

Practitioner Learning Brief

Safeguarding Adults

Review (SAR): Ben

Background

- Young British man in his early twenties, who had care and support needs and was dependent upon others to live.
- Lived with his mother and younger brothers, who all had their own care and support needs.
- During 2020, the first year of the COVID-19 pandemic, agencies had found it increasingly difficult to access his home to provide care.
- In February 2021, taken to hospital in a car by his mother, and was pronounced dead on arrival to hospital.

- 5 visits to hospital
- 5 safeguarding concerns raised
- 1 S42 enquiry commenced

September 2017 – December 2018

During this period Ben turned 18 but did not immediately transfer from child to adult Continuing Health Care (CHC)[1] services; plans were in place for his schooling to continue until he was 21 and for the child hospice respite care to continue until he was 19.

In the early part of the year, concerns were noted regarding Ben's mother not using his Bilevel Positive Airway Pressure (BiPAP) machine to test for sleep apnoea, and concerns were raised by carers about the poor environment as Ben was sleeping in a hot room, the house was cluttered and not very clean (these environmental concerns were further raised by a nurse visiting the home in September 2018). It was also reported (by carers) that Ben's mother was not letting carers into the home. The school also raised a safeguarding concern about Ben not being able to get to school as his mother had injured her hand. CHC commenced funding of care from October 2018, with a care plan requirement to reposition Ben every 2-4 hours (day and night), 2 Packages of Care (PoC) commenced, one providing 5 nights per week (increased from twice weekly) and second providing 2 visits per day (when Ben was not in school).

[1] Continuing Health Care (CHC) is a service now provided by All Age Continuing Care (AACC)

January – December 2019

In the earlier part of the year, safeguarding concerns around neglect were raised against one of the healthcare providers and following an altercation between Ben's mother and the carers, Ben's mother stopped the PoC. Concerns about the cancellation of care were raised by the healthcare provider, and Mid Essex Clinical Commissioning Group (CCG)[1] requested an urgent review of Ben's care needs via Provide. Provide requested a change of care provider, but no changes were made. The Community nurse raised a safeguarding concern regarding the healthcare providers behaviour, which was discussed by the Provide team and Ben was seen at the GP Practice where he was prescribed antibiotics. A new healthcare provider also began providing day care during this time.

In April, Ben had a new Percutaneous Endoscopic Gastrostomy (PEG) tube fitted and attended Hospital (due to bleeding since the fitting) where he received treatment and was discharged the following day. A second healthcare provider also commenced PoC and in late May, Ben was prescribed antibiotics for cellulitis following a GP visit (to home). Ben was taken to Hospital with head and facial injuries, having had 4 seizures, and Ben's mother reported him having significantly more seizures than usual (plus stated he had red marks on his forehead on returning from college). The incident was discussed at a Provide MDT with no further action taken.

During this time, Ben's mother declined an agency carer, Ben finished college, and a safeguarding concern was raised by a provider agency carer (reporting another carer asleep on duty). In the latter part of the year, Ben started at a day care centre, attending 2 days per week with 1:1 support and was taken to a nursing home for respite care to allow for the housing association to complete major adaptations to his home. He returned home and a PoC was recommended (in addition to the day care centre) however, shortly before Christmas a safeguarding concern was raised by one of the healthcare providers after Ben's mother reported seeing (via CCTV) a carer asleep on night duty again (second incident reported). On Christmas day, Ben attended Hospital after his mother complained she couldn't find the medication on his treatment plan (there was no follow up by the GP by the hospital).

[1] Integrated Care Boards (ICBs) replaced Clinical Commissioning Groups (CCGs) in the NHS in England from 1 July 2022.

January – September 2020

During this period, Ben was reviewed by the Hospital (neurology) and was noted to have increased seizures; his treatment was left unchanged with a review scheduled for 6 months' time. After this he was admitted to Hospital due to increased seizure activity, discharged back home three days later and was prescribed antibiotics for impetigo following a GP assessment (over the telephone). Due to the Covid-19 pandemic and lockdown, Ben's mother cancelled all PoC, stating the day care centre continued to support Ben; however, she did agree for Personal Protective Equipment (PPE) to be delivered.

At the start of August, the family were still shielding due to the COVID-19 pandemic, with Ben's mother declining the restart of a PoC, saying they were being supported by the day care centre and she was in regular contact with her support network. The day care centre re-opened, but Ben did not return. Following a review of the PEG site by the Dietician (via photograph) it was identified that the site was in poor condition and Ben's mother was advised that a referral to a Fresenius-Kabi Nurse was required to support/treat this. However, due to (Ben's mothers) concerns around risk of COVID-19, the nurse visited outside the house, viewed Ben's PEG site through a window and identified it was unclean. Advice was given regarding dressings/cleaning of the site, and the Dietician wrote a letter of concern to the GP requesting an urgent referral to social care; this was actioned (by GP) early in October.

October – December 2020

During this period, Ben's mothers' refusal to allow carers/health professionals into the home for at least 6 months was discussed at the Provide MDT and the community matron tried to visit but was refused entry to the home. Ben's mother also reported that Ben had a foot wound receiving a pair of foam boots and sachets of barrier cream, delivered by Chelmsford Integrated Care Team (ICT) to treat this. Nurses also visited and saw Ben through a window, identifying an infection at his PEG site. Antibiotics and specialist silver dressings were prescribed by the GP and a wound swab was taken to the home for Ben's mother to swab the site. During December, Ben's mother continued to refuse access, and a safeguarding concern was raised with Essex County Council Adult Social Care (ECC ASC) by the Dietician, regarding the refusal of access and an elevated level of concern about Ben's health.

A Section 42 enquiry commenced, with a recommendation for a joint visit by health and social care. The CHC team also offered Ben's mother support (as she had refused entry to the Fresenius team) however, she declined (due to COVID-19 risk). She stated that a nurse continued to visit to support with Ben's PEG, that she would contact CHC if the situation changed, and that the day care centre was still supporting the family (however this closed again before Christmas due to another lockdown). In late December, the Chelmsford ICT visited to collect a wound swab of the PEG site following which the GP issued a course of antibiotics at the end of December. A further CHC welfare check was made with Ben's mother, with a response that all was 'ok'.

January – February 2021

During the first week of January 2021, ASC contacted the CHC team regarding the safeguarding investigation, exchanging emails regarding what investigations had taken place. A further CHC welfare call was then made to Ben's mother, with no issues identified. In early February 2021, Ben was taken to hospital in a car by his mother, where he was pronounced dead on arrival. The coroner recorded the cause of death as being due to natural causes:

- I(a) Bronchopneumonia and Osteomyelitis
- I(b) Severe Neurological Disability

7 areas for improvement that were identified:

1. Undertake an All-Age Continuing Care (AACC) audit of highest risk individuals to check mental capacity assessments (Integrated Care Board - ICB). Clinical safeguarding supervision within the ICB to be documented in AACC records.
2. Review how the AACC access capacity of informal carers (ICB).
3. All agencies working with adults being cared for in their own homes (by informal carers) must embed the learning from Safe Care at Home Review and provide assurance to ESAB.
4. Review how it delegates responsibility for safeguarding investigations and what measures are in place to scrutinise those undertaking the work (ECC ASC).
5. Commit to providing staff with training and access to legal advice (AACC Team, Provide Community Health Service, MSE Trust, ASC), and report back completion and impact of the training to ESAB. Report to be shared with Essex County Council (ECC) Children's Services.
6. Ensure that the learning from COVID-19 pandemic (staffing within the community) is embedded within strategic plan (ICB). Also provide assurance to ESAB those with high-level need will be prioritised to be equal with those being admitted to hospital.
7. Demonstrate how NHSE guidance on sleep apnoea is being embedded within the AACC policies and practice (ICB).

Good Practice

- Provide ICT knew Ben well and were flexible in working with his mother.
- The day care centre worked well to support the family to get shopping during the pandemic.
- The dietician recognised the risks to Ben and acted upon their concerns.

