Shropshire Partners in Care
The Care Workforce Development Partnership

Safeguarding Adults Forum

December 2018

NHS Telford and Wrekin Clinical Commissioning Group
a co-operative council
Telford & Wrekin COUNCIL
NHS Shropshire Clinical Commissioning Group
Shropshire Council

Agenda

Introduction from safeguarding adults forum organisers *(Karen Littleford)*

Pressure Ulcer Protocol
(Paul Cooper, Shropshire CCG)

Local authority response to safeguarding and pressure ulcers
(Jeanne Bradley, Shropshire Council)

Pressure Ulcer Prevention and Management
(Joy Tickle, Shropshire Community Health

Mental Capacity Act – When to Involve an Independent Mental Capacity Act Advocate
(Marion Kelly, Shropshire Partners in Care)

Forum Meeting Evaluation

The **purpose of the Safeguarding Adults Forum** is to promote awareness of good practice concerning safeguarding adults, including the application of the Mental Capacity Act, the Deprivation of Liberty Safeguards and the Prevent agenda

(SA Forum ToR, 2018)

Forum Questions

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Ground Rules for Forum Meetings and Engagement with the Forum

Applicable during forum meetings and in any subsequent communication, including electronic:

- Language (appropriate)
- Maintain individuals confidentiality
- Respect other forum members right to voice their opinions
- Acknowledge differences in opinions
- Contribute to requests for future agendas
- Work to the forum Confidentiality Agreement
- Commit to partnership working in order to improve the experience of adults with care and support needs
- Commit to engage, share good practice and take appropriate action
- Be open to suggestions ‘open, engaged and involved’
- Evaluate individual forum meetings in order to contribute to overall project evaluation
- Cascade information within your organisation

Pressure Ulcers and Adult Safeguarding

NHS
Shropshire
Clinical Commissioning Group

Paul Cooper - Head of Safeguarding Adults, Shropshire CCG

When is a pressure ulcer a safeguarding matter?

- […] If it appears to local authorities that the person is experiencing, or at risk of, abuse or neglect, they must carry out a safeguarding enquiry and decide with the adult in question what action, if any, is necessary and by whom.

- The decision to carry out a safeguarding enquiry does not depend on the person's eligibility, but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect. *Where this is the case, a local authority must carry out (or request others to carry out) whatever enquiries it thinks are necessary in order to decide whether any further action is necessary.*

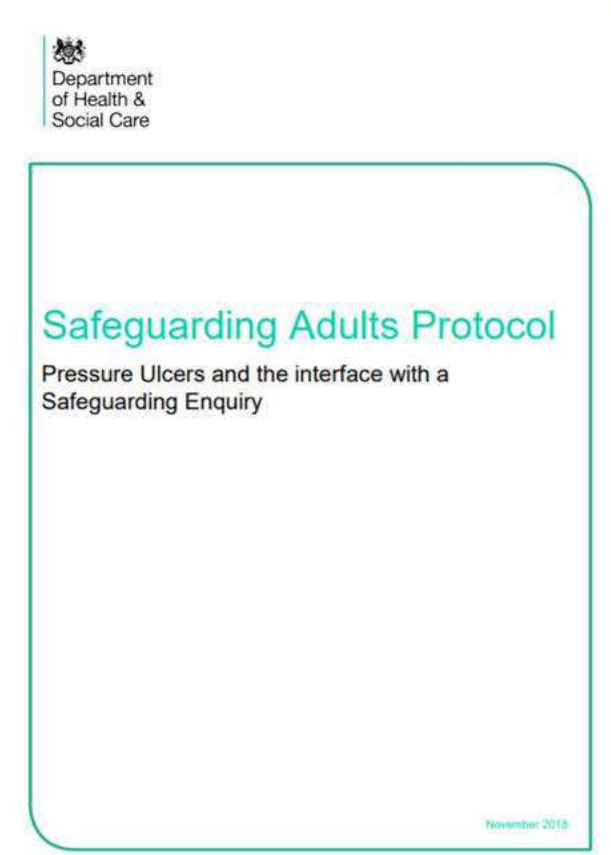
DoH&SC (2016) Care and Support Statutory Guidance 6.54 & 6.55)

- Where there is poor, neglectful care or practice, resulting in pressure sores… then an employer-led disciplinary response may be more appropriate; but this situation will need additional responses such as clinical intervention to improve the care given immediately and a clinical audit of practice.

- For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores.

DoH&SC (2016) Care and Support Statutory Guidance,14.42 & 14.82)

So are pressure ulcers a safeguarding matter???????



https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol

Safeguarding Adults Protocol: Pressures Ulcers and the Interface with the Safeguarding Enquiry

- Published Jan 2018 reviewed November 2018
- Pressure ulcers (PU) primarily a matter for clinical review not a safeguarding enquiry*
- All pressure ulcers should result in review/learning
- Provides guidance as to when a PU MAY* require the raising of a safeguarding concern

Requirements when severe pressure damage occurs: multiple Grade 2s, G3/4 or upgradeable

- Take immediate clinical action/seek advice
- Raise internally as a safeguarding matter
- Provide scrutiny and assurance
- Determine if you need to raise a safeguarding concern (within 48 hours)

Six questions

- 1. Has the patient or service user's skin deteriorated to either category 3/4/unstageable or multiple sites of category 2 ulceration from healthy unbroken skin since the last opportunity to assess/visit?

- 2. Has there been a recent change in their clinical condition that could have contributed to skin damage? E.g. infection, pyrexia, anaemia, end of life care (Skin Changes at Life End), critical illness?

- 3. Was there a pressure ulcer risk assessment and reassessment with an appropriate pressure ulcer care plan in place and was this documented in line with the organisation's policy and guidance?

- 4. Is there a concern that the pressure ulcer developed as a result of the informal carer ignoring or preventing access to care or services?

- 5. Is the level of damage to skin inconsistent with the service user's risk status for pressure ulcer development? E.g. low risk –category/ grade 3 or 4 pressure ulcer?

- 6. Answer (a) if the individual has capacity to consent to every element of the care plan – Was the individual able to implement the care plan having received clear information regarding the risks of not doing so?

- Answer (b) if the individual has been assessed as not having mental capacity to consent to any or some of the care plan - Was appropriate care undertaken in the individual's best interests, following the best interests checklist in the Mental Capacity Act Code of Practice (supported by documentation, e.g. capacity and best interest statements and record of care delivered)?

- Is there evidence that the person, or their representative, was involved with the care and support planning, and did they consent to the care plan?

- Is there evidence that this involvement was reviewed if care needs changed, and the current care plan would meet the needs of the person?

- Is there evidence that if the person was not consenting to the care plan that other remedial actions were considered to mitigate risk of harm?

- If at the point of the care plan being put in place it was identified that the person lacked capacity to consent to it, was the care plan lawfully put in place in their best interest?

- If the score is 15 or above or based on professional discretion….
- Raise a safeguarding concern (include Appendix 3)
- This applies to all agencies and in all settings who are responsible for the care of the person
- If transferring a patient to another setting you will still need to raise the concern and share appendix and referral information with new service

Pressure Ulcers and Safeguarding Adults Processes Locally

Do you have an adult who:

has **needs for care and support** (whether or not the local authority is meeting any of those needs)

is **experiencing**, or **at risk** of, abuse or neglect

as a result of those care and support needs is **unable to protect themselves** from either the risk of, or the experience of abuse or neglect

Raising a Concern

The adult needs to be aware that you are raising a concern*

1) Does the adult want to raise the concern?

2) Do they need support to do this?

3) Do they want it to be raised on their behalf?

If they have answered no to these questions

is there a public or vital interest that means the concern needs to be raised anyway?

Unless this increases the risk to them or others

(some) information that may be requested when raising a safeguarding adults concern:

- Have you used the pressure ulcer protocol prior to raising the concern with FPoC or Family Connect and addressed the six questions?
- Does the adult knows about the concern - how have you involved the adult with care and support needs in discussions about raising the concern or their representatives?
- Is the adult consenting to you raising the concern if they are not? If not on what basis are you raising it (see previous slide)
- The signs of abuse or neglect and what impact it is having on the person
- What have you already done about the situation including any action to reduce the risk to the person? What measures have you put in place to deal with the pressure ulcer, who have you involved?
- Is the organisation using any other processes alongside safeguarding? Serious incident process, route cause analysis?

Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry

Appendix 2: Decision Process click here to access

1. Concern is raised that a person has severe pressure damage Category/grade 3, 4, unstageable, suspected deep tissue injury or multiple sites of category/ grade 2 damage (EPUAP, 2014)

1. Complete adult safeguarding decision guide and raise an incident immediately as per organisation policy.

Score 15 or higher?: Concern for safeguarding -

IF YES –

- Discuss with the person, family and/ or carers, that there are safeguarding concerns and explain reason for treating as a concern for a safeguarding enquiry has been raised.
- Refer to local authority via local procedure, with completed safeguarding pressure ulcer decision guide documentation.
- Follow local pressure ulcer reporting and investigating processes.
- Record decision in person's records.

IF NO –

- Discuss with the person, family and/ or carers, and explain reason why not treating as a safeguarding enquiry. Explain why it does not meet criteria for raising a safeguarding concern with the Local Authority, but then **emphasise the actions which will be taken.**

1. Action any other recommendations identified and put preventative/ management measures in place.
2. Follow local pressure ulcer reporting and investigating processes.
3. Record decision in person's records.

Keeping Adults Safe in Shropshire Board Guidance; the Safeguarding Process in Shropshire

If you are not raising a safeguarding adults concern

If having used the Adult Safeguarding Decision Guide for individuals with severe pressure ulcers within the Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry document your decision is that it **does not** require a safeguarding adults concern to be raised -

It is advisable for you to make a record of the rationale for your decision, this should include your use of the Adult Safeguarding Decision Guide for individuals with severe pressure ulcers and **what action you have taken**. You can use the form provided in appendix 4 - Provider Record for Alternative Actions to Raising a Safeguarding Concern to document your rationale for this and explain how you have dealt with the situation.

Click here to access Appendix 4 Provider Record for Alternative Actions to Raising a Safeguarding Concern in the Safeguarding process in Shropshire guidance

Shropshire Community Health NHS
NHS Trust

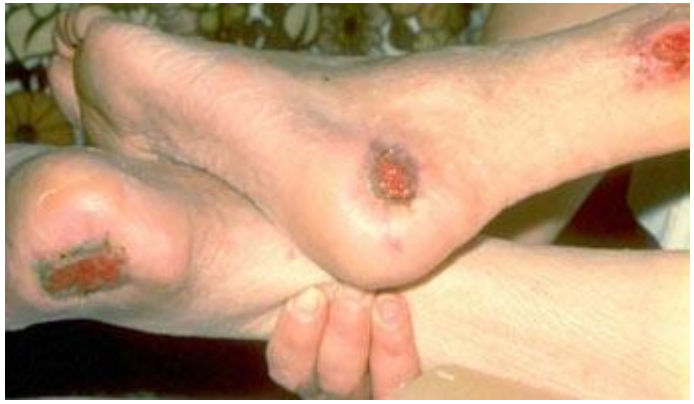
Pressure Ulcer Prevention : Every moment matters

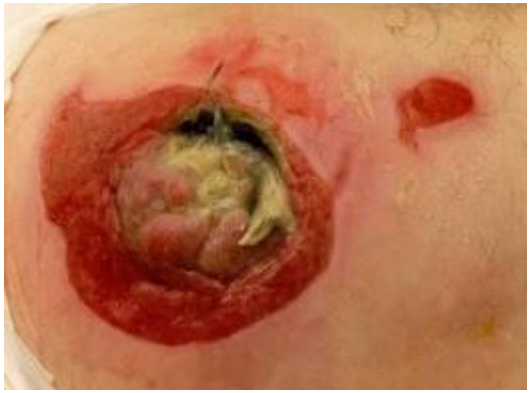
(*Web version with discussion slides removed*)

JOY TICKLE
TISSUE VIABILITY SPECIALIST MSC, BSC (HONS)
CERT ED,NDN,RGN

Why Avoid? Some of the reasons.

- Pressure ulcers are common
- Pressure ulcers are devastating
- Pressure ulcers are life-threatening
- Pressure ulcers are expensive
- Pressure ulcers are (mostly) avoidable!





Pressure ulcers are common!!!!!!

- April 2014 to the end of March 2015, just under 25,000 patients were reported to have developed a new pressure ulcer, and on average 2,000 pressure ulcers are newly acquired each month within the NHS in England.
- Those with spinal injuries form another distinct group, in whom the prevalence is 20% to 30%, 1 to 5 years after injury.
- Pressure ulcers in older patients are associated with a fivefold increase in mortality, and in-hospital mortality in this group is 25% to 33% (Grey, 2006).

Pressure ulcer incidence and cost

- Another study found patients over 75 years of age, who develop a pressure ulcer in hospital, had a 10 day longer stay (Theisen, 2012).
- Costs to the NHS:

£1.4 - £2.1 billion (4% of the NHS expenditure) spent annually on pressure ulcer treatment and prevention.

Grade 1 treatment cost estimated to be **£1064**

Grade 4 treatment cost estimated to be **£24,214**

(NHS Institute for Innovation and Improvement)

Pressure ulcers are devastating

- Loss of self-esteem
- Loss of independence
- Painful
- Offensive
- Frightening

- Life threatening. The most common cause of death from a pressure ulcer is from septicaemia but they can also contribute to a catabolic state

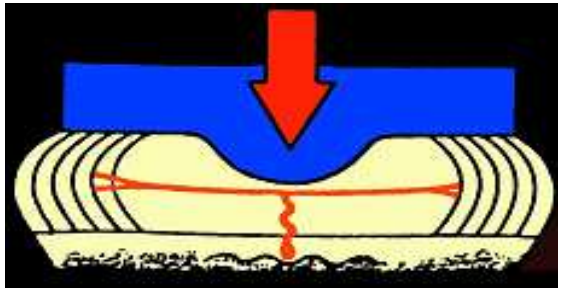
Pressure Ulcer Definition

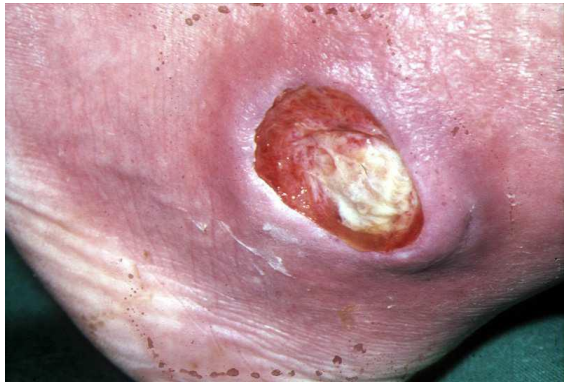
A localized area of tissue destruction that develops when soft tissue (muscle, fat, fibrous tissue, blood vessels, or other supporting tissue of the body) is compressed between a bony prominence and an external surface, for a prolonged period of time.

The 3 main factors implicated are

Interface pressure,
shear,
friction.

Direct Pressure

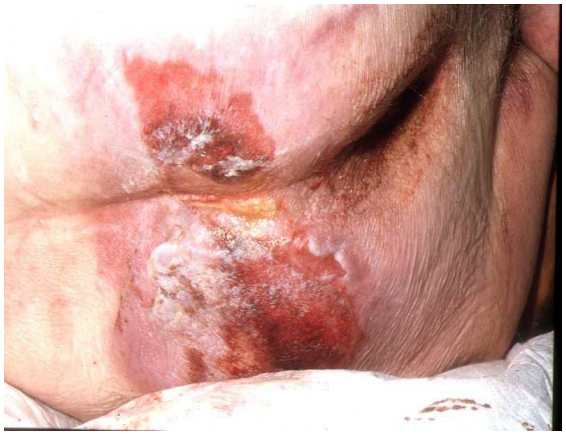




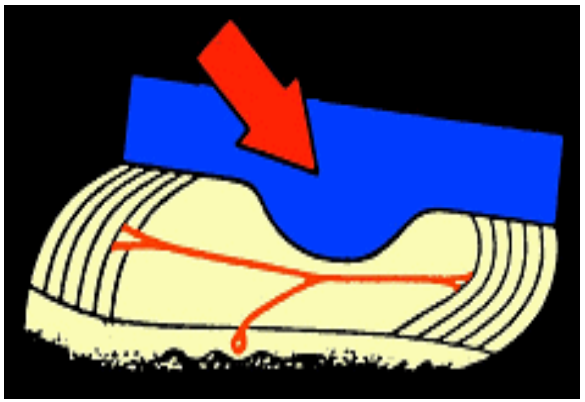
- Direct Pressure
- Force exerted - e. g. chair/footwear
- Causes capillaries to close
- Tissue ischaemia and necrosis
- Immobility is a key factor

Shearing

This usually occurs when the skeleton and underlying tissue move down the bed under gravity, but the skin on the buttocks and back remain stuck to the same point on the mattress.



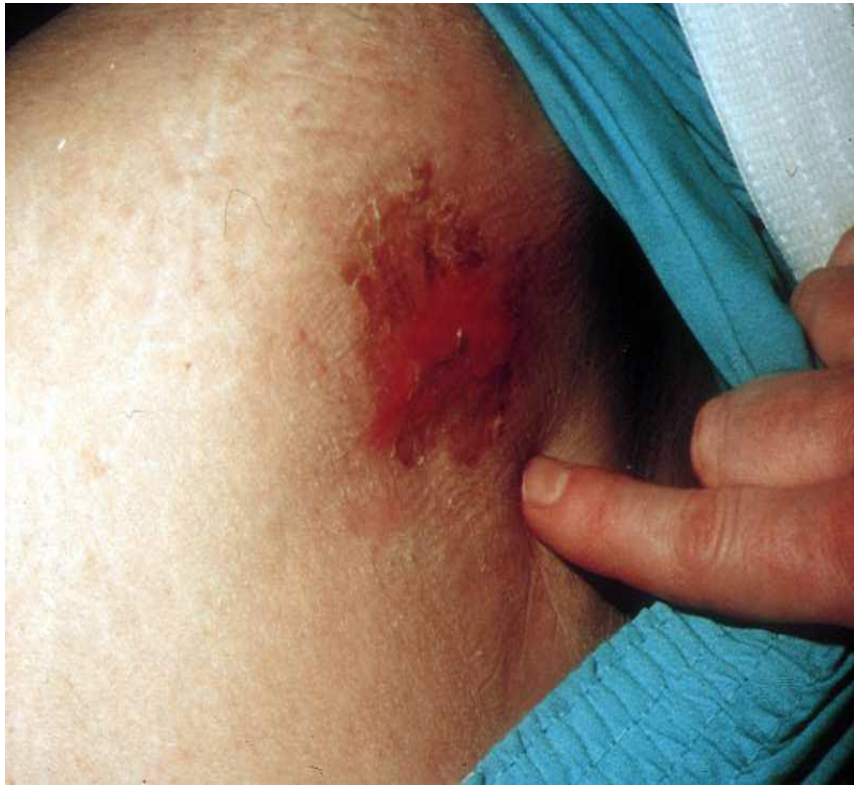
This twisting and dragging effect occludes blood vessels which causes ischaemia and usually leads to the development of more extensive tissue damage.



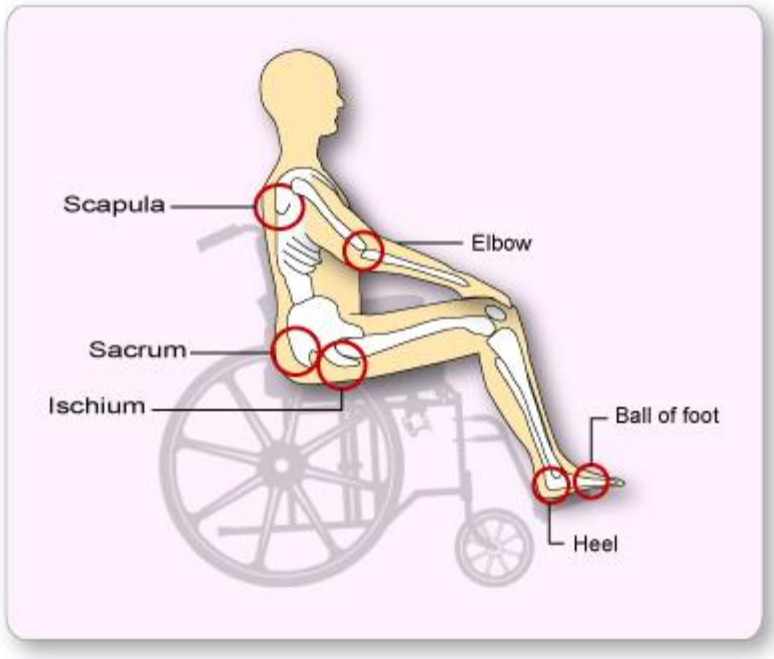
Friction

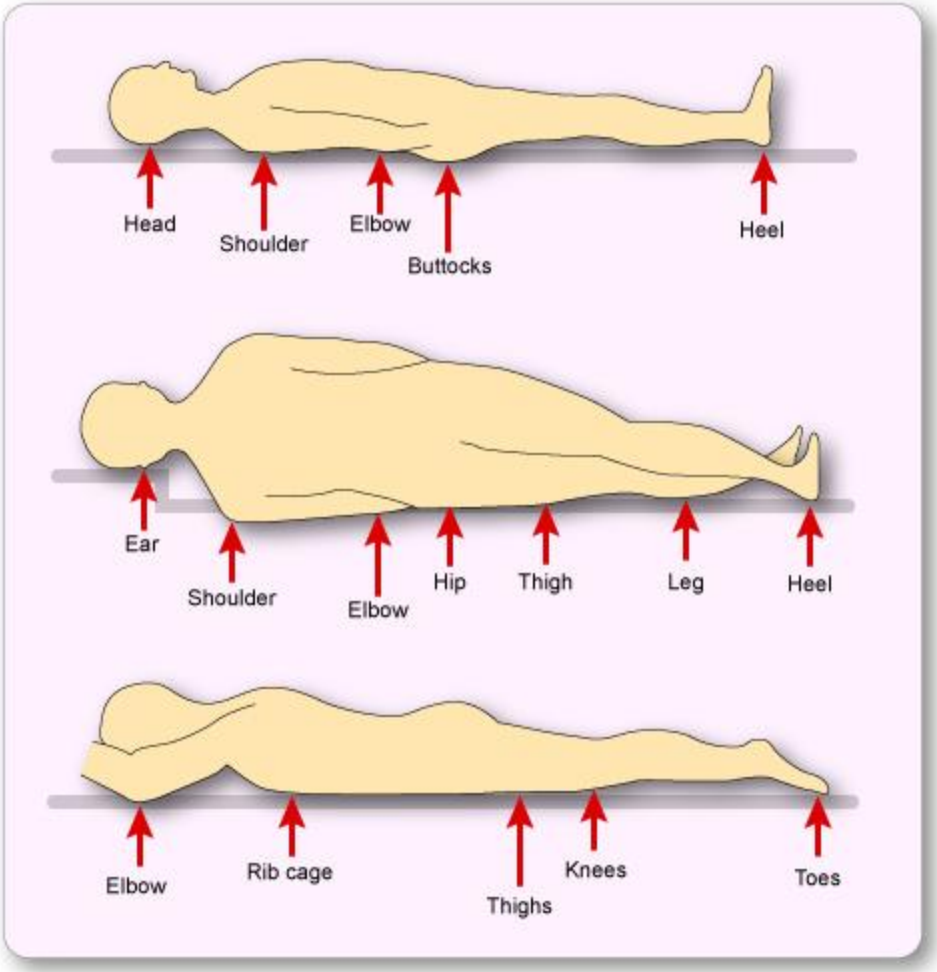
Friction occurs when two surfaces move or rub across one another, leading to superficial tissue loss.

- Restless agitated patients
- Manual handling techniques
- Poor positioning of patients in bed and in the chair



Common Pressure Ulcer Sites





Gatlineducation 2014

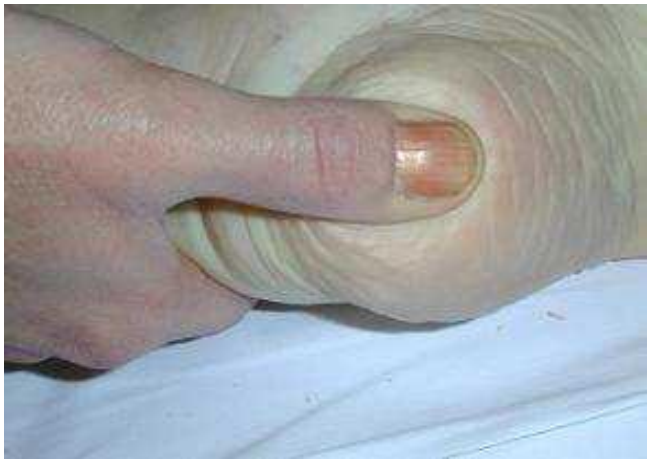
Categorisation.

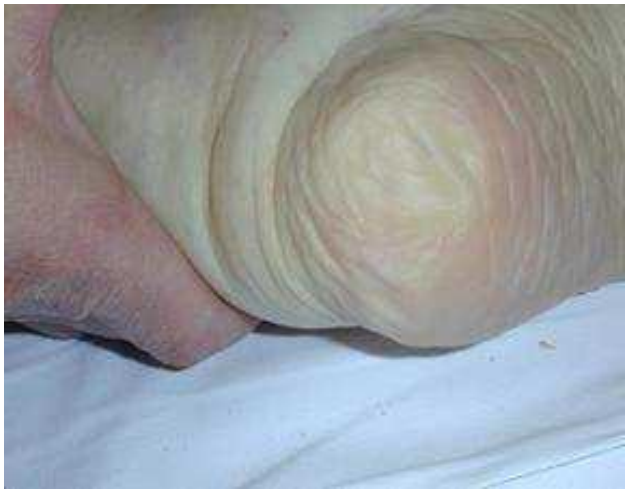
Grade I: non-blanchable.
Grade II: partial thickness.
Grade III: full thickness skin loss.
Grade IV: full thickness tissue loss.
Suspected deep tissue Injury.
Unstageable: full thickness skin or tissue loss.

SCHCT all upgradable now categorised as
True grade 3 wound bed visible
Grade 3 wound bed not visible

Blanchable Erythema

Blanchable Erythema:
Reddened area that temporarily turns white or pale when pressure is applied with a fingertip
Blanchable erythema over a pressure site is usually due to a normal reactive hyperemic response.



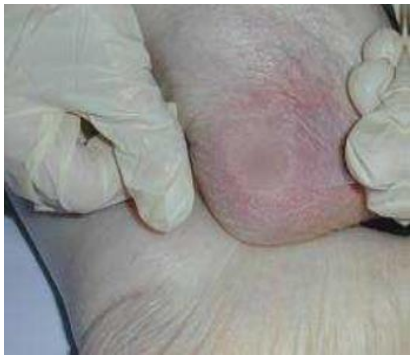


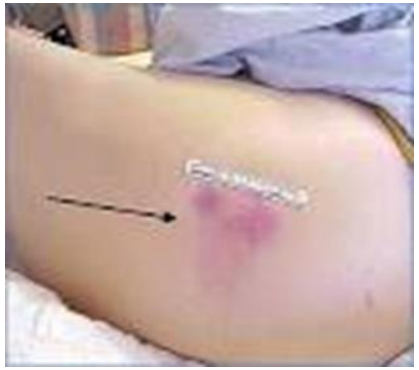
Finger pressure method
If the reddened area blanches when gentle finger pressure is applied, the microcirculation remained intact.
There is no sign of tissue damage.

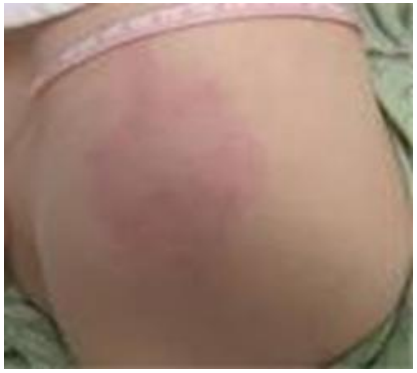
Grade 1 Pressure ulcer

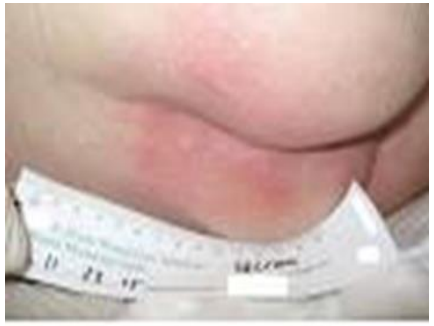
an observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following:

- skin temperature (warmth or coolness)
- tissue consistency (firm or boggy feel)
- sensation (pain, itching).
- The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.



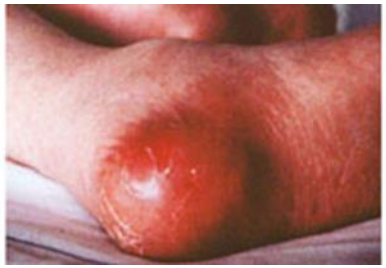


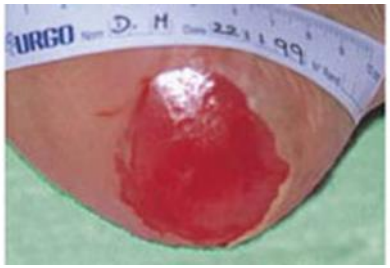


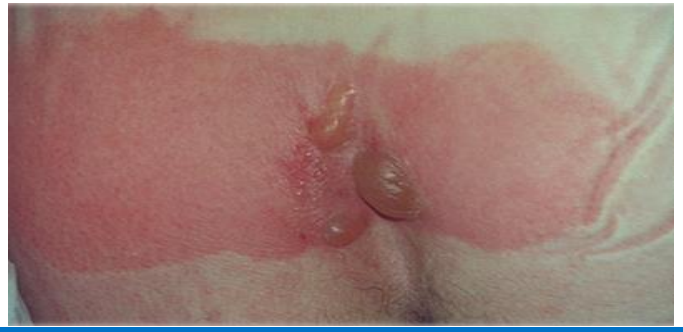


Grade 2 Pressure Ulceration

- Partial thickness skin loss involving epidermis or dermis, or both. The ulcer is superficial and presents clinically as an abrasion or blister

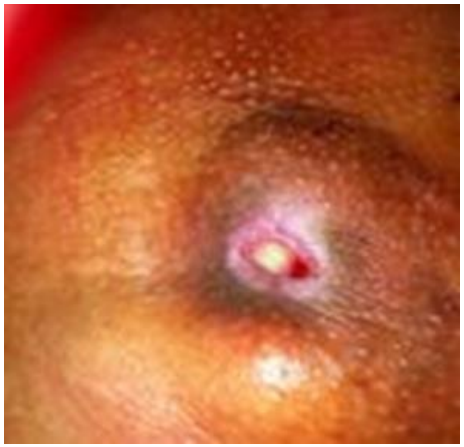


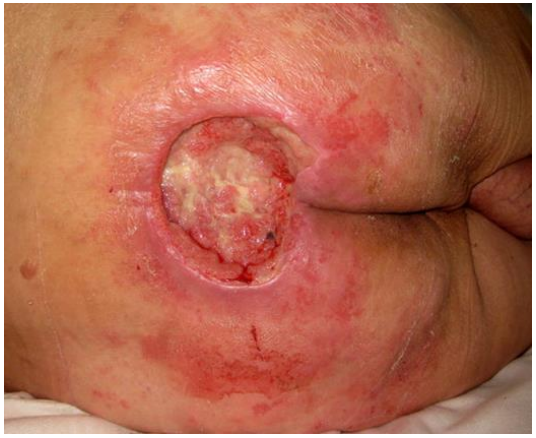


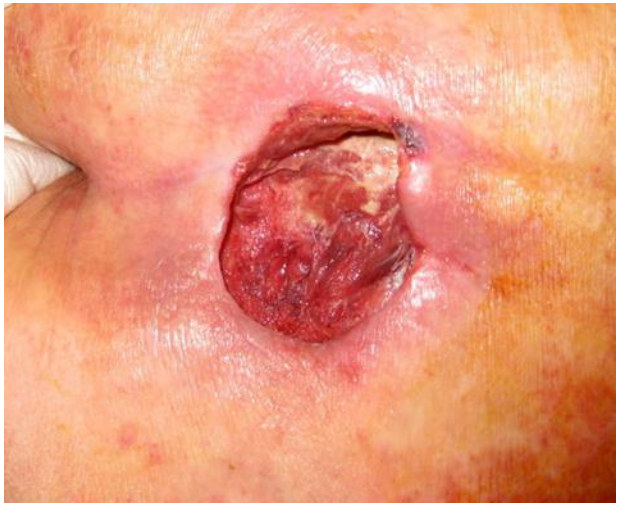


Grade 3 Pressure Ulceration

- Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia.

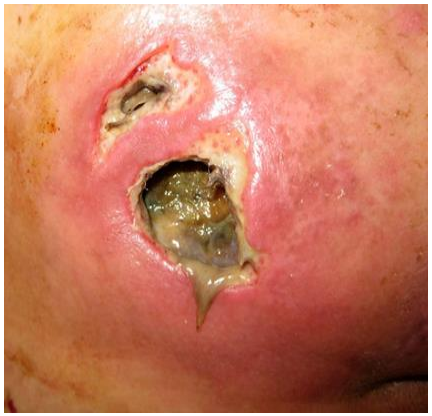


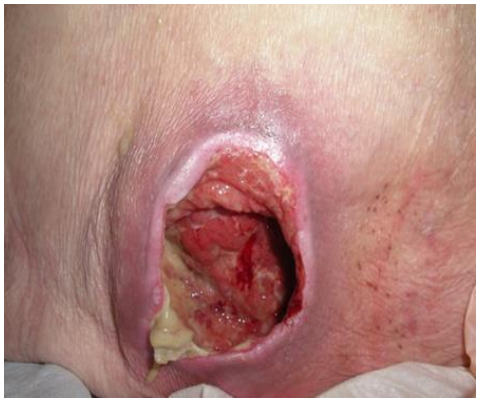


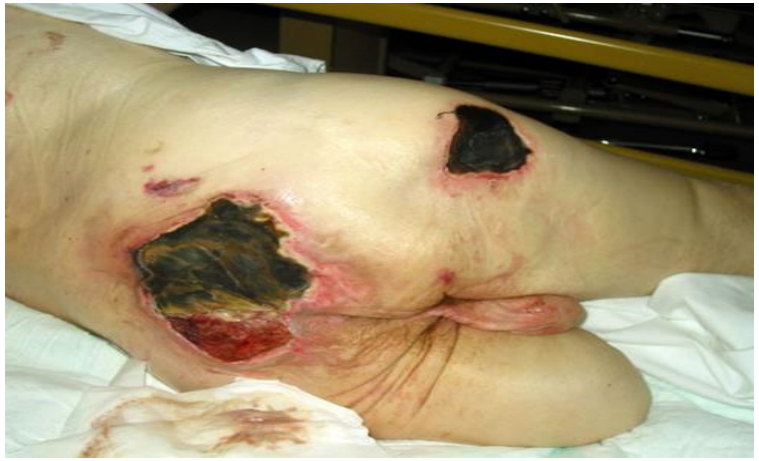


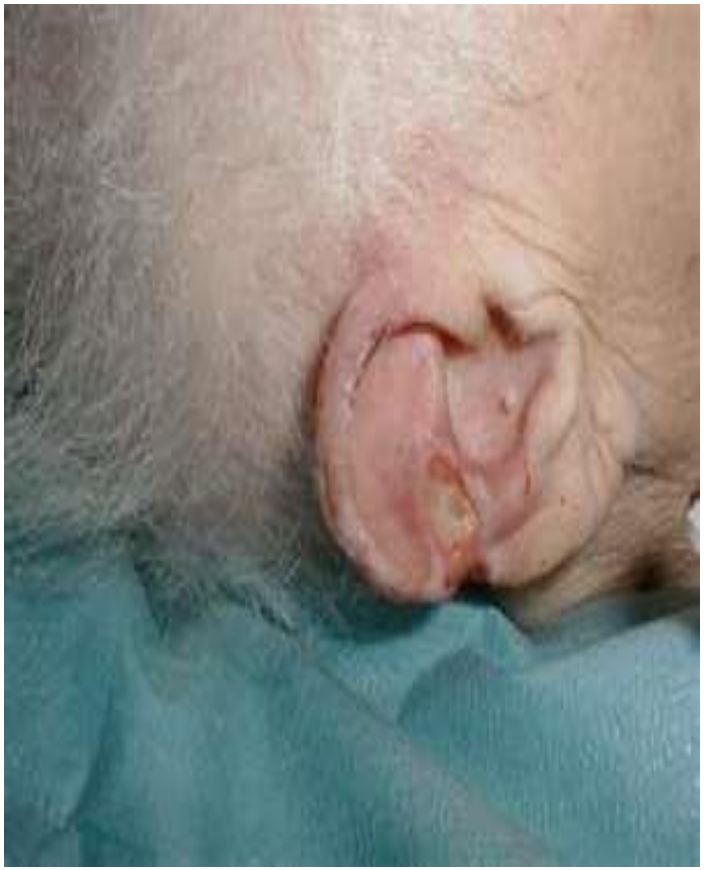
Grade 4 Pressure Ulceration

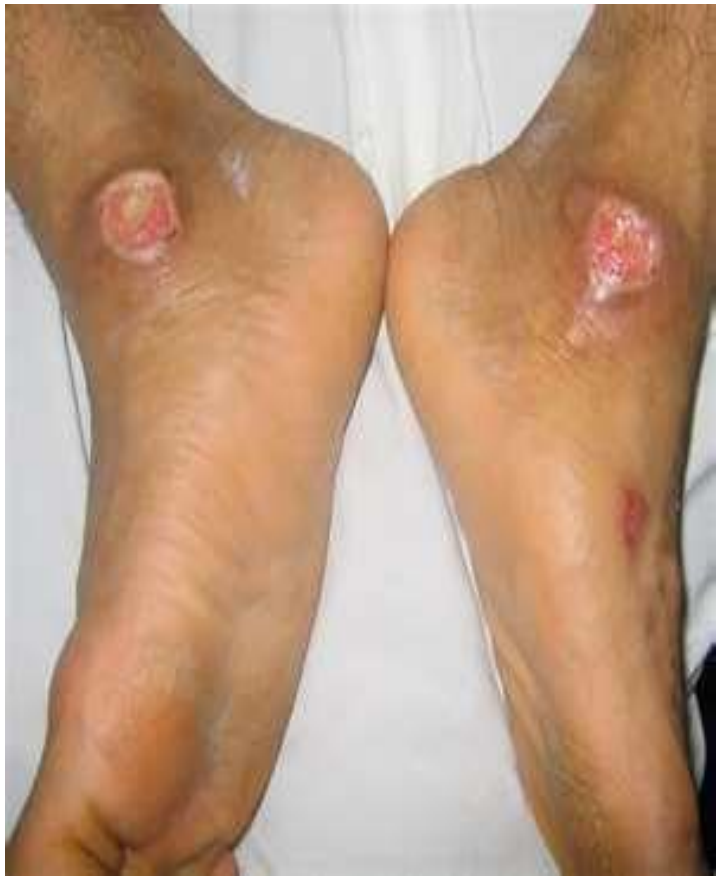
- Extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures with or without full thickness skin loss



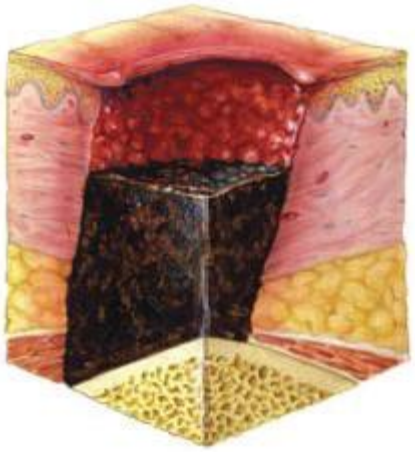




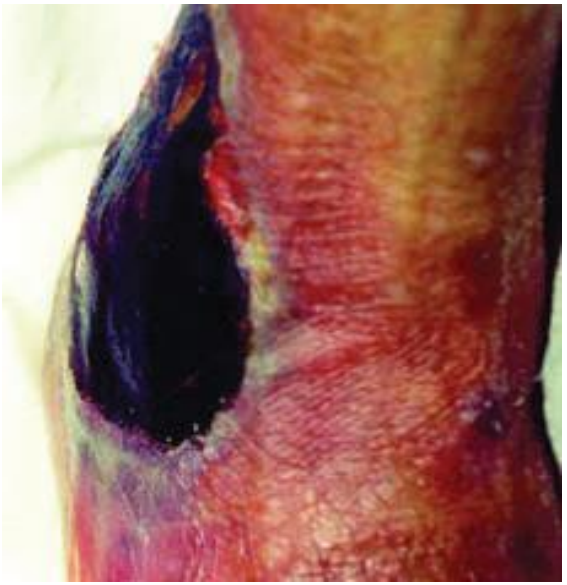




Ungradable



Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black

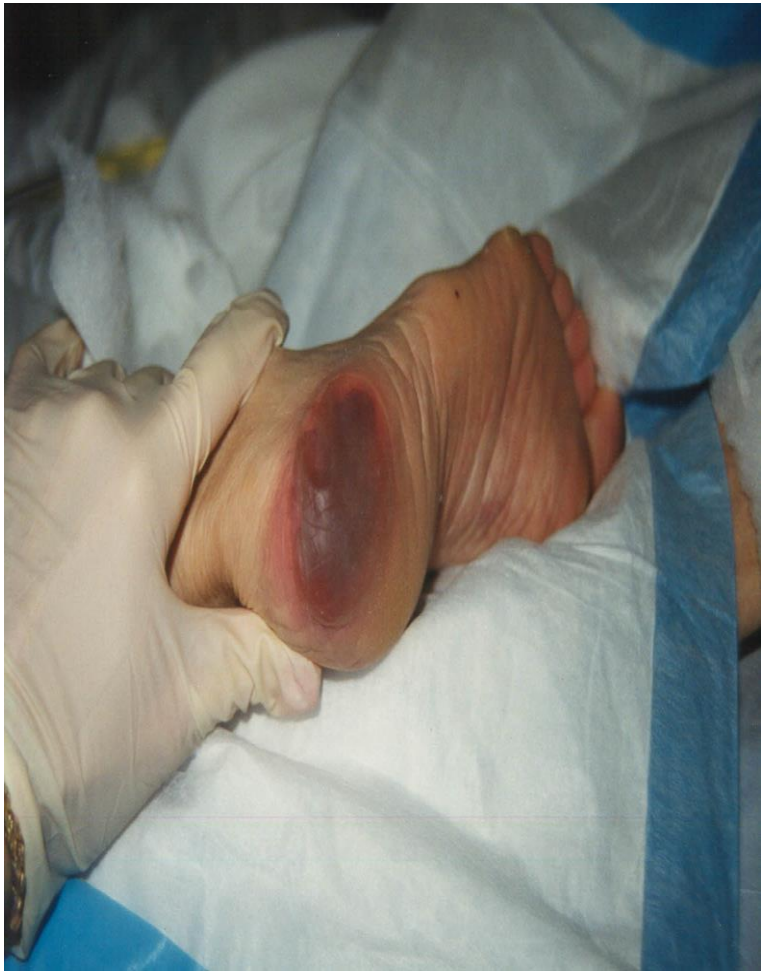


Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore Category/Stage, cannot be determined.

Suspected Deep Tissue Injury:

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.



Intrinsic Risk Factors

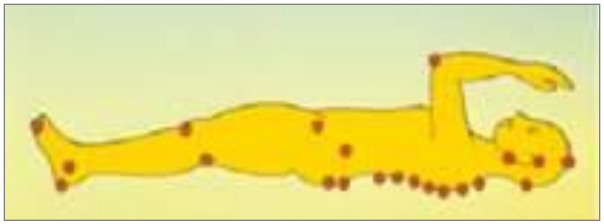
- Reduced mobility
- Poor posture
- Circulatory disorders
- Infection
- Age
- Lack of sensation
- Skin condition
- Severe chronic or terminal illness
- Nutrition/hydration
- undergoing surgery
- in critical care
- with orthopaedic conditions
- with spinal injury
- Previous history of pressure damage
- Pain status
- Psychological factors (concordance and ability to self care)
- Continence/moisture issues
- Co morbidities

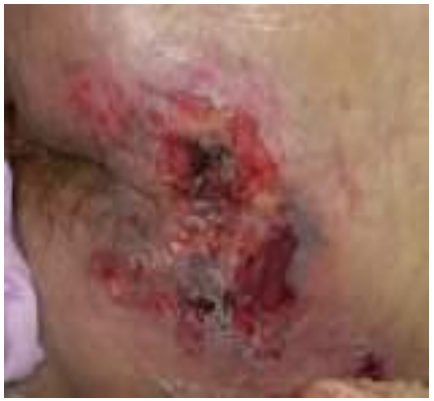
Extrinsic Risk Factors

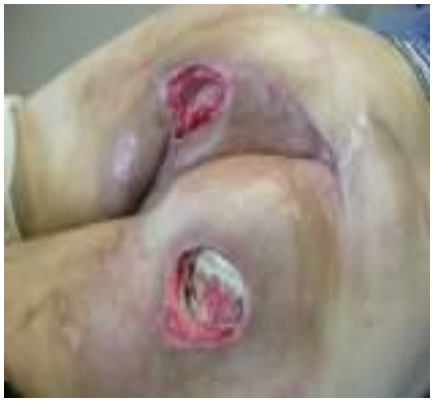
- Poor lifting and handling (friction and shearing)
- Hard support surface (pressure)
- Inappropriate clothing, including bed linen (pressure, shear and friction)
- Poor hygiene (moisture)
- Inappropriate positioning (friction and shearing)
- Inappropriate devices/inco products
- Medication (sedatives, isotopes, hypnotics and NSAI)
- Smoking
- Medical devices – catheters, PEG feeds etc.

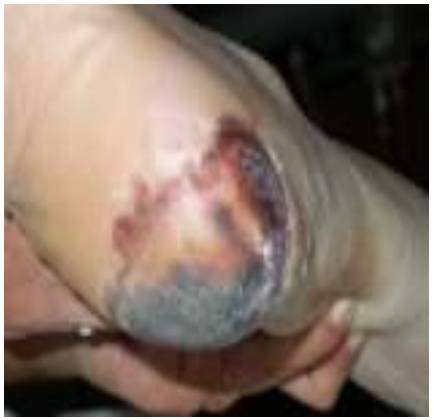
Location

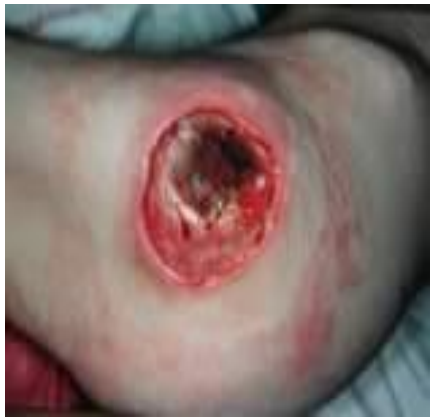
- Sacrum 31 %
- Buttocks 27 %
- Heels 20 %
- Trochanters 10 %
- Lower limbs 5 %
- Trunk 4 %
- Upper limbs 3 %











Pressure Ulcer Risk Assessment

- **Using risk assessment scales**
- There are several risk assessment scales, such as Waterlow and Norton, used to determine the risk of an individual developing pressure sores. They should only be used as an *aide memoire* and should not replace clinical judgement. They are widely used in helping to identify risks, to track progress and to make decisions about the purchase or hire of pressure-relieving equipment.
- Be carried out by personnel who are trained to recognise the risk factors and to take suitable preventative measures and take place on the initial contact or within 6 hours from the start of admission
- Be repeated according to the need of the patient. Changes in the patients physical condition should be considered as it may increase the potential for pressure damage.

Treatment Planning

Care / treatment plans should incorporate your strategies to cover the entire 24 hour period for the prevention of pressure damage:

For example:

- Pressure relief equipment – consider the seat and the bed.
- Repositioning – include a repositioning chart to monitor the frequency of movement – safe and effective repositioning techniques – slide sheet / hoist.
- Nutrition and hydration – include a fluid and food diary.
- Continence – How are you protecting the skin? Are the patients incontinence products correct for them?

Use SMART goals and pressure ulcer specific documentation

Shropshire Community Health NHS
NHS Trust

NHS
Midlands and East

Five simple steps to prevent and treat pressure ulcers

Shropshire Community Health NHS
NHS Trust

NHS
Midlands and East

Skin Inspection: Early inspection means early detection. Show patients and carers what to look for.

Keep your patients moving.

Incontinence/ Moisture: Your patients need to be clean and dry.

Nutrition/ Hydration: Help patients have the right diet and plenty of fluids.

Surface: Make sure your patients have the right support.

Skin Inspection

- Assess skin regularly
- Frequency should be based on vulnerability and condition of the patient
- Inspect all vulnerable areas
- Look for:
- Non blanching erythema
- Blisters
- Complaints of numbness
- Purple/blue discoloured areas
- Document skin changes on a skin inspection chart

Protection

Skin and tissue over bony prominences is vulnerable to pressure damage.

Prevent friction through the use of:

- A barrier cream
- A film dressing
- A slide sheet

- Treatment with evidence based wound management

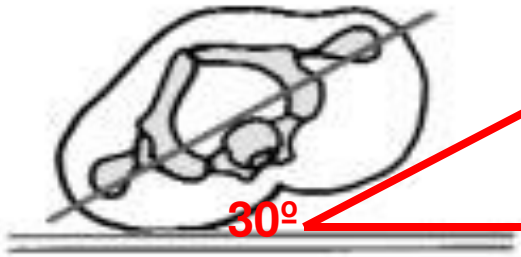
Prevention

- Appropriate repositioning
- Pressure relieving equipment and repositioning equipment. fit for size
- Pressure mapping
- Effective moving/handling techniques
- Correct posture and seating
- Avoid dragging skin across support surface, bed clothes or chair seat
- Use a slide sheet or 2
- Evidence based management of incontinence /high levels moisture

HOB less than 30º

Wedge or folded pillow above sacrum

Pillow between knees



30º Sidelying Position

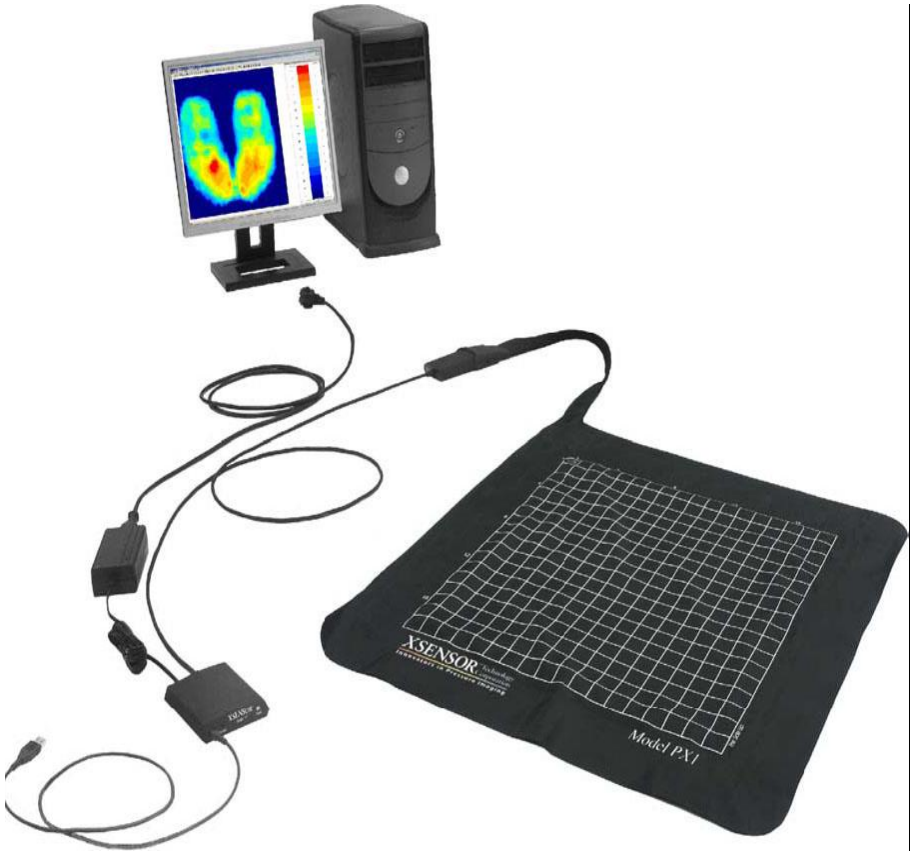
PVA 2014

Posture and seating

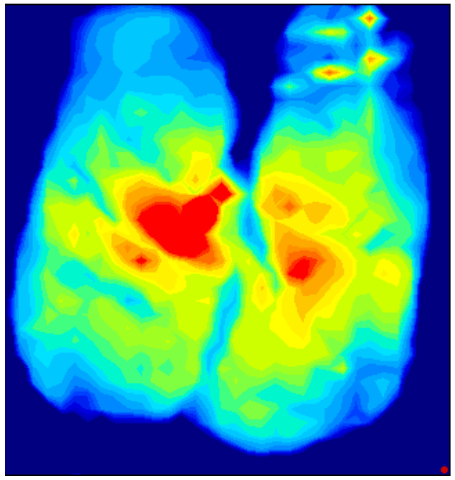
Equipment checks?

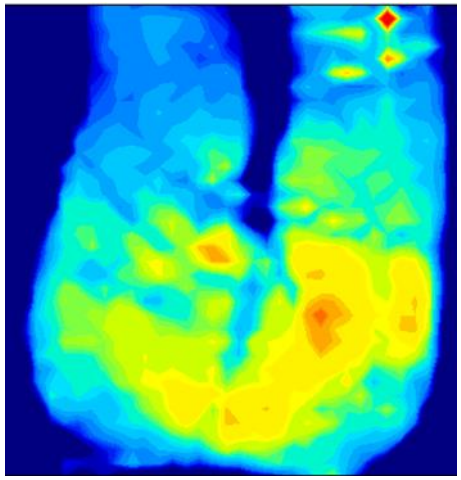
Pressure Mapping

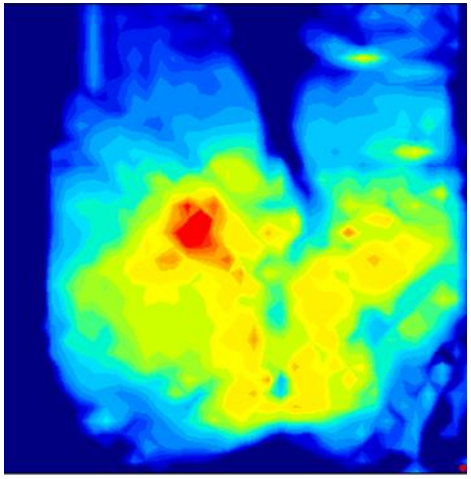
- Computerized display of interface pressure between 2 surfaces
- Data quantified through multi sensors on thin, flexible material placed between patient and support surface

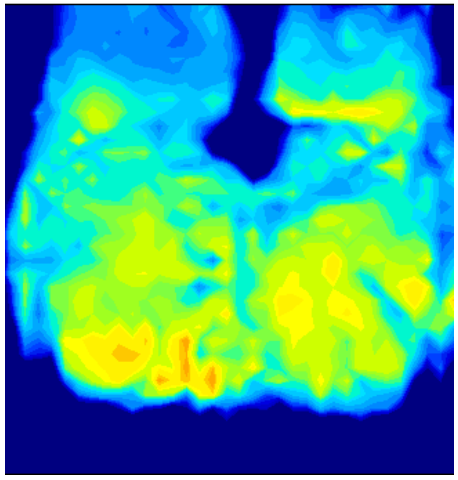


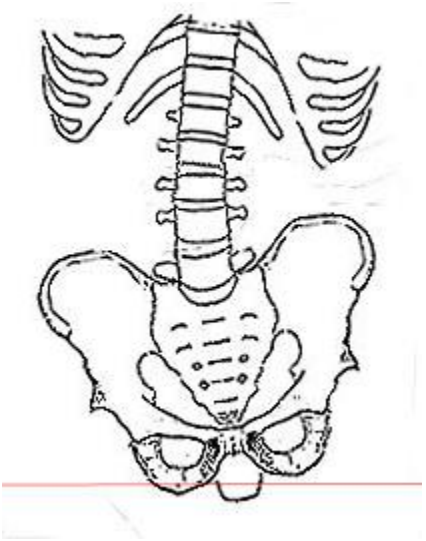
Symmetry/Obliquity











Nutrition and Hydration

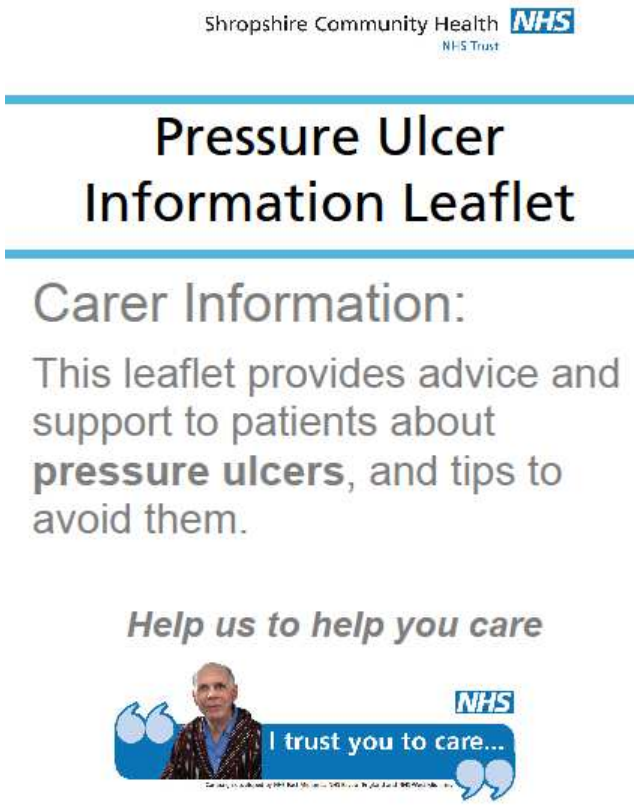
- Malnutrition and specific nutrient deficiencies compromise the bodies wound healing process
- Poor nutritional status, low body weight and poor oral intake are all risk factors for pressure ulcer development (Ek, 1991, Bourdel et al, 2000)
- Nutrition/hydration assessment and management. Healthy skin depends on a healthy, positive intake of nutrition and fluids. Minimum of 1500 ml of fluid a day, as a maintainer of wound healing, and for prevention of wounds 1.5 - 2.0 grams of protein per kilogram of body weight to maintain wound healing

Essential Nutrients

- Nutrients
- Calories – Need to exceed the increased energy demands of wound healing and to prevent protein being used as an energy source
- Protein – Needed to rebuild connective tissue and maintain albumin levels, preventing oedema
- Essential fatty acids – Needed for cell membranes to promote tissue repair
- Vitamin C – Vital for collagen synthesis and promoting rapid healing
- Vitamins A and B – Needed for collagen synthesis and granulation of wounds

Patient Information

- Document the **exact** advice you provide, and **who** you provided it to. Consider the patient and their family / carers.
- Document their understanding of the information using their own words.
- Back you advice up with written information.
- Provide contact details where the patient and their family / carers can obtain help and advice.
- **Do you have any safeguarding concerns. If so, make a referral.**



Guidance

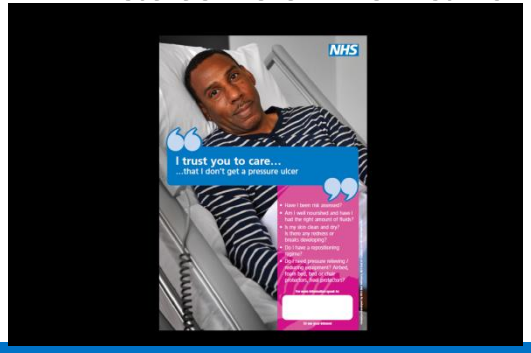
- Reporting all patient safety incidents to the NHS National Patient Safety Agency national reporting and learning system
- Thoroughly investigating any pressure ulcer that meets, or potentially meets, the threshold of a Serious Incident (PDF, 1.6MB, 90 pages)
- Utilising a recognised systems-based method for conducting investigations, commonly known as Root Cause Analysis (NHS England)
- Providers collecting NHS Safety Thermometer data on pressure ulcer prevalence, until a new measure of pressure ulcer prevalence is available
- Providers using pressure ulcer safety crosses to measure incidents of pressure damage to raise awareness and change attitudes to pressure damage

Guidance

- There are 9 quality standards which describe pressure ulcers as a high-priority area for quality improvement. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.
- Pressure ulcers (QS89) covers the prevention, assessment and management of pressure ulcers in all settings, including hospitals, care homes with and without nursing and people's own homes.
- Pressure ulcers: prevention and management (CG179) covers evidence-based advice on the prevention and management of pressure ulcers.
- Prevention and treatment of pressure ulcers: clinical practice guideline provides evidence-based recommendations for the prevention and treatment of pressure ulcers that can be used by healthcare professionals throughout the world.
- Nutrition support for Adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32) covers the care of patients with malnutrition; patients who are malnourished are potentially at risk of developing a pressure ulcer.

Guidance

- Developing targeted social marketing and public health campaigns to raise the awareness that pressure ulcers can affect anyone in their lifetime
- Communicating that pressure ulcers are preventable and ensuring all healthcare staff can recognise the various risk factors that lead to them and have the knowledge and expertise to promote prevention and treatment strategies
- Recognising the important role individuals, families and carers have in preventing and managing pressure ulcers
- Engaging individuals, carers and families in what to look for and how pressure ulcers can be prevented



Reporting of Suspected Pressure Ulcers

- **Within SCHT**
- Datix incident report to be completed **within 24 hours** for all suspected grade 2,3,4 and ungradable sores.
- Stipulate whether the damage occurred **out of service** (within 72 hours of referral/admission) or **in service** (post 72 hours following referral/admission)
- Photo must be taken at the time of discovering pressure damage as the photo **MUST** be attached to the datix. Patient consent must be gained. Work mobile can be used in extenuating circumstances but image must be down loaded and sent from office, not from phone. Print copy of photo to retain in patient-held record
- Completion of the datix form will automatically notify the tissue viability team who will review the patient and grade the ulcer within 1-2 days. TVNs review pressure ulcers developed both **in service** and **out of service**.

Duty of Candour

The NHS Standard Contract, and the Health and Social Care Regulations both introduce a formal Duty of Candour process which became a regulatory duty in Nov 2014.

- Verbal notification of harm at the time of the incident
- All of the detail and facts known about the incident.
- What further enquiries into the incident the Trust will take
- An apology
- Following completion of datix, the complaints manager is automatically notified
- Manager sends written notification to patient, as per template

Verbal duty of candour advised even if the patient is non concordant, include advice given to patient to avoid deterioration.

Examples of good practice

- SSkin offers 5 simple steps to prevent and treat pressure ulcers.
- Stop the Pressure provides details of many pressure reduction and pressure prevention initiatives across England.
- PUinfo App by Buckinghamshire New University provides information to prevent pressure ulcers for people at risk and their carers.
- The Eatwell Guide shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet.
- PROSPER: Promoting safer provision of care for elderly residents includes a focus on pressure ulcers.
- React to Red has been developed by the University Hospitals Coventry and Warwickshire NHS Trust, encouraging patients, carers and families to react to red skin over bony areas and ask for help and advice from a healthcare professional.

Stop the Pressure

- Stop the pressure pathway
- Stop the pressure video
- Stop the pressure e bulletin
- http://www.stopthepressure.com

Conclusion

- **Pressure ulcer prevention is everyone's responsibility**
- **Pressure ulcers are life-threatening, expensive, devastating and avoidable**
- **Accurate and frequent skin assessment is a necessity**
- **Changes in the patients condition/health or their environment necessitates immediate reassessment of risk and changes to care implemented**
- **Involve all members of the Multidisciplinary team and the Tissue Viability Team. Good communication and co-ordination of care is vital**
- **Ensure timely provision of appropriate equipment**
- **Consider a safeguarding referral**

Shropshire Partners In Care

When to Instruct an Independent Mental Capacity Advocate

Marion Kelly

Trainer and Development Officer
Shropshire Partners in Care

Mental Capacity Act, Depravation of Liberty and IMCA referral - notes

Following a breakdown in home care arrangements a lady (Mrs A) was admitted to a local EMI residential bed for emergency respite (Home 1). The placement was arranged by the Local Authority with a view to consideration for permanent care. Mrs A was married however there was no LPA in place in terms of either health and welfare or finance

On arrival at Home 1, Mrs A, who had a diagnosis of Dementia was very unsettled and agitated, she also suffered several falls (she had also been falling prior to admission). The home identified that she lacked capacity in respect of where she received her care and treatment and an application for a DOls authorisation was submitted to the Local Authority.

The case was reviewed and it was prioritised as high. Over the following month the funding for Mrs A ceased and she became a self –funder. During that period Mrs A continued to experience periods of agitation and falls and was reviewed by the community mental health team, however Home 1 noted that she was beginning to settle and the number of falls were reducing.

Her family identified that they wished her to move to Home 2 having been to view it. Home 2 came to assess Mrs A and arrangements were made for her to move accompanied by a nurse from the Community Mental Health team.

During the process of discharging her from Home 1 to Home 2 the LA were not informed of the move nor was an application for a DOLs submitted by Home 2 in readiness for the move. On arrival at Home 2 Mrs A's levels of agitation, and distress rose and the Community Mental Health Team continued their input. Mrs A also continued to experience falls – the home submitted an urgent authorisation request for DOls for 7 days. On day 7 Mrs A fell and sustained a head injury which required admission to hospital – she subsequently passed away.

Independent Mental Capacity Advocates

IMCA's are advocates who represent the interests of:

- People lacking capacity when making serious decisions about medical treatment or a move and in some adult protection cases

  And/if

- They have no one else to speak for them other than paid carers and

- Their care is arranged and paid for by the local authority or NHS

- IMCA's have the right to information about a person who lacks capacity – ***they are not decision makers***.

IMCA's

- People over the age of 16 who lack capacity, and do not have an appropriate family member or friend to represent their views, are legally entitled to an Independent Mental Capacity Advocate (if decisions are being made about serious medical treatment or a change of accommodation).

- In some cases, where the person is vulnerable, they can have an advocate even if they do have family or friends.

IMCA Service

- PoWHER Shropshire
  https://www.pohwer.net/shropshire

- PoWHER Telford and Wrekin
  https://www.pohwer.net/telford-and-wrekin

Shropshire Partners in Care
The Care Workforce Development Partnership

Safeguarding Adults Forum Evaluation

NEWS!!!!

April 2019 – March 2020

Supported by the Safeguarding Adults Boards

Telford & Wrekin Safeguarding Adults Board

Keeping Adults Safe in Shropshire Board

2019/2020 Safeguarding Adults Forums

Changes:

- The Forum will continue to be free to attend but a £10.00 non-attendance charge will apply from April 2019

- The Forum will run from 9:30am – 12:30pm from April 2019

Next Forum Dates (9:30am – 12:30pm):

30th April 2019 – Shropshire

18th July 2019 – Telford & Wrekin

17th October 2019 – Shropshire

16th January 2020 – Telford & Wrekin

Expressions of interest to attend the April 2019 Forum to Deborah Warman

dwarman@spic.co.uk