

# **Safeguarding Adults Review concerning Mrs Q for Tower Hamlets Safeguarding Adults Board**

## **Introduction**

This report was commissioned by Tower Hamlets Safeguarding Adults Board to investigate the events leading to an elderly woman, Mrs Q, being left without personal care services for several days. Management reports were commissioned from all the agencies working with Mrs Q and a round table learning event took place in January 2017. Recommendations were agreed at this event and these are included in this report.

## **Background Information**

Mrs Q is a 75 year old white British woman who lived alone at the time of the incidents leading to the review in a first floor level access flat, reached via a lift. The flat had an adapted wet floor shower room.

Mrs Q has a relative who lives outside London and who has some contact with her. Mrs Q has an advocate, who is based in the community. Another person, Y, known to Mrs Q in the block of flats, evidently carried out her shopping and banking although there had been safeguarding concerns regarding this. Mrs Q refused to proceed with SGA investigations after concerns had been raised.

Mrs Q has a history of personal and domestic care support needs linked to her physical health, mobility, access and anxiety. There are longstanding issues around the maintenance of a clean and habitable home environment.

LBTH's Reablement service has been involved on a number of occasions to support Mrs Q's independence and wellbeing. This has had mixed success and it has been noted that she became anxious about completing her personal care and tasks around daily living. She could be verbally and

physically abusive to carers therefore two carers visited her. Mrs Q said this behaviour was due to feeling unwell.

Mrs Q has a number of physical health issues: congestive cardiac failure, atrial fibrillation, respiratory difficulties, hypertension, diabetes - type 2, arthritis in knees and shoulders. In December 2015 she had a total knee replacement. She had a history of diarrhoea and vomiting since this operation, which could not be relieved. On 23 March 2016 she was admitted to the Royal London Hospital with severe kidney injury and remained there for five weeks.

She also has had mental health problems. She expresses feelings of loneliness and had refused hospital discharge on more than one occasion due to wanting to be cared for.

#### **Agencies working with Mrs Q**

Reablement Team

Hospital Social Work Team

Community Psychiatric Nurse East London Foundation Trust

GP

Home Care Agency

Royal London Hospital

Admission Avoidance Team

#### **Events Leading to this Review**

After a period of 5 weeks in hospital Mrs Q was discharged on 26th April 2016. Prior to discharge she was seen by a psychologist to look at the issues of anxiety and reluctance to be at home. Despite the complex problems exhibited there was no discharge conference to ensure robust support arrangements were put in place. An initial plan to send her for rehabilitation appears to have been changed a week before her discharge.

The Reablement team did not have capacity to support her at home so commissioned an independent home care agency to provide her with a package of care under their supervision. This

was to be three visits a day. This agency sent in carers on the evening of the 26th April and all day on the 27<sup>th</sup> and 28<sup>th</sup>. On the morning of the 29<sup>th</sup> April Mrs Q called an ambulance and was taken to Accident and Emergency at the Royal London Hospital. Here she was examined and it was decided she did not require hospital admission. She was seen by the Admission Avoidance Team who felt that she was likely to return to the hospital due to her level of anxiety. The recommendation was that the Admission Avoidance team contact the social worker. There is no record that this was done and the social worker was not aware the Mrs Q had attended Accident and Emergency on 29th April, however the care package was suspended.

On the 29<sup>th</sup> April the care agency was unable to gain entry to Mrs Q. They contacted the hospital and were told that Mrs Q had arrived 10 minutes earlier. They report that they phoned the Brokerage Team to inform them of this but did not follow up by e-mail and have no record of the name of the person they spoke to. The Brokerage Team has no record of any communication from the care agency on this date. It is clear that the procedure for a failed visit was not followed. The Failed Visits Procedure requires the care agency to send the communication to the Assessment and Intervention Team who will then take the necessary action. It is acknowledged that it is very difficult to get through on this telephone line. It is reported callers may wait for up to an hour to speak to the team. This is clearly a bottleneck in the system.

Mrs Q returned home from Accident and Emergency on the afternoon of 29<sup>th</sup> April, having not been admitted. As the care package had been suspended she was at home with no home care visits. Y contacted the Police on 1<sup>st</sup> May as Y had been unable to get access to Mrs Q and was worried about her welfare.

The Police managed to get her to come to the door. She was in a slightly dishevelled state and said she had not heard the phone. The Police officers found it was not charged up and was on silent. They charged it up and put in on loud ring tone. They called the London Ambulance Service who attended. The LAS reported that Mrs Q showed no sign of illness or injury. The Care Plan in Mrs Q's home indicated that she received care on Monday, Wednesday and Friday. It would appear that this had not been updated for some time. 1<sup>st</sup> May was a Sunday so the Police and Ambulance service would have assumed that a carer would call next day. The Police noted that she had had very little to eat and drink and had not taken her medication. They ensured she had adequate food in the cupboard and fridge and left her with her informal carer. They filled in a notification for Tower Hamlets Social Services on 1 May.

2<sup>nd</sup> May was a Bank Holiday and the referral was not picked up by the Multi Agency Safeguarding Hub until 4<sup>th</sup> May.

On the 3<sup>rd</sup> May the Neighbourhood Housing Officer contacted Adults Services. She was concerned that Mrs Q was not receiving care following her return for hospital. She was advised to contact the Reablement team but as this was after 5pm this was not picked up by the Reablement team until the morning of the 4<sup>th</sup> May.

On 4<sup>th</sup> May the Reablement team contacted Mrs Q who said she was receiving care morning and evening and is able to get to the bathroom independently. She said she was eating better. The home

care service was reinstated. The Reablement Service visited Mrs Q that morning and found her to have been incontinent. They did the laundry. Mrs Q said she had been eating the food previously purchased. There was plenty of food in the flat but the medication from the hospital was in 2 bags since her discharge from hospital on 26 April. None had been taken.

The GP was contacted and said she would not visit until the following week and would order a new Dosette box. Mrs Q's skin was reddened due to incontinence and the GP was asked to check on this and also told that the vomiting she had suffered from for months was still occurring. The GP was not specifically asked to visit.

### **Summary**

There were several occasions where better communication would have avoided Mrs Q being left without services. Adherence to the Failed Visits Procedure would also have avoided this situation. The following recommendations should ensure that communication improves.

## **Recommendations**

### **Hospital Discharge**

- In complex cases, particularly where there has been a long stay in hospital there should be a multi –agency pre-discharge planning meeting for Vulnerable Adults. This should ensure all necessary arrangements are in place including care at home and medication

### **No Response Procedure**

- No response protocol to be reviewed to ensure a prompt professional response is put in place without too many hand offs
- Social Workers should be the only ones who contact Brokerage and close a care package. The care agency should not do this.
- Care agencies should always visit unless the care package has been suspended by Social Worker/ Brokerage

### **Tower Hamlets Council**

- Tower Hamlets Council to review the service of 020 7364 - 5005 number and have an efficient system in place for partner organisations to contact the Council
- There should be a wider dissemination to partners and agencies to clarify the arrangements for out of hours Social Care services
- Social Work Staff to be clear in communication with GPs particularly when requesting them to visit
- Welfare checks need to be recorded in detail by Social Worker

### **Care Agencies**

- All communication is to be recorded appropriately

### **Royal London Hospital**

- The Admission Avoidance team should improve communication with Social Care services either directly to allocated social workers or to social workers working in Accident and Emergency

### **Metropolitan Police**

- The Metropolitan Police to review weekend cover within the Tower Hamlets MASH with a view to minimising the number of reports requiring review on Monday or Tuesday morning on a bank holiday weekend.