

Lessons Learned



Noel's Story...

Noel was a rough sleeper who had received a head injury earlier in his life. He was known to travel throughout Warwickshire and the surrounding areas, and used both drugs and alcohol on a regular basis. Noel lived in and out of accommodation, much of which was B & B, and also spent a significant part of his life sleeping on the streets. He was well known to various support services and the police. He also spent some time in hospital and engaged with his GP as his needs dictated. He was prescribed a range of medication, often receiving repeat prescriptions without being reviewed by his GP.

Noel was assessed by the Department of Work and Pensions and was provided with a considerable back payment of Personal Independence Payment (PIP), which he spent very quickly mainly, it is believed, by purchasing drugs and alcohol for himself and his friends. Over a number of years, 'Noel' was offered a range of accommodation and support; support which he chose to decline. Sadly, 'Noel' died of an overdose whilst sleeping rough.

What we have learned...

- Noel was seen in hospital on several occasions and had contact with Social Care and Support, but he declined support. It is not clear that his capacity was assessed at each contact to determine whether he was able to make decisions. In addition, Noel was given substantial back-dated PIP payments. It is believed that these were spent on purchasing drugs and alcohol, yet there is no evidence that his capacity to manage money was assessed.

Learning for Practice: Whilst capacity should always be assumed, you might need to assess capacity where a person is unable to make a particular decision at a particular time because their mind or brain is affected by illness or disability.

- Noel was supported by a number of workers over several years. Workers expressed concerns about Noel, however this was never escalated to ensure that referrals were fully considered and assessed.

Learning for Practice: Where there are concerns about an adult with care and support needs, referrals should be made to the appropriate agencies so that full consideration can be given to whether their care and support needs can be met. Where necessary, use should be made of escalation processes.

Lessons Learned (cont.)



What we have learned (cont.)...

- Noel was in receipt of multiple medications but often did not present to his GP for review, obtaining his repeat prescriptions from a number of different pharmacies.

Learning for Practice: The management of repeat prescriptions where patients are taking multiple medications and are not presenting to their GP needs to be considered.

What do I need to do....

Advice for professionals

1. Familiarise yourself with the [Mental Capacity Act Code of Practice](#).
2. Consider refreshing your knowledge of MCA and DoLS by attending training.
3. Read the Warwickshire Safeguarding Adults Board's [Professional Escalation Protocol](#) and information on how to make an appropriate [referral to Social Care and Support](#).
4. Read the [General Medical Councils guidance](#) for prescribing medication and the management of repeat prescriptions.

Advice for communities:

1. Family members, relatives, friends and neighbours all have an important part to play in keeping adults with care and support needs safe from abuse and neglect. If you are worried or concerned about someone, please don't keep it to yourself: [report your concerns](#). It doesn't matter if you're not sure whether an action or a situation is abuse or neglect, get in touch so that they can help you know what, if anything, needs to be done to keep someone safe from harm. Information on how to report it can be found [here](#).