

Judy Benn – Safeguarding Adults Review Learning Brief: published 10th August 2018

Case Summary

Judy was a lady with a learning disability who lived in a supported home which she shared with two other residents where she received 24 hour care from a care agency.

Judy did not verbally communicate although she could make her feelings abundantly clear to those around her and those who knew her. She developed her own pattern of communication where rubbing her stomach or pointing to her teeth meant she was in pain; she would clap to say 'no'. She was described by those who knew her as having a 'wicked' sense of humour but also knew her own mind.

Judy had longstanding issues with constipation which was managed at times by high doses of laxatives. She was also prescribed medication for depression and anxiety. Judy was anxious about being physically examined by medical staff and that when she was anxious she did not want to leave the house. In April 2014, Judy's health deteriorated rapidly and she had been shouting out in pain. Over a period of 5 days, the care staff contacted the out of hours G.P. service CHOC on several occasions for advice which resulted in an increase in the administration of laxatives and paracetamol for pain. Some of the care staff members had known Judy for many years and recognised that the level of pain she was experiencing was significant. Her situation worsened and following unsuccessful attempts to examine her and intervene by district nurses and frequent contact with the G.P surgery over a period of several days, JB was admitted to hospital where it was discovered that she was too unwell for surgery. Judy died later that day, aged 54, of a twisted bowel resulting in a perforation of the bowel and peritonitis.

The Significant Incident Learning Process (SILP) highlighted key themes which are listed below:

- Access to key information and medical records about an individual must be available at an early stage to enable health and care providers understand specific needs, history and known complications, in order that reasonable adjustments can be made.
- A named healthcare coordinator should be allocated to people with complex or multiple needs, or two or more long term conditions.
- Mental Capacity Act 2005 (MCA) training should be provided to G.P's to help them understand their obligations in response to serious medical treatment.
- MCA advice should be available to all professionals out of normal working hours.
- People with a Learning Disability should hold their own Personal Health Record including details of the outcome of any pain assessment tools used.



- Where it is likely that a person may be reluctant to engage with medical assessments, emergency contingency plans should be in place.
- Health professionals should listen closely to carers and care staff, they often know the individual extremely well. Carers must be empowered to advocate on the persons behalf, particularly when the person has difficulty or is unable to verbally communicate.
- G.P's should receive training at least annually in relation to safeguarding which should include the learning from this SILP.
- Local data should be collected on LD mortality rates and included in the Joint Strategic Needs Assessment (JSNA).