Salford Safeguarding Adults Board

Learning Event
What happened to Stanley

Salford Safeguarding Adults Board

Agenda

- Welcome and Introduction – Francine Thorpe, Chair of SSAB
- Short video – interview with Matthew, Stanley's partner
- Presentation – David Mellor, Lead Reviewer and SAR Author
- Update – Andy Briffa, Adult Social Care
- Presentation Nutrition and Hydration – Carmel Berke, Age UK
- Presentation How nutrition and hydration affects skin integrity – Emma Foy, Northern Care Alliance
- Questions and Answers
- Closing comments / Next Steps

Stanley

- Stanley died in May 2021 at the age of 82. He had been diagnosed with vascular dementia and dysphagia and was unable to communicate verbally or weight bear. He had been cared for by his civil partner Matthew (then 72) in their family home for over a decade.
- Stanley was a retired mechanical engineer who had also been a musician and entertainer.
- Gantries had been fitted in the lounge and bedroom of the family home. Home Care Provider 1 visited twice daily. Stanley accessed a Day Centre twice weekly. Matthew said he found his carer role demanding but that Stanley was ‘easy to look after’ because he was such a calm and placid person.

Brief timeline

- Matthew needed a hernia operation and on 1st April 2021 was given a provisional date of 30th April 2021 for the op. A Best Interests meeting had previously taken place at which it had been decided that Stanley would be placed in respite whilst Matthew underwent and recovered from his operation.
- A Specialist Health Needs Assessment recommended nursing care and Stanley's placement in Nursing Home A began on 28th April 2021 for 6 weeks.
- Matthew began requesting Stanley's return home from 3rd May 2021 onwards.

Brief timeline

- Adult Social Care responded to Matthew's requests whilst also mindful that resuming his caring role too soon may set his post-operative recovery back. The Day Centre had reallocated Stanley's place on an interim basis and the Home Care Provider was unable to offer the increased level of support which Matthew would initially need to care for Stanley until 17th May 2021.
- Matthew became concerned about the care Stanley was receiving in Nursing Home A after he developed a moisture lesion for which he was seen by the Tissue Viability Nurse on 11th May 2021.

Brief timeline

- Matthew became increasingly concerned about the care Stanley was receiving and made a complaint to the CQC on 14th May 2021.
- On 15th May 2021 Stanley was admitted to Hospital I with sepsis of unknown origin secondary to pneumonia. He was noted to be a very frail man who was severely dehydrated.
- Stanley died in Hospital 1 on 24th May 2021.

Learning Theme – Specialist Health Needs Assessment

- The outcome of the assessment that Stanley needed respite in nursing care was justifiable.
- However, the assessment could have considered more creative options for meeting Stanley's needs – although the Covid-19 context (3rd national lockdown restrictions being gradually eased) restricted options at that time.
- Greater attention could have been given to 'thoughts, perceptions and wishes' of Stanley or Matthew and there was no reference to Matthew disagreeing with the assessment.

SAB Questions

- What are the barriers to professionals adopting a more flexible, creative & collaborative approach to considering how a person's assessed health and social care needs could be met? How might barriers be overcome and what might act as enablers of a less rigid approach?
- How might personal choice be promoted in decision making relating to how assessed health and social care needs may be met?

Learning Theme – Hydration & Nutrition

- Stanley was ‘severely dehydrated’ on admission to Hospital 1.
- During his 16 full day placement in Nursing Home A Stanley is recorded as consuming 880 millilitres of fluid per day on average. Whether fluid was thickened was not recorded.
- On 7 of the 16 full days he is recorded as having no food or fluids for between 16 & 17 hours.
- Stanley’s documented low fluid intake was not picked up on through monitoring or apparently escalated.
- Dehydration is a potential underlying cause of pressure ulcers and the Tissue Viability Nurse recommended that food and fluids should be encouraged.

Learning Theme – Hydration & Nutrition

- Stanley's support plan highlighted his risk of choking and stated that he required a soft diet. He was offered sandwiches on one occasion.
- The support plan also stated that he needed lots of time and encouragement to eat. No information about efforts to encourage him to eat was recorded but he was documented to have 'refused' food or drink on 8 occasions.
- Stanley had difficulty communicating but was recorded as refusing food on several occasions. Could more have been done to improve communication with Stanley and ensure he was understood?

SAB Questions

- How might the Board and partners further engage with the providers of Care/Nursing Homes to emphasise the importance of hydration?
- Could creative solutions to the challenge of hydrating residents of Care/Nursing Homes be explored?
- Could visiting professionals have a role to play in monitoring nutrition and hydration in Care/Nursing Homes?
- Have all training options in respect of nutrition and hydration been explored?

Learning Theme – Skin Integrity

- Nursing Homes employ registered nurses who are expected to be able to respond to skin integrity concerns.
- There was a 3 or 4 day delay in Nursing Home A referring Stanley to the Tissue Viability Nurse and during that period Stanley was treated with barrier cream which the Tissue Viability Nurse did not consider to be appropriate.

SAB Questions

- What further steps are needed to encourage Nursing Homes to make prompt referrals to the Tissue Viability Service?
- What further steps are needed to encourage take-up of skin integrity training by Care/Nursing Homes?

Learning Theme – Assurance re Standards of Nursing Home Care

- The most recent CQC Inspection of Nursing Home A (completed in October 2022) found that many of the issues which affected Stanley's care 17 months earlier remained problematic, particularly insufficient hydration, insufficient recording of hydration and nutrition and ineffective measures to monitor and improve the situation by the Nursing Home.
- Following the Section 42 Enquiry relating to the care Stanley received in Nursing Home A, Adult Social Care had worked with the registered manager to review improvements made.

SAB Questions

- Are the elements of the system-wide Market Management and Care Home oversight sufficiently sensitive to concerns relating to hydration?
- Is the work of Market Quality and Care Home Oversight teams sufficiently informed of the outcomes of section 42 Enquiries and the learning from SARs?

Learning Theme - Capacity and Market Management

- The SAR has been advised of a number of developments such as:

❖Overnight support offer and

❖Plans to revise the Salford Carers Strategy to improve the respite offer to carers and

❖improvements to the home care market generally including mandating payment of the ‘real living wage’ through home care commissioning arrangements and introducing hospital retainer payments for example.

SAB Questions

- To what extent is the overnight support offer making a difference to the need for respite care placements?
- How might the nursing needs of people who could benefit from the overnight support offer be met?
- To what extent will the learning from this SAR be used to inform the further development of the overnight support offer and the respite offer to carers?
- To what extent will the voice of carers feed into the improvements underway and could Matthew be offered the opportunity to influence changes being made?

SAB Question – Direct Payments flexibility

- How might barriers to using the direct payments system for people with nursing needs be overcome?

SAB Questions – Escalation pathways

- Is the Board satisfied that information on how to make a complaint and/or escalate concerns is sufficiently clear and sufficiently available to family members supporting people in residential care?
- Are there any barriers to family members making complaints and/or escalating concerns which need to be addressed as a result of the learning from this case?
- Could there be more effective ways of responding to complaints from family members relating to the care provided to a loved one?

SAB Question – needs of older LGBT people

- How content does the Board feel that the care needs of older LGBT people are being met in a manner which is sensitive to their needs?

Good practice

- The ASC Manager adopted a creative approach in asking a bridging care provider to assist in supporting Stanley to return home early from his placement in Nursing Home A.

Saving lives, Improving lives

NHS
Salford Care Organisation
Northern Care Alliance
NHS Foundation Trust

SAR Stanley

Adult Social Care Procurement & Market Management Team

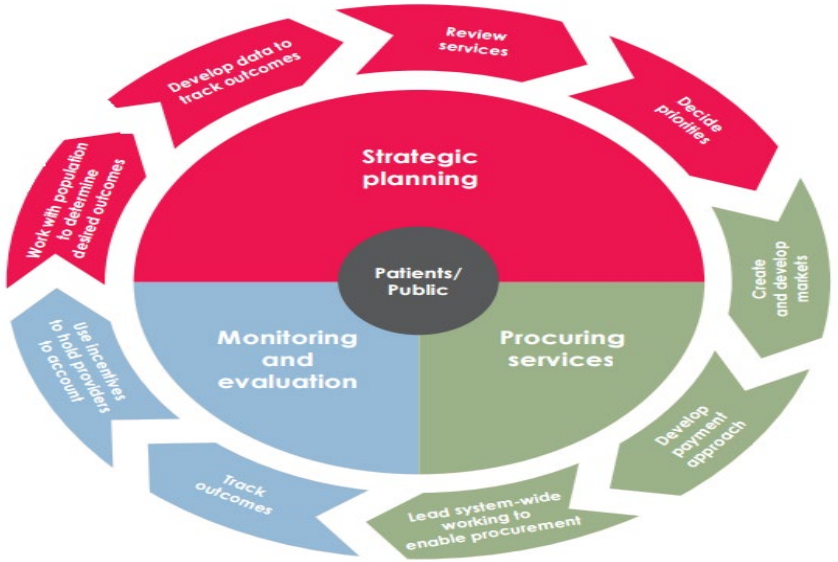
October 2023

Procurement & Market Management Team

- Part of Salford Care Organisation & the Northern Care Alliance
- Previously within Salford City Council
- Integrated Health & Social Care system in Salford

Procurement & Market Management Team

- Main function is the delivery of the procurement and commissioning life cycle



Procurement & Market Management Team

- Help to develop specifications and service delivery models – Care Act
- Procure Services/Providers (tendering) – Public Contract Regulations
- Monitor services – quality, performance & outcomes – Care Act

Procurement & Market Management Team

- Homecare - Older People
- Care Homes - Older People / Specialist
- Supported Living - Learning Disabilities / Mental Health
- Manage approx. 90 Services in Salford

Overnight Homecare Support

- SAR Stanley Finding 5 – recommendation to implement an overnight support offer at home.
- Paid carers providing care and support in an individual's home as per an Adult Social Care Assessment
- Alternative to building based provision

Overnight Homecare Support

- June 2022 first overnight support service commissioned.
- 22 individuals have accessed the service
- Delivered by 7 Homecare Providers
- Facilitated hospital discharges, prevented short and long-term residential placements

Overnight Homecare Support

- Next steps
  - Incorporated into homecare priority plan – improving quality and increasing capacity
  - Detailed service review of provision & outcomes
    - Embedding the service into our permanent homecare offer
    - Also look at alternatives – pop in service, technology enabled care, alternative bed management systems.

Report updates

- Quality Assurance Framework (PAMMS) – full implementation across ASC Provider market
  - Driving through quality improvements

- Homecare capacity
  - Sourcing care quickly
  - Real living wage implementation
  - Recruitment steady & good retention levels

Report updates

- Market Oversight Groups
  - Quality, performance & risk
  - Key professionals attend

- Implementation of Provider forums
  - Share best practice
  - Guest speakers

SAR Learning Event

Preventing Malnutrition and Dehydration in older people we care for

Carmel Berke

Programme Director,

Age UK Salford

Malnutrition - What is it ?

Malnutrition (meaning poor or bad nutrition) → **Over-nutrition** (obesity) **and** **Under-nutrition**

For many older people it is characterised by low body weight or weight loss, meaning simply that some older people are not eating well enough to maintain their health and wellbeing.

NICE defines a person as malnourished if they have:

- A BMI (Body Mass Index) of less than 18.5
- Unintentional weight loss greater than 10%, within the past 3-6 months
- A BMI of less than 20 **and** unintentional weight loss greater than 5% within the past 3-6 months

Signs to look out for

Visual

Verbal

Why focus on malnutrition?

47%
of all people who fall are malnourished

1 in 3 people aged 65+
are at risk of malnutrition
on admission to hospital

MALNUTRITION TASK FORCE
www.smallappetite.org.uk

*In England and Wales (2007-11). Nutrition Screening Surveys in Hospitals in England 2007-11, Bapen, 2014

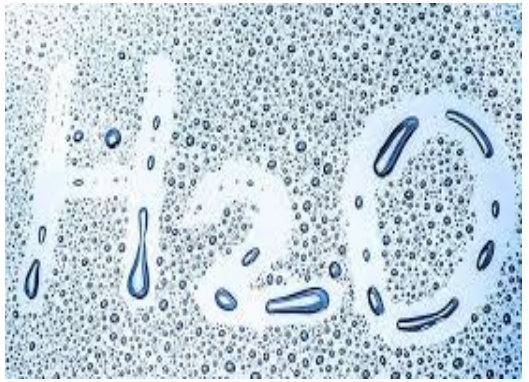
Images from Malnutritiontaskforce.org.uk

Malnourished patients:

- Three times more hospital admissions
- Three days longer length of stay
- Two to three times higher cost of treatment

Estimated cost of malnutrition in England[1] **£ 19 bn**

Dehydration - What is it?



- **Dehydration is fluid loss**

- Loss can occur from conditions such as sweating, diarrhoea, vomiting, medications.
- Thirst is a useful indicator of daily fluid needs but most people are already mildly dehydrated by the time they feel thirsty.

•Risk factors include:

- Age-related changes include a reduced sensation of thirst, which may be more pronounced in those with Alzheimer's disease or who have had a stroke. Incontinence

Source: British Nutrition Foundation

Dry mouth, lips and tongue and sunken eyes.

Fatigue, Headaches, Dizziness, Memory issues, Behavioural issues.

Low or no urine output / dark concentrated urine

Source: British Nutrition Foundation

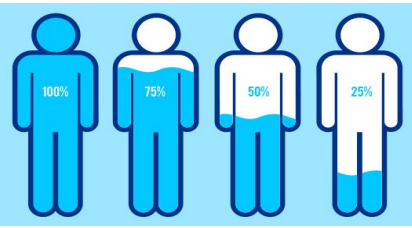
Some key stats - dehydration

20%

of older people are dehydrated

28%

have impending dehydration



This leads to admissions to hospital for:

- Confusion
- UTIs
- Falls
- Constipation
- Increased risk of infection / sepsis
- Low mood and energy so loss of independence and mobility

Simple tips and advice

Food first approach:

Food is much more than just fuel – it is linked to enjoyment, socialisation and routine

Social support:

Eating in company and talking about our diet can help to boost appetite and keep interest in food and drink

Access:

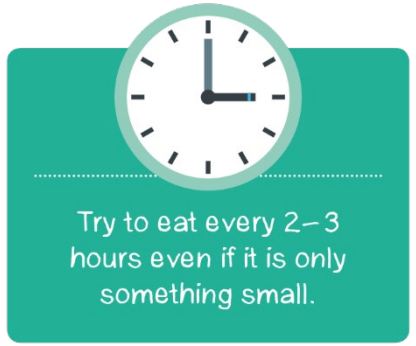
Some people may need support to access and prepare food and drink

Mental health:

Poor nutrition and hydration can be a cause and consequence of poor mental health. An improvement in one of these can lead to an improvement in the other.

Main tips from the Eat, Drink, Live well booklet

Eat little and often



Use milk powder to fortify milk, sauces and soup

Buy a tub of skimmed milk powder to use for fortified milk and in sauces or soup.

Eat with others

Some people are having a shared lunch over a video call or watching a favourite programme while eating

Add to your food to increase energy without increasing portion size

Top tip

Adding cheese to your mashed potato is not just tasty, it helps boosts your calorie intake too.

This is called fortifying food

Have more protein

Add extra pieces of meat or tinned lentils into soups, casseroles, stews or pies.

Make meal preparation easier

Why might someone with dementia experience problems with eating and drinking?

- They might:
- Forget to eat
- Experience difficulties preparing food
- Have difficulty recognising food items or remembering how to eat it
- Have a change in appetite or taste
- Have difficulty expressing hunger or thirst
- Lose ability to feed oneself and reduced coordination
- Have poor mouth care
- Crave sweet or spicy food
- Have difficulties chewing and swallowing food

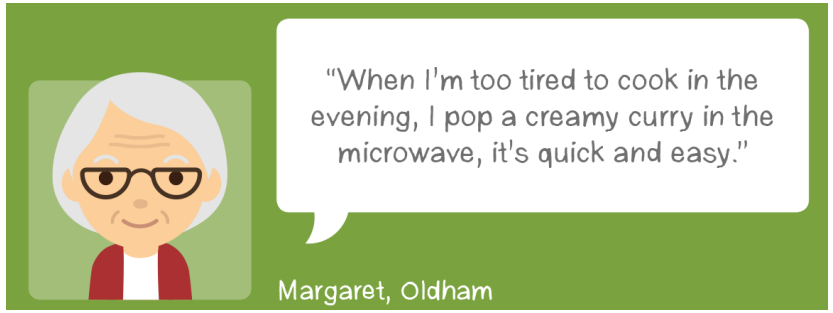
How can you help?

- Setting the scene for mealtimes
- Encouraging a person with dementia to eat
- Encouraging a person with dementia to drink
- Stock up the store cupboard
- Fortify food
- Swallowing

There is no magic bullet that works for everyone. Each person will be affected differently and different approaches might work better for some people than others. Also, some approaches may work one day but not the next. Share with colleague what has

Research by University of Manchester has found that simple conversations can make a big difference for older people at risk of malnutrition

1. Simple advice



2. Gentle encouragement

What have you had for tea tonight?
What kind of things have you been eating?
How are you getting your food supplies?

3. Social support

Further information:
https://www.ageuk.org.uk/bp-assets/globalassets/salford/images/nutrition-and-hydration/nutrition-and-hydration-programme-final-report-4th-june-2020.pdf

Nourishing Snacks- examples

Savoury:

Toasted crumpet with cream cheese

Hummus with bread sticks

Sausage roll

Cup-a-soup

Mini pork pie

Digestive biscuits with cheddar cheese

Beans on toast

Sweet:

Malt loaf with butter

Flapjack

Scone with clotted cream

Toasted crumpet with peanut butter

Banana and Custard

Muffin

Rice pudding with jam

Salford ageUK

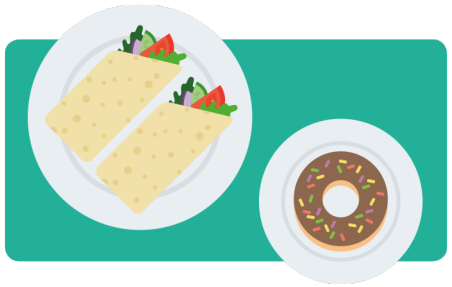
Greater Manchester Nutrition & Hydration

How to reduce risk of malnutrition in a care setting:

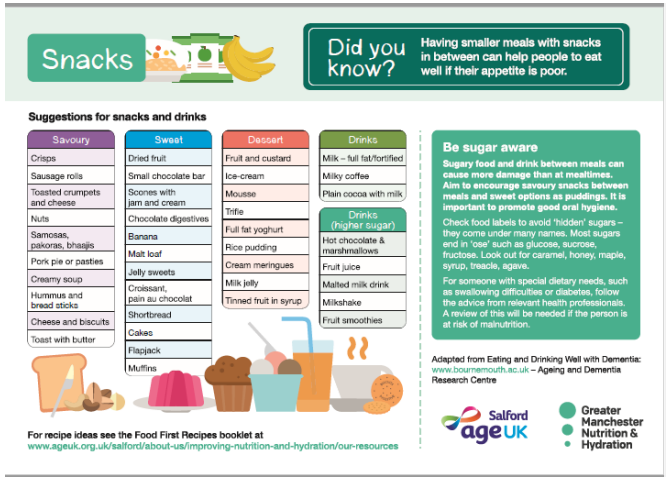
- Every resident should be screened for risk and if risk is found, a specific care plan should be followed
- Create an environment that prevents malnutrition; food is more than just nutrients
- Consider nominating a nutrition champion whose role is to make sure care plans are acted upon and ideas of improvement are being explored
- Consider specific nutrition education and training for staff
- Have residents involved in food preparation where safe and possible
- Register with BAPEN to monitor your performance on nutritional care: BAPEN Nutritional Care Tool

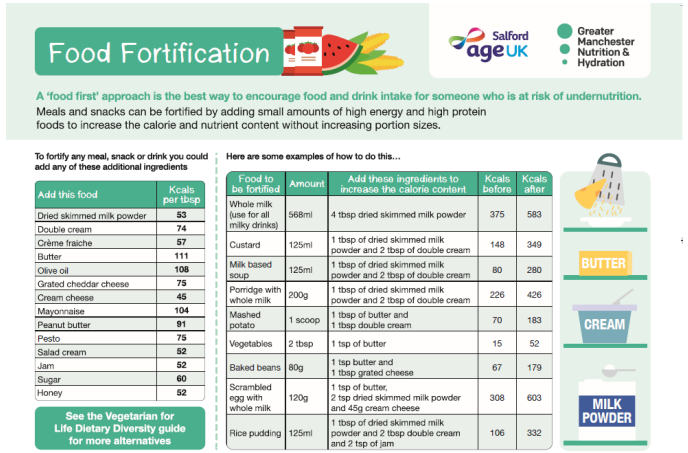
Tried and tested (care Home in Bury)

- Snack boxes residents can walk around with filled with high calorie snacks
- Activities involving simple food preparations such as smoothies and pizzas can then be enjoyed by residents
- Staggered meal times to enhance meal time experience and reduce noise and distraction
- Those who wake early are offered toast and cereal before a larger breakfast
- Specific care plans following an illness (as weight loss is expected)
- Food focused events (eg. Wine and cheese, afternoon teas, food from around the world)



Resources


Snacks
Did you know?
Having smaller meals with snacks in between can help people to eat well if their appetite is poor.
Suggestions for snacks and drinks
Savoury
Crisps
Sausage rolls
Toasted crumpets and cheese
Nuts
Samosas, pakoras, bhajis
Pork pie or pasties
Creamy soup
Hummus and bread sticks
Cheese and biscuits
Toast with butter
Sweet
Dried fruit
Small chocolate bar
Scones with jam and cream
Chocolate digestives
Banana
Malt loaf
Jelly sweets
Croissant, pain au chocolat
Shortbread
Cakes
Flapjack
Muffins
Dessert
Fruit and custard
Ice-cream
Mousse
Trifle
Full fat yoghurt
Rice pudding
Cream meringues
Milk jelly
Tinned fruit in syrup
Drinks
Milk – full fat/fortified
Milky coffee
Plain cocoa with milk
Drinks (higher sugar)
Hot chocolate & marshmallows
Fruit juice
Malted milk drink
Milkshake
Fruit smoothies
Be sugar aware
Sugary food and drink between meals can cause more damage than at mealtimes. Aim to encourage savoury snacks between meals and sweet options as puddings. It is important to promote good oral hygiene.
Check food labels to avoid 'hidden' sugars – they come under many names. Most sugars end in 'ose' such as glucose, sucrose, fructose. Look out for caramel, honey, maple, syrup, treacle, agave.
For someone with special dietary needs, such as swallowing difficulties or diabetes, follow the advice from relevant health professionals. A review of this will be needed if the person is at risk of malnutrition.
Adapted from Eating and Drinking Well with Dementia: www.bournemouth.ac.uk – Ageing and Dementia Research Centre
For recipe ideas see the Food First Recipes booklet at www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/our-resources

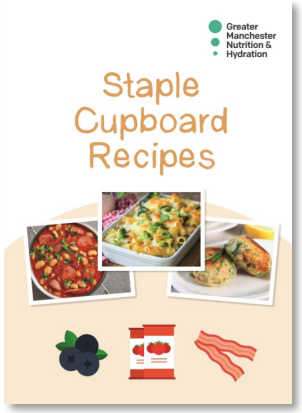

Food Fortification
A 'food first' approach is the best way to encourage food and drink intake for someone who is at risk of undernutrition.
Meals and snacks can be fortified by adding small amounts of high energy and high protein foods to increase the calorie and nutrient content without increasing portion sizes.
To fortify any meal, snack or drink you could add any of these additional ingredients
Add this food | Kcals per tbsp
Dried skimmed milk powder 53
Double cream 74
Crème fraiche 57
Butter 111
Olive oil 108
Grated cheddar cheese 75
Cream cheese 45
Mayonnaise 104
Peanut butter 91
Pesto 75
Salad cream 52
Jam 52
Sugar 60
Honey 52
See the Vegetarian for Life Dietary Diversity guide for more alternatives
Here are some examples of how to do this...
Food to be fortified | Amount | Add these ingredients to increase the calorie content | Kcals before | Kcals after
Whole milk (use for all milky drinks) 568ml 4 tbsp dried skimmed milk powder 375 583
Custard 125ml 1 tbsp of dried skimmed milk powder and 2 tbsp of double cream 148 349
Milk based soup 125ml 1 tbsp of dried skimmed milk powder and 2 tbsp of double cream 80 280
Porridge with whole milk 200g 1 tbsp of dried skimmed milk powder and 2 tbsp of double cream 226 426
Mashed potato 1 scoop 1 tbsp of butter and 1 tbsp double cream 70 183
Vegetables 2 tbsp 1 tsp of butter 15 52
Baked beans 80g 1 tsp butter and 1 tbsp grated cheese 67 179
Scrambled egg with whole milk 120g 1 tsp of butter, 2 tsp dried skimmed milk powder and 45g cream cheese 308 603
Rice pudding 125ml 1 tbsp of dried skimmed milk powder and 2 tbsp double cream and 2 tsp of jam 106 332
BUTTER
CREAM
MILK POWDER


Stay Hydrated
Stop Infection, Drink More!
Aim for 6–8 drinks per day, unless advised otherwise by your GP
Do not wait until you feel thirsty to have a drink
Drink more in the morning if you worry about getting up at night
Choose drinks that you like and are likely to finish
Please follow: @GMNandH
For more information call your local Age UK
Bolton: 01204 382411
Bury: 0161 763 9030
Oldham & Rochdale: 0161 633 0213
Manchester: 0161 833 3944
Salford: 0161 788 7300
Stockport: 0161 480 1211
Tameside: 0161 308 5000
Trafford: 0161 746 9754
Wigan Borough: 01942 241972
PaperWeight
GMCA
NHS in Greater Manchester

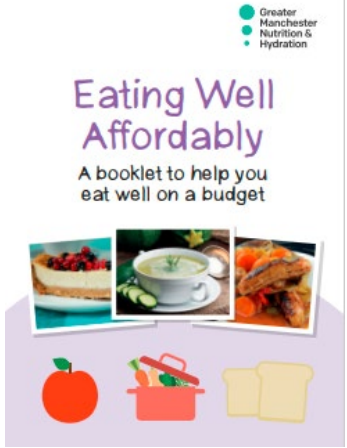

I've lost weight without trying
Loose dentures
Loose collar or clothes
I feel tired all the time
I've got a poor appetite
Thin arms or legs
It's difficult to get to the shops
Loose belt
I find it hard to keep warm
Loose ring or watch
It's difficult to cook just for one
Loose shoes

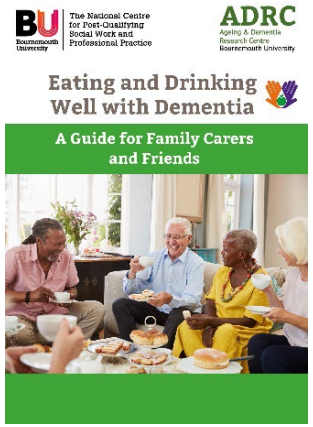

Eat, Drink, Live Well
Top tips to improve your appetite


Food First Recipes
Recipes to help you to boost your appetite and gain weight


Staple Cupboard Recipes


Meal and snack ideas from a range of cultures


Eating Well Affordably
A booklet to help you eat well on a budget


BU Bournemouth University
The National Centre for Post-Qualifying Social Work and Professional Practice
ADRC Ageing & Dementia Research Centre Bournemouth University
Eating and Drinking Well with Dementia
A Guide for Family Carers and Friends

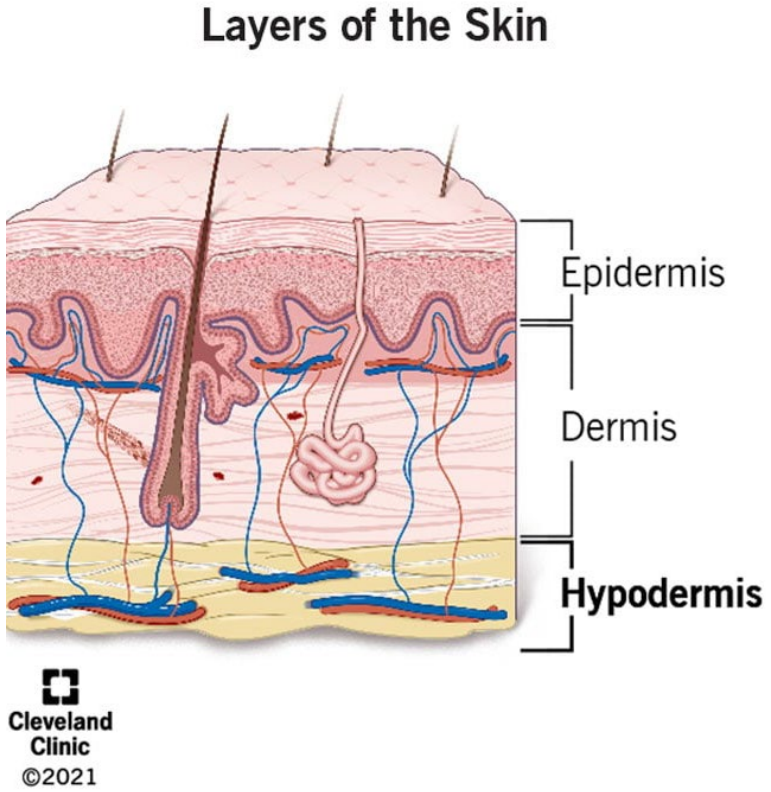
How nutrition and Hydration can affect wound healing

By Emma Foy

Tissue viability team leader

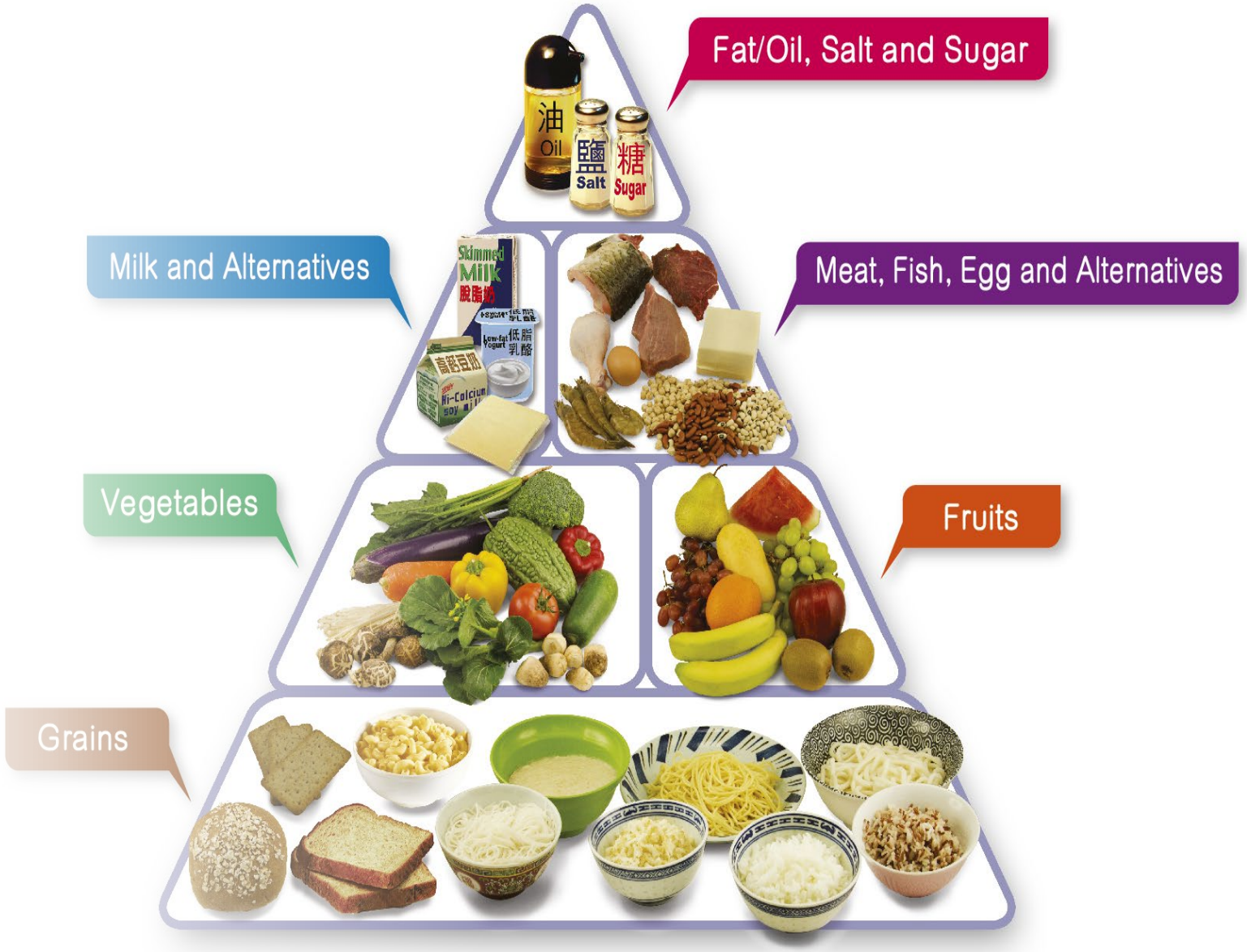
The Skin

- Epidermis
- Dermis
- Hypodermis (more commonly known as the subcutaneous tissue)
- The skin is the largest organ in the body



Why is good Nutrition & Hydration necessary?

- maintains good health and wellbeing,
- preventing illness and improves recovery of patients
- Fuels the body to provide energy
- Organ function



The impact poor nutrition and hydration has on skin integrity

- Nutrition plays an important role in maintaining healthy skin
- Dehydration
- Mobility
- Reduced immune function
- New cell production
- Delays the wound from progressing through the healing stages
- Malnutrition relates to a degree in wound tensile strength

What should be completed

Completion of a nutritional screening and assessment should be performed for all patients when they are admitted on to your caseload or establishment

A validated screening tool such as a MUST should be used

Accurate weight and height should be obtained, not estimated

Things to consider if a patient has a wound

- Weight monitoring-increasing frequency
- Commencing of a diet and fluid chart
- Fortifying of foods, offering of regular milky drinks and snacks
- Severity of damage-cat 3/4 should prompt an automatic referral to the dietetic department
- Frequency of dressing changes- the wetter the wound the more calories lost
- 30-40 extra calories per kg is needed per wound

Referral to a Dietician

- If a Patient scores 2 or above on a MUST a referral should be made to community dieticians.
- The referral should be made for Nursing residents by the nursing staff .
- By the district nurses for Residential Resident.

Questions

Next steps

- Share the slides / links / resource
- Action Plan that addresses the questions
- Encourage you to share with your teams / colleagues
  - Briefing document
  - Report