



Keeping Adults Safe – Case Study

Background

Chris is 87 years old and lives alone with limited support. He is very frail and his mobility is weak, he has lost a significant amount of weight (his statement) and concerns over his ability to ensure he gets the proper nutrition and hydrates himself sufficiently.

Incident(s) – leading to referral

Avon Fire & Rescue Service attended the property due to alarm activation on two occasions. Crews alerted their safeguarding concerns

A level 2 HFSV visit was carried out, to follow up on safeguarding concerns raised. Chris was found in a very vulnerable state, sat in his wet urine stained clothes. Chris is very frail and his mobility is weak, he has lost a significant amount of weight, (his statement) and there were real concerns over his ability to ensure he gets the proper nutrition and hydrates himself correctly.

Action Taken

Key elements of concern are noted below along with remedial action taken.

- Possible Financial abuse: the neighbour who lives in the flat above Chris receives the carers allowance and visits once a day, I am unsure of what his obligations are under this agreement. Chris's son claims that his dad's bank card is currently in the possession of the neighbour and he cannot find any bank statements to check that all of his affairs are correct. CYP manager will raise this with the local beat officer in Bristol during a meeting. I also recommended he challenged this arrangement as legally this was not correct.
- Cognitive Memory was a concern: he recited several times a bad nightmare/dream he had that evening: His relocation or understanding of carers was poor and his short term memory was poor as he repeated himself time and time again.
- Heavy Smoker: Chris claimed he only smoked approximately 5 per day but he had up to 4 cigarettes during the visit. Remedial action FIRE RETARDANT THROW placed over his chair, plus bedding packs were supplied due to cigarettes found in his bed.
- Tunstall monitored alarms: Due to the heavy smoking and Chris not opening



his windows it is likely / probable that this is causing the alarm activation.

- Notaro Care agency attends once a day but I could only find two record sheets listing visits. This needs to be challenged as I could find no folder but only two sheets of paper that recorded attendance. The quality of the information was basic and stated that Chris was okay.
- Confused state of mind could be a result of an underlying infection. His son is due a call with his father's GP, I stressed that a visit was urgently needed.
- Care Connect Pendant: Tested and working.
- Personal Care: Chris is very frail and his mobility is weak, he has lost weight (his statement) and there are real concerns over his ability to ensure he gets the proper nutrition and hydrates himself correctly. There are concerns that if he keeps telling care staff he is well and does not require a wash or help then we could be missing a serious underlying health problem. He obviously enjoys a drink as he had a bottle of brandy and a litre of lemonade by his chair. Whilst I was there I made him a hot drink. Apparently his neighbour is due to have 9 days away next week which leaves Chris in a precarious situation.
- Additional Smoke Detectors: Additional too his mains alarm I installed a further smoke detector in his hallway, plus a heat detector in his kitchen, I had a concern over the electrical sockets in the home and the appliances linked to extension leads were excessive.

Outcome

- As a result of the visit the Son is now more aware of the type of the help available.
- A social worker was appointed and placed Chris into emergency care for a care needs assessment.
- Police were informed of the possibility of financial exploitation and benefit fraud.
- The social worker is reporting Notaro to the Quality Care Commission for the poor level of care.

Learning Points

Importance of taking the lead and responsibility, communicate concerns and carry out your duty of care.