Lewisham Safeguarding Adults Board

A working partnership to prevent abuse

7 Minute Briefing

SAFEGUARDING ADULTS REVIEW EILEEN DEAN

THE ADULTS

Eileen Dean was a 93-year-old white British woman who had moved into a care home in Lewisham in June 2020. Eileen led a full and independent life until she developed dementia which ultimately curtailed her interests. Although her capabilities were reduced by dementia, Eileen remained happy and contented.

"The Adult" is a white British man who was 62 years old when he physically assaulted Eileen. He had initially been admitted to a general medical ward at the University Hospital Lewisham (UHL) operated by Lewisham and Greenwich NHS Trust in July 2020 following alcohol withdrawal seizures.

BACKGROUND TO THE REVIEW

The Adult was detained under Section 2 of the Mental Health Act 1983 (MHA) on 3 Sept 2020, and eventually transferred to the inpatient psychiatric unit at UHL, and then Lambeth Hospital, both operated by South London and Maudsley NHS Foundation Trust, and later discharged to the same care home as Eileen in Dec 2020 on Section 17 MHA leave.

The Adult was diagnosed with Wernicke-Korsakoff Syndrome, which has an established link in academic literature with aggressive behaviour.

Between 5 Aug 2020 to 4 Sept 2020, there were at least 34 recorded incidents of The Adult's violence or threats to patients or staff, including The Adult threatening to use a bread knife, scissors and dinner trays as weapons.

WHAT HAPPENED

At 12.30am on 4 Jan 2021 Eileen Dean was assaulted whilst lying in bed by The Adult, a fellow resident. Eileen sustained significant injuries and died in hospital later that day.

The impact of The Adult's Wernicke-Korsakoff's Syndrome and the risk of threatening and aggressive behaviour was not well understood by services. Risk assessment and risk formulation was insufficient, and information on risk was not well documented or communicated.

Between 11 July 2020 and 22 Dec 2020, The Adult moved between four hospital wards and a care home, in three locations, and between two NHS Trusts, with associated disruption and a break in continuity. This posed a challenge in ensuring that information was transferred with him.

There was no clear hospital discharge pathway to follow for adults with Wernicke-Korsakoff's Syndrome, and consequently there were no specialist community support services available.

At the time that The Adult was placed there on section 17 MHA leave, the care home was not registered with the CQC to accommodate and support people below the age of 65 years old, or for people with mental health needs.

KEY LEARNING

NHS Trusts should always thoroughly risk assess incidents of threats and aggression on hospital premises where these involve weapons. This should be completed to determine if incidents should be reported to the police, or to the local authority as a Safeguarding Concern, if other patients are victims of this behaviour.

All agencies, including NHS Trusts, should ensure their information sharing processes and systems are operationally effective.

They must ensure that all relevant risk information is collected, assessed, collated and shared coherently with relevant partners; and then effectively analysed, recorded, and disseminated when it is received.

QUESTIONS FOR YOU TO CONSIDER

1. **Do all of your staff or volunteers know what constitutes a Safeguarding Concern and how to report this, including for incidents between patients or residents?**
2. **Are your I.T based case management and recording systems able to assess and collate risk information effectively?**
3. **Do you include trauma and attachment informed analysis in individual risk and need assessments, and demonstrate how these link to and influence interventions, treatment and commissioning decisions?**
4. **As a commissioner are you assured that providers can meet the needs of clients in situations where risks are unclear and not fully understood.**
5. **As a commissioner do you consider the needs of all residents in shared accommodation services (i.e. those where residents do not live in self-contained accommodation) when making placements, and identify how to move from accommodation-led, to needs-led commissioning?**
6. **Do you understand the risks of placing adults of differing ages in the same accommodation?**

WHAT YOU CAN DO TO PREVENT A REOCCURRENCE

Ensure there are clear clinical pathways for people with acquired brain injury, dementia and Wernicke-Korsakoff's Syndrome when they leave hospital, to ensure that there is clinical supervision and oversight in the community.

Report suspected crimes to police as this may open up opportunities for information sharing about risk related information, and especially regarding any history of violent or aggressive behaviours with clients you are working with.

Introduce risk formulation and assessment methods - for example: analysis of antecedents; behaviours and consequences; consider the patients' own accounts of why they behaved in a certain way; think about the impact of recent events and associated mental and medical conditions. This should all be used to establish levels of risk, and linked risk mitigation plans.

Commissioners should check the registration status of all the care homes in their area to ensure that they are correctly registered to accommodate and support the clients who are placed there. This should then be carried out routinely at each inspection or monitoring visit.

www.safeguardinglewisham.org.uk/lsab

Adult Safeguarding Information and Resources

Lewisham Adult Safeguarding Pathway
https://www.safeguardinglewisham.org.uk/lsab/lsab/lewisham-adult-safeguarding-pathway/safeguarding-pathway

London Multi-Agency Adult Safeguarding Policy & Procedures (April 2019)
https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf

NICE Guideline NG58 (2016) – Co-existing severe mental illness and substance misuse
https://www.nice.org.uk/guidance/ng58

SCIE (Social Care Institute of Excellence) - Resident-to-resident harm in care homes and residential settings
Resident-to-resident harm in care homes and residential settings | SCIE

Public Health England/National Health Service England (2017) – Better care for people with co-occurring mental health and alcohol and drug use conditions
https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services

United States of America National Library of Medicine - Beyond Thiamine: Treatment for Cognitive Impairment in Korsakoff's Syndrome
Beyond Thiamine: Treatment for Cognitive Impairment in Korsakoff's Syndrome - PubMed (nih.gov)