



# **Bromley Safeguarding Adults Board**

## **Ms Catherine Safeguarding Adults Review (SAR) Final Report**

February 2023

Julie Foster, Consultant in Health, and Care

### Contents

1. Introduction and Overview.....	2
2. Process of Review.....	2
3. Background Information.....	5
4. Analysis by Theme .....	17
5. Good Practice.....	25
6. Recommendations to BSAB .....	26
7. References.....	29

## **1. Introduction and Overview**

1.1 The purpose of this report is to describe the process and outcomes of a Safeguarding Adult Review (SAR). The Review was commissioned by the Bromley Safeguarding Adults Board (BSAB) on 2 February 2022 to consider the circumstances of Ms C, an older woman who lived with her husband and sole carer until 22 September 2021. She had complex health needs, including diabetes and newly acquired blindness. On this date, the Police and London Ambulance Service attended her home where she was found with serious stab wounds inflicted by her husband. This incident triggered a safeguarding enquiry for alleged concerns of domestic abuse and self-neglect although there was no indication of any previous incidents of domestic abuse. Ms C had had 7 hospital admissions in the previous 2 years and received home visits from community health services in Bromley daily.

1.2 The Safeguarding Adults Board (SAB) has duties under the Care Act 2014 (s.44). This legislation requires that a SAB must arrange a SAR when:

- an adult with care and support needs has died and the SAB knows or suspects that the death resulted from abuse or neglect, or
- an adult is still alive, and the SAB knows or suspects that they have experienced serious abuse or neglect, and there is reasonable cause for concern about how the Board, its members or others worked together to safeguard the adult.

1.3 Bromley Safeguarding Adults Board considered that the circumstances described met the second of these criteria, and a SAR was arranged.

1.4 This Report provides an account of the work carried out to understand the events in the 2 years prior to the incident between 21 September 2019 and 22 September 2021. It sets out the process used to conduct the SAR with an analysis of practice illustrated by examples taken from records provided by the organisations involved. Reference is made to other SARs and related research and literature.

1.5 The Report identifies good practice and improvements which have been made since the time of the SAR. It concludes by making multi-agency recommendations to the Board and single agency recommendations where appropriate.

## **2. Process of Review**

2.1 The Terms of Reference (1) were set out prior to the work beginning by the members of the Panel.

2.2 The following areas for review have been highlighted during the process of determining whether a SAR should be commissioned:

1. To explore ways to maintain effective multi-agency working between organisations to ensure that professional curiosity is exercised in situations where there may be missed opportunities or concerns around Ms C.

2. To consider whether communication between agencies was effective; could any additional services or interventions have been considered which could have prevented or reduced the risk to Ms C.
3. To gain an understanding of Ms C's relationship with her partner to determine the circumstances leading to the assault of Ms C and the contributing factors to this; was there any evidence of previous domestic abuse or potential carer stress.
4. To explore the impact that domestic abuse has had on both Ms C and Mr D given their age and vulnerability, and whether any possible interventions could have reduced the risk of the critical incident.
5. To explore knowledge and understanding of professionals around domestic abuse in the elderly and the available support for both survivors and perpetrators.
6. Making Safeguarding Personal – is there evidence of this embedded in practise by professionals in relation to this individual.
7. Effect of the Coronavirus Pandemic on service provision and accessibility of services for Vulnerable People.

### **2.3 Specific areas of enquiry**

The SAR panel, and all contributors, will consider and reflect on the following within the time **21 September 2019 to 21 September 2021**, with the provision for requesting further historic information should this be required.

1. The 6 Principles of Safeguarding contained within the Care Act 2014 Care and Support Statutory Guidance para14.13.
2. Any social care and health support arrangements that were in place for the individual(s) during the specified timeframe.
3. What learning can be gained in relation to the effectiveness of support arrangements and professional interventions in this case.
4. If all appropriate practices and professional standards were followed by agencies who encountered Ms C and Mr D.
5. What supported good practice amongst agencies with specific reference to policies and procedures as well as co-ordination of services.
6. Any learning from this situation and recommendations to improve future working practices.
7. To explore Ms C's living environment and relationship with professionals involved with her care, to understand whether concerns should have been raised about Ms C's home environment and how this was progressed.
8. To consider what impact the COVID-19 pandemic had on the wellbeing of Ms C, during the lockdown period when services were not working at full capacity and whether this impacted on the relationship with her partner.
9. Consideration is to be given on how race, age, culture, ethnicity, and all other protected characteristics, as codified by the Equality Act 2010, of all professionals in contact with Ms C may have impacted on this incident.

2.4. A Panel was established to steer the progress of the SAR, to ensure adherence to the terms of reference and to assist with overcoming any obstacles to the process.

It consisted of representatives of organisations involved. The panel met virtually on 5 December 2022 and 31 January 2023.

2.5 The Panel consisted of representatives from the following organisations:

- London Borough of Bromley – Adult Social Care
- NHS Southeast London Integrated Care Board (Bromley)
- Oxleas NHS Trust
- Bromley Healthcare
- Metropolitan Police Services – Bromley
- Bromley Safeguarding Adults Board – manager (BSAB)
- Kings College Hospital Trust

## 2.6 SAR Principles

The guiding principles for a SAR are set out in the Care Act 2014 and listed below:

- There should be a culture of continuous learning and improvement across the organisations that work together to safeguard
- It should promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice
- The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined
- Reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed
- Each partner organisation must co-operate in and contribute to the carrying out of the Safeguarding Adult Review. The purpose is to identify the lessons learnt from the specific case and to apply these to future cases to prevent such circumstances occurring again
- Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- Families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. The time covered by the SAR is 23 June 2018 until 23 June 2020.

## 2.7 Methodology

2.7.1 There is a range of methods for conducting a SAR and it is the responsibility of BSAB to determine which method suits the case best, ensuring that it is

proportionate and appropriate to the situation and makes effective use of resources. This decision was delegated to the Panel.

2.7.2. This SAR used a hybrid methodology, based on analysis of chronologies and Individual Management Reports submitted by each organisation. It is underpinned by principles of 'Learning Together', a validated methodology produced by the Social Care Institute for Excellence. The Lead Reviewer is trained and experienced in this method. This methodology focuses on systems and how the different parts of it work together, rather than individual practice. It is not about blame but about learning from experience to protect vulnerable people in the future. The process is confidential, although the Reviewer reserves the right to raise any issues she believes may result in harm to any individual. The professionals participating will be advised to seek support from their organisations if they experience distress at any stage.

2.7.3 'Learning Together' stresses the need to avoid hindsight bias, in other words being wise after the event, as this does not assist the process of understanding the system as it was at the time of the events under review by the people working within it. The Analysis makes clear where hindsight is used to understand why the situation unfolded as it did and where changes may be made to avoid similar tragedies occurring.

2.7.4 Family involvement was arranged as expected, if possible, by the Care Act 2014. A visit was made to Ms C in the residential care home in which she is now living on 6 January 2023 (3.12), a telephone conversation was held with a close family friend and informal carer AJ on 8 January 2023 (3.13) and with Ms C's nephew GA on 8 January 2023 (3.14)

2.7.5 An Independent Reviewer was commissioned to lead the process and to write the Report. She has the appropriate skills, experience, and qualifications to carry out this process and is not employed by any of the organisations involved and has no links to Bromley.

2.7.6 BSAB will decide how and where to publish the Report once it has been agreed. The Report will be anonymous and will set out whether there are lessons to be learned about how practitioners and agencies worked together and individually, and how practice can be changed to improve outcomes. This will include identification of practice identified as having a positive impact for Ms C and areas of practice where changes may be desirable in preventing similar situations occurring again.

### **3. Background Information**

3.1 Ms C is a woman, now 90 years of age who is white British and of Christian faith. She lives currently in a Residential Care Home but during the time under

Review, lived with her husband (Mr D) in a bungalow described by Police as 'immaculate'. An incident occurred on 22 September 2021, concerns about which led to the SAR referral.

3.2 On this date, Police and London Ambulance Service attended the home of Ms C where she was found with serious stab wounds inflicted by Mr D. She was taken to the Princess Royal University Hospital (PRUH) in a critical condition. Her husband (Mr D) had also stabbed himself multiple times in the abdomen and was treated in the Royal Free Hospital for a period prior to being interviewed by the police, and later moved to custody where he remained on suicide watch by police.

3.3 This incident triggered a Safeguarding Inquiry for alleged concerns of domestic abuse and self-neglect although there was no indication of any previous incidents.

Mr D was subsequently charged by Police with attempted murder and was initially held in custody awaiting his trial date 03 May 2022. Mr D pleaded Not Guilty to both attempted murder and an alternative charge of wounding with intent to cause grievous bodily harm. On 6 September 2022, he was cleared of attempted murder and an alternative charge of wounding Ms C with intent. However, the jury found him guilty of a further lesser alternative charge of wounding on the basis that he was reckless as to the injuries she might sustain.

3.4 Mr D was given bail and allowed to go home on December 2021 with contact with OXLEAS mental health team as part of his bail conditions. He was supported by this team, who discharged him in March 2022 as there were no mental health issues, and he was not seen as a danger to the public.

3.5 Ms C remained in a critical condition for some time and was transferred to Denmark Hill Hospital (Kings College Hospital), her condition subsequently improved. She has now been discharged to a Bromley Care home. Anecdotal intelligence from the hospital indicated that Ms C was very concerned for Mr D's welfare.

3.6 Ms C was previously known to the community District nursing team, diabetes team and podiatry, and had frequent District Nursing visits to her home following a previous admission to the PRUH hospital in April 21.

3.7 The case was reported in the national and local press at the time of the incident.

### **3.8 Information Prior to Review Period. 21 September 2019 to 21 September 2021**

3.8.1 There is little information available about Ms C and Mr D prior to the Review Period. Ms C says that Mr D was a butcher at Smithfield's Market throughout his career and she was a dressmaker working in central London. The couple had no children or relatives living close to them although they did have friends and neighbours. Ms C was one of 4 children, including twin boys, and the family have all remained in contact with each other. Family friends refer to Ms C's 70-year marriage

to Mr D as ‘wonderful’ and that they were always together, able to lead a good life, financially secure, with holidays and help in the house and garden when required. A friend said at Ms C’ wore the trousers in their relationship and maintained very high standards in the home, liking meals at set times and a daily routine. Mr D ‘idolised’ her and would do anything for her.

3.8.2 Ms C was known to Bromley Healthcare from 2013 for diabetic monitoring and support but no safeguarding concerns were highlighted. Ms C (and Mr D) was registered with the same GP surgery for the time specified in this review. Ms C’s medical history included: Registered Blind, Chronic kidney disease stage 3, Diverticulosis, Lung Cancer, Renal calculus, Kidney Cancer, Essential hypertension, and Type 2 diabetes mellitus. Ms C had regular contact with the surgery and attended annual chronic disease reviews and annual flu vaccinations.

3.8.3 Ms C was known to Bromley Adult Social Care Services between 19 September 2018 and 22 November 2018 for an Occupational Therapy assessment and subsequent provision of galvanised rail at front and back entrances, and bath equipment. The case was closed after this.

3.8.4 The Diabetic Service was involved from 2013 and monitored her with face to face and telephone calls.

**3.9.1 Timeline of Events During Review Period.** A timeline of key dates taken from chronologies provided by organisations involved is given below. Only entries with relevance to this SAR have been included, with much omitted. For example, from the date of initial referral to them on 25 February 2021, the District Nurses and Health Care Assistants employed by Bromley Healthcare Community interest Company visited Ms C at least once each day, often as many as four times a day, to support MS C and her husband with management of her diabetes and self-care. Most of these visits passed without incident and are not included here unless considered to be of specific relevance to this SAR or to give a flavour of the type of interactions made.

3.9.2 The detailed records supplied to this SAR provide evidence of routine and regular care from the GP surgery for these conditions, plus several investigations into other health concerns. They also document that she was supported by the multi-disciplinary team that regularly communicated with the GP. No concerns about conditions at home, safety or other factors were highlighted and are not included here.

### 3.10 Chronology of key events

Date	Intervention	Organisation
13 November 2019 – 28 December 2019.	Hospital admission for UTI (urinary tract infection) and issues with blood sugars (15-night stay)	Kings College Hospital

20 February 2020	Police attended the home address of Ms C as 'the victim of Fraud by deception.' 'Ms C resides alone in her detached bungalow with a driveway to the front and a garden to the rear of the property. On 19/02/2020 at around 1200 hours she received a knock at the door from two suspects, one stated he was working on some scaffolding in the local area and stated he could see her property and that she needed fencing and the lead on her roof repairing. He climbed up a ladder and then told <b>Ms C</b> it would only cost her around one hundred and twenty pounds to fix. <b>Ms C</b> explained she did not have that sort of money to hand but would gather up what she could and managed to get ninety-five pounds which she handed over to him under the impression that the work would be completed today.'	Police
1 September 2020.	Hospital admission with suspected UTI	Kings College Hospital
15 November 2020.	Hospital admission with suspected UTI and blood sugar issues	Kings College Hospital
15 February 2021	Hospital admission with suspected UTI and blood sugar issues	Kings College Hospital
25 February 2021	Referral to District Nurses from Kings College Hospital for community input with insulin and blood glucose. Triaged and accepted on 26 February 2021.	Bromley Healthcare Community Interest Company
26 February 2021 - District nursing service started.	26 February 2021 - District nursing service started.	Bromley Healthcare Community Interest Company
2 March 2021	Taken to hospital by ambulance due to high blood sugar reading but discharged on the same day.	Kings College Hospital
3 March 2021.	District Nurse visited twice. Ms C had administered her insulin herself in the morning, but confusion arose regarding it in the afternoon. Ms C reported having a stroke, but Mr D said her chair broke and she fell. No harm noted.	Bromley Healthcare Community Interest Company



9 March 2021	Mr D visited District Nurses office at 16.30 to say they had not visited as expected at 16.00. This was done but Ms C not pleased that her meal was delayed	Bromley Healthcare Community Interest Company
24 March 2021	Assessed to be competent in self-administration of insulin without support. Left safe and well with her husband.	Bromley Healthcare Community Interest Company
13 April 2021	Referral to Mental Health Liaison Team at PRUH following suicidal ideation expressed by Ms C and Mr D following diagnosis of blindness.	Oxleas NHS Foundation Trust -mental health and medicines management team.
14 April 2021 now going forward.	Assessment on ward. No suicidal ideation or low mood. Ms C explained it was due to shock of diagnosis. Mr D contacted and he confirmed shock reaction to diagnosis but plan to adapt house	Oxleas NHS Foundation Trust -mental health and medicines management team.
16 April 2021	Seen on ward again. Ms C was angry and irritable with staff saying she is not mentally ill and wants to go home, denying thoughts or plan for harm to self/husband.	Oxleas NHS Foundation Trust -mental health and medicines management team.
17 April 2021.	Case reviewed and referred to psychologist.	Oxleas NHS Foundation Trust -mental health and medicines management team.

19 April 2021.	Seen on ward by psychologist. Remains angry and irritable with mental health staff. Not willing to engage so difficult to assess suicide risk. 'Why are you coming here again' and 'how many times do I have to tell you?'	Oxleas NHS Foundation Trust -mental health and medicines management team.
20 April 2021	Decision to review risk again on discharge	Oxleas NHS Foundation Trust -mental health and medicines management team.
21 April 2021.	Discharged home without bleeping MH Team as requested. A common occurrence	Kings College Hospital
21 April 2021	District Nurses notified of discharge. Home Pathways service started. Home checked for food etc and supervised safety up and down stairs. Full insulin review with no concerns identified.	Bromley Healthcare Community Interest Company
22 April 2021	Concern from Mr D that nobody had come to put Ms C to bed the night of her discharge as told by hospital. Ms C 'frustrated and annoyed that things don't happen as they are supposed to'. Confirmed that Ms C had gone blind in one eye. Ms C and Mr D had gone for a walk outside.	Bromley Healthcare Community Interest Company
22 April 2021	Telephone call made to Ms C at home. Ms C irritable when she knew it was MH Team. Stated clearly that she does not want help as her husband is looking after her. Responded to question about mood saying, 'don't be so stupid'. Plan to discharge.	Oxleas NHS Foundation Trust -mental health and medicines management team.
25 April 2021	A review of Ms Cs needs was carried out including a physiotherapist to understand Ms Cs needs regarding once or twice daily support from Home Pathway. Mr D is supporting with meals and shopping (but needs handholds whilst outside) with private cleaner weekly. Ms C strip washes and declined bath assessment or equipment. Both upset to hear that Home Pathway is short term as Mr D	Bromley Healthcare Community Interest Company

	feels they will not get stronger. Voiced concern 'why are things not stable and why do you people keep changing'. Also 'when this HPW is finished, we'll just overdose'. Ms C said, 'don't say that she will report it'. Suicidal ideation documented'	
5 May 2021	Referral for ongoing support received from Home Pathway Team for ongoing support on discharge.	London Borough of Bromley Integrated Care Team - Adult Social Care
6 May 2021	Care Needs assessment completed. The worker explained about financial assessment and other key aspects of the service. Although Home Discharge service to end by end of week, Mr D wants financial assessment completed prior to agreeing social care services. Worker will inform relevant teams of the need to do this.	London Borough of Bromley Integrated Care Team - Adult Social Care
7 May 2021	Face to face carers assessment completed as part of Joint Assessment with Ms C. 'Mr D elderly himself. He supports with meal preparation, cleaning up, managing money and any errands she may need carer's view of their kids caring role he said it is a struggle, but he is happy to continue to support his wife and would find a care package helpful several queries were raised about finances as their property is co-ownership and they also pay rent advice given about how to complete this.	London Borough of Bromley Integrated Care Team - Adult Social Care
25 May 2021	Outcome of financial assessment. Ms C will be full cost for any future services due to capital held outcome letter to be sent to Ms C. Worker discussed this with Mr D and they wish to reduce domiciliary care support visits to one visit per day instead of the two assessed visits per day worker also said that their estimated personal budget is £72.24 with an admin fee of £5.07. Requested no male carers. The care package will start tomorrow morning and the home pathway team will also discharge Ms C tomorrow. Details of the care agency given.	London Borough of Bromley Integrated Care Team - Adult Social Care
26 May 2021	New domiciliary care support for Ms C starts with 'Scodef ' 30 minutes am support every day of the week.	London Borough of Bromley Integrated Care Team -

		Adult Social Care
10 June 2021	Medicine Optimisation Service contacted Ms C about prescription. Mr D said district nurses visit twice daily and put tablets in pot for him to give to Ms C. He is happy with arrangement.	Oxleas NHS Foundation Trust -mental health and medicines management team.
21 June 2021. arrange.	District Nurse called to say they are providing temporary service only so Mr D needs to manage medication. He will try pharmacy filled box.	Oxleas NHS Foundation Trust -mental health and medicines management team.
4 August 2021.	Hospital admission with suspected UTI and blood sugar issues. Fever and confused.	Kings College Hospital
28 August 2021– 13 September 2021	Hospital admission with suspected UTI and blood sugar issues. Feeling dizzy. Ms C expressed concerns about her husband coping. Care package from LBB restarted on discharge. Black eye identified on 29 August but not investigated.	Kings College Hospital
13 September 2021	Visit after discharge. Documented that it was 'intense' between Ms C and Mr D. Ms C was very anxious and was given reassurance to calm down This appeared to affect Mr D who seemed annoyed. Mr D followed staff around and became frustrated with Ms C. Became agitated and shouted at Ms C. Staff left Mr D to calm down and attended to Ms C. Mr D apologised for raising his voice.	Bromley Healthcare Community Interest Company
19 September 2021	Hospital by ambulance. But not admitted. Chest pain. Bruising and abrasion to neck area. Scans undertaken prior to discharge.	Kings College Hospital
21 September 2021	District Nurses documented that 'Ms C was left comfortable with husband on the pm visit'	Kings College Hospital
21 September 2021	Diabetes Service telephone with ongoing support.	Kings College Hospital

22 September 2021	London Ambulance Service (LAS) were called at 01:33:55hours by Mr D stating that he had stabbed his wife in the chest and then has stabbed himself in the stomach at their home address. Police officers attended and found Mr D with stab wound injuries to his stomach described as superficial, he has said to the officers 'I can't cope, I need help'. Police and LAS have then found Ms C in a bedroom laying on the bed with one stab wound to the chest (this has caused a punctured lung/pneumothorax), as well as a small nick to her neck and what is described as cuts to hands/defensive injuries. In the bedroom there was not a lot of blood present, however there was a blood trawl that led to the room. On the side in the bedroom, on a bedside table was a 5" kitchen knife with a bit of blood on the floor.	Police
-------------------	--	--------

**3.11 The following is taken from the public record of the Sentencing Hearing held in respect of Mr D's assault on his wife on 6 September 2022.**

*At approximately 1:30am, on 22 September 2021, you stabbed your wife twice in the chest, once in the area of her right breast, once in the area of her right armpit. You also stabbed her twice to the upper abdomen. There were also cuts to the back of both her hands which were consistent with being defensive injuries. The injuries to Ms C's chest caused her right lung to collapse.*

*4. Shortly after you stabbed Ms C, you telephoned the emergency services. You told the operator "I can't take any more of it.... She's been ill and it's got right on top of me." You said that "I tried to stab her, and I've stabbed myself." Asked where Ms C was injured, you said "by her heart." The Operator went on to say he would tell you how to stop the bleeding. You said "No I don't want to stop the bleeding. We want to die."*

*Throughout the call, in the background, your wife was crying out for "help".*

*You hung up the telephone. The operator telephoned back. You answered angrily "what?". You went on to explain that "she's been ill, she's come home, all she's gone is got on my nerves.... I've just burst. I've just gone."*

*Shortly afterwards, the operator called back, and you spoke again. You told the operator "I don't want nothing done now. I want to die. She wants to die." Again, your wife is in the background crying out for help.*

*At the same time as refusing assistance or direction to stop the bleeding you were repeatedly urging the ambulance service to hurry up and attend at your property. I accept Mr Gledhill's submissions to the jury in his closing address that your interaction with the emergency service was confused and demonstrates a lack of clarity in your thinking that night.*

*Following those calls, police officers and the London Ambulance Service went to your home. As is normal, they recorded the events using cameras worn on their uniforms. The officers were met at the door by you. The officers split up, going to both Ms C and you.*

*Ms C told the police “He’s hurt me”, that she could not breath and that “he stabbed me.” She explained that he said, “he’s had enough.” She said that she went to sleep, and she woke up “and he started.” Ms C also confirmed that you did not suffer from any mental health difficulties.*

*Whilst Ms C was treated upstairs, you were spoken to downstairs. You told the police “I’ve had enough” and “I just can’t stand no more.”*

*Ms C was recorded talking to the police whilst she was in hospital the next day. She explained that “he woke me up with the knife in my chest. Telling me he couldn’t take any more. It made him ill and then the knife went in. I was screaming for help.” She described you inflicting “little stabs” on her and expressed fear for you and described you as a lovely man.*

*You were arrested. You had not only stabbed your wife, but you had also stabbed yourself to your abdomen. You had caused yourself some internal injury and had to undergo surgical intervention.*

*Some days later you were interviewed by police. You were assisted by a solicitor. You chose, as is your right, to answer “no comment” to all the questions asked of you, rather than take the opportunity to put forward any account as to what had taken place.*

*You gave evidence to the jury. Your evidence as to your actions and intentions was not clear. You told the jury that you had woken to your wife uncontrollably screaming. That in spite of your efforts she would not quieten down and that you had gone downstairs to find a knife to try to scare her to quieten her. You told the jury you had no recollection after that point. You disputed any suggestion of aiming for any particular or significant part of your wife’s body.*

*I am driven to the conclusion that you were acting under considerable stress in the early hours of the 22<sup>nd</sup> September 2021. As your wife Ms C told the police you must have been as otherwise there is no sensible explanation for your conduct in attacking the person who you hold most dear. Whilst I cannot be sure that you were woken by your wife in the manner you suggested it is quite clear that you were overcome by the stress and responsibility of looking after your wife. In the early hours of the morning, when things often seem extremely bleak and hopeless you armed yourself with a knife. What you intended as a result of taking that knife into the bedroom is not clear. The jury’s verdict is that you were reckless as to whether you caused any injury to your wife from the use of that knife. They were not sure that you intended to cause her serious harm or kill her. Your phone call to the emergency services showed confusion on your behalf.*

### **3.12 Conversations held as part of the SAR**

**3.12.1 Conversation with Ms C on 6 January 2023.** Ms C indicated her willingness to participate in this SAR. Due to her frailty and blindness, a face-to-face meeting was held in her room in the residential care home in which she now lives. Ms C was accompanied by the Deputy Manager of the Home at her request, and it was clear there is a close and trusting relationship with her. Ms C is slightly built, well dressed, in a pale blue sparkly tracksuit, able to mobilise with help in finding her way around. She was anxious about the meeting and found it very distressing to discuss what had happened to her, being very tearful and unable to remember events clearly. The meeting was kept short to minimise her distress.

3.12.2 Ms C worked as a dressmaker most of her life in a factory in London. She enjoyed this work and continued to sew curtains for people after she retired. She did not have children. She described her marriage to Mr D as being long and very happy, that he was a good and kind man who worked very hard and had never harmed her in any way until the assault on 22 September 2021. She could not recall the hospital admissions clearly, or the reported black eye and bruising, but was adamant that the injuries were not inflicted by Mr D. She considered that the assault was a result of accumulated stress. He struggled with household tasks as he had not had to do them before, and he found the role as her carer difficult and overwhelming.

3.12.3 When asked whether anything could have been done to help the situation, Ms C agreed that it could but did not know what as he was a proud man and did not want help from others. They reduced the care package offered to one visit for money reasons.

3.12.4 Ms C has suffered a great deal of physical and emotional trauma. She understands that she is safe now and accepts that she cannot live at home. Mr D telephones her twice each day and has been to see her a few times for supervised visits away from other residents. Ms C says he is not comfortable in the Home and does not like her room (which she agreed was like a morgue,) and he cannot get there independently. There is no doubt that she continues to grieve the loss of her life partner and would welcome any opportunity to see more of him.

**3.13.1 Telephone meeting with AJ, family friend on 8 January 2023**

AJ has known Ms C and Mr D all her life as 'aunt and uncle'. AJ's mother has known them for over 60 years and she and her family remain very close although they live several miles away.

3.13.2 AJ was happy to participate this Review. She explained that Ms C and Mr D were a very close-knit couple, always together and very self-absorbed due to the lack of any close family of children of their own. They had high standards in their home and garden, and for each other, liking meals punctually and a clear routine. AJ described Ms C as 'wearing the trousers' in the marriage and that she 'would do whatever she wanted to do'.

3.13.3 AJ said she made several visits each week to support the couple.

3.13.4 AJ described an incident on Saturday 19<sup>th</sup> September 2021, (three days before Mr D assaulted Ms C in the early hours of 22 September 2021) She visited their home and found Ms C to be having a major panic attack. She sat with her for 3

hours trying to calm her, but an ambulance was called eventually. Ms C was not admitted to hospital from A and E but was treated with medication and Mr D returned home. According to AJ, the medication upset Ms C's stomach and caused 2 episodes of incontinence that night, requiring Mr D to do a considerable amount of cleaning up, which he found very stressful.

3.13.5 AJ stated that the couple had told several people about a suicide pact between them and that they intended to 'go together' when the time came. She believes that Mr D's assault on his wife and subsequent self-harm were an attempt to carry out this pact at a point where MR D felt overwhelmed and unable to continue. She describes him as a 'very proud man' who did not want to fail Ms C.

3.13.6 AJ continues to visit Mr D several times each week and does his cleaning and washing, though she feels he needs more help. He has a pacemaker and 'he has let himself go', only able to walk and manage independently with difficulty. She felt he needs residential care. Mr D remains devoted to his wife and 'idolises' her, experiencing a great sense of guilt and depression at the harm he caused her. He is only able to visit her if taken by car and finds it depressing to sit in her room with her.

3.13.7 In terms of this situation, AJ considers Mr D to be no threat to Ms C and that he would not attempt to harm her again. She would like to see the visiting restrictions to the Home eased so that Ms C and Mr D can sit in the lounge together, with the person who drove him present. In due course, she would like to see Mr D in the same Home as his wife.

**3.14.1 Conversation with Ms C's nephew, GA, on 8 January 2023.** Most of GA's involvement with his aunt and uncle has been after the incident. Ms C was one of 4 siblings, 2 girls and twin boys, all in contact with each other most of her life. In recent years, her siblings have developed dementia, or have become deaf, which has impeded contact. GA describes Ms C as the brightest of the family. He describes both Ms C and Mr D as being 'old school', meaning that they were set in their ways and did not like being dependent on others. Mr D believed it was his role to look after his wife until the end and was devastated that he could not do this. Both were clear that they did not want to go into residential care. He thinks Mr D was aware that this was a possibility and couldn't cope with the idea of losing her.

3.14.2 GA has talked with his aunt and uncle, and it is his view that his uncle 'snapped' after having to deal with recurrent 'water infections' which necessitated him helping her to the toilet several times each night and coping with the panic and confusion which accompanied some infections. He considers his uncle reacted to Ms C screaming in bed but did not intend to kill her, a view held on the grounds that he did not penetrate her body with the knife further than 1cm (although it did considerable damage) and that, as a butcher, he would have known how to kill her if that had been his intention.

3.14.3 Mr D and Ms C told GA that a suicide pact had not been made between them, although both had been clear that neither of them wanted to go on living without the other. GA was certain that Mr D had never harmed Ms C before.



3.14.4 GA was asked if there was anything had been missed in the care of his relatives by any organisation involved, or if anything could have been done differently. He did not think there was anything and that the care provided been good.

## **4. Analysis by Theme**

**4.1 Introduction.** The purpose of a SAR is to understand how a situation came about by gathering and considering information provided by the organisations involved and known to practitioners **at the time without the benefit of hindsight.** Examples of interventions and interplay between agencies are organised around themes designed to cover the issues raised in the Terms of Reference, an analysis will follow each theme referencing research, local and national strategies, and other Reviews, from which good practice and recommendations for improvement will be drawn. There is overlap between themes and some repetition is inevitable.

### **4.2 Domestic Abuse**

**4.2.1** On 6 September 2022 the jury at the Old Bailey *convicted* Mr D of Wounding, contrary to section 20 of the Offences Against the Person Act. The transcript of the Hearing (3.2) describes how, at 1.30 am on 22 September 2021 he stabbed Ms C several times in the chest whilst she was in bed and then stabbed himself, subsequently calling the Emergency Services. Mr D was sentenced to two years imprisonment, suspended for two years, together with a curfew for 3 months from 9pm to 7 am. There was also a ban on his living independently with his wife again. Several mitigating factors were considered by the Judge when sentencing Mr D, including his remorse, his previous 'impeccable good character,' his long and happy marriage to Ms C as testified by both Ms C and a family friend, and the 'considerable stress' he was under as sole carer for his ill wife. He had also spent several months in remand.

4.2.2 In commissioning a SAR, BSAB knew that Ms C experienced serious abuse in the form of a physical assault which caused serious physical and psychological harm. Ms C was vulnerable due to her frailty and health conditions and met the eligibility criteria for services under the Care Act 2014. Given that several health and care organisations were involved with meeting her needs, it is important to understand how the system worked together to safeguard her. Specifically, the SAR needs to understand whether there was evidence available to any organisation that there was a risk of abuse to Ms C in her situation and, if so, was it identified and acted upon according to policy and guidance.

4.2.3 The information available to this SAR includes a timeline of interventions by organisations involved the Court Hearing transcript and direct conversations with Ms C, her nephew, and a family friend. This information provides no evidence that domestic abuse was occurring, or was likely to occur, prior to the assault on 22 September 2021.

4.2.4 Bromley Healthcare made over 600 contacts with the couple during this time, mostly face to face, and identified no cause for concern with respect to abuse. Two incidents were noted which identified frustration and some anger from Mr D. Firstly, records show a potential suicide pact threat on 25 April 2021 when Mr D expressed frustration at a future change in care providers and said that when the current care package ended, 'we'll just overdose'. This statement was revisited by an Occupational Therapist on 4 May 2021 who found 'no mood concerns' or 'suicidal ideation'. On 13 September 2021, Mr D became agitated and shouted at Ms C, following her discharge from hospital and a change to her catheter care that he found challenging. He calmed down and apologised for raising his voice. Staff appear to have acted appropriately in handling the situation and left Ms C and Mr D eating dinner together. In both examples, Mr D's words were of concern to staff from Bromley Healthcare, but they assessed and de-escalated the situations appropriately. The staff team knew the couple well and could not have predicted that Ms C was at risk of a serious physical assault from these expressions of frustration by Mr D, although they were clearly examples of carer stress.

4.2.5 On 4 August 2021, Ms C was admitted to Kings College Hospital with a suspected UTI and blood sugar issues. She had a fever and was confused. Records are incomplete but it appears she had a black eye on arrival. On 19 September 2021, she was taken to A and E by ambulance with chest pain. Red marks, bruising and abrasion to neck area, were noted but not investigated. There is no evidence of any consideration that these injuries were signs of physical abuse or that safeguarding inquiries should be made.

4.2.6 'SafeLives' is a UK charity dedicated to ending domestic abuse. In October 2016, they published "Safe Later Lives: Older people and domestic abuse". (2) This report gives data showing that people over 60 experience domestic abuse, over 120,000 in 2016, although there may be differences in their experiences from younger people. For example, the perpetrator of abuse is more likely to be a current intimate partner, he/she is more likely to have a disability and is much less likely to talk about it, seek help or get out of the situation. The research suggests that because, so few older victims access domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people, an assumption which may encourage health professionals to link injuries, confusion, or depression to age related concerns rather than domestic abuse.

4.2.7 This is in keeping with the comment made by Kings College Hospital in reviewing their interventions. 'Ms C had on occasion a black eye and some bruising to neck -we paid no consideration to domestic abuse and assumed this was because of her visual impairment and accounts of her falling due to visual impairment.' Safe Lives call this 'Systematic Invisibility'.

4.2.8 "Safe Later Lives' raised that the concern that the 'potential for violence within a carer's relationship increases when the carer is an intimate partner or close relative.' Bromley Healthcare staff saw signs that Mr D was becoming increasingly frustrated with Ms C and the situation they both found themselves in. Similarly, another study revealed that one third of 220 family carer participants disclosed significant levels of abuse, and half reported some abusive behaviour. The risk of abuse is exacerbated for older people with health and mobility issues and adds

great complexity in that there are many, often hidden, forms of possible abuse and neglect. 'A hospital Independent Domestic Violence Adviser (IDVA) described how they were only able to recognise an abusive caring relationship in one case when the victim "kept coming into hospital with urinary tract infections because she was so dehydrated".

4.2.9 This is interesting as, during the Review Period, Ms C was taken to hospital on seven occasions, admitted on six of these, with suspected UTI and blood sugar issues. This was despite the frequent contacts by Bromley Healthcare Diabetic Service and District Nurses. Due to her dependency on her husband, Ms C was at risk of neglect from withholding food and drink, perhaps from a wish to reduce toilet visits. Ms C could also have been neglecting herself in this way.

4.2.10 This pattern of repeat admissions may have been an indicator that all was not well for Ms C at home. Kings College Hospital state that this did not meet the threshold for referral to the hospital's frequent attender forum for people over 65 years old. The criterion for this meeting is 4 admissions per month. Ms C was not admitted on this number of occasions in one month. She was however, admitted 3 times between 4 August and 19<sup>th</sup> September 2021.

4.2.11 The caring dynamic found in couples where one is presents specific challenges to services, who have to tailor responses to fit this particular presentation of abuse, which, as one of the IDVAs described, "is not as simple as the normal victim / perpetrator relationship because some of the work is about supporting the perpetrator to take some of the weight off them because they can become quite bitter about what has happened to their lives'.

4.2.12 In December 2016 Sunderland Safeguarding Adults Board (3) published a SAR concerning Tracy and Jack, a couple in their sixties. Tracy had a long history of mental ill health. An incident occurred in which Tracy was stabbed repeatedly in the chest using kitchen knives, causing very serious injury from which she eventually recovered. Jack cut himself on his wrists. It was shown that Tracy had made repeat allegations and calls for help with domestic abuse, but when investigated at the time, these had been attributed to her mental health and Jack's account had been accepted. The SAR identified that her mental health made her particularly vulnerable to coercive control. Carer concerns were not considered. Jack was arrested following this incident and received a prison sentence of 7 years for Assault with Intent. This SAR provides further evidence that domestic abuse does occur in older people, with some similarities to Ms C.

4.2.13 Ms C declined to make a personal statement during Mr D's court proceedings and made repeated statements of love and affection for her husband. The Court also transcript states that Police investigations supported Ms C's assertion that he 'never raised a hand to her 'during her 70 years of marriage. Ms C was very clear about this during the conversation held as part of this SAR and the view was endorsed further by AJ, family friend. It is possible that Ms C is unwilling to admit in public that she was being harmed, a position taken by many victims of domestic assaults of all ages but particularly so in a generation which believed it was not socially acceptable to discuss matters that occurred behind closed doors.' It was 'marriage for life until

death do us part. This is representative of the generational silence surrounding domestic abuse' (Safe Lives Report.)

4.2.14 Fortunately Ms C survived her injuries, although her life was changed forever, being placed in long term care away from her husband. However, deaths from domestic abuse in older people do happen. For example, a Domestic Homicide Review for Mrs Y, (4) a 79-year-old victim killed by her husband, states: 'Professionals in a range of capacities did not consider her (Mrs Y) to be at risk of domestic abuse due in part to her age'. As Age UK's Head of Safeguarding wrote in an article on improving support for older victims, "had the potential signs of domestic abuse been recognised and explored, then it may have been prevented". (5)

**4.2.15 Findings.** The information available does not support the hypothesis that domestic abuse occurred during Ms C and Mr D's long marriage prior to the incident on 22 September 2021 nor that Mr D was intentionally neglecting his wife by withholding fluids. However, the information available included indications of possible harm which warranted, but did not receive, investigation. Safeguarding Adults concerns were not considered at any point and all incidents were attributed to her ongoing health conditions.

4.2.16 Summary:

- Ms C had seven hospital admissions for UTI and blood sugar levels from November 2019 until September 2021, but the case did not reach the threshold for multi-disciplinary Frequent Attender forum.
- Ms C presented at hospital with unexplained injuries twice; a black eye on 4 August 2021 and abrasions and pain to her neck on 19 September 2021. There was no investigation or identification that these injuries were potential signs of domestic abuse.
- Mr D shouted at Ms C at home on 13 September 2021 out of frustration, but this was managed at the time.
- It is noted that the incidents in the last two bullet points above fell within 7 weeks of the stabbing at 1.30 on 22 September 2021 which shows a probable build-up of stress.

### **4.3 Carer Needs.**

4.3.1 The Analysis of Domestic Abuse has considered the role of carer with respect to domestic abuse. The available information makes it likely that carer stress made a significant contribution to the build-up of frustration experienced by Mr D over the months prior to the assault. As well as Ms C's serious health conditions and need for help with all activities of daily living, her friend emphasised her anxiety and panic attacks, which Mr D found hard to manage., Her nephew described her 'water infections' as causing confusion and sometimes fits of screaming, which he felt caused Mr D to 'snap' prior to his assault on her. The diagnosis of blindness in April 2021 exacerbated her dependency. Mr D was the sole carer for Ms C, and this was well known to the organisations who supported her. It was also known that Mr D had health problems. His own mobility was poor, and he had a heart condition for which he was hospitalised whilst awaiting trial.

4.3.2 It has long been recognised that people who are providing support to another person may need support themselves to continue with their caring role safely. Many individuals fail to recognise themselves as carers, particularly when a couple grow old together, as in this case, and find themselves providing significant amounts of care which they are not well equipped to provide.

4.3.3 Broomwood GP practice states: 'Ms C and the alleged perpetrator were well known to the clinicians at the surgery. Given her frailty and chronic disease she would be identified as a vulnerable adult. Her dependence on her alleged perpetrator was also highlighted as an indicator as he was at risk of carer strain. Further to this there were no other red flags of abuse or neglect identified within her notes'. The Practice did not identify Mr D as a carer although this was possible on their system.

4.3.4 The Care Act (2014) defines a carer as someone who 'provides or intends to provide care for another adult'. The Act recognises that carers may have needs for support and requires that the local authority carry out an assessment (Section 10.1) On 25 April 2021 Bromley Healthcare records an assessment: 'A review of Ms Cs needs was carried out, including a physiotherapist, to understand Ms Cs needs regarding once or twice daily support from Home Pathway. Mr D is supporting with meals and shopping (but needs handholds whilst outside) with private cleaner weekly. Ms C strip washes and declined bath assessment or equipment. Both upset to hear that Home Pathway is short term as Mr D feels they will not get stronger. Voiced concern 'why are things not stable and why do you people keep changing'. Also 'when this Home Pathway is finished, we'll just overdose'. Ms C said, 'don't say that she will report it'. Suicidal ideation documented'. At this point, Mr D appears to have seen the future as bleak, and he may have felt a lack of control and some dissatisfaction over the complexity and reliability of the services they depended on.

4.3.5 Oxleas was also aware in April 2021 of the caring relationship between Mr D and Ms C and suicidal ideation expressed by both around a diagnosis of blindness. Ms C found the assessment and review of her difficult and was irritable with staff. She rejected any possibility that she may have a mental health problem.

4.3.6 There are also two examples of frustration expressed by Mr D to District Nurses about services arriving late (9 March and 22 April 2021) or finding new aspects of the role challenging i.e., catheter care on 13 September 2021.

4.3.7 Ms C was provided with a short-term home care service from the Home Pathway Team, (Bromley Healthcare,) on discharge from hospital on 21 April 2021, towards the end of which a referral was made to the Integrated Care Team at Bromley Council Adult Social Care on 5 May 2021. A Joint Care Act Assessment of Ms C and Mr D's needs as carer was completed Ms C was assessed as needing two half hour visits every day. Mr D said it was a struggle to cope but he was happy to continue to support his wife and would find a care package helpful. He was aware that there would be a financial assessment and subsequent charge for his ongoing care and did not want the Home Pathways care to stop until the financial assessment has been completed. and it was kept in place for almost 3 weeks until it was completed on the 25 May 2021. They were assessed as full cost. The couple decided to reduce the care package to one 30-minute visit each day on the grounds

of affordability. This was very unfortunate as from then on, they received only half the support they were assessed to require, resulting in a greater burden on Mr D.

4.3.8 Family, friend, and Ms C herself have described Mr D as a proud man who refused to accept much help in caring for his wife. Her friend thinks Ms C would have been more receptive to help at home. Both rejected the idea of residential care. It is a concern that the care package was reduced by Mr D and Ms C for financial reasons. This was their choice as both had mental capacity to make this decision although it could be considered unwise as Mr D was already under stress from caring.

4.3.9 It is not known if the Integrated Care Team discussed the risks with them. There is no evidence that Bromley Healthcare or Oxleas shared their knowledge about MR D and MS C's suicidal ideation in April 2021 with the Integrated Care Team. It is assumed that the Integrated Care Team had no knowledge of these recent concerns when they assessed on 6 May 2021 and, as a result, the mental health aspect of their needs was not explored as part of their assessment.

4.3.10 When sentencing Mr D for his crime of wounding Ms C. The Judge stated 'It is quite clear that you were overcome by the stress and responsibility of looking after your wife. In the early hours of the morning, when things often seem extremely bleak and hopeless you armed yourself with a knife'. There was no evidence presented of any other factor motivating Mr D to harm or attempt to kill his wife.

**4.3.11 Findings** A Carers Assessment was carried out in accordance with the Care Act 2014 when the Integrated Care Team became involved at the end of the provision of short-term care by Bromley Healthcare. There is no evidence that any other organisation who knew about Mr D's caring role made any referral regarding his needs as a carer. This includes Kings College Hospital, Oxleas and Bromley Healthcare. In hindsight, the accumulation of stress on Mr D is evident and organisations did act to assess this and offer some help, which was declined. This is a great tragedy as services such as respite care and home support are known to ease the burden of caring.

4.3.12 Summary:

- Bromley Healthcare was aware that Mr D was stressed and frustrated at times in his caring role and had expressed suicidal thoughts when the Home Pathway service was ending. They assessed this further, but the couple rejected the idea that there may be mental health issues.
- The GP Practice knew Mr D was a carer but did not register this on their system
- Oxleas was aware that Ms C and Mr D had expressed suicidal ideation following Ms C's diagnosis of blindness.
- The Integrated Care Team complied with the Care Act 2014 in that it completed a carers assessment as part of their Joint assessment with Ms C. They record that Mr D found his role to be 'a struggle' but they had no information about the suicidal ideation or frustration with services and did not make any assessment of this issue.
- Mr D and Ms C declined the care package recommended, despite being assessed as being able to afford it. This resulted in greater strain arranged Mr D.

## **4.4 Safeguarding and Systems.**

4.4.1 The SAR needs to consider whether systems were in place at the time to identify any risk of abuse and whether there were any opportunities missed to intervene.

4.4.2 There was good communication and partnership work between the Home Pathways Team and Integrated Care Team. They contacted each other effectively and responded by ensuring that one domiciliary service took over from the other without any gaps which would have put Ms C at risk.

4.4.3 Communications from Kings College Hospital to community and specialist teams was inconsistent. Ward staff made an appropriate referral to Oxleas for a mental health assessment for Ms C in April 2021 when Ms C was diagnosed with blindness and expressed suicidal thoughts being expressed by both. The assessment was thorough and included a call to Mr D at home. Oxleas staff wanted to assess the risk further on Ms C's discharge, but the Ward failed to alert them when Ms C had left. Oxleas said this was not uncommon. Ward staff did notify the Bromley Healthcare District Nurses of her discharge.

4.4.4 Kings College Hospital did not investigate when Ms C presented with a black eye and subsequently with abrasions to her neck, indicating that their system and policy for identifying possible Safeguarding Adults concerns is not always followed by frontline practitioners. These were missed opportunities to ask Ms C about domestic abuse.

4.4.5 People experiencing domestic abuse may deny the cause of their injuries, especially older people, but it is essential that staff understand the many potential signs and are trained to ask about it. NICE Quality Standard One for Domestic Abuse (6) states 'People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion'. SafeLives highlights a lack of staff recognition of domestic abuse in older people, which is 'crucial given that disclosure of abuse is more likely if victims are offered repeated opportunities to do so. This is particularly the case for older people who are less likely to access services through self-referral. During our research, a hospital based Independent Domestic Abuse Adviser explained that as a frontline practitioner, "you're often sowing the seeds and it's the next time or the next time after that [that the victim will disclose abuse and ask for help]'

4.5.6 KCH noted in their IMR that they hold a regular multi-disciplinary Frequent Attender Forum for adults over 65 but Ms C did not meet the threshold to be considered at this.

**4.5.7 Findings** The information provided shows that each agency played its' part in managing Ms C's health and care needs as they presented, with some communication between them and referrals at appropriate points. Overall, practice and communication were satisfactory and, had this case not taken such a tragic turn, it is unlikely that any criticism or concerns would have arisen. It is unlikely that any

concern identified would have met Section 42 of the Care Act 2014 in terms of triggering safeguarding adults' systems without further evidence of a risk of abuse.

#### 4.5.8 Summary

- Satisfactory communication between agencies generally, with some gaps between hospital and community/specialist teams
- Absence of multi-disciplinary discussion about Ms C as an older person with significant and complex health needs
- No investigation of potential signs of domestic abuse in hospital
- Case did not reach threshold for multi-disciplinary Frequent Attender forum.

**4.6 1 Perceptions.** A SAR must consider whether factors such as age, ethnicity, religion, or socio-economic background have influenced the way in which the person was perceived, the way assessments of need were made, and services delivered. Ms C and Mr D were white, British citizens leading a reasonably affluent, conventional lifestyle and presented themselves as coping well, both personally and in terms of their organisation. The Police stated after attending for suspected fraud on 20 February 2020 and recorded that Ms C 'has the appearance of a 60-year-old and therefore this report does not meet the required standards for vulnerabilities.' It was also stated by Police that MS C's home was 'immaculate'. Ms C had fallen victim to a scam but realised this soon after and contacted the Police.

4.6.2 When asked by the Police about her domestic set up and care at home whilst they were investigating Mr D's crime in November 2021, Ms C confirmed that they managed well and paid people to come in to do the washing, ironing, cut the grass and cleaning. She said that a District Nurse came in daily for her insulin and a friend would do their food shopping from M&S and Mr D would cook their food'

**4.6.3 Findings** It is possible that practitioners making assessments of Ms C and Mr D made assumptions based on outward appearances that the couple were coping better than they were. However, organisations responded appropriately to their presenting needs at the time.

**4.7.1 Covid 19 Pandemic.** The period of lockdowns and restrictions put in place to control the spread of Covid 19 in the UK started on 26 March 2020 and continued until mid-September 2021, although there were changes to the restrictions and some were phased out during this time. This covers much of the period under Review. These restrictions did disrupt many health and social care services.

4.7.2 There is no evidence that the restrictions impacted on Ms C's services as her needs for face-to-face care from February 2021 were met by District Nursing and Home Pathways. Their records show a consistent pattern of frequent face to face visiting.

4.7.3 Bromley Healthcare's Diabetes Service had several face-to-face meetings and telephone contacts with Ms C between 6 November 2019 and 10 January 2020 (during which time she had 4 inpatient stays.) After that, telephone monitoring continued, which is standard practice for this service.



4.7.4 It is not known how the restrictions impacted on Ms C and Mr D's home life and relationship. The enforced isolation may have put pressure on their relationship, and they would have been reliant on others for shopping to a greater extent than usual but there is no evidence that it created significant problems.

4.7.5 it was acknowledged nationally that the inability to escape from an abuser and increased time spent together at home escalated the likelihood of domestic abuse occurring or worsening. The Census 2021 reports an increase in offences flagged as domestic abuse related during the pandemic and the Metropolitan Police Service received an increase in number of calls to domestic incidents following the lockdown.

**4.7.6 Findings.** The information available does not show how covid restrictions impacted on the services provided to Ms C and Mr D, or how it impacted on their relationship.

**4.7 Mental Capacity.** Many SARRS highlight issues around the individual's ability to make decisions relating to the health and well-being. In this case, there appears no reason to doubt Ms C's capacity so assessment under the Mental Capacity Act 2005 was not required.

4.8.1 Bromley Healthcare state that 'Ms C was felt to be capacitous and there were no concerns about her capacity on the whole'. There are references to her anxiety about her health and occasional episodes of confusion attributed to infections. On a Police Officer visit in November 2021 regarding a scam, records state that Ms C 'knew instantly that she had been scammed, she is elderly but very able and capable, does not have carers and her house is immaculate', The Oxleas Mental Health Team recorded no concerns about her capacity when assessing her in April 2021 following concerns about suicidal ideation.

## **5. Good Practice**

5.1 Appropriate referrals and communications between Kings College Hospital for mental health assessment and district nursing; between Home Pathways and Integrated Care Team.

5.2 Oxleas completed a Mental Health assessment of Ms C's suicidal ideation on Ward on April 2021, with telephone contact with Mr D and follow up at home.

5.3 Bromley Healthcare assessment and review of suicidal ideation expressed by Mr D by Occupational Therapist.

5.4 Bromley Healthcare made frequent visits to the home, all well documented.

5.5 Broomwood GP Practice implemented a practice led learning event held by the Independent Domestic Violence Advocate (IRIS) service after this case highlighted factors relating to Domestic Abuse of Older Person.

5.6 This learning event will also be shared with other GP Practice Leads within Bromley to highlight factors such as carer stress and ways to help identify this in a GP practice setting,

5.7 All organisations have participated fully in this SAR. The Residential Care Home was particularly helpful in the way the conversation with Ms C was facilitated and supported.

## **6. Recommendations to BSAB**

This was a very tragic case and the information available to practitioners at the time provided few indications that Ms C may be at risk of serious harm from her husband, a point endorsed fully by Ms C herself, family, and friends. It has been shown that assessments and offers of services were appropriate, and that the couple were resistant to offers of further support. This SAR has shone a light on how the system operated and has enabled some shortfalls in practice to be identified in hindsight. However, it seems unlikely these contributed significantly to the tragic outcome.

The following recommendations to learn from these events and improve practice to lessen the chances that similar events will occur in future.

### **6.1 Domestic Abuse**

It was noted in the analysis that the information available supports the conclusion that domestic abuse did not occur during Ms C and Mr D's long marriage until the incident on 22 September 2021. However, there were missed opportunities to investigate signs of potential abuse. The Domestic Abuse Strategy published by on the BSAB is an excellent intergenerational plan which identifies that older people do experience domestic abuse. Services are also in place with Bromley and Croydon Women's Aid who offer a service tailored specifically to women over 50. (7)

It does seem, however, that some practitioners may be missing signs of abuse in older people by not asking the right questions. The Safe Lives Report states that 'services must ensure that their professionals have "an understanding that the dynamics of domestic abuse of older people is different" and know "how to speak to people who are confused but still have capacity"'. Older victims may face specific issues in disclosing domestic abuse and practitioners, particularly hospital staff, lack the skills and knowledge to respond to it confidently.

**Multi-Agency Recommendation 1.** It is recommended that the Board ensures that the Policy Guidance 'Making Domestic Abuse Everyone's Business' (8) section on "Training for Individuals' (p 34) is actioned in terms of the proposed development of existing training to include the abuse of older adults by including specific guidance on how it may present.

**Multi-Agency Recommendation 2.** It is recommended to the Board that there is an Awareness Campaign on Domestic Abuse and Older People across Bromley Safeguarding Adults partner agencies. This should inform all practitioners of the

importance of identifying and exploring potential signs of domestic abuse in older people and how to access services available to them.

**Multi-Agency Recommendation 3.** It is also recommended that the Board take steps to raise public awareness of domestic abuse in older people and ensure that information is available in places accessed by older people e.g., GP practices; public transport; local shops.

## 6.2 Carers Needs

Mr D showed some signs of stress in terms of his caring role, but these did not indicate that he had reached the point at which he would 'snap' and stab his wife and then himself. This case illustrates how quickly a situation can change as both diabetic service and district nurses had visited only hours before the assault, with Ms C 'left comfortable with her husband'.

It was recognised in the analysis that the requirements of the Care Act 2014 were met as Bromley Integrated Care Team carried out, at the request of Bromley Healthcare, a Joint Assessment in April 2021 which included a basic carers assessment. However, other organisations, including the GP, did not register that additional support was required.

Bromley Council has established 'Bromley Well' (website) (9) as a single point of contact for unpaid carers and provides information about services available, including those to reduce stress and carer breaks. It also recommends registering with a GP as a carer.

**Multi-Agency Recommendation 4.** It is recommended that all practitioners are reminded of the need to identify informal carers, who often may not see themselves as such, and signpost to sources of support. make appropriate referrals for help using existing services.

**Multi-Agency Recommendation 5:** It is recommended that the Board take steps to raise public awareness of carers rights and services and ensure that information is provided in leaflet form and is available in places accessed by older people e.g., GP practices; public transport; local shops, pharmacies, community hubs, etc.

**Multi-Agency Recommendation 6;** It is recommended that practitioners are reminded to keep under review any situations in which very vulnerable people are dependent on each other. They need to be alert to any signs that a carer may not be coping and escalate if necessary.

**Single Agency Recommendation 7 for Primary Care:** It is recommended that all Primary Care Practices in Bromley ensure that practitioners make use of the systems available (IT and meetings) to identify and share information on paid carers so that all practitioners are aware of carers needs.

**Single Agency Recommendation 8 for Kings College Hospital:** It is recommended that practitioners receiving older patients for Emergency Care are

reminded of the need to make and record enquiries about any injury which could have resulted from domestic abuse.

**Single Agency Recommendation 9 for Kings College Hospital:** It is recommended that practitioners receiving older patients for Emergency Care are reminded of the need to exercise professional curiosity around home circumstances of a vulnerable person or one who is admitted repeatedly.

## 7. References

1. Terms of reference for Safeguarding Adults Review
2. [Safe Later Lives - Older people and domestic abuse.pdf \(safelives.org.uk\)](#)  
Spotlight Report published by SafeLives and written in collaboration with Age UK.  
October 2016
3. Sunderland SAR Tracy 12 December 2016 (SCIE SAR Library) [OverviewFinal-EXEC-SUM-12.12.16.pdf \(sunderlandsab.org.uk\)](#)
4. Domestic Homicide Review MRS Y Sunderland Partnership 2014  
[Domestic Homicide Review Executive Summary Mrs Y.pdf \(sunderland.gov.uk\)](#)
5. [Older people and domestic abuse - completing the jigsaw | SafeLives](#)
6. NICE Quality Guidance Domestic Violence and Abuse July 2018 [Overview | Domestic violence and abuse: multi-agency working | Guidance | NICE](#)
7. Never Too Late -Domestic Abuse Support for Women over 50 Living in Bromley - Bromley and Croydon Women's Aid
8. [Making Domestic Abuse Everyone's Business – an intergenerational domestic abuse strategy for 2021-2024](#) (London Borough of Bromley)
9. BromleyWell.org.uk [Home - Bromley Well](#)