



## **Keeping Adults Safe – Case Study**

### **Background**

Mrs Moore is a 79 year old lady who lives with her son. Her son is registered as her carer and receives carer's allowance. They live in Mrs Moore's house which she owns. They do not receive any assistance from any agency. This information is taken from the social history on the ambulance crew's patient care record.

### **Incident(s) – leading to referral**

Mrs Moore's son called 999 and describing his Mum as having fallen on and tripped over a coffee table. The son states he can't get her up from the floor. On arrival the son answers the door and directs the crew into the lounge where Mrs Moore is lying on the floor. She has visible injuries. The crew begin to assess Mrs Moore and attempt to gain a history from her in terms of what has happened. Mrs Moore says she tripped over the coffee table and she can't get up as her left hip is too painful. She is not clear about when she fell and therefore how long she has been on the floor. The son interjects and says he called straight away when she fell.

On assessment her injuries are

- Cut, with dried blood surrounding, on the right side of her head around the temple area
- Bruising around the cut covering both eyes and the right side of her forehead
- Skin tear on her right forearm approximately 3cm x 3cm
- Bruising around the right forearm and wrist
- Skin tear to right ankle area approximately 3cm x 3cm
- Bruising around right ankle area
- Finger mark bruising to upper arms

She is also complaining of pain in her hip and when the crew attempt to assist her up she is unable to due to the pain. At this point the crew had concerns in terms of the extent of the injuries and the age of some of the injuries. Pain relief is administered to enable her to be moved onto the scoop and stretcher. As the crew as doing this the crew ask Mrs Moore about her social history and she says that she lives with her son and that he is her carer. The son who has remained fairly quiet up to now intervenes and becomes agitated with the questioning and states he has not assaulted his mother.

### **Action Taken**

Mrs Moore was taken to A&E. The son remained at home. En-route to hospital the crew tried to discuss further with Mrs Moore her home situation further however Mrs Moore remained very guarded. The crew raised their concerns to A&E staff in terms of her presentation, the injuries and the behaviour of the son. They raised a safeguarding concern and this was shared with Care Direct and the Police.

Following further assessment the hospital staff were of the professional opinion that Mrs Moore's injuries were not consistent with her account of tripping over a coffee table. They were also concerned that there may have been a delay in help being sought. The police were called.

Mrs Moore's son was arrested and interviewed and denied harming his mother, stating she had fallen and he had not sought medical attention as he did not appreciate the seriousness of her injuries. The investigation was filed as there was insufficient evidence to corroborate an assault/ a fall. However the police felt that there was a risk of serious harm to Mrs A and therefore referred the case to MARAC.

Mrs Moore remained in hospital for a few days and discussions were had with her in terms of what she wanted to happen. Mrs Moore was deemed to have capacity to make decisions about her care and she wanted to return home and continue living with her son but she wanted him to look after her better. She said he had problems with alcohol and that's when he struggled to look after her. He had told his Mum that he wanted to stop drinking but didn't know how. The social worker discussed with her the fact that her son hurting her was not acceptable and tried to get Mrs Moore to talk with the hospital IDVA. However she declined.

## Outcome

Following these conversations in hospital it was agreed that Mrs Moore would be discharged home with the re-enablement team to visit on a daily basis.

The actions set at MARAC following the discussion of the care were:

- Adult Social Care informed that concern for Mrs Moore's future welfare was addressed as Police assessed that it was not acceptable to have son as Mrs Moore's sole carer due to his alcohol issues. Adult social care advised they would be completing assessments.
- GP records for Mrs Moore flagged to inform that she is at risk of DVA and that GP attempt to encourage her to engage with IDVA.
- Records at hospital flagged to ensure that if Mrs Moore attends she should be offered the services of the IDVA.
- District nursing team to have involvement following discharge from hospital and to monitor and provide on-going support.
- Son encouraged to engage with BSDAS and to have support for his alcohol misuse.

## Learning Points

- Good practice from ambulance crew in terms of raising concern in terms of potential physical abuse and neglect.
- Good multi agency working with hospital, police and ambulance staff.
- Complex case as risk remains to Mrs Moore whilst she is still living with her son. In cases such as these, consideration should be given to wilful neglect under section 44 of the Mental Capacity Act.

## Further Reading

- **Wilful Neglect** - There has been a recent serious case review following the death of a 91 year old male and the son was successfully prosecuted for wilful neglect (<https://www.newcastle.gov.uk/news-story/serious-case-review-concerning-death-edward-hedley>).
- **Elder Abuse** - <https://www.nice.org.uk/guidance/ph50/evidence/report-5-elder-abuse-pdf-430409341>
- **Bristol MARAC and Domestic Abuse Resources** - <http://www.bava.org.uk/professionals/resources/>
- Controlling Behaviour in Relationships – A guide for older women <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2016/06/Older-Women-Toolkit-F.pdf>