

## **No.1: Learning together from Safeguarding Adult Reviews 'Every decision about me, with me'**

### **Ms F's story Sept 2017**

*'I am 44 years old and have lived in Hackney all my life. I was diagnosed with Multiple Sclerosis 10 years ago, which has now affected my ability to communicate fluently, and I need support to express my decisions and for every other aspect of my life including being helped to eat and drink. I feel like a spectator in my life starting but not completing things that are important to me. I have two carers, who change a lot so I don't know them but who help me four times a day. They are always in a rush to their next client. I live with my son who has cerebral palsy and who has his own live-in carer. My adult daughter has been a carer herself since the age of 7 years and she is trying to complete her college course despite her own mental health issues. I don't want to be a burden and I am so thankful for all the care I get that I did not want to make a fuss when my mattress started to deflate on 4 September. My daughter tried to inflate the mattress unsuccessfully and wasn't sure who to contact because the contact details on the mattress had faded. I told the carers that I had been uncomfortable overnight and that I was in pain. Over the next four days my carers cared for me on my deflated mattress. The mattress company came on 8 Sept and noticed that I had developed a large pressure ulcer and contacted my GP who contacted the district nurse. There must have been some confusion as the district nurse only came on the 10 Sept. My pressure ulcer was dressed daily until 14 Sept when I was admitted to hospital as the pressure ulcer had reached my bone and was infected. I was treated in hospital until 30 September. I was in a lot of pain but did not want to make a fuss. It must not happen again. God, no!'*

### **1. Appreciation of the system**

#### **Resourceful Person: How was Ms F and her family empowered in shaping her care?**

Person centred formulation is the first step in coproducing care. Asking about what matters to the person receiving care, knowing them and what they enjoy doing daily, are essential components of good care. Special attention must be made to the needs of the poor, the disadvantaged, and the marginalised<sup>1</sup>

#### **Strong Community: Who is looking after the carers?**

- Carer burden: Half of carers report a longstanding illness, with 72% of people caring for 50 or more hours reporting that caring adversely affects their health, and many live on low incomes and in poor housing<sup>2</sup>.
- Care co-ordination and responsibility – many people involved in care but who is overseeing care? Consider collusion of anonymity especially in areas of social disadvantage<sup>3</sup>
- Supporting the holistic needs of Carers – ELFT QI Project -Informal Carers Needs Check list<sup>4</sup>

#### **Resilient System: How kind was the system to the people who delivered care to Ms F?**

- 'Learn not Blame' Learn not Blame DAUK Doctors Association UK<sup>5</sup>
- Using appreciative enquiry to understand what is working well in the system when things go wrong<sup>6</sup>.
- Organisational abuse: neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation<sup>7</sup> especially high turnover of staff. Core human needs of: Belonging; Competency; Autonomy need to be urgently addressed in the workplace<sup>8</sup>
- Information overload can reduce quality and efficiency of decision making<sup>9</sup>

### **2. Human Side of Change: What changes can we make in our practice today?**

- Recognition of functional transitions and risk of **pressure ulcers** i.e. when shifting from being mobile to becoming sedentary and from being sedentary to being confined to bed. Pressure ulcers impact significantly on quality of life
- Pressure ulcers in sub-dermal tissues under bony prominences very likely occur between the first hour and 4 to 6 hours after sustained loading<sup>10</sup>. Mainly on the sacrum and heels in patients lying in a supine position
- Incidence of ulcers markedly increases the longer the patient is sitting or lying down. Some individuals can tolerate sustained tissue loading better than others due to anatomical differences, variations in the mechanical characteristics of tissues, perfusion quality, general health status, the posture sustained, and perhaps interactions of these factors with the biomechanical performances of the specific support surface used<sup>11</sup>.
- Pain, exudate and odour compromise patient functioning so need systematic and regular pain assessment<sup>12</sup>

### **3. Understanding variation: How are practices managing delivering 'every decision about me, with me'?**

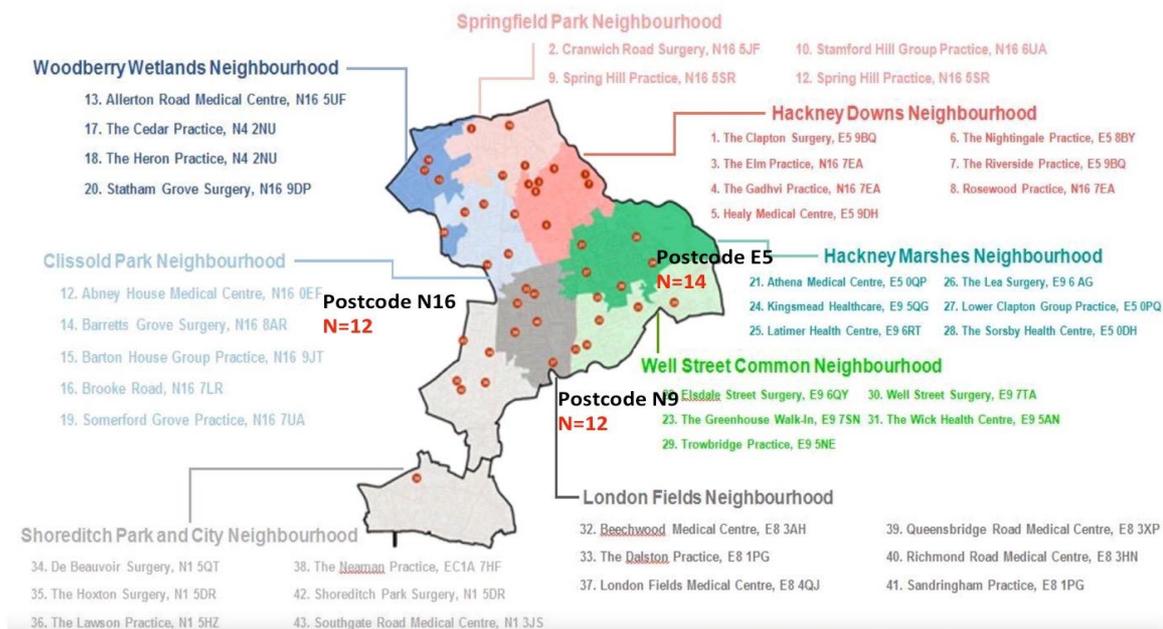
- Pocket and blanket disadvantage/deprivation in Neighbourhoods - System at night - CHUSHE Adult Safeguarding Concerns from 1.1.2018-31.12.2018. Predominance of cases in postcode E5 (14 cases), E9 (12 cases) and E16 (12 cases) followed by N1 (6 cases) N4 (4 cases) and the rest scattered through the Borough.
- Understanding how practices hand over with a part time work force – where is this done well?
- Is there a difference between large and small practices?

### **4. Building Knowledge: How will we know that the system is learning?**

- How to triangulate practice data with: OOH/111/Homerton/ C&H Adult Safeguarding Board data?
- Neighbourhood learning from Significant Events (SEA) Safeguarding data?

## 'Every decision about me, with me'

CITY AND HACKNEY AT NIGHT: N=Number of concerns by postcode Source: CHUHSE Data 1/1/2018 - 31/12/2018



## Safeguarding Adults Reviews: Appreciative Inquiry Mindset?

Frail Person? Frail Community? Frail System?

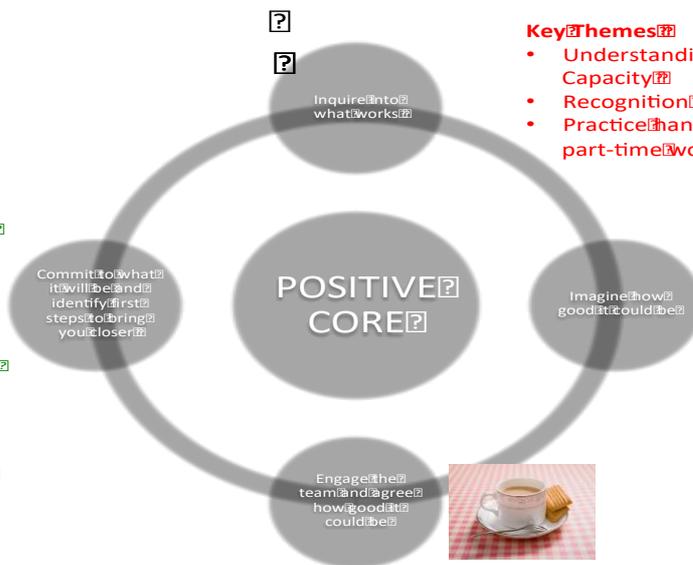
### Practice Feedback from Safeguarding Adults Review (SAR)

"We can't thank you all enough for taking the time to meet with us and allowing us to explore further our input in this case."

"We felt really listened to and very reassured that the relevant issues that had been raised in the report could be explored in more of a context from our perspective."

"Thank you so much for incorporating the key outcomes into the SAR draft document. We're happy with the changes."

"We think this highlights, as mentioned in the meeting, of the value of face-to-face meetings in such cases"



<sup>1</sup> Era 3 for Medicine and Healthcare 2016 JAMA <https://qi.elft.nhs.uk/resource/era-3-for-medicine-and-healthcare/>

<sup>2</sup> Carers and the NHS 2010 BJGP <https://bjgp.org/content/60/575/462.short>

<sup>3</sup> Tackling multi-morbidity in primary care: is relational continuity the missing ingredient? 2019 BJGP <https://bjgp.org/content/69/679/92>

<sup>4</sup> Informal Carer Needs Check list QI ELFT [https://qi.elft.nhs.uk/wp-content/uploads/2018/05/Feb-2018-Informal-Carers-Checklist\\_.pdf](https://qi.elft.nhs.uk/wp-content/uploads/2018/05/Feb-2018-Informal-Carers-Checklist_.pdf)

<sup>5</sup> Doctors Association UK 2018 <https://www.dauk.org/news/2018/11/22/2wfik6n8n16qqsh3mwt88peq0mgz7>

<sup>6</sup> Appreciative Inquiry Resource Pack 2016 <http://ssscnews.uk.com/2016/06/14/new-resource-pack-to-support-appreciative-inquiry/>

<sup>7</sup> Hackney Safeguarding Adults 2014 <https://www.hackney.gov.uk/article/3406/Safeguarding-adults>

<sup>8</sup> The NHS crisis of caring for staff 2019 Kingsfund <https://www.kingsfund.org.uk/blog/2019/03/nhs-crisis-caring>

<sup>9</sup> Quality and efficiency of the Clinical Decision making process: Information Overload and Emphasis framing. 2017 POMS <https://onlinelibrary.wiley.com/doi/abs/10.1111/poms.12777>

<sup>10</sup> How much time does it take to get a pressure ulcer? 2008 Wound management and Prevention <https://www.o-wm.com/content/how-much-time-does-it-take-get-a-pressure-ulcer-integrated-evidence-human-animal-and-in-vitr>

<sup>11</sup> New Guidance on how to define and measure pressure ulcers 2018 Nursing Times <https://www.nursingtimes.net/clinical-archive/tissue-viability/new-guidance-on-how-to-define-and-measure-pressure-ulcers/7025908.article>

<sup>12</sup> A patient-reported pressure ulcer health-related quality of life instrument for use in prevention trials (PU-QOL-P): psychometric evaluation 2018 Health and Quality of Life Outcomes <https://hqlq.biomedcentral.com/articles/10.1186/s12955-018-1049-x>