Harrow Safeguarding Adults Board (HSAB) Newsletter – issue number 30 (Autumn 2020)

Welcome from the chair of the HSAB (Chris Miller)

Hello and welcome to the Autumn 2020 edition of our Harrow Safeguarding Adults Board Newsletter. I hope you managed to have a bit of a holiday or at least a break over the summer months. As we get back to "business as usual", I am pleased to let everyone know that we have now published the Board's 2019 – 2020 annual report which makes for interesting reading. I hope you like the new style of it, which mirrors more closely the approach we have been taking for a couple of years with the Children's Board report.

My "challenge" to all of you is that given the numbers of concerns fell last year quite significantly – are you confident that you (or your staff) can recognise abuse happening to a vulnerable adult and know how to report it? We make no apology for going "back to basics" by providing reminders about who is most at risk and what you should do if you are worried about a patient/client/user. We have also covered the very important issue of "DNARs", concerns about which have been raised during the Covid 19 pandemic.

Suggestions for the newsletter or feedback about the HSAB annual report can be sent to either Sue Spurlock sue.spurlock@harrow.gov.uk or Seamus Doherty seamus.doherty@harrow.gov.uk).

Chris Miller

HSAB Annual Report 2019 - 2020

Harrow Safeguarding Adults Board

Annual Report 2019-2020

The full report can be found at the following website:

https://www.harrow.gov.uk/adult-social-care/staying-safe?documentId=13072&categoryId=210263

What is safeguarding?

Adults with care and support needs (for example, a disability, health condition, mental illness or learning disability) can be at increased risk of abuse and neglect and less able to protect themselves from harm. Safeguarding is the protection of the rights of those at risk.

The Care Act 2014 sets out clear duties for local councils to protect these rights by preventing or stopping abuse and neglect of adults with care and support needs. While anyone could experience abuse or neglect, certain people are more at risk. This includes people who:

- are isolated and have little contact with family/friends
- have memory problems or difficulty communicating
- don't get on with their carer
- misuse drugs or alcohol, or have a carer who misuses them
- sometimes the person at risk may be a carer

Incidents of abuse and neglect may be one-off or multiple, and affect one person or more. Adults may also be affected by more than one type of abuse at the same time.

The HSAB annual report statistics show that elderly people living at home remain the highest risk group in Harrow and women are more likely to face abuse than men.

Sadly, the most likely group to have caused the harm are family, partner and friends. This means that any staff visiting elderly people at home (care staff; nurses; GPs; social workers; volunteers) are key people to identify someone that may be at risk.

If you or someone you know is suffering abuse, harm or exploitation, then please don't keep silent. Reporting your concerns may help to protect an adult at risk from further abuse and could ultimately save their life. You can discuss your concerns or report abuse as follows:

- Adult Social Services at Harrow: 020 88420 9493 (020 8424 0999 out of office hours)
- cnw-tr.SPA@NHS.net (for younger adults with mental health difficulties)
- a GP or other NHS health providers
- the Care Quality Commission: 03000 616161
- Domestic Abuse helpline: 0808 2000 247
- Action on Elder Abuse helpline: 0808 808 8141
- Police - you can call the local police on the 101 non-emergency number or call 999 immediately in an emergency
- Age UK Advice Line: 0800 678 1174

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"Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) notices – the danger signs

As winter and the resurgent Covid-19 approaches, elderly care and nursing home residents again face a heightened threat to health and indeed their lives, raising fundamental concerns under Article 2 ECHR and the Equality Act 2010. That threat has been highlighted with a clear indication that some GPs have been inappropriately issuing a substantial number of "DNACPR" notices for some of their patients, including those residing in such homes.

Fears raised by advocates and families that some such notices were being issued for groups, based effectively on age and/or diagnosis have been confirmed in too many recent cases.

It remains essential therefore that family members and professionals should remain alert as to DNACPR decisions that have been made; to understand whether the person at the centre of the decision has been consulted; or if that person has a lack of capacity for that decision, that the consultation set down in s4 MCA has taken place. This process should be clear in the red edged DNACPR form supported by the Resuscitation Council which is completed by the senior treating clinician. There is no nationally agreed form, but, whichever form is used, there should be common features.

What to look for on the form?

First on the form should be the full details of the subject, including NHS number. The form should also then address whether the person has the capacity to make the decision whether to receive DNACPR. Also within the form, there should be details of who was consulted in making the decision and when this discussion took place. Primarily this should include the person, including their wishes and feelings. If a lack of capacity is found, such inquiry would include any Health and Welfare attorney. Other sections should include consultation with family members, close friends, and those involved in the person's care. The DNACPR form should then be signed by the decision-maker (the most senior clinician responsible for the person's care) and dated. It should be noted that the DNACPR is valid indefinitely, unless stated otherwise.

ReSPECT

The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

Patient preferences and clinical recommendations are recorded on a non-legally binding form which can be reviewed and adapted if circumstances change.