Policy
Self-Neglect Policy