STOCKPORT SAFEGUARDING ADULTS BOARD

01 Background

Ann died in September 2017 in Stepping Hill Hospital, aged 77 years. The cause of death was Sepsis and bronchopneumonia.

Ann moved into residential care in 2000 due to her mental health deteriorating, during this time she remained fairly independent. Ann lived for a cigarette and a cup of tea and whilst in residential care she started to spend time in her room and would not go and speak to people.

Ann had a diagnosis of Chronic Schizophrenia. She suffered from several issues, including self-neglect, which was linked to her mental ill health. She had fixed ideas and delusional beliefs, and her symptoms related to this included paranoia around drinking water being poisoned.

Ann had daily rituals that included sprinkling urine around the room and over herself as she believed it acted as a protective measure. In the last few months of her life her level of self-neglect increased, and she started to smear faeces around the walls of her room.

02 Safeguarding Concerns

On occasions, compliance with medications and other treatment was compromised and Ann would refuse treatment. Ann would present Self neglect behaviours which would impact on her personal hygiene.

Care staff would encourage to support Ann with bathing and showering, which on occasions would lead to threatening and confrontational behaviour, both physical and verbal to both residents and care staff.

At times, Ann was extravagantly psychotic, and this manifested itself in delusional beliefs, in which she would present rituals involving excreting and urinating in the home.

Ann would refuse to attend or accept medical tests, interventions such like scans and this would cause great concern to staff.

Ann's emotional behaviour would fluctuate and care staff would at times struggle to engage to support Ann.

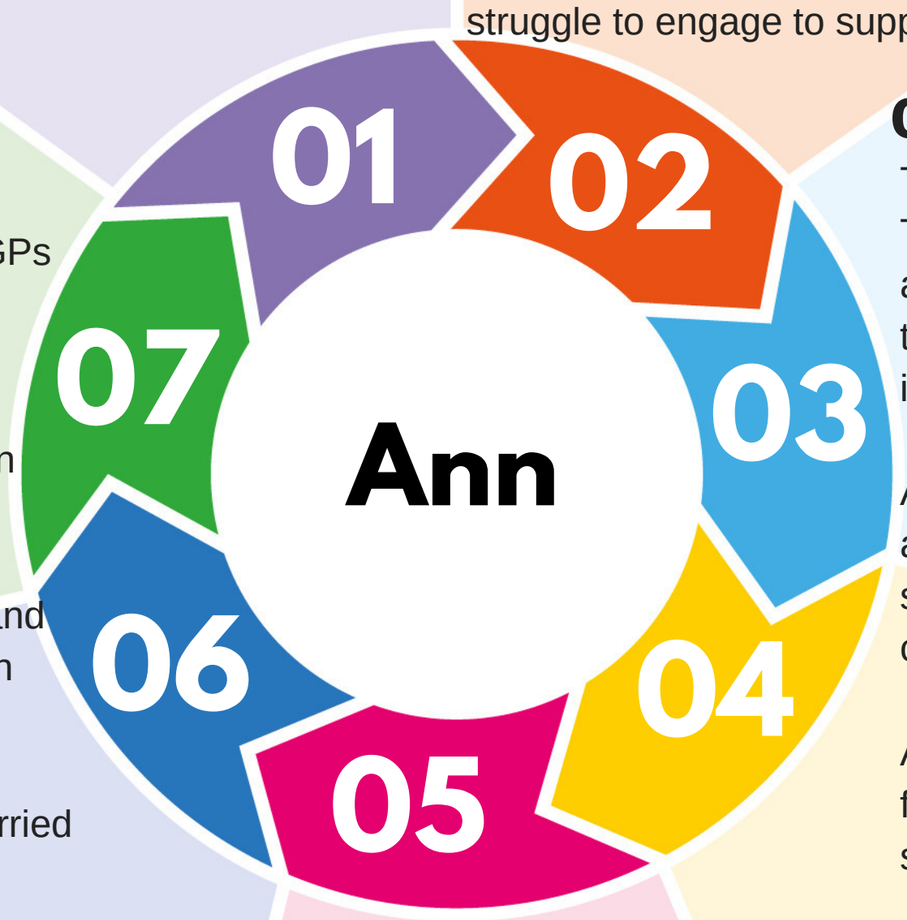
03 Placement

The Care Home provides care for up to 14 adults. The home was last inspected February 2017 with an overall rating of good. The CQC report states the service was well-led, although further improvements were required.

Accommodation is provided on three floors, accessible by two stair lifts. There are twelve single bedrooms and two bedrooms that have the capacity to be used as shared rooms.

Ann occupied a bedroom on the lower ground floor. The room had a sink and Ann had the shared use of a bathroom and lavatory.

The home has a lounge/dining room and a conservatory which is currently used as a smoking area as well as an outside garden to the rear of the property.



04 Findings

Ann was a resident at the care home since 2000 and she was happy there, she regarded it as her home. In February 2007, Ann was referred to the Older People's Mental Health Services based in Stockport.

Ann would frequently decline to see a GP. However, arrangements were in place for GP's to undertake a 'virtual' round of the care home. There was limited face to face contact between Ann and her GP.

Non-compliance of prescribed antipsychotic medication, which later resulted in a decline of Ann's mental health.

05 Findings continued

During the 14 years that Ann was open to the Community Mental Health Team she was visited by 13 different CPN's.

She had a history of self neglect and believed food and drink was contaminated.

Staff appeared to tolerate Ann's actions and developed strategies to work around her unusual behaviour such as waiting while she was out to enter and clean her room.

There were two missed opportunities for professionals from two different agencies to share information, which would have led to the care homes concerns being escalated.

06 Further Findings

There were references for the need to consider a DOLS and 'Best Interest' meeting which suggests concerns Ann may have lacked capacity. However, no record of any mental capacity assessments.

No direct concerns relating to Ann were raised with Adult Safeguarding Quality Service (ASQS) either by the home manager or other visiting professionals.

Three safeguarding alerts were raised with Adult Social Care (ASC) at level 4/5 concerning events at the care home. One of these was made by NWAS in respect of following Ann's most recent admission to hospital. The other two referrals related to other residents.

The Care Home did not appreciate that the Adults Safeguarding process could have been used as a way of escalating any concerns.

Ann was found in a collapsed state in her bedroom at the care home. An ambulance was called and she was admitted to Stepping Hill Hospital.

07 Learning

- .Information sharing is key.
- Consistency and continuity of workers is imnportant.
- Face to face engagement with residents and GPs can influence a formal assessment by the GP.
- Clear and explicit written records will assist communications between staff and agencies.
- A multi-agency approach ensures a robust plan that can be shared and understoood by all agencies.
- To understand the urgency of a caller's need and ensure appropriate and timely responses are in place.
- Before moving to 'Best Interests' or DOLS, a capacity meetings, an assessment must be carried out and recorded in line with MCA 2005.
- Staff to have a good understanding of the safeguarding processes and to escalate concerns, including the use of Stockport Adult Social Care Safeguarding Referral Process.

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Safeguarding Adults in Stockport