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Background

Adult G had dementia and was living at home with her husband, supported by a care package. G was admitted to a residential care home in September 2018 as an emergency placement following concerns about her safety at home and the care that she was receiving from her husband. She had significant injuries and bruising.

G died shortly after being placed in the residential setting. Her cause of death was cardiac arrest.



CWMPAS 5 2019

Extended Adult Practice Review



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The Carer

G's husband was doing his best to care for her, and despite struggling with this, felt it was his duty. It is evident that he provided practical support to his wife on some occasions without support, such as transfers within the home.

Numerous concerns were raised by G's husband about the quality of care being provided to G by domiciliary care services in the home, both in terms of unreliability and understanding of G's support needs as an older person with dementia. He stated that the carers were not always on time and did not always do what they were supposed to do, as well as citing poor communication issues with both him and his wife.

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Practice and Organisational Learning Continued

- An Adult Protection Care and Support Plan should include specific risk reducing practices, roles and responsibilities of all parties whilst reflecting the wishes of the adult at risk and carer, if appropriate.
- Multi-agency reviews should be regular to ensure effective care.
- Consideration must be given to advocacy at the first sign of dispute or conflict, and advocacy referral pathways embedded into practice.
- Where there are concerns about injuries to a person, and the person lacks the capacity to tell people what has happened, and does not have the capacity to consent to medical intervention, due consideration needs to be given to a medical assessment as soon as possible.

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Communication and Client/Family Voice

The providers and family raised concerns about each other without resolution on several occasions, and there were missed opportunities to mediate and agree solutions which might have improved outcomes for G.

G and her husband did not appear to be fully engaged in decision-making. For example, G liked to move freely in her double bed and by providing a specialist bed, her husband felt this would take away what little autonomy she had left. There is no evidence this view was shared with the professionals who were assessing.

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Practice and Organisational Learning

- The principles of the Mental Capacity Act must be at the centre of care if the person is assessed as lacking capacity, including the use of language of dignity and respect.
- A multi-agency response is key to service users with complex needs, in respect of capturing their views and conducting reviews of plans in place.
- Commissioners should review training for carers working with those who have complex needs and dementia.
- Where several safeguarding concerns have been raised, the outcome of any s126 enquiry should be mindful of previous concerns raised, and seek to engage the referrer further to improve outcomes for the individual.

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Identified Good Practice

- Referrals were made regularly to the LA in respect of G.
- Carers' Assessments were undertaken with G's husband, and options of support discussed with him, as well as increasing the care package when this was necessary.
- G's husband was offered respite, although it is not clear if this offer was taken up.
- There was clear evidence of timely intervention in respect of concerns raised.

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Complex Needs

The review identified a need to prioritise reviews in respect of service users with complex needs, and to ensure that these capture family views as well as the expertise of relevant professionals, such as the social worker and occupational therapist.

Good quality training is also integral to effectively supporting individuals with complex needs. G's husband cited examples of good quality care provided by a previous care agency, where staff used techniques such as singing to calm and distract G when she became upset or agitated.