# Cumbria Safeguarding Adults Board

## Learning from Safeguarding Adults Review: Georgina

### Purpose of this briefing

This briefing summarises the key practice learning and recommendations from the CSAB Safeguarding Adults Review concerning Georgina. It is designed to help practitioners reflect on how we identify and respond to deterioration, cumulative risk, carer strain and increasing complexity.

## About Georgina

Georgina is a pseudonym for an 85-year-old woman with dementia, frailty, reduced mobility and other long-term health conditions. Following the death of her husband in 2024, her health and functioning deteriorated and she became increasingly reliant on her daughter and commissioned carers. During September and October 2024 her mobility reduced significantly, concerns developed about pressure damage and the sustainability of care at home, and she was subsequently admitted to hospital. She was discharged to a care home and died in November 2024.

The review identified committed and compassionate practice. Practitioners responded to concerns within their individual roles and sought to support Georgina's wish to remain at home. The central learning is that individual professional responses did not always come together into a shared understanding of the increasing risk around Georgina.

The briefing can be read in conjunction with the **full SAR report**.

## Recognition of Deterioration and Cumulative Risk

### What did the review find?

Georgina's physical condition deteriorated significantly over a relatively short period. Her mobility reduced, she spent increasing periods in bed and concerns about skin integrity progressed. At the same time her care needs became more complex and increasingly difficult for her daughter to manage. Individual concerns were recognised, but were often considered separately rather than brought together as evidence of an escalating situation.

### What does this mean for practice?

- Think cumulatively. Do not assess mobility, skin integrity, nutrition, cognition, family capacity and increasing dependence in isolation.
- Ask: “What has changed, and what does the pattern of change tell me?”
- Treat rapid deterioration or a cluster of lower-level concerns as a possible sign that existing care is no longer safe or sufficient.
- Regard new or worsening pressure damage as potentially signalling wider deterioration and unmet need.
- Where a person’s mobility is declining, initiate early conversations with the person, family and relevant professionals about pressure-ulcer risk, repositioning, equipment and whether existing care arrangements remain sufficient.
- Reassess rather than assuming deterioration is an inevitable consequence of ageing, frailty or diagnosis.
- Escalate when the overall risk picture is increasing, even if no single concern appears sufficient on its own.

**Practice question**

If I step back from the individual problems, what does the whole picture tell me?

## Coordination, Leadership and Ownership of Risk

### What did the review find?

Several agencies were involved with Georgina. Practitioners responded within their respective roles, but this did not consistently translate into a coordinated multi-agency response.
Many professionals held part of the picture, while ownership of the whole picture and responsibility for escalation were not always clear.

### What does this mean for practice?

- Never assume that because several services are involved, somebody else is coordinating the response.
- Establish who is taking the lead when risks cross organisational or professional boundaries.
- Seek early multi-agency discussion when needs are deteriorating rapidly or complexity is increasing.
- Be explicit about roles, responsibilities, actions and escalation arrangements.
- Use MDT or other multi-agency arrangements to develop a shared understanding of risk.
- Do not allow the absence of a formal forum to delay necessary professional-to-professional communication or escalation.

**Practice question**

Who currently holds the whole picture and who is responsible for bringing everyone together?

# Information Sharing, Communication and Escalation

## What did the review find?

Information about Georgina was being shared, but communication did not always create a shared understanding of urgency or risk. Concerns could move sequentially between services rather than being considered collectively, and family members were at times relied upon to relay information between professionals. Sharing information is not the same as communicating risk effectively.

## What does this mean for practice?

- Communicate directly with other professionals wherever possible rather than relying on the person or family to relay clinical or safeguarding information.
- Clearly state what has changed, why you are concerned and what action you believe is required.
- Check that the recipient has understood the urgency of the concern.
- Follow concerns up. Passing information on does not in itself mean the risk has been addressed.
- Know how to escalate when a response is delayed, unavailable or does not address the identified risk.
- Recognise repeated contacts or concerns as a possible escalation signal and bring information across agencies together to identify patterns.

**Practice question**

Have I simply passed on information, or do I know that the risk has been understood and acted upon?

# The Interface Between Family Care and Professional Support

## What did the review find?

Georgina's daughter played a substantial role in maintaining her care at home. As Georgina's needs increased, her daughter was managing increasingly complex tasks. The boundary between family care and professional intervention was not always sufficiently clear, and there was limited evidence of a shared and explicit assessment of whether arrangements remained safe and sustainable as Georgina deteriorated.

## What does this mean for practice?

- Treat family carers as partners in care, but do not assume willingness equals ability or capacity to continue.

- Explicitly discuss what family members are being asked to do and whether they can do it safely.
- Provide practical guidance and check understanding where families undertake care tasks.
- Consider physical ability, knowledge, confidence, emotional wellbeing and carer strain.
- Reassess family capacity as the person's condition changes.
- Recognise statements such as "I can't manage", repeated requests for help or signs of distress as potential indicators of escalating risk.
- Ensure family carers are offered appropriate assessment and support in their own right.
- Recognise that increasing care demands can also place pressure on professional carers. Repeated concerns, difficulty completing care tasks or uncertainty about what can safely be delivered within existing arrangements should prompt review and escalation.

### Practice question

Are we supporting this family to provide care, or have professional care responsibilities gradually transferred to them without a conscious decision?

## Safeguarding Framing, Thresholds and Professional Curiosity

### What did the review find?

Safeguarding activity was initiated during Georgina's care. However, early safeguarding activity focused on particular presenting concerns rather than consistently using those concerns to explore the wider pattern of deterioration, dependency, family strain and increasing complexity. Harm can develop cumulatively through unmet need, deteriorating care arrangements and increasing dependency.

### What does this mean for practice?

- Use safeguarding as a framework for holistic enquiry, not solely as a response to an individual incident.
- Look beyond the presenting concern and ask: "What else is happening here?"
- Apply professional curiosity when concerns are repeated, unusual or do not fully make sense.
- Consider the interaction between deterioration, dependency, unmet need and carer strain.
- Avoid allowing a single explanation or incident to dominate understanding of the situation.
- Seek multi-agency perspectives where the risk picture is unclear.
- Do not wait for a serious incident before considering whether repeated or cumulative concerns require safeguarding advice, further enquiry or a coordinated multi-agency response.

### Practice question

Am I responding to the incident in front of me, or understanding the pattern behind it?

# Capacity, Decision-Making and Best Interests

## What did the review find?

There were significant decisions about Georgina's care, including remaining at home, increasing support and responding to deterioration. Capacity was considered at different points, but the review found limited evidence of a consistently documented and shared understanding of capacity in relation to specific decisions as circumstances changed. Opportunities for earlier coordinated best-interests discussion were not consistently used.

## What does this mean for practice?

- Remember that capacity is decision-specific and time-specific.
- Clearly identify the decision that needs to be made.
- Assess and document capacity where there is reason to doubt the person's ability to make that particular decision.
- Share relevant capacity information across agencies.
- Do not assume an earlier assessment remains applicable when circumstances or the decision change.
- Convene timely best-interests discussions where a person lacks capacity for a significant decision, particularly when risk is increasing or agencies/family disagree.
- Keep the person's wishes, feelings, values and previous preferences central to decision-making.
- Make clear how capacity and best-interests decisions inform care planning and risk management.

### Practice question

What is the specific decision, does the person have capacity to make it now, and if not, have we used a clear best interests process?

# What Good Practice Looked Like

The review also identified strengths to preserve. There was sustained effort to respect Georgina's wish to remain at home; practitioners responded to emerging clinical concerns by seeking nursing and GP input, adjusting pain management and escalating deterioration; compassionate and coordinated end-of-life care was provided; and practitioners demonstrated openness and willingness to reflect and learn. Adult Social Care practice showed an intention to remain person-centred and collaborative, including joint working between Occupational Therapy and Social Work.

### Important

The learning is not that respecting Georgina's wish to remain at home was wrong.
The practice challenge is to continually test whether the support around that choice remains safe, sufficient and sustainable as circumstances change.

# Recommendations: What Practitioners Need to Know

## 1. Early Multi-Agency Review in Response to Deterioration

Rapid or cumulative deterioration, including reduced mobility, pressure damage and increasing care requirements, should prompt consideration of an early multi-agency review. Be clear who initiates escalation and do not expect one agency to manage escalating risk alone.

## 2. Strengthening Prevention and Escalation of Pressure Damage

Declining mobility and emerging pressure damage should trigger early conversations about risk, repositioning and whether existing care remains sufficient. Refer to specialist services where indicated, communicate expectations clearly, review equipment and care packages, and communicate directly between professionals.

## 3. Strengthening Direct Communication and Escalation Between Services

Care providers, community health, primary care and other services should communicate directly and promptly in complex situations. Know what to do when advice is unavailable or insufficient and recognise repeated concerns as potential evidence of escalation.

## 4. Supporting and Safely Framing Family Delivered Care

Where significant care is provided by family members, explicitly and regularly assess whether arrangements remain safe, sustainable and clinically appropriate. Provide clear guidance and recognise family carer distress, strain or difficulty managing care as potential indicators of escalating risk. The pressures experienced by professional carers should also be recognised, with clear opportunities to raise concerns where increasing care needs exceed what can safely be delivered.

## 5. Strengthening Application of the Mental Capacity Act

Record and appropriately share decision specific capacity assessments. Reconsider capacity when circumstances change, use best interests processes promptly where required, and demonstrate how MCA decision making informs care planning, risk management and escalation.

# Six Questions to Take into Practice

1. **What has changed?** Am I looking at each concern separately, or recognising cumulative deterioration?
2. **Who holds the whole picture?** If several agencies are involved, who is coordinating the response?
3. **Has my concern actually been understood and acted upon?** Passing information on is not the end of professional responsibility.
4. **Is the care arrangement still safe and sustainable?** What is being expected of family and professional carers, and can they realistically and safely continue?
5. **What am I missing?** Have I looked beyond the presenting incident and applied professional curiosity?
6. **What decision needs to be made, and does the person have capacity to make it?** If not, is there a clear and timely best interests process?

## Key Message from Georgina's Review

Do not wait for one concern to become serious enough on its own. Step back, join the information together and recognise the pattern. Practitioners can each be working hard within their individual roles while the collective safeguarding picture remains unseen. Effective safeguarding requires us to consider whether deterioration, carer strain, changing capacity, increasing dependency and repeated professional concerns collectively indicate that the person's situation is becoming unsafe.