NHS
Central London
Community Healthcare
NHS Trust

Mrs N -No Access

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Background

Mrs N was an 84 year old lady with late- stage **Alzheimer's disease** who was on an **end of life care plan**.

Mrs N lived with her husband (a retired medical professional) and a son and daughter in law (also a medical professional). Following a GP home visit to discuss moving and handling concerns, a skin assessment identified Mrs N had multiple pressure ulcers (PU). The NOK advised they had been treating the PU for 6/52. The GP then refereed Mrs N to DNs & TVN.

[WALSALL =22 MUST =0 (bariatric patient) Safeguarding PUP =5]

The NOK reported they were concerned about Mrs N being at risk of Covid 19 and **declined the DN service,** advising they would redress Mrs N's wounds and provide 24 hour care to her. The DNs contacted the family on several occasions to offer support and wound care but were advised the PUs were healing.

When Mrs N was admitted to hospital she was assessed as having **significant tissue damage** i.e. cat 3 & 4 pressure ulcers and sepsis.. Mrs N sadly died during this hospital admission.

2

Care and/or service delivery problems include:

Previous concerns around alleged neglect in 2017 and 2019 recorded in notes but not investigated as safeguarding concerns. These were not considered in this new episode of care .

Covid -19: March 20 Government had not introduced the Coronavirus Act. Increase in refusal of social and health care by patients/families /care homes due to fear of infection.

Mrs N's voice is not heard. Although she had Alzheimer's and did not speak English, there is no record of attempts to use an interpreter. Mrs N's husband apparently had **Lasting Power of Attorney** but this was **not seen or checked**

3

Challenges:

The on-set of the COVID-19 pandemic in March 2020 had unprecedented impact on staffing levels due to staff illness or self-isolation. This led to **an increased use of agency staff and also workload** for all staff. During this time the DNs were **working more remotely /virtually** meaning reduced opportunities for information sharing and peer reflection & supervision. Another issue identified was that agency staff were **unable to upload records** to System One and their handwritten records had to be uploaded by administration staff as documents.

The refusal of services by the family reported to be due to fear of COVID-19 infection was **not challenged** by CLCH staff as there was an **assumption** that the family had Mrs N's best interest at heart and that two family members were doctors so able to meet her care needs.

4

Communication of safeguarding concern

A datix and review of the safeguarding **PUP tool** were not submitted after the family refused access. This would have triggered a safeguarding referral and MDT The CLCH No Access Policy was not considered in this instance.

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Mental capacity

It was recorded in the electronic notes that Mrs N y had previously had mental capacity for limited care decisions. However, given that Mrs N's Alzheimer's was progressive a **mental capacity assessment** should have been undertaken to determine whether Mrs N had capacity to make decisions in relation to her care.

An **interpreter** would have been required to facilitate this without bias.

Mrs N's husband reported that he had LPA and it was assumed that he had authority to make decisions. A check should have been made contemporaneously. Checks retrospectively revealed that the LPA was for Property and Finance only

A multidisciplinary Best Interest Decisions meeting should have been convened.

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Over-optimism and trust

Mrs N's needs should have been kept **central to all decisions**, and assumptions of ability to care should not be made just because relatives are health professionals.

Any history of low level neglect and/or non-compliance should be considered as part of the risk assessment that ensures compliance with care plans.

Staff **must** follow **escalation** processes and consider the need for a multiagency meeting to be convened to ensure that all professionals involved are **curious**, aware of the risks and share oversight of the risk management plan.

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Supervision during periods of crisis

There is a need for contingency plans during periods of crisis to focus on effective supervision of staff, including agency staff.

Recording systems for agency staff need to be improved to enable safeguarding concerns and patterns of non-compliance to be easily identified.

Electronic record systems should enable safeguarding concerns and carers not complying with medical advice to be automatically flagged for analysis by a senior member of staff.