Learning brief

Thematic Safeguarding Adult Review: ‘Richard and Pat’

The Review

This Safeguarding Adult Review (SAR) explores the common themes and associated questions identified from the experiences of both Richard and his family and Pat and her family, in the months leading up to their deaths. A co-production approach was used, working closely with representatives from both Richard’s and Pat’s families to develop the Terms of Reference to maximise learning.

Background

As this review takes a thematic approach based on the experiences of 2 individuals it is imperative to state that the Independent Author sought to understand both Richard and Pat. Who they were, what each enjoyed doing in life, what was important to and for them. Who was important to them and what each meant to their families, friends and staff who knew and supported them. Both Richard’s Aunt and Pat’s Sister agreed that the attached ‘this is me’ photo slides can be shared to support understanding about their loved ones and facilitate person-centred learning.

Richard was a young man of 29 years when he died. Richard was autistic and had a learning disability, he had type 2 diabetes which was managed with insulin, he was also morbidly obese. A number of agencies were involved in supporting Richard with his health and social care needs. He lived in the family home with his Mother and Father. Richard had a sister and wider family including his Aunt whom he had a lot of contact with. Sadly, Richard’s Mum became unwell and sadly died in hospital in April 2020. Due to the pandemic Covid-19 restrictions, Richard didn’t see his Mum after she was taken to hospital.

Richard attended a day centre where he had many friends and enjoyed carpentry, swimming and playing football. Following the first 'lockdown', Richard was offered and enjoyed outreach support in the community.

Richard loved his mobility scooter and used this to get out and about to watch his favourite football team, Aston Villa, and go to the local paper shop to get a newspaper every day. Richard enjoyed playing on his PlayStation and using his mobile phone to 'wind people up' about football! He was always up for a laugh and made friends easily. Richard's Dad is a coach driver and Richard used to love to go along with him on the coach.

In January 2021 Richard fell on the ice sustaining a complex fracture to his leg, requiring surgery to insert metal pins. Richard's wound was not reviewed following his discharge from hospital. On the 15th of February 2021 Richard's Dad had an appointment at the fracture clinic of his own. He asked the clinician to review Richard's wound. Further to this review Richard was admitted to hospital and underwent further surgery to remove the metal pins. Following referral for a specialist orthopaedic consultation Richard was transferred to the Queen Elizabeth Hospital. On the 14th of March 2021 Richard underwent further surgery for a below knee amputation due to the extent of infection in his limb presenting no possibility to reconstruct. Following surgery Richard was transferred back to Rowley Regis Hospital where he remained until 22nd April 2021, when he was discharged to Newbury Manor Nursing Home. 5 days later Richard was transferred to Portway House. A plan was agreed to seek a more appropriate placement for Richard. However, this was not progressed and communication with Richard and his family was inconsistent, Richard remained at Portway House until he was admitted to SWBHT on the 23rd of June 2021. From the 1st of June 2021 Richard was not able to use his mobility scooter for safety reasons. This had a big impact on Richard, he stated that he felt like a prisoner. Family, friends and his Community Learning Disability Nurse raised concerns about the suitability of his placement.

On the 17th of June 2021 Richard was admitted to SWBHT with suspected infection. Richard had been complaining of pain when passing urine and soreness to his groin from the 15th of June 2021. The GP was contacted and advised for Richard to go to hospital, Richard initially refused to be taken to hospital but later on the evening of the 17th of June he requested to be taken. Richard was very distressed and presented with fluctuating capacity. He self-discharged back to Portway House on the 19th of June 2021 with oral antibiotics. Richard was again admitted to SWBHT on the 23rd of June 2021 with suspected sepsis. Richard's 80-year-old Nan went to visit him every day to support him to stay and comply with treatment.

Richard started to deteriorate on the 14th of July and was taken to the intensive care unit. Despite interventions, Richard sadly passed away on the 17th of July.

Richard was understandably anxious and distressed about being in hospital. He was in hospital on the anniversary of his Mum's death and, although it was acknowledged that Richard and his Dad were grieving, no support was given. Also, Richard's autism and learning disability impacted on his understanding of the world. Richard needed clear and consistent communication.

Pat was a 57-year-old lady when she died. She was part of a large family with 7 siblings. Pat had 4 nephews and nieces whom she loved and was loved by them all. Pat is described as happy and jolly with an infectious laugh and good sense of humour. Pat loved all things furry and fluffy including cuddly toy animals. Pat loved music and singing, with a wide range in taste of music. She liked to have 'nice' things and respected and looked after them. Pat was quite house proud and kept her home lovely and tidy. She was generous and caring, looking out for others. She enjoyed eating out and shopping when well. One of Pat's sisters has fond memories of Pat making mince pies which were always really good!

Pat had a mild learning disability and was diagnosed with bipolar affective disorder, for which she was prescribed lithium. She also had type 2 diabetes managed with medication, arthritis, dry skin and eczema, and she was registered as partially sighted. Due to unstable mental health and non-compliance with medication, Pat remained under a Community Treatment Order, although she had not required admission to hospital for a number of years prior to her admission in March 2021. Pat lived in her own bungalow under a tenancy. To support her Pat had 2:1 staffing from El Marsh Care. Pat had person-centred care plans including relapse plans. These plans detailed Pat's known presentation when experiencing a manic, hypomanic or depressive phase in her condition, how to support her and requirements of her CTO including blood testing for lithium carbonate levels.

From March 2020, 'lockdowns' were imposed due to the Covid-19 pandemic. This obviously impacted on Pat's contact with family and doing the things she enjoyed. From October 2020 Pat started to have problems with one of her eyes, infections and bleeding behind her eye. This required specialist treatment and in late October Pat had a hospital stay following treatment to her eye. It was noted that Pat was agitated and aggressive during this stay. Around this time Pat started to self-harm, sustaining several wounds requiring antibiotics and dressings and attendance/review at hospital. Pat also appeared low in mood, agitated and was not sleeping well.

Pat continued to present with low mood, agitation, insomnia and self-harm throughout January and February 2021. Pat refused to attend for a regular blood test to monitor her lithium carbonate levels in early January. There was regular contact with Pat's GP where her

increased agitation and insomnia were discussed, and medication and other interventions prescribed. Pat was known to struggle and present with increased agitation during February as it was the anniversary of her Father's death. In early March 2021 Pat injured herself again requiring attendance at hospital. At this attendance Pat was seen by Liaison Psychiatry and advised to continue with review with community team.

Pat continued to deteriorate. On the 22nd of March 2021 carers contacted Pat's GP detailing concerns over past 2 weeks about Pat's mental health. Pat was described as tearful, agitated, aggressive, mumbling, having poor or no sleep, not eating well, she had also had some vomiting and diarrhoea in the previous 3 weeks. Pat's GP suspected lithium carbonate toxicity and advised to call an ambulance for admission to hospital. Pat remained in hospital until the 26th of March 2021 when blood tests confirmed that Pat's lithium carbonate levels were back in the therapeutic range.

Pat continued to deteriorate, refusing intervention and self-care, exhibiting self-harm, not wanting to eat, or dress, walking outside barefoot. A multi-disciplinary team meeting took place and Pat was recalled to hospital under her CTO on 30th April of 2021. Pat remained in hospital under section 3 of the Mental Health Act until she was discharged back home on the 26th of July 2021. Pat required support with eating and other activities of daily living, and she was doubly incontinent. Both Pat's family and her Social Worker described her as 'unrecognisable'. Prior to discharge, Pat's core staff team received training from Intensive Support Team (IST) staff about Pat's mental health, relapse plans and support intervention.

Pat tested positive for Covid on the 5th of August 2021. On the 18th of August Pat was found to be unresponsive. An ambulance was called, there was a delay in CPR being commenced. Pat sadly died on the 18th of August, just 3 weeks after discharge from hospital.

The review identified a number of factors where care and support to Richard and Pat could have been improved. Had this been in place at an earlier stage, it is likely that this would have changed the course to the events that followed and could have averted the very sad outcome.

Key learning

- **Communication** – poor, limited and delayed communication with Richard and Pat, their families and also importantly within and between services is a factor which impacted on timely interventions, joint planning and review, decision making and outcomes. Always document and consider who else do I need to talk to, share information with, what questions do I have and do the family have?
- **MDT working** – always consider what information do I need to share and who with, how will others know what is happening, what information might they have?
- **See the person**, **step in their shoes** – be curious about why a person says or does something, recognise when a person doesn't find it easy to understand and be understood, question what you observe, read or are told, ask questions, what happened before, what is missing?
- **Person-centred thinking and empowering families** – there were limited attempts made to understand what was usual for both Richard and Pat, to think holistically or be curious about individual presentations, challenges, changes from a Physical, Intellectual, Emotional and Social (PIES) perspective. What does the person's individual person-centred plan say? What is in their relapse care plan, hospital passport?
- **Diagnostic overshadowing –** some behaviours and presentations were assumed to be due to learning disability, autism or existing mental health condition. Always seek to understand 'why, what, how, who', never assume!

- **Care co-ordination for complex and multiple health needs** – challenge yourself, colleagues and the system to ensure a pathway for care co-ordination is in place. Richard and Pat both had known and well understood chronic health conditions. Both had type 2 diabetes which increased other health needs and put them at an increased risk of poor healing. Both struggled to comply with health advice and intervention and treatment required to keep them well.
- **Use the tools and legislation available to you** – make sure your knowledge is sound about tools and legislation - use them. For example, the Mental Capacity Act, The Care Act, National Early Warning Score, Hospital/Patient Passport, Person Centred Plan.
- **Continuous learning and improvement** -'**SO WHAT?'**- as an individual, as a team, as a department and as a system agree a regular timescale to revisit and review the learning and recommendations from this thematic SAR. Always ask **'so what… and is this ok… for my mum, dad, sister, brother, friend?'**