**Adult Protection Case Scenarios**

**Please Note:**

The following case scenarios were developed by:

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SSIA-Improving Social Care in Wales: Protection of Vulnerable Adults:  

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**Case Scenario 1:**

A dentist is called to a care home to see a very frail elderly lady, Mrs Brown, with a painful mouth. She appears fearful and a little confused. The dentist notices bruising on both of her forearms and brings this to the attention of a member of staff, who responds that she bruises very easily.

**Considerations**

- Some degree of confusion is not unusual in care home residents. One of the reasons why people are admitted is that confusion makes it difficult for them to manage to live in the community.
- Some older people have medical conditions which result in them bruising easily. BUT...
- It is concerning to find that a resident is fearful, raising the possibility that they may have been hurt e.g. by rough handling.
- Care homes staff should be trained in safe moving and handling, using equipment appropriately, reducing the likelihood of bruising. AND
- If there is abuse it is likely to be “covered up” rather than admitted.

**How Should You Respond?**

Even if a Care Home seems to provide a good, caring environment it is not appropriate to assume that abuse is unlikely and not report it. The national adult protection guidance says: **if in doubt, report.** You should report your concerns either direct to your local social services department or via your line manager.

**What Happens Next?**

Concerns which are notified to social services prompt what is known as a Strategy Discussion. The social services manager will check what information their department holds and will contact appropriate health, police and care standards inspector colleagues and share the concern and any relevant background information which that have about the home. They will decide if it is necessary to arrange a Strategy Meeting and commence an investigation or take some other actions.
Case Scenario 2:

Miss James, aged 46 years, is a woman with learning difficulties, no speech and apparently very limited understanding, and sometimes with challenging behaviour. She has been brought to the surgery by her mother (her carer) who explains that Miss James needs dental treatment and that she has been prescribed a sedative to enable this attendance. On examination, she clearly has a very neglected mouth and must have been in pain for some time.

Considerations

1. Are you concerned that your patient has been prescribed a sedative or does this seem to be proportionate and helpful?
2. Are there any other indications of neglect of care apart from Miss James’ dental care?
3. Do you have any reason to be concerned about her mother? Is she the main or only carer, perhaps with a difficult task? How is her health? Many carers do not know that they are entitled to a carer’s assessment and often to practical assistance, or anyway they try to struggle on without it.

How Should You Respond?

Explain that you are concerned that Miss James’ dental care has been neglected. Ask her mother how she is coping both with this task and more generally. You need to act in Miss James’ best interests. In light of the above considerations and the replies from her mother, if you believe she need help, you should:

- Encourage Miss James’ mother to seek and accept help from social services, BUT if you are not convinced that she will do so,
- Tell Miss James’ mother that you are going to report your concerns to social services and then do so. You do not need the mother’s permission to do this.
Case Scenario 3:

The District Nurse asked the dentist to make a domiciliary visit to a frail, elderly gentleman, Mr Jones, who was complaining of occasional toothache from a loose tooth. He visited with his dental nurse. The house was in a deprived area and very “run down.” The door was answered by Mr Jones’ son, and there was another son in the living room. Both men were heavily built and neither spoke other than to say: “dad’s upstairs.” Neither son seemed at all interested in the visit, and didn’t come upstairs.

Mr Jones was welcoming, but clearly frail and rather anxious. He explained that he “couldn’t get down the stairs,” and lived upstairs all the time. He was totally reliant on his sons. Mr Jones had a marked bruise on his right cheek and evidence of a healing black eye on the left. He didn’t give any explanation for this when gently questioned about how he got the bruises.

The dentist finished the dental examination and agreed to visit a few days later to provide treatment. Mr Jones was very worried about how he would pay for any treatment since his sons “handle everything to do with money.” He was reassured that the treatment would be free of charge. When he left the house, the sons didn’t acknowledge the dentist’s departure and showed no interest that their father needed to be seen again. The dentist is worried about Mr Jones’ circumstances. What should he do?

Considerations

There appears to be the strong possibility of physical abuse and the general attitude of the carers and the sons seems neglectful.

How Should You Respond?

The concerns arising from this case should be notified in writing to the local social services office for consideration as possible adult abuse.

What Happens Next?

The Social Services Team Manager will check social services records and discover what, if anything is already known about Mr Jones and his family. The Manager will then instigate a Strategy Discussion with the District Nurse, GP, Police and anyone else likely to be able to contribute.

In light of the information received, and any shared at the Strategy Discussion, it is likely that the discussion will be followed up by a Strategy Meeting at which arrangements for an adult protection investigation will be made. The investigator(s) will not need to mention the source of the concern/referral.
Case Scenario 4:

A dentist was called to a care home for young physically disabled adults to see Sarah. Sarah had a swollen face – it had been that way for a few days. Sarah, 23 years old, has a mild learning disability and was very cheerful and able to co-operate with an oral examination. Her right cheek was swollen and tender to touch, but not red or inflamed. Intra- orally she was fully dentate with sound teeth and reasonably healthy gums. Her oral hygiene was just about adequate. However, she had extensive ulceration in the right buccal sulcus and cheek. The whole area was stained black. Sarah’s medical history showed that she took iron tablets and a care worker confirmed Sarah always sucked the tablets rather than swallow them. The dentist tried to discuss with the care worker why Sarah was taking long term iron medication. Had they tried to supervise Sarah to ensure she swallowed the tablets? Had they considered other forms of medication e.g. liquid? The worker was disinterested and stated that staff are “too busy to fuss around like that.” The dentist was unable to find another member of staff to discuss Sarah’s care.

Considerations

1. Sarah is experiencing actual harm from the way in which she is taking her medication.
2. Staff owe a duty of care to those whom they are employed to support.
3. It cannot be assumed that the care worker spoken to is typical of all of the staff in the Home and the manager and/or other staff may respond to the concerns appropriately.

How Should You Respond?

A letter should be sent to the Manager of the Home, setting out the concerns for Sarah and also about the attitude of the member of staff. If their name is not known it is important to specify when you met them and provide enough description for them to be identified. The letter should ask for a written reply to you and those copied in the letter, which should include the local GP practice. A copy of the letter should also be sent to the social services care manager for Sarah. If the care manager’s name and where they are based are not known, it should be addressed to the duty officer, requesting that it is forwarded to Sarah’s care manager if she is from the county in which she now lives, or to her ‘placing authority’ if she has been placed at the Home by a different local authority.

What Happens Next?

It is to be hoped that the Manager of the Home responds to Sarah’s problem and notifies in writing the actions taken. However, by alerting the GP and care manager, they will be aware of this area of concern. The care manager should refer Sarah to the adult protection service if, following a visit, they are not confident that her needs are being addressed.