

# Safeguarding Adults Review, 7 Minute Learning Summary, Ken

Ken was a white British man in his late 70's, who lived with his wife Ava and they had two adult daughters. Ken had complex health needs and was terminally ill. Ken's wishes were to die at home or if this was not possible he asked to go to a hospice.

The majority of the last six months of Ken's life were spent in hospital, Ken sustained pressure damage, exacerbated by his refusal of appropriate equipment and care. Ken passed away in hospital.

A number of professionals across the partnership worked with Ken, however this work was conducted in a compartmentalised way. A multi-agency approach may have better supported Ken and his family in their decision making during this difficult time.

In response to Ken's death, the West of Berkshire Safeguarding Adults Partnership Board commissioned a thematic Safeguarding Adult Review (SAR) comparing and contrasting findings and recommendations with five other SARs published by the Board, which also included learning around pressure care management.

## Missed Opportunities Identified

Improvements were needed in regards to information recording and sharing. Which might have been met by the use of multi-disciplinary meetings. In Ken's case this was in relation to pressure damage sustained in services and his variable acceptance of care.

Although professionals considered Ken's capacity to make decisions, it is unclear if much consideration was given to his mental wellbeing and how that might be impacting upon his decisions. This may have been compounded by his use of strong prescribed pain killers. His reluctance to reposition or engage with support staff may have benefited from further assessment by the GP or the mental health service.

Professionals did not appear to adequately consider and explore Ava's needs, despite Ava's frequently expressed anxieties and fears of not coping, alongside concerns about Ava's memory. Ava did not receive a carer's assessment; this would have been helpful.

Ken's daughters believe that they would have played a larger role in his care had they been kept updated and involved by the professionals in the case. It is important to note that prior to any involvement with family and/or friends the individual involved should express that they are happy with their involvement.

## Areas of good practice identified

Professionals' assumption of Ken's capacity to make the decisions in question were in keeping with their responsibilities under the Mental Capacity Act. They did not interpret Ken's "unwise decisions" as evidence of incapacity. Assessment of capacity was appropriately undertaken at critical points such as his refusal of surgery.

Professionals continued to encourage Ken to take up offers of pressure relieving equipment, despite his many refusals, throughout the specified period. They sought alternatives that they thought Ken would find acceptable.

Carers considered they were listening to and respecting Ken and Ava's wishes when Ken declined personal care.

A Section 42 Enquiry initiated shortly before Ken's death appropriately involved Ken and his family and identified actions to be taken by the participants on behalf of Ken specifically but also in wider service improvements, such as additional training and reporting in homecare services.

## Findings

Common themes between the six SARs that require attention for learning and improvement.

Findings	SARs that were part of this thematic review: <a href="#">Graham, P</a> , <a href="#">Ben</a> , <a href="#">Aubrey</a> , <a href="#">Mrs H</a> , <a href="#">Full Ken Report</a> .
<b>Clear accountability and coordination</b>	Support of people with complex needs requires care management that demonstrates clear professional accountability and active coordination. Ken and his family would have benefited significantly from the appointment of a named professional to coordinate all input and proactively review their care arrangements. Perhaps most importantly the person might have built a relationship with them to understand why Ken was increasingly making what were deemed unwise decisions detrimental to his health. The appropriate professional could have been a social worker but other key professionals could have performed this role.
<b>Risk assessment and management</b>	A comprehensive risk assessment should have been undertaken that took full account of Ken's home situation, state of mind, prognosis and physical condition. Although there appears to have been no formal diagnosis, Ken's daughter described her father as "depressed", which would be understandable in his circumstances. An indication of this was his change from a very well-presented man who was house proud, to someone who cared little about his personal appearance. This warranted further investigation, particularly as it potentially contributed to his refusal of services, and was therefore a factor in his physical decline.
<b>Effective multi-disciplinary / agency teamwork</b>	A recurrent theme in all cases was the lack of coordination and timely communication between different professionals. Multi-disciplinary /agency meetings were the exception rather than the rule. The experience of Ken was not unusual in comparison with the other five SARs. Where MDT meetings did occur, those attending did not have all the relevant information necessary to underpin safe decision-making.
<b>Pressure ulcer prevention and care</b>	All individuals developed pressure ulcers whilst receiving health and / or social care services. The prevention and treatment of pressure ulcers continues to challenge agencies across the partnership. Timely reporting and intervention are essential but, sadly, often lacking in the SARs reviewed.
<b>Consistent application of the MCA</b>	Ken was assessed to have capacity to make decisions regarding his care, however recording on information supplied to Ken in order to make decisions regarding his care was lacking. Therefore it could not be evidenced whether or not Ken was making informed decisions.
<b>Appropriate involvement of family members</b>	Ken's views and choices determined the care that he received in the period under review. However, there were opportunities to consider his wife's needs and views that were missed. Closer attention to her perspective potentially would have helped her in the role of Ken's carer but also perhaps shed some light on the risky decisions that he was making. These would have benefitted from further exploration.
<b>Quality Assurance</b>	In Ken's case the delivery of home care did not match the expectations of his care plan, there needed to be more scrutiny of its delivery and effectiveness.