Briefing Document for Stanley

This briefing provides a summary of the key themes and learning following a Safeguarding Adults Review (SAR)

1. About the Adult

Stanley was 82 years of age at the time of his death. He lived with his civil partner Matthew who was ten years his junior. Matthew has contributed to this Safeguarding Adult Review (SAR) and he said that he and Stanley had been together as a couple for 45 years, having met in Manchester and 'instantly connected' and been devoted to each other from that time onwards. He described Stanley as an easy-going person who loved music and, in addition to his employment as a mechanical engineer, had been a musician and an entertainer. Prior to their retirements both Stanley and Matthew had been employed as mechanical engineers. They were both White British men.

Matthew said that Stanley's cognitive decline began when he was around 70 years of age and he had subsequently been diagnosed with vascular dementia, hyperthyroidism, aortic aneurism, eczema and dysphagia.

Matthew said that he had become his partner's carer, a role he increasingly fulfilled '24/7' over the final 12 months of Stanley's life.

Stanley became unable to communicate verbally apart from the 'odd word' and his mobility diminished until he was unable to weight bear. Gantry hoists were fitted in the lounge and the bedroom of the home they shared so Stanley could be safely lifted and moved.

Matthew said that Stanley has been on a pureed diet for around 12 months prior to his death. He added that although his carer role was demanding, Stanley was 'easy to look after' as he was very placid and did everything asked of him.

2. What Happened

Stanley died in hospital in May 2021 after being admitted from a nursing home. Stanley had commenced a six-week respite placement in the nursing home, whilst his civil partner and carer Matthew underwent and recovered from a double hernia operation.

Matthew had cared for Stanley in the home they shared for over a decade. Due to Stanley's diagnosis of vascular dementia and dysphagia, he was unable to communicate verbally.

Matthew became concerned about the care Stanley was receiving in the respite placement when Stanley developed a moisture lesion and potential indications of unsatisfactory care began to emerge. He worked with agencies to try and curtail the respite placement in the nursing home and secure Stanley's return home. This proved challenging for Matthew for a number of reasons which are explored in the full report which is published here SAR Stanley 2023 | Salford Safeguarding Adults Board.

On admission to hospital, Stanley was recorded as being severely dehydrated, and unable to survive the admission and therefore end of life care was given.

3. Reason for the Review

Salford Safeguarding Adult (SAR) Panel agreed that the circumstances of Adult SJ **did not meet the criteria for a review**.

Additional information was provided by Matthew explaining how he felt partner agencies had not worked together and in his view, Stanley had died as a result of neglect. A decision was made by Business Manager and the chair for the SAR Panel that the additional information would be presented to the panel members for the decision to be reviewed.

On review of the additional information provided by Matthew, the outcome was that the SAR Panel members felt the criteria for a **Mandatory SAR was met**.

Remember – the SAR process is about learning and NOT blame.

4. What Worked Well

- The ASC manager adopted a creative approach in asking a bridging care provider to assist. Strictly speaking Stanley was not eligible for support from this agency as they provide bridging care for people discharged from hospital but the ASC manager was prepared to adopt a flexible approach in an effort to support Stanley's return home.

- There was much effective partnership working to arrange Stanley's placement and professionals worked together conscientiously to safely meet Matthew's request for Stanley to return home early from his placement.

- Matthew as carer was listened to by professional who appeared to regard him as a very committed and assiduous carer and advocate for Stanley. The GP in particular appeared to be very responsive to concerns raised by Matthew on Stanley's behalf.

Holistic Strength-based Assessments and Support Planning

The Specialist Health Needs Assessment completed in respect of Stanley recommended respite in nursing care. Given the level of his needs this was a justifiable decision. However there is little indication that the 'thoughts, perceptions or wishes' of Stanley or his partner and carer Matthew were taken into account, or any reference to Matthew disagreeing with the assessment.

The assessment did not appear to consider more creative options for meeting Stanley's needs.

Additionally, it should be noted that the assessment was completed as the third England Covid-19 lockdown restrictions were being eased, at a time when the health economy, including the nursing home sector, was under extreme pressure from sickness absence through self-isolation by staff amongst other impacts of the pandemic.

Continuity of Care and Care Needs (engaging with the carer) including Hydration and Nutrition

Throughout the review there were significant concerns about the management of Stanley's fluid intake whilst a resident of the nursing home. Fluid balance charts evidenced insufficient fluid intake (as little as 800ml) during a 16-day period with no reference to the fluids being thickened as directed by health professionals.

On 7 of the 16 full days of Stanley's placement he is recorded as having no food or fluids for between 16 and 17 hours.

There was no indication that Stanley's low documented fluid intake was monitored by nursing staff or management, or any concerns escalated. During his respite placement Stanley was offered solid food despite needing a pureed diet on one occasion which, had he not refused it, would have exposed him to the risk of choking.

Skin Integrity

There was a delay in Nursing Home referring Stanley to the Tissue Viability Nurse and during that period the Nursing Home treated Stanley with barrier cream which the Tissue Viability Nurse considered inappropriate.

Assurance around standards of care within Nursing Homes

It is deeply concerning that hard lessons learned from the Section 42 Safeguarding Enquiry completed following the death of Stanley and the ongoing Safeguarding Adults Review do not appear to have led to all of the issues which adversely affected the care of Stanley during his respite placement being addressed or improvements made being sustained.

Capacity and Market Management

Prior to the respite stay Stanley had a formal care package but due to a lack of availability within the care market across the city, this could not restart when Matthew asked for Stanley to return home.

There must be a better option for people such as Stanley with high needs who was being very effectively cared for at home to be provided with additional care in the familiarity of his home to remain at home, rather than facing the disruption, anxiety and risk of being placed in respite care where, as has been seen in this case, their presentation may deteriorate very quickly.

It may also be a better option for family carers such as Matthew, in order to prevent the feelings of anxiety about the quality of care provided in the respite placement and the challenges involved in questioning the provider.

Use of Personal Budgets

The professionals who attended the reflective session observed that Matthew appeared quite disempowered with little choice over management of Stanley's respite care.

Direct Payments had been discussed previously by Adult Social Care with Matthew but not progressed at that time. It is acknowledged that if Matthew would have taken a Direct Payment he would have come up against the same market capacity issues experienced by Adult Social Care. However, recruitment of personal assistants could have been explored but it is also acknowledged that this isn't a quick process.

The SAR has been advised that the direct payment process is further complicated if the person has nursing needs as the direct payment system cannot duplicate funded health care such as district nurse care.

Voice of the Carer

Matthew as carer was listened to by professional who appeared to regard him as a very committed and assiduous carer and advocate for Stanley. The GP in particular appeared to be very responsive to concerns raised by Matthew on Stanley's behalf.

Matthew was very anxious about Stanley going into a respite placement. Stanley had been his partner for 45 years and he had cared for him for over a decade; he was very attuned to his needs provided loving, personalised and effective care. There are some indications that professionals may not always have responded empathetically to the manifestations of Matthew's anxiety about Stanley.

Whilst it is not suggested that anyone should accept a lower standard of care than they receive in their own home, the process by which care is provided in residential and nursing care has a different profile and it is extremely difficult to mirror the care routine which is possible within the home environment. In residential care and nursing homes it inevitably takes care staff some time to fully understand the person's needs and how they express those needs.

Application of Legal Framework and Statutory Duties

When Matthew began requesting that the respite placement should be curtailed early and Stanley returned to his care at home, the potential need to hold a best interests meeting was discussed but not actioned. With hindsight, this appears to have been a significant missed opportunity as the arguments against Stanley's respite placement ending prematurely were quite strong and it would have been a good opportunity for the arguments for and against Stanley returning home early to be presented and tested out, allowed efforts to be made to ascertain Stanley's views and for his partner Matthew's views to be heard and the eventual outcome documented.

The Nursing Home manager advised the SAR that a Deprivation of Liberty Safeguards (DOLS) referral was made in respect of Stanley although there is no record of a DOLS referral being received by the Salford DOLS team. However, the SAR has been advised that if a DOLS application had been submitted by Nursing Home A, the DOLS team would have reviewed it to see if there were any factors that required a priority assessment, such as any objections being raised by Stanley or others to his care. The team would have taken into account that Stanley's placement was temporary and there was no intention to permanently deprive him of his liberty at Nursing Home A. However, once Matthew began to request and then more urgently press for Stanley to return home, this changed the dynamic and had the DOLS team been notified of this, the priority afforded to any DOLS application may have altered. Otherwise there may have been a risk that Matthew and Stanley's Article 8 rights to a family life may have been breached.

Equalities Issues

Stanley and Matthew were a gay couple who entered into a civil partnership when it became legal for them to do so. There is no suggestion that either Matthew or Stanley were discriminated against or treated insensitively because of their sexuality.

It is of interest that the professional completing the Specialist Health Needs Assessment recorded 'no issues' under the heading of sexuality. Absolutely no criticism is intended for this response but research into older LGBT people's experiences has indicated that they can be an 'invisible' and 'marginalised' population in later life and that their life stories and relationship are frequently overlooked by care providers, staff and managers employed in care homes.

Escalation Pathways

Matthew began expressing concerns about Stanley's care from Friday 7th May 2021. He contacted various agencies including the GP, District Nurses, Adult Social Care and the Care Quality Commission. The advice initially given was that if he had concerns regarding the care being provided, they should be reported to the nursing home.

The impression gained is of Matthew increasingly coming to the conclusion that Stanley was not being cared for in the Nursing Home but struggled to find the most appropriate avenue to escalate those concerns.

Families of residents of residential and nursing homes represent an informal but important form of surveillance of standards within residential and nursing homes which has been seriously disrupted by visitor restrictions arising from the management of the Covid-19 pandemic.

Implementation of Safeguarding Policy and Procedures

Safeguarding procedures were not implemented until two days after Stanley was hospitalised. There appears to be some learning from conduct of the Section 42 Safeguarding Enquiry but this is currently not included within the scope of the SAR.

Impact of Covid

The third Covid-19 lockdown was gradually being eased at the time that Stanley's respite placement at Nursing Home commenced. At that time Nursing Home were trying to maintain the safety of residents, staff and visitors through an appointment system for visits by family members.

The nursing home manager has advised this SAR that individual family members were limited to weekly visits at that time but that this was relaxed for Matthew. However, he was unable to visit as frequently as he would have liked which reduced the extent to which he could liaise with care staff about Stanley's ongoing needs given Stanley's communication difficulties. He was also less able to monitor Stanley's presentation and the care he was receiving.

Dealing with Complaints

Matthew's life has been consumed by the Safeguarding Enquiry and multiple complaints processes which did not appear to have given him a great deal of satisfaction. It appears that SAR process has met his needs, perhaps because it has a strong element of independence, is less defensive than complaints processes can appear to be and enabled the Board Manager and independent reviewer to develop a constructive relationship with Matthew over time. What came across very strongly was that Matthew felt a degree of guilt for Stanley's death. This is a far from unusual feeling for people trying to come to terms with the loss of a loved one. Matthew appeared to feel that the SAR process with its focus on learning from professional contact with Stanley and Matthew somehow helped to ease the burden of guilt he felt.

As a result of the report, a number of questions have been asked to the Salford Safeguarding Board which will then create a number of actions in response to the learning from this review.

5. Signposting and Resources

- On 13th June 2023, Salford Care provider Excellence Programme held an event 'Achieving Excellence in Nutrition and Hydration', an overview of the presentation can be seen using this published link here - Salford Care Provider Excellence Programme: Achieving Excellence in Nutrition and Hydration - Safer Salford
- In Salford there is Malnutrition Task Force which has been an important part of Age UK Salford for a number of years. If you wish to know more about this program of work Read the Salford Story. Please access the Salford Age UK website for further resources on Nutrition and Hydration
- The community dietitians are offering all care homes in Salford which provide session related to Nutrition and Hydration, the current training sessions being offered (In July 2023):

- **MUST (malnutrition universal screening tool)** - this session is to ensure staff are aware of how to monitor and identify malnutrition and put in place an appropriate action plan.
- **Food First'** - this session helps staff to understand how to support those who are losing weight or who are underweight.

If you wish to access this training for your care home, please contact community.dietetics@nca.nhs.uk

- **Pressure Ulcer: Prevention and Management** – NICE have some guidance which provides guideline covering risk assessment, prevention and treatment in children, young people and adults at risk. For further information visit Overview | Pressure ulcers: prevention and management | Guidance | NICE

- The SSAB has a Multi-agency Escalation Guidance which should be shared and encouraged to use. The purpose of this guidance is to enable all professionals/ practitioners have the opportunity to exercise their judgement and to feel comfortable to exert professional challenge whilst providing the best possible service in a timely and safe way.

- As a gentle reminder, the SSAB website has a Mental Capacity Act 2005 Resource and Practice Toolkit to support practitioners when working with adult who may need support to make decision, assessing mental capacity and applying the Best Interest principle.

6. Next Steps – we ask that you

- Please share within your own organisations and teams to ensure the learning is shared as widely as possible.

- A learning event is being arranged, this will give you an opportunity to learn more about Stanley and the learning that has come from this Safeguarding Adult Review (SAR)

- Share any examples of good practice with us.

Learning has been shared with all agencies involves a robust Action Plan developed to address the key themes and learning which will be monitored on a regular basis.

The SSAB will develop further mechanisms to disseminate learning for practitioners to raise the profile of lessons learned and areas of good practice from this case and other SARs in the system in due course.

For more information visit our website https://safeguardingadults.salford.gov.uk/.