

## BRIEFING

# ADULT P SAR

### 1 Background

Adult P died in a house fire. The fire investigation concluded it was most likely caused by a dropped cigarette.

Adult P had significant physical health needs affecting mobility; they had frequent falls, frailty and severe pain. Adult P had some stays in hospital, a step-down placement and short-term care at home but had no long-term formal care package in place.

### 2 Safeguarding Concerns

**Self-neglect indicators:** low weight/nutrition; hygiene concerns; cluttered home; missed appointments; support not taken up.

**Fire risk:** smoking; sofa sleeping; clutter; limited mobility; meds/emollients increasing risk.

**Family context:** informal support helped at times; what was provided and sustainability was not fully explored or understood.

There was no agency contact in the 22 days before death, after significant concerns were raised about Adult P's health and fire risks.

### 3 Strengths in Practice

Safeguarding concerns were identified and raised across agencies.

Staff were respectful and demonstrated person-centred engagement.

Reablement and telecare increased safety.

Care Act assessment explored barriers to accepting support (including cost worries) and signposted for further advice.

### 4 What was challenging?

- **Engagement:** contact was often not achieved; support was not consistently taken up.
- **Service continuity:** short-term input with no sustained lead professional.
- **Cumulative risk:** patterns across contacts were hard to see in real time.
- **Fire pathway:** uncertainty about what to do when consent for a safe and well visit was not given.
- **Escalation/capacity:** very unwell presentation and fire risks; limited shared decision-making about next steps.
- **Housing involvement:** limited information sharing with housing services.

### 5 Recommendations

- Understand how service design and time limited interventions affect self-neglect good practice.
- Review how professionals make contact with people and identify practical improvements.
- Reinstate regular MASH meetings for sharing information on complex or high-risk cases.
- Seek urgent assurance from agencies on how they identify and manage fire risks.
- Develop a multi-agency plan to further reduce fire risk for adults with care and support needs.
- Reflect on gaps in understanding family situations & consider the need for training or guidance.
- Explore creating a system that routinely provides a fuller, joined-up picture of safeguarding referrals.
- Share learning with GPs and wider primary care.
- Strengthen links between housing and safeguarding partners.

### 6 Reflective questions

- How confident are you that you have a full picture of an adult's risks when concerns are raised by different agencies over time?
- What would you do if an adult repeatedly declines support, but there are increasing concerns about their safety and wellbeing?
- How effectively do you assess and respond to fire risks when working with adults who self-neglect or have care and support needs?
- How well do you understand the role of family, informal carers and wider support networks in managing risk?

### 7 Learn more

- Adult P SAR Summary Report [Link](#)
- Self-Neglect Policy & 7 Minute Guides [Link](#)
- Research in Practice: Working with people who self-neglect [Link](#)
- TWFRS Safe and Well Visit [Link](#)
- Carer support and information [Link](#)