RedSnapper Group

Safeguarding Adults Review commissioned by the Royal Greenwich Safeguarding Adults Board

Mr C

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Independent Overview Report Writer

July 2019

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1. Introduction

1.1. Overview of the circumstances that led to this review

1.1.1 On the 17th February 2016 Mr C was taken to Hospital in London in a critical condition. He had been residing at a care home in Greenwich and had fallen twice on the 17th February, after the second fall an Ambulance was called as Mr C had become unresponsive.

1.1.2. On the 17th February doctors at the Hospital confirmed to Mr C's family that he had suffered irreparable brain damage and he subsequently passed away on the 22nd February 2016

1.1.3. Mr C had a diagnosis of Parkinson's Disease and Dementia and was previously cared for at home by his wife (who was his primary carer) and his family. In the six months before his referral into residential care his behaviour and condition deteriorated to such an extent that it was difficult for his family to care for him at home.

1.1.4. Prior to Mr C's admission to the care home he had stayed at a number of care homes for respite care over the preceding few years. He went to stay at the host authority care home (X) on the 5th February 2016 for a period of respite.

1.1.5. Having conveyed Mr C to Hospital on the 17th February, the London Ambulance Service reported a Safeguarding concern to the host local authority regarding Care

Home X, they were concerned about the level of care that Mr C had received at the Care Home.

1.2. Statutory duty to conduct an Adult Safeguarding Review

1.2.1. Section 44 of the Care Act 2014 places a statutory requirement on The Royal Borough of Greenwich Safeguarding Adults Board to arrange a Safeguarding Adults Review where:

a] An adult with care and support needs has died and the Local Safeguarding Adults Board knows or suspects that the death resulted from abuse or neglect, or an adult is still alive and the Local Safeguarding Adults Board knows or suspects they have experienced serious abuse or neglect, and

b] There is reasonable concern about how the Board, its members or others worked together to safeguard the adult(s)

1.2.2. Board members must co-operate in and contribute to the review with a view to identifying the lessons to be learnt and applying those lessons in the future. The purpose is not to allocate blame or responsibility, but to identify ways of improving how agencies work, singly and together, to help and protect adults with care and support needs who are at risk of abuse and neglect, including self-neglect, and are unable to protect themselves.

1.3. Royal Borough of Greenwich Adult Safeguarding Board's decision to conduct a review

1.3.1. On the 23rd February 2016 a local authority Strategy Meeting was convened to consider the information received from the Ambulance Service and the fact that Mr C had passed away. As part of this process Mr C's daughter was contacted and she confirmed that she wanted the matter investigated. Subsequent strategy discussions reviewed the inconsistences in information sent from the Care Home and the Ambulance Service and determined that a Safeguarding Investigation was necessary (see 1.5 below). As a result of the Safeguarding Investigation the matter was referred for consideration of a Safeguarding Adult Review, which was deemed necessary by the local Adult Safeguarding Board.

1.4. Terms of reference for the Review

1.4.1. Following an initial set up meeting on the 16th February 2018 the following terms of reference were agreed;

1.4.2. Overarching aim and principles of the Safeguarding Adult Review – These are set out in section 2.10 of the London Multi-Agency Adults Policy and Procedures. All Royal Borough of Greenwich Safeguarding Adults Board members and organisations involved in the Safeguarding Adult Review, and all panel members, agree to work to these aims and underpinning principles. This Safeguarding Adult Review is about identifying the lessons to be learned across the partnership and not about

establishing blame or culpability. In doing so, the Safeguarding Adult Review will take a broad approach to identifying causation and will reflect the current realities or practice.

1.4.3. Specific areas of enquiry and time period – This review will look at the time period from April 2014 when Mr C first came into contact with the placing local authority through to his death on the 22nd February 2016. The review will concentrate on two specific areas those being the time period from April 2014 until February 5th 2016 when Mr C lived at home and came under the care of the placing authority. Followed by the time period from Mr C's admission to Care Home X on the 5th February 2016 until his death on the 22nd February 2016, during this time period Mr C was under the care of the host local authority. The following factors were identified for particular focus

i. How agencies worked together in terms of inter-agency communication and whole system care coordination
ii. The pressure on Mr C's family and the professionals understanding of this
iii. The impact of Mr C's family jointly funding his care.
iv. The support given to Mr C and his family in finding suitable accommodation when his family were no longer able to care for him at home

1.5. Other Investigations

1.5.1. The host local authority undertook a Safeguarding enquiry into the death of Mr C. in relation to concerns of Neglect and acts of omission. The enquiry found the following

i. Mr C sustained an unwitnessed fall whilst he was on one to one observation.
ii. Mr C sustained a fall that was witnesses by a member of staff at Care Home X but this was not recorded or responded to.
iii. Mr C's case notes and records relating to observations and his care were altered. They were substandard and were not a true record of the care and support he received.
iv. There was no evidence of medication errors and mistakes being recorded or investigated by care home staff.

In respect of this enquiry the host local authority instigated a review of all care and safeguarding concerns with Care Home X. Former staff from the home who were involved in this safeguarding matter have also been investigated by the Nursing and Midwifery Council

1.5.2. The Metropolitan Police also carried out an investigation into Mr C's death which commenced on the 10th December 2016. The investigation examined possible offences under S.127 Mental Capacity Act 2005 (Ill treatment) and S.20 Criminal

Justice and Courts Act 2015 (Ill treatment or Neglect). The investigation took into account the agency investigations that had already taken place, information from the coroner's officer, medical records, care home documentation and statements from staff at the care home, ambulance service and family members.
The Police investigation concluded on the 10th October 2017 where it was concluded that the investigation had not found evidence that reached the threshold for criminal neglect or ill-treatment by Care Home X or staff and the investigation was closed with no further police action.

1.5.3. The Care Quality Commission also carried out a fact-finding investigation between the 29th and 31st March 2016. This was primarily to establish if there were any issues within the care home that could affect the users. Their conclusion was that there were no acts or admissions to suggest a breach of regulations and their investigator recommended that there was no cause for a criminal investigation in line with the 'Work Related Death Protocols'.

1.5.4. Care Home X completed their own investigation into events in February 2016, the conclusion was that Mr C did have a fall earlier in the day prior to the one that caused the main injury. They concluded that the earlier fall was not documented nor was Mr C checked over for injuries. However, in the earlier fall Mr C did not hit his head and this would have had no impact on the outcome of the second fall.

1.5.5. An inquest was held into Mr C's death on the 19th and 20th April and again on the 17th May 2018. After taking evidence from the investigating officer, family and staff the coroner found that Mr C had died from 'Natural causes to which an accident contributed'

2. The Review Methodology

2.1 The review model

The approach recommended by the overview writer and chosen by the review panel was as follows:

i. Chronologies of involvement from all agencies who were involved in the care of Mr C in the period of the review.
ii. Internal Management Reviews (IMR's) from the same agencies, addressing their involvement with Mr C. The purpose of the IMR's was to enable each agency to reflect on their own involvement with Mr C and to identify recommendations for change if necessary.
iii. The overview writer also set a number of questions for the Police in order to fully understand their investigation and to clarify incidents mentioned or seeking further information.
iv. The overview writer also met with the investigating officer from the Police.
v. The overview writer of this report also met with the wife and daughter of Mr C as well as having access to the statements that they had made to the other agency investigations.

vi. Safeguarding Adult Review Panel meetings for discussions and analysis.

2.2. Participation by Mr C's family

2.2.1. Mr C's three daughters had already provided statements to the Police and one of his daughters had provided information to the enquiry carried out by the host local authority. The overview writer also met with one of Mr C's daughter and his wife and although she didn't speak English his daughter acted as an interpreter.

3. Mr C: The Person.

3.1. Mr C was clearly a loving husband and father and a respected member of the local community. He was born in China in 1934 and came to the UK in 1977 with his wife. He had three daughters and a son.

3.2. Mr C was extremely hardworking, making his living firstly as a chef and then opening his own business in Crayford in 1982. He moved on to open several more catering businesses in the local area before finally retiring in 2004.

3.3. Mc C moved with his family to the current family address in 1989 and lived there until his death in February 2016

3.4. Mr C first showed signs of Parkinson's and Dementia in 2012 and despite it progressing over the next few years Mr C was cared for by his family at home with no outside help. Mr C's wife was his primary carer. It is a testament to the loving, supportive and caring nature of his family that they were able to care for him at home whilst carrying on with their own lives and supporting their own families.

3.5. Eventually in 2014 it had become too difficult for Mr C's family to cope with him on their own so they contacted the placing local authority for assistance. Mr C's wife had a number of medical ailments herself including a bad back, this became more relevant as Mr C had a number of falls where Mrs C had to help him up and support him.

3.6. The family then accessed a number of different local services that catered for Mr C's condition but this was always challenging as Mr C and his wife spoke very little English and it was left to his daughters to act as interpreters. The family however speak very highly of the services that supported Mr C.

3.7. Despite Mr C's condition worsening he remained at home cared for by his family with only short spells of respite in local care homes. The language was always a barrier but his loving and supportive family tried to overcome this by attending the care homes on a regular basis to support the staff, bring food and generally assist their father.

3.8. As Mr C's condition got worse the family strove to find a suitable permanent home for their father. He was becoming increasingly verbally and physically threatening, was falling constantly and required watching 24hrs a day. The family contacted numerous homes throughout the country to try and find the best home for their father until they finally found care home X where Mr C became a resident in February 2016 until his death.

4. **Case Chronology Overview,**

4.1. The first contact with support services within this review period appears to have been on the 16th April 2014 when the placing local authority were contacted in relation to an assessment for Mr C. This was referred to the placing local authority Adult Community Team.

4.2. On the 13th May 2014 Mr C was seen as an outpatient at a local hospital, there was a recommendation that the Parkinson's Nurse puts the family in touch with the Dementia Nurse and Mr C was prescribed new medication.

4.3. On the 19th June 2014 Mr C was reviewed in the General Medical clinic at his local hospital, as he had been admitted to hospital in April 2014 where he was treated for pneumonia. The family explained that he had fallen twice in the last few months and he was unsteady walking. They said that he was also becoming more confused. Mr C's GP was asked by the hospital to refer Mr C for a formal diagnosis of dementia.

4.4. On the 22nd July 2014 Mr C was assessed by the placing local authority as having 'substantial' level of care needs, under the Fairer Access to Services Criteria. This was following a Basic Information Contact assessment. This led to a number of actions to support Mr C including telecare services, sitting services, an occupational therapy referral and attendance at a culturally sensitive day service.

4.5. On the 22nd August 2014 Mr C had a Core Assessment undertaken by his local NHS and Social Care Partnership Trust, following a request for a formal diagnosis of dementia and its management. The referral had come from Mr C's local hospital.

4.6. On the 16th September Mr C was reviewed in the outpatient's clinic of his local hospital where it was noted that his symptoms of Parkinson's were under reasonable control but he had increased problems with his cognition. He had been referred to the Dementia service where he had been reviewed but was waiting for feedback. The consultant asked Mr C's GP to review with the family whether Mr C had a case manager.

4.7. On the 8th October 2014, the local NHS and Social Care Partnership Trust discussed Mr C's diagnosis of dementia with his family. His mobility was noted as a concern and that night times continue to be difficult. Mr C was already on anti-psychotic drugs.

4.8. On the 13th October 2014 the placing local authority received a request from Mr C's family to assist in finding some respite care for Mr C's wife. They were informed that the service used for this type of respite is a local care home Y. The family did request somewhere that speaks Mr C's language of heritage and that they would like to have a look at the place first. At this point other options were also discussed with the family,

including a possible referral to Dementia Crisis and details about the Card for day care so that the family could arrange their own support.

4.9. Following the request at 4.8. the placing local authority provided a Card to the family with funding for 2 days stay at a local care home and the family arranged for a visit to see if it was suitable. The family did ask the placing local authority if there was any other respite care that had staff whom spoke Mr C's language of heritage, the placing local authority stated that they would try and find out. The result of this is not recorded.

4.10. On the 20th October 2014 a further assessment was completed by the placing local authority which stated Mrs C had requested respite care for her husband. Mr C's health had deteriorated, he had a history of falls and some verbally threatening behaviour. A direct payment was arranged for a specialist Alzheimer/Dementia sitting service to allow some respite for Mrs C.

4.11. On the 22nd October 2014 Mr C was taken to the local Accident and Emergency department at his local hospital by his family following a fall from the sofa at home. He was however alert and treated for minor injuries then discharged.

4.12. November 2014 Mr C's anti-psychotic medicine was increased.

4.13. On the 18th November 2014 the placing local authority received an email from Mr C's daughter stating that they were eager to put into place respite care for their father as they just couldn't cope at home. It seems that the placing local authority had arranged for a sitting service to call them but this hadn't happened. The family appeared to be increasingly concerned and eager to get support. The email mentioned that they had used the service of Dementia Crisis and two other support services before and found them all unsuitable. Due to the fact that their father's daily routine differs it didn't really help having carers in as they were often not there when they needed the support. The email also refers to the fact that Mr C's wife who was his primary carer was at breaking point.

4.14. At this point Mr C had already been to a number of homes to give his wife respite. It was however a challenge to find a suitable home as Mr C didn't speak English. After having been to a number of homes the family had found a particular local care home best catered for his needs because they had more staff to cater for the residents.

4.15. It seems that within the email of the 18th November 2014, the family had decided that it was better if Mr C could go into a home permanently if they could find a suitable one. It was mentioned that they had come to this decision after trying to care for him as best as they could at home but were now really struggling.

4.16. On the 1st December 2014 Mr C and his family were visited by a community nurse from the local NHS and Social Care Partnership Trust, in order to assess the effect of the increase in the anti-psychotic medicine. It was agreed that there had been little

difference in Mr C since the strength was increased. The conclusion showed that Mr C was continuing to suffer from hallucinations and development of paranoid thoughts.

4.17. On the 4th December 2014 the local NHS and Social Care Partnership Trust Community Nurse arrange a night sitter for Mr C to give his wife some support. This was reviewed in a visit by the Community Nurse on the 5th December and it was concluded that it had been a success as Mrs C had been able to sleep. Mr C although anxious at first seemed less distressed through the night. A night sitter was requested by Mr C's family for the next night but the service was unavailable, the community nurse therefore advised contacting the placing local authority Adult Social Services.

4.18. On the 16th December 2014 the local NHS and Social Care Partnership Trust Community Nurse was contacted by Mr C's family and informed that he had been admitted to hospital as he was unable to pass urine, he had been released with a catheter fitted. The family requested support for the night (unknown if this was provided).

4.19. On the 18th December the family again requested night support from the Dementia Crisis Team but this was not available, the family were asked to contact Adult Social Services.

4.20. On the 18th December 2014, a further request was made to the placing authority Adult Social Services by the family for night time support (not shown if this was provided or not).

4.21. On the 9th January 2015 the placing local authority Adult Services visited Mr C at home to access his need for Alzheimer and Dementia services which was agreed for 4 hours per week. They also noted the need to complete a financial assessment for Mr C.

4.22. On the 13th January 2015 the community nurse from the local NHS and Social Care Partnership Trust visited the family and noted that there had been some improvement. However, the night time was a problem as Mr C kept getting up and Mrs C was extremely tired. The family however are in contact with Adult Social Services and Crossroads for support.

4.23. In February 2015 Mr C had a period of respite care at a local care home Y, however on going home they have recorded that if he required further respite then he would need a different placement due to his complex needs.

4.24. Mr C did not have to contribute to the respite at 4.9 following a financial assessment.

4.25. On the 17th March 2015 Mr C was reviewed in the Neurology unit of his local hospital where it was noted that he had been receiving support from the local Adult Mental Health Centre. It was also noted that he was in receipt of care at home three times a week and that Dementia Crisis had provided some overnight care. It was noted that there were a lot of difficult issues that were being managed well.

4.26. On the 18th March 2015 an assessment took place arranged by Mr C's local Adult Community Team for an assessment of need. A need for a specific respite facility that may have had a member of staff who spoke Mr C's language of heritage was discussed, but there are no case notes to indicate if this specific respite unit was explored.

4.27. On the 15th May 2015 a telecare review was completed and a plan was agreed to commence the local Home Enablement Care team to attend the address to assist in getting Mr C ready for bed in the evening. The family also requested a night sitting service once or twice a week and also if there was anyone who spoke Mr C's language of heritage in any of the respite care that may be available.

4.28. On the 18th May 2015 the community nurse from the local NHS and Social Care Partnership Trust visited the family. The family reported that Mr C had deteriorated over the last month. He had become unsteady on his feet and had fallen a few times as a result. He was suffering from hallucinations and became quite distressed at times. Mr C has also been incontinent at times and become violent towards his wife when she tried to clean him. A carer from Adult Social Services attends three times a week and provides Mrs C with respite. Mr C had recently been for respite care at a local care home Y but this was unsuccessful as he was not able to communicate with anybody as he only spoke his language of heritage.

4.29. Following an incident at home on the 20th May whereby Mr C had smashed a window, the family made a request for respite care. The family didn't think that they necessarily need a home with a member of staff who spoke Mr C's language of heritage as if it was close to the family address then Mr C's wife and family could attend and assist with medication.

4.30. Following an assessment by the placing local authority on the 25th May it was decided to provide support in the morning instead of the evening. There were two goals set at this assessment

i. To assist with personal care and dressing
ii. To assist with transfers and supervise mobility

4.31. An enablement care package was also put into place between 25th May 2015 and 1st June 2015.

4.32. At this stage in May 2015 the Alzheimer's and Dementia society were also attending 3 times a week to sit with Mr C while Mrs C went out or just to give her a break.

4.33. In early June 2015 following as assessment at home it was clear that the daily help being provided wasn't working. The support workers had tried accommodating different times in the morning and evening but Mr C was getting up so early that Mrs C was getting him washed and dressed before the support workers arrived. On most occasions in the evening Mr C did not want to go to bed so there was little that they could do. Following discussions with the family it was decided that the support service would be cancelled but that the family would look for some more respite care.

4.34. June 2015 Mr C went for 2 weeks respite care at a local care home, Mrs C was much brighter and it seemed to go well and Mr C was not any more distressed than when at home. The family were looking to make it permanent. However, this didn't prove to be the case although there are no records as to why this wasn't the case.

4.35. Between June 2015 and August 2015 Mr C was taken to hospital on three occasions due to falls and banging his head, on each occasion he was treated and discharged.

4.36. In early July 2015 Mr C was referred to the Neuro team following as assessment by the Impact team, this was because his Parkinson's and Dementia were having a knock-on effect to each other.

4.37. In mid-July 2015 Mr C's family again enquired about more respite care for Mr C. The outcome was that up to 4 weeks respite care were agreed per year. A care package was also put into place following the end of the enablement service. A referral was made for a morning call to commence on 20th July 2015 by a local care agency to assist Mr C with is care needs.

4.38. On the 5th August 2015 Mr C was reviewed in the out patients clinic due to his increasing number of falls and not being able to sleep at night. The recommendation was that the family needed to watch Mr C at all times to prevent further falls. It was acknowledged that it is difficult to watch someone the whole time.

4.39. In September 2015 Mr C was seen for a visit by Adult Social Services and at this point the family were being supported by the services of Alzheimer's and Dementia support which the family wished to continue with. The family did not wish to consider a permanent placement at the moment, though they may think about it if Mr C's condition worsened or if they thought that his wife couldn't continue to support him. They were also continuing with respite care at various times. An occupational re-assessment also took place in relation to long term major adaption of Mr C's house in order to accommodate his needs.

4.40. 22nd September 2015 the community nurse from the local NHS and Social Care Partnership Trust visited Mr C and discharged him back to his GP as the family had a care package in place with Adult Social Services and were also utilising respite placements on occasion. As Mr C was now stable, he was discharged.

4.41. On the 16th October 2015 Mr C was reviewed at the local elderly persons assessment unit at the local NHS Trust. It was noted that the Mr C's family were struggling to cope with him and despite some adaptions at home there was a suggestion of more permanent care. It was also noted that Mr C does receive some respite care and the family had been looking for more suitable Nursing Homes but the only one that spoke Mr C's language of heritage was some distance away. It was concluded that Mr C was due to be reviewed by the Neurology Consultant in December and it was agreed that he would be reviewed again in six months time at the local elderly persons assessment unit at the local NHS Trust.

4.42. On the 19th October 2015 Mr C was again taken to hospital following a fall at home in the Kitchen when he received an injury to the back of his head.

4.43. In November 2015 Mr C stayed at a local care home for 2 weeks respite. His daughter however said that he appeared more confused now and was constantly falling and exhibiting challenging and aggressive behaviour. The family were considering a more long-term placement as they were really struggling to cope with Mr C. Extra services were discussed including a local sitting service. Mrs C however was at breaking point and was not able to care for Mr C as she had sprained her wrist and Mr C's daughter stated that her father was unmanageable. The family suggested two different care homes in the borough, suggesting that their father went there temporarily until a long-term placement was found. The family felt that a care home with a carer who spoke Mr C's language pf heritage would be ideal.

4.44. On the 12th November 2015 Mr C's family contacted the placing local authorities Case Manager and said that Mr C was at home but his behaviour was 'unmanageable'. The Case Manager recommended an increase in the care package and arranged a visit for the 23rd November 2015 to discuss.

4.45. On the 17th November 2015 Mr C's family contacted the local Adult Community Team 'on call' worker requesting a short-term respite bed as they couldn't cope. The on-call worker made a referral to Crossroads to provide support at home. However, a note on the file suggests that Crossroads couldn't assist until the 23rd November (day of next planned assessment).

4.46. On the 23rd November the local NHS and Social Care Partnership Trust received a letter from Mr C's GP referring him to them as there had been a deterioration in his condition and the family were at crisis point and were looking for a long-term placement. Mr C was seen and reviewed by a doctor from the local NHS and Social Care Partnership Trust. It was noted that the family were struggling to cope and Mr C was falling regularly. He was also getting very confused and his wife was finding it increasingly difficult to care for him. His medication was changed and it is noted that 24-hour care may be advisable. He was to be reviewed again in 28 days.

4.47. On the 25th November 2015 a formal risk assessment was completed for Mr C by the local NHS and Social Care Partnership Trust and it was noted that Mr C was at high risk of accidents and he was unsteady on his feet and had regular falls. It is noted that his family were with him at all times.

4.48. On the 12th December 2015, the placing local authority received a call from Mr's C's daughter asking for some urgent assistance. Mr C's behaviour had escalated and he was aggressive and agitated. Mrs C could no longer cope. The out of hours GP was contacted although there does not appear to be a corresponding entry on his medical recorded regarding any GP visit.

4.49. On the 16th December the family of Mr C contacted the Case Manager at the placing local authority again to say that they were struggling. A referral was made to a local care home Y for a short respite stay.

4.50. On the 17th December 2015 the family were informed that the local care home Y would not accept Mr C as they couldn't cope with him. The family requested a short-term placement at another local home and they said that they would top up the fee. The placing local authority Case Manager made a referral to the care home suggested on the same day.

4.51. On the 18th 2015 the placing local authority Case Manager made a referral to the Central Short-term Bed Team to look for a week's respite for Mr C.

4.52. On the 23rd December 2015 Mr C was again reviewed by a doctor from the local NHS and Social Care Partnership Trust at the local Adult Mental Health Centre. The change of medication does not seem to have made a difference and Mr C was deteriorating. There had been some episodes of aggression recently and he was getting very confused and agitated. The family were trying to find a home for Mr C but most had no vacancies or had said that he wasn't suitable.

4.53. On the 30th December 2015 the placing local authority Case Manager received a call from Mr C's family stating that the family were having problems coping and that two local care homes had been approached but without success. The placing authority Case Manager made contact with the Short-term Placement Team to discuss the possibilities for a respite placement.

4.54. In early January 2016 the placing local authority received a phone call from Mr C's daughter saying that she had been trying to get a placement for her father as the family were now at breaking point. They had tried a number of homes without success but there was a possible one in the hosting authority area (Care home Z) that they were considering. They were happy to fund until the Council panel met. The placing local authority said that they would discuss this with their manager.

4.55. On the 12th January Mr C attended the outpatients department at his local hospital. It was noted that he had recently been reviewed by the Consultant in the department of ageing and health, he was also under the local Adult Mental Health Centre. It was noted that he suffered with poor mobility and frequent falls. It was also noted that he was looked after by his wife and family along with daily carers during the week and alternate weekends. Mr C's name was down for nursing homes but there was currently no availability. Mr C had a care manager. It was discussed with the family that he would continue under the local Adult Mental Health Centre and elderly care.

4.56. The Alzheimer Society had been supporting Mr C from the January 2015 through until February 2016. The same carer from the society had attended Mr C's address mainly in the afternoons for around 3 hours approx. 3 days per week. However, around the middle of January 2016 the carer was attacked by Mr C and she had to be replaced with other carers, until Mr C went into Care Home X

4.57. At the end of January Mr C's daughter phoned the placing local authority and said that they had spoken with another care home, in the placing local authority are, who were coming to assess Mr C. Mr C's daughter suggested that she could pay privately until Mr C was assessed for funding by the placing local authority as her mother was at breaking point.

4.58. Mr C moved to the Care Home X (in the host local authority area) on the 5th February 2016 as the family were finding it increasingly difficult to care for him at home. This was funded privately by the family for a few weeks until there was a decision on council funding. However, on the 7th February 2016 Mr C's daughter received a call from the home asking if she could come and collect him as they couldn't cope with him. Following discussions with the placing local authority and the home it was decided that Mr C could stay for the time being.

4.59. On the 10th February 2016 the care home X contacted the placing authority as staff were finding it difficult to manage Mr C's behaviours. Request was made for additional one-to-one care support for Mr C between 11am and 8pm, otherwise the care home would seek to discharge him. The placing authority Care Manager stated that this would be discussed with their manager.

4.60. On the 10th February Mr C's family contacted the placing authority and said that the family were struggling financially. They had funded Care Home X themselves out of desperation but now needed help to keep Mr C there. It was noted in the placing authority notes that Mr C had previously been assessed for funding and met the criteria.

4.61. On the 11th February 2016 following his admission to Care Home X, the placing local authority received a telephone call from the home stating that Mr C was really difficult to manage and constantly presents with aggressive behaviour, kicking and hitting staff. They stated that Mr C needed one to one, 24/7 care otherwise they would have to discharge him. The placing local authority therefore referred the matter to their short-term bed team. The Care Home X report however reported that the one to one care request was turned down.

4.62. On the 15th February 2016 the Care Home X Home Manager authorised an extra member of staff to be brought in 9-5pm to support the unit and look after Mr C, however there were no staff available to cover this.

4.63. On the 17th February 2016 following a 999 call from the Care Home X the London Ambulance Service attended and found Mr C who was unconscious following a fall. They conveyed him to a London Hospital Major Trauma Centre and due to their concerns around the circumstances of the fall they raised a safeguarding concern.

4.64. On the 17th February 2016 Mr C's file is noted that a number of Care Homes that had been applied to were unable to meet his needs.

4.65. On the 17th February 2016 Mr C was admitted to hospital following a fall at Care Home X.

4.66. Mr C sadly died on the 22nd February 2016.

5. Themed Analysis.

5.1. Introduction.

This section brings together the content of the agency Internal Management Reviews, the information from the family and other available information, along with the report author's own analysis, to address the key areas that were central to the terms of reference for the review under the following headings.

- How agencies worked together in terms of inter-agency communication and whole system care coordination
- The pressure on Mr C's family and the professionals understanding of this
- The impact of Mr C's family jointly funding his care.
- The support given to Mr C and his family in finding suitable accommodation when his family were no longer able to care for him at home

5.2. How agencies worked together in terms of inter-agency communication and whole system care coordination.

5.2.1. The picture in relation to agencies working together was in the main quite good during the first part of this review period up until the end of 2014 when Mr C's situation started to worsen

5.2.2. During the majority of this review Mr C was a service user open to the placing authorities local Adult Community Team. As per section 4 the first assessment of his needs was completed in April 2014 following a referral for telecare equipment, which is an alarm which the user would wear around their neck to summon assistance if required. The telecare assessment led to the identification that Mr C had additional needs which required a full social care assessment. This was probably the first real sign that the family had been struggling with their fathers needs and needed extra support

5.2.3. A community care assessment, using the Basic Information Contact Assessment tool was completed in July 14 and the assessment stated that Mr C had Parkinson's Disease and was also being assessed for Dementia. Mr C was living at home and being cared for by his wife who was his main carer and the assessment stated that Mr C relied upon his wife for help with his personal care. He also had identified needs with sleeping and his mobility. His needs were assessed as

'Substantial' under the Fairer Access to Services Criteria (FACS).[1] The FACS eligibility criteria, introduced in 2002 were based on three criteria, Moderate, Substantial and Critical, with the determination of the level based on consideration of an individual's assessed needs. There is no mention of this assessment being repeated at any time or evidence of its review.

5.2.4. Following the assessment, a plan of support was identified which included support services (Telecare, Alzheimer's/Dementia Support, and a sitting service) an occupational therapy referral and attendance at a culturally sensitive day service were also arranged.

5.2.5. During this time Mr C also attended the outpatients clinic run by his local hospital where he was being treated for his Parkinson's and also a referral was made to the Dementia service. There was no evidence at this stage that services weren't joined up and Mr C appeared to be getting the support that he and his family required. This was a difficult case due to the language barriers as Mr and Mrs C spoke very little English, Mr C had an extremely supportive family who wanted at this stage to care for him at home with support.

5.2.6. In August 2014 Mr C had a core assessment undertaken by the local NHS and Social Care Partnership Trust for Dementia following a referral from his local hospital, he was also seen at his local hospital in September where it was noted that his Parkinson's was under reasonable control but he had increased problems with his cognition. It was mentioned that he had undergone the Dementia assessment and the Consultant asked Mr C's GP whether or not he had a case manager. The placing local authority's Internal Management Review recorded that a case officer was in place from July 2014 through to 22nd February 2016 except for a two month gap between March and May 2015. Although Mr C was being treated at different places for his Dementia and Parkinson's it seemed that services were aware of what was happening and that information was being shared.

5.2.7. The first request for respite care came from the family to the placing local authority in October 2014 and this was supported by the placing authority with the provision of a Card to fund 2 days stay at a local Care Home Y. The family did raise the issue of whether or not there was a care home that spoke Mr C's language of heritage and the placing local authority said that they would find out but there is no outcome to this shown.

5.2.8. In October 2014 a further assessment was undertaken by the placing local authority which stated that Mr C's health had deteriorated, he had a history of falls and some verbally/threatening behaviour. A direct payment was arranged for a specialist Alzheimer's/Dementia sitting service to allow for some respite for

[1] Introduced in 2002 and revised in 2010 to resolve national inconsistencies on eligibility for support and aimed to provide a fairer system for the allocation of social care services. Four eligibility bands, low, moderate, substantial and critical.

Mrs C. This was probably the first indication to agencies that Mr C's health was deteriorating and the family were asking for more help. Only two days after the assessment Mr C was also taken to A&E by his family on the 22nd October following a fall from the sofa at home, there is no evidence that this was notified to the placing local authority.

5.2.9. It was in November 2014 that the information flow between agencies/services seems to have begun to break down. On the 18th November 2014 the placing local authority received an email from Mr C's daughter stating that they were struggling to cope and needed some respite care for their father. The placing local authority had arranged for the sitting service to phone the family but they hadn't done this as yet, however it appears that the family had already used the services of the sitting service that had been recommended by the placing local authority, along with Dementia Crisis and a further support service but had found them unsuitable. It doesn't appear however that this information had been passed to the placing local authority by any of these services. It is also noted at this point that the family had referred to the fact that Mr C's wife who was his primary carer was at breaking point and the family had decided that it would be better if Mr C could go to a home permanently.

5.2.10. The family also mentioned that Mr C had already been to a number of homes but they weren't suitable. This information was coming from the family and it doesn't seem that the placing local authority had made any contact with the homes to see if this was the case or what the issues were. Although it appears that the family were part funding some of the respite care, the placing local authority had authorised payment onto the Card so the author would assume that they should have been interested in whether what they were providing was suitable.

5.2.11. During December 2014 Mr C was visited by a Community Nurse from the local NHS and Social Care Partnership Trust who concluded that the anti-psychotic medicine was not working and Mr C was continuing to suffer from hallucinations and paranoid thoughts. They arranged a night sitter to give Mrs C a break but this was only available for one night despite requests from the family for it to go on for longer. A number of requests were made by the family during December 2014 for night time support but on each occasion the local NHS and Social Care Partnership Trust had nobody available and asked the family to contact the placing authorities Adult Services. Mr C also went into Hospital in mid-December to have a catheter fitted as he couldn't pass urine and following this the family again asked for night time support from the local NHS and Social Care Partnership Trust but this was not available and they were again referred to the placing authorities Adult Services. There is no evidence at this point of the local NHS and Social Care Partnership Trust talking to or providing information to the placing authorities Adults Services, despite the family becoming increasingly concerned.

5.2.12. In January 2015 the placing authorities Adult Services visited Mr C at home to access his need for Alzheimer and Dementia services which was agreed for 4 hours per week, however there was no mention of asking for any information

from Dementia Crisis who the family had previously said were unsuitable. Therefore, although the funding was provided there did not appear to be a suitable service available.

5.2.13. In February 2015 Mr C had a period of respite care at a local Care Home Y, however on leaving they have recorded that if he required further respite then he would need a different placement due to his complex needs.

5.2.14. In March 2015 Mr C was reviewed in the Neurology unit of his local hospital where it was noted he had been receiving support from the local Adult Mental Health Centre and that Dementia Crisis had provided some overnight care. They noted that there were a lot of difficult issues that were being managed well. However, this doesn't seem to be the picture that others had. The family were finding it increasingly difficult to get suitable care homes for respite (see 5.2.13) and the services being provided were not really helping due to Mr C's erratic behaviour and routine. There was also an issue with the language barrier that had been mentioned by the family a number of times. There was a picture building up of a family that were trying their best to care for their father but were really struggling, services were being provided but these were rarely suitable or available as often as required (5.2.11). It could be questioned at this point if agencies were really focused on the individual and listening to the concerns. This was probably because each agency was not seeing the full picture.

5.2.15. In March a further assessment took place by the placing local authority when again it was discussed that there was a need for a respite facility with a carer who spoke Mr C's language of origin but there are no notes as to whether this was followed up, this mirrored what had happened at 5.2.7 some 6 months before.

5.2.16. In June 2015 a placing local authority assessment confirmed that the daily help wasn't working and in fact following a discussion with the family the support service was cancelled.

5.2.17. Following this Mr C was taken to hospital on 3 occasions with head injuries following falls, however there is no record that the local hospital were aware of the problems that he was having at home and that the family were finding it particularly difficult to care for him.

5.2.18. In August 2015 Mr C was again reviewed at the outpatient's department of his local hospital due to his increasing number of falls. The recommendation was that the family needed to watch Mr C at all times. However, there was no recognition from the hospital that they were aware of the situation with other agencies/services or that the family were unable to cope. There was also no indication that the advice given by the outpatients was relayed to the placing authority Adults Services.

5.2.19. In October 2015 Mr C was reviewed at the local elderly persons assessment unit at the local NHS Trust and it was noted that the family were struggling to cope

and despite some adaptions at home there was a need for more permanent care. It was also noted that the family were looking for some suitable nursing homes but that the only one with staff who spoke the language of Mr C's heritage some distance away. The local elderly persons assessment unit at the local NHS Trust agreed to review Mr C in 6 months time.

5.2.20. On the 19th October 2015 Mr C was again taken to hospital due to a fall and in November he stayed at a local care home 2 weeks respite, however according to his daughter he appeared more confused and was constantly falling and exhibiting challenging and aggressive behaviour. On the 12th November the family contacted the placing local authority Case Manager as they stated Mr C was unmanageable and Mrs C had suffered a sprained wrist and couldn't help with Mr C. The case manager recommended an increase in the care package; however, crossroads couldn't assist until the 23rd November at the earliest. Mr C was also referred to the local NHS and Social Care Partnership Trust again by his GP in November 2015, the GP in his referral noted that 24-hour care may be advisable, following a formal risk assessment on the 25th November the local NHS and Social Care Partnership Trust also recorded that Mr C was at high risk of accidents, was unsteady on his feet and had regular falls. It is not clear however who this assessment was shared with or whether the assessor had any of the information previously recorded by the local elderly persons assessment unit at the local NHS Trust (5.2.19), Mr C's local hospital (5.2.18) or the placing local authority (5.2.16).

5.2.21. In summary therefore at this point Mr C's GP had stated that 24 hours care was advisable (5.2.20), the local NHS and Social Care Partnership Trust assessment had said that Mr C was at high risk of falls (5.2.20), his local hospital outpatients recommended that the family should watch Mr C at all times (5.2.18), Mr C had been taken to hospital at least 4 times with head injuries in the last few months from falls and as at 5.2.20 above the family had contacted the placing local authority Case manager to say that Mr C was unmanageable (5.2.20), this had also been recorded by the local elderly persons assessment unit at the local NHS Trust (5.2.19). Mr C's wife who was his main carer had also suffered a sprained wrist and was unable to care for him. There was no evidence of any reassessment of the Basic Information Contact Assessment by the placing local authority or any case conferences being called regarding Mr C. It could be argued at this point that a section 42 Care Act Conference could have been instigated.

5.2.22. Things got even worse towards the end of the year and in December the placing local authority received a call from Mr C's family seeking urgent assistance as Mr C was becoming increasingly aggressive and agitated and Mrs C could no longer cope, the out of hours GP was called but there does not seem to be any corresponding entry on Mr C's medical recorded.

5.2.23. Matters didn't get any better and the placing local authority received a call from Mr C's daughter in January saying that the family were at breaking point and that they were desperate to get a placement for Mr C but they had tried a number of homes without success. Despite a number of attempts by the placing local

authority case manager to find short term respite this seems to have been without success and no updates are recorded beyond the referral to the short-term bed team.

5.2.24. On the 12th January Mr C again had an appointment at the outpatients of the his local hospital but it appears that they were unaware of his history of the last few months, they noted that he was looked after by his wife along with daily carers but there was no mention of the families desperation at not being able to find a suitable permanent placement for Mr C. It was however agreed with the family that he would continue under the local Adult Mental Health Centre and elderly care.

5.2.25. The family found the Care Home X themselves without it appears any help from the placing local authority, it also appears that the Care Home X did not request any information from any agency caring for Mr C before admission. This seems clear as they have recorded that Mr C was at medium risk of falls which was clearly not the case. However, it is clear that Care Home X contacted the placing local authority in the days after he was admitted and certainly on the 10th February when they informed the placing local authority that they were finding it difficult to manage Mr C's behaviour and a request was made for additional one-2-one care support funding. This appears to have been turned down by the placing local authority but it is not clear if they considered all of the information available and summarised at 5.2.21.

5.3. The pressure on Mr C's family and the professionals understanding of this.

5.3.1. After spending some time speaking with Mr C's daughter and wife, it is clear that the family were under tremendous strain looking after Mr C. It was obviously emotionally difficult but also physically so. Mr C's wife who was the main carer was unable to prevent him falling. He had been to A&E a number of times during 2015 because of this (4.35).

5.3.2. Despite this pressure the family did want to try and care for Mr C at home and they expressed this to professionals on a number of occasions. Mr C's daughter when speaking to the author stated that even late in 2015, they wanted to care for their father at home but they needed it adapted and they weren't sure that they met the criteria.

5.3.3. The message being given to professionals at the early stages of this review was that the family wanted Mr C at home and they were able to care for him and indeed this was the case in the early days. They used some respite care and also had help at home. However, matters began to get worse as Mr C deteriorated and this was not necessarily picked up or acted on by professionals. Mr C's family are close knit, loving and caring but did not seem forceful in any way, nor should they be but professionals should have picked up on the signs and what they were saying.

5.3.4. On the 18th November 2014 the placing local authority received an email from the family stating that the family couldn't cope and that the family had decided that the best thing would be for Mr C to go into a home permanently. This was obviously a difficult decision by the family and one that they would have thought long and hard about. However, it was 14 months later that Mr C would go into a home on a permanent basis and this was arranged by the family.

5.3.5. During this 14 month period Mr C was regularly assessed/seen by a number of agencies. The placing local authority, Mr C's local hospital outpatients, the placing authority local NHS and Social Care Partnership Trust, the local elderly persons assessment unit at the local NHS Trust, the local Adult Mental Health Centre and his own GP. There is however no evidence to shown that any of the assessments/information was ever brought together by way of a case conference.

5.3.6. An increasing burden was put back onto the family without any consideration of their needs. For example, at 5.2.18 the local hospital told the family that Mr C needed to be watched 24/7 and yet this was a family that had other responsibilities, members had full time jobs and most of the care was left to Mr C's wife who was herself elderly. There were repeated requests for extra support but despite agencies thinking that they had provided this it just wasn't there, again for example 5.2.23 when a plea for help was not answered as beds could not be found. There was no evidence of any escalation within agencies to ensure that matters could be addressed and support found. The local NHS and Social Care Partnership Trust also recorded Mr C as being at 'high risk' of falls on the 25th November 2015 when completing their risk assessment, however there was no consideration of the effect on the family or whether they had the capacity to deal with this.

5.3.7. There was no record of any assessment under the Mental Capacity Act taking place. Therefore could the placing local authority have been satisfied that Mr C's needs were being fully met. What is clear from everything seen by the author was that the family were in the best place and indeed did represent Mr C's views. However, as they did all the interpreting their own views would obviously have come across and Mr C didn't wasn't afforded the opportunity to have an independent advocate to support him should any assessment have supported this. When the author was speaking to Mr C's family it was clear that although they couldn't cope, they still wanted to assist Mr C and although a home with a carer who spoke the language of Mr C's heritage would have been ideal it was clear that this was probably not going to be possible. The family however then suggested to the author that what they needed was for Mr C to go into a home locally and they would attend each day and provide the interpreting, they just couldn't physically cope at home. This was mentioned at 4.29, however, there is no evidence of it being recorded or considered in any of the notes seen from the placing local authority. Instead they recorded at 4.9 and 4.26 that they would try

and find a home with a carer who spoke Mr C's language of heritage however, there was never any result to this.

5.4. The impact on Mr C's family jointly funding his care.

5.4.1. There are no specific details about exactly how much or what percentage of funding for Mr C's care was met by the family. It was clear that they funded quite a bit of his respite care including agreeing to fund £18k towards home improvements and were funding the care at Care Home X when he died. The family did not make an issue of this and were happy to fund care initially until decisions were made by the placing local authority in relation to what the Council would pay for.

5.4.2. There does not however appear to have been a comprehensive strategy in place to deal with the funding for Mr C. There was an assessment made on the 6th February by phone with a family member and the result was that Mr C was assessed as nil contribution from the family. However, it is not clear what this was exactly for and it is not clear that anybody ever sat down with the family and discussed what options were open to them and what funding may be available.

5.4.3. It is clear that the family found Care Home X and funded the stay there initially. However, when Care Home X requested funds directly from the placing local authority for one to one care this appears to have been refused. It is not clear however on what basis it was refused. If all of the agency's records had been available and considered and the Basic Information Contact Assessment had been renewed then it would have been difficult to see how this funding was turned down. The local NHS and Social Care Partnership Trust had considered Mr C was at high risk of falls (4.47) and at 5.2.18 his local hospital had stated that Mr C needed 24hr care. The author is also sure that under the Fairer Access to Services Criteria if the Basic Information Contact assessment had been carried out again at this time then the outcome would have been critical.

5.4.4. There was a major issue in that most of the care homes refused to take Mr C as his needs were too great and there was a language barrier, this was mentioned a number of times by the family. However, there was never any proper assessment of this and it does not appear that the placing local authority ever discussed with the homes what it would take to make it possible for Mr C to stay at the homes. The family even mentioned themselves at 4.29 if the home was close to where they lived, they themselves could have attended each day to assist with Mr C's medication etc.

5.5. The support given to Mr C and his family in finding suitable accommodation when his family were no longer able to care for him at home.

5.5.1. Although the placing authority made attempts to find accommodation it was not very effective. The situation was summed up by Mr C's daughter when she stated

that during the last few months of his life the placing local authority 'weren't really helpful and they couldn't find a home for Mr C'. The family were phoning around the country trying to find a home when in fact the answer could have been on the door step if the placing local authority had provided support and intervened. The family stated that the placing local authority had been struggling all year and they weren't aware that they (the placing local authority) were looking for anywhere else for Mr C to stay.

5.5.2. Mr C's issues were complex, he was suffering from Dementia and Parkinson's and his routine was erratic. He displayed verbal and threatening behaviour and there was a language barrier as he spoke very little English. The family has exhausted most of the local homes available as Mr C had stayed at them but they refused to have him back due to his complex needs. The placing local authority mentioned on at least two occasions that they would look for a home with carers who spoke Mr C's language of origin (4.9 and 4.26) however there was never an outcome to this. In reality however this would have been extremely difficult to find a home that had sufficient cover with appropriate staff who could speak Mr C's language of origin to care for Mr C. There should therefore have been further considerations that considered alternative options. The main one being that proposed by the family at 4.29 whereby if the location was close enough then the family could attend daily and provide support. At no time however did agencies sit down and discuss what might be available and what package could be put together to support a local care home in providing suitable accommodation for Mr C with sufficient funding and family support.

5.5.3. The placing local authority did have a daily list of homes with places but this was not the issue, the family had done lots of research themselves and knew what was out there. There needed to be a sit down with the closest, suitable home and a way forward as to how it could work. This didn't happen.

6. Conclusions

6.1.1. In any safeguarding adult review, it is important to try and answer 'why?' questions and to reflect on whether the particular features of the case as they have become to be understood reflected wider systemic issues locally and/or nationally.

6.1.2. The biggest 'why' question in this matter is 'why was Mr C either individually or through his family was not listened to. Making Safeguarding Personal is at the heart of Safeguarding policy and yet the voices were not heard and the signs not interpreted. Here was a family who were struggling under the immense strain of looking after Mr C but at no time have all the agencies sat down together and discussed how best to support Mr C and the family. Mr C was not afforded a Mental Capacity Act assessment and the support that this may have offered. Individually agencies have acknowledged the concerns and risks but collectively they have not come up with a solution. Solutions were put forward by the family and even near the end it was the family that have identified a care home that

would take Mr C, but even when Care Home X spoke to the placing local authority and raised concerns there did not appear to have been any proper assessment of risk (Care Home X had the risk of falls recorded as medium) or support provided by funding one to one care.

6.1.3. Mr C however did not receive a Mental Capacity Act assessment that might have afforded him more support and helped cater for his specific needs. It would have been good practice to involve an interpreter in undertaking a formal Mental Capacity Assessment. There was a reliance on the family to interpret and their assessment would obviously involve their own opinion. That said it appears from all of the information provided by the agencies involved in this review and from the family themselves that they the family acted in his best interests at all times, however at no time is it recorded that his wife or family members underwent a carers assessment. Nor was it apparent that any of the agencies considered the strain that was being put on Mr C's family due to his condition. Services were provided but all too often these were not working due to Mr C's erratic behaviour. It was also regularly mentioned that he needed watching 24hrs and that he was at a high risk of falls but no consideration was given as to whether or not the family could provide this.

6.1.4. The voice of the family was often ignored by professionals. They regularly mentioned that certain services were not suitable for their father such as at 4.13 but they were referred back to these services on a regular basis. Mr and Mrs C's language of heritage was not English and yet there is no record of any interpreter ever being used, there seemed to be a reliance and acceptance that Mr C's daughter would interpret for her parents whenever required. There was also the pressure that this was putting on their daughter who had her own family to care for.

6.1.5. On a number of occasions there was talk of the placing local authority trying to find homes or services where there were carers who spoke Mr C's language of heritage, however, it is not recorded that this was ever achieved. Rather than being faced 'head on' and other options considered it seems to have been ignored.

6.1.6. The family had proposed a solution to the language barrier within care homes at 4.29 but this was never taken forward by the placing local authority in any discussions with the homes or in the provision of a care/funding package that took this into account.

6.1.7. Although the local authority made efforts to find placements for Mr C in local Care Homes, there was no evidence of any escalation when things didn't go as planned. Referrals to the short-term bed team were made on a number of occasions without success. These were often at critical times but they were never raised to a manager.

6.1.8. Mr C's whole situation does not seem to have been reviewed or referred to a manager at any time, the situation over a long-term placement should have been reviewed.

6.1.9. The placing local authority staff did not inform host local authority when Mr C was placed in Care Home X which was a care home in their area, this goes against the placing local authorities continuation of care guidance. Although they may not have known at first, as the family arranged it themselves, they were certainly aware a few days after his stay began.

6.1.10. Section 42 of the Care Act could also have been considered. Mr C was vulnerable and at risk, he was presenting regularly at his local A&E with head injuries and although there is no evidence whatsoever of abuse or deliberate neglect by Mr C's family, they clearly couldn't cope and protect him as they themselves mentioned on numerous occasions.

6.1.11. Effective safeguarding depends on the flow of information and is often a feature in safeguarding reviews. One feature of this review is there does not appear to have been any reluctance or resistance to share information, however, it just doesn't seem to have happened in the vast majority of cases. Mr C's case was complex and he was being treated and supported by different teams for his Parkinson's and Dementia. He was assessed on a regular basis but these assessments did not seem to take into account all of the information that was available.

6.1.12. The placing local authority within their Internal Management Review have stated that there is very limited recording on any records from health, it is not clear if they were sent or not or whether they were just not recorded. However, it is clear from the assessments recorded under the chronology overview and the analysis that they appeared to be done in isolation by each agency, without knowledge of what had happened elsewhere.

6.1.13. When the local NHS and Social Care Partnership Trust assessed Mr C in November 25th 2015 and indicated that he was at high risk of falls, there doesn't seem any consideration of the fact that he had been to hospital many times for head injuries. These had resulted from falls that had taken place within the home and the family hadn't been able to prevent, the family were unable to cope. There is no mention within any of the Health IMR's that Mr C ever underwent an assessment for Continuing Health Care. This could have afforded further funding to support the care in the homes that Mr C was resident at during his respite care.

6.1.14. Although the placing local authority did receive feedback from the homes that Mr C went to for respite (it appears that this may have come from the family), it is not clear that the placing local authority Case Manager really tried to identify what the issues were and how they could be overcome. This should have been an opportunity to identify a more co-ordinated, multi-agency response to Mr C's

needs. The one thing that this matter was calling out for was a case conference to bring together all of the agencies involved in Mr C's care and develop a comprehensive care plan for him. This could have been considered under Section 42 of Care Act, not that there was any deliberate abuse or neglect but the family had clearly stated on a number of occasions that they couldn't cope and Mr C was regularly being taken to hospital with head injuries.

6.1.15. At first the support given to Mr C and his family made a difference and assisted the family in being able to care for Mr C. However, it increasingly became clear that the services on offer were not sufficient. More and more care homes were refusing respite. The caring and sitting services that came to the home did not assist due to Mr C's erratic behaviour and inconsistent schedules. Mr C was becoming aggressive and threatening and at one point attacked a carer who had been coming to the house to assist for over a year. However, as the situation got worse the family were provided with the same support that had already failed. They were told to try services that were either unavailable to Mr C or had not worked in the past. Agencies assessed Mr C and identified risks but failed to put measures in place to deal with these, instead relying on the family to help without any proper consideration or assessment. There was no contingency planning on behalf of the placing local authority in relation to Mr C's overall care, especially towards the end of 2015 and early 2016. It is acknowledged that services are stretched and that one of the main issues in relation to Mr C was the language barrier. However, as has been mentioned before there was no real planning or discussions about how this could be overcome. Could a home have been found that would take Mr and Mrs C so that she could carry on caring for Mr C but with support, this had never been discussed.

6.1.16. The placing local authority carried out an initial Basic Information Contact Assessment in July 2014 where it was recorded that Mr C's needs were substantial using the Fairer Access to Services Criteria, however this does not seem to have been reviewed at any stage. There was no new assessment for his eligibility for continuing health care in relation to his needs, this may have identified additional resources to support Mr C. Indeed, if the Basic Information Contact Assessment was carried out at the end of 2015 then this would probably have come out as critical under the Fairer Access to Services criteria.

6.1.17. The local NHS and Social Care Partnership Trust carried out a risk assessment in 25th November 2015 and the risk of falls was shown as high, however there was no planning around this other than to say that he needed watching 24hrs a day. However, this was left to his family and no assessment was completed as to whether they had the capacity to do this and therefore protect Mr C.

6.1.18. When Mr C was admitted to Care Home X there does not seem to have been a thorough assessment of his needs as per regulation 9 of the regulated activities regulations 2014 (Health and Social Care Act 2008). If this had been completed thoroughly it would have highlighted Mr C was at high risk of falls and not the medium risk as recorded by Care Home X in their risk assessment.

6.1.19. There was good practice in place and the response of all agencies at the start of this review was timely and thorough. Regular assessments by individual agencies were also carried out throughout the review period by all those involved in Mr C's care.

6.1.20. Staff involved in Mr C's care were committed and caring and in one case same member of staff from the Alzheimer's and Dementia Support Service attended the home at least 3 times a week between January 2015 and January 2016 and took Mr C out to give his wife some respite. Although this report is not about individuals this commitment and support should be noted.

6.1.21. Support was also given to the family at the start of the period to enable Mr C to remain at home in their care which is what they wanted at that particular time.

6.1.22. The report also shows that despite the difficulties in Mr C's situation there were a range of excellent support services available within the placing local authority area that Mr C was referred to and able to access at certain times.

7. Recommendations

7.1. On Making Safeguarding personal (Recommendation 1,2 and 3)

7.1.1. Agencies should ensure that all their assessments include 'Person Centred Care' as a specific consideration and include a check list of considerations to ensure compliance with this.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority, the placing authority local NHS trust and the placing authority local NHS and Partnership Trust.

7.1.2. Agencies should ensure that when dealing with vulnerable adults and completing assessment consideration should be given to an assessment under the Mental Capacity Act. This should then ensure that services such as advocates and interpreters are considered for support.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority, the placing authority local NHS trust and the placing authority local NHS and Partnership Trust.

7.1.3. All assessments for adults at risk should include a section that considers (where relevant) the needs and capabilities of any family members who are undertaking any care tasks.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority, the placing authority local NHS trust and the placing authority local NHS and Partnership Trust.

7.2. Person-centre care (Recommendation 4)

7.2.1. Care Home X must ensure that when accepting new patients that a thorough assessment is completed in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9. This will ensure that all the information available in relation to a person's condition and care is taken into account when conducting their own risk assessments.

Compliance in relation to this should be monitored by the host Local Authority and the Care Quality Commission.

7.3. Information sharing (Recommendations 5 and 6)

7.3.1. When providing services for adults at risk each agency when completing as assessment should make a record of other agencies that are involved in that individuals care, what information has been sought from those agencies, what information has been received from those agencies and what information will be provided to them.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority, the placing authority NHS Trust and the placing authority local NHS and Social Care Partnership Trust.

7.3.2. When residents are placed into homes in another borough, the receiving borough should be notified of this as per the policy in place.

It is recognised the placing local authority Adult Services have a policy in place in relation to this but staff must be reminded that the policy should be adhered to at all times, even if the placing local authority is not the agency that arranges the placement but it subsequently come to their notice.

7.4. Risk assessments (Recommendations 7 and 8)

7.4.1. Where risk assessments are undertaken these should record actions that mitigate the risk and the contingencies that should be put into place should these actions fail or not be available. Risk assessments should also have a time frame for review and record what other factors may trigger a review.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority, the placing authority NHS Trust and the placing authority NHS and Social Care Partnership Trust.

7.4.2. Alongside standard risk assessments agencies should ensure that they have in place a dynamic risk assessment process, that includes an escalation policy in order to ensure that decisions are being made by the relevant people in order to mitigate risk.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority.

7.5. Funding (Recommendation 9 and 10)

7.5.1. Local authorities should ensure that they use their powers under section 19(3) of the Care Act, which provides a power to meet urgent needs prior to a needs assessment or a financial assessment. This is a key element of making safeguarding personal as it then enables the adult to be the focus and not the process itself. Funding decisions should be based on the relevant risk assessments from all agencies involved in an individual's care.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing local authority.

7.5.2. Health authorities should ensure that they make use of the guidance under Continuing Health Care and that procedures are put into place to ensure that the Continuing Health Care framework is considering when Health Service staff are carrying out assessments.

The following agencies are asked to reflect on this recommendation and take appropriate action. The placing authority NHS Trust and the placing authority NHS and Partnership Trust.