

7 Minute briefing Safeguarding Adults Review- Rose

7. Further Reading

For more information and to read the full report and executive summary please visit www.greenwichsafeguardingadults.org.uk
If you have any further questions please e-mail

safeguarding-adults-board@royalgreenwich.gov.uk

6. Questions to consider

Are all assessments you are undertaking comprehensive and detailed?

When placing someone in a care home have all risks been identified and communicated with the provider and family?

Is there a robust, coherent and detailed care plan in place?

5. What changes have been made?

All care homes have provided assurance to commissioners around assessment policies and procedures

The learning from this SAR has been sent to all care home providers in the borough as a reminder of expectations

Commissioners undertaking quality monitoring visits to pick up on recommendations from this SAR

Changes to RBG assessment forms have been made to ensure comprehensiveness

1- Background

Rose was a 75 year-old woman who was a wheelchair user and assisted at home using a hoist. Due to her husband and main carer needing hospital treatment Rose was admitted to a care home for respite

Two days later she complained of pain in her shoulders after which bruising was noted to both breasts and arms. 4 days later her family discharged her home because they were concerned about her. That evening she started to choke on her food, and was taken to hospital. Her condition deteriorated, and she subsequently died

2. Why was this SAR undertaken?

Section 44 of the Care Act 2014 (and the Care and Support Statutory Guidance 2016) states that a SAR must be arranged when an adult in its area dies because of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult

3. Findings and Recommendations

Assessments need to be fully completed including risk assessments, pre-admission assessments and Mental Capacity assessments.

Risk should be identified upon admission to care homes and a robust care plan formulated in a timely manner

4. Findings and Recommendations

Staff should have updated and relevant moving and handling training ensuring correct terminology is used

Systems to be reviewed to ensure communication between agencies and care homes is consistent.