

Learning Briefing

Mrs Kaur

The circumstances that led to this Rapid SAR

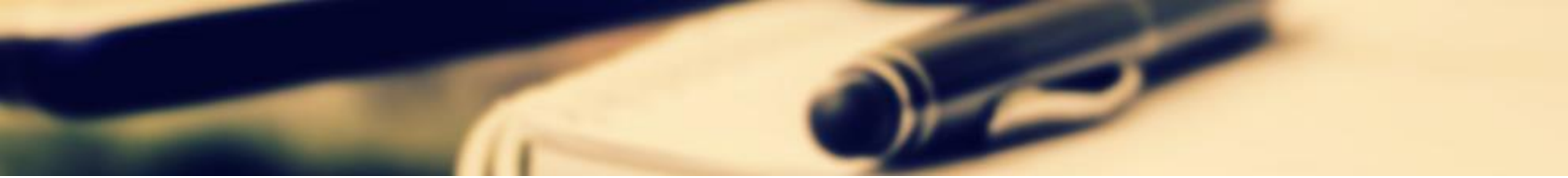


Mrs Kaur was an 82-year-old Indian lady whose first language was not English. Mrs Kaur was receiving an end-of-life package of care funded via Continuing Health Care. Mrs Kaur had moved to live with a family member when their care needs increased, and they were unable to manage alone at home.

A Safeguarding Adults Review (SAR) referral was received from the police following reports by the GP practice that Mrs Kaur had died and there were concerns regarding the management of end-of-life medication and delivery of care by a main family carer, that may have been over and above what would be usual for a family carer, who in this case was a registered nurse.

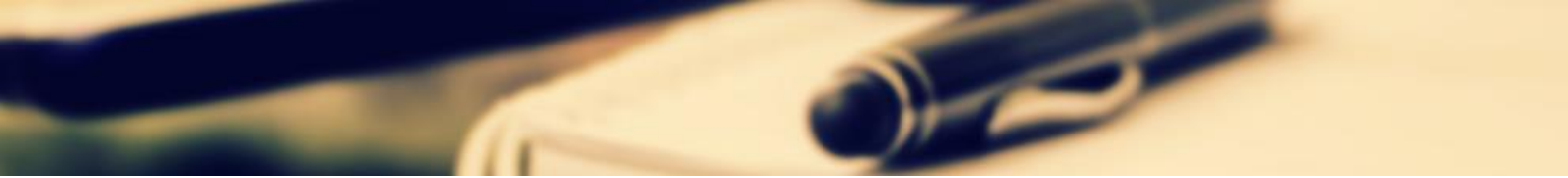
What should you do?

- If you are concerned about the behaviour of a family carer, discuss with other professionals who are involved.
- When there are concerns regarding a registered professional, consider if the concern is such that it requires escalation to the employer/professional body.
- Ensure care plans are agreed and adhered to by all those giving care.
- Offer carers assessments to all unpaid carers e.g. family and friends
- Always use interpreters for key decision making and understanding the wishes and feelings of a person
- Ensure you are aware of the policy for managing controlled drugs in a home setting.
- Do not use professional 'jargon' when communicating and referring to other disciplines
- Ensure you are aware of and record any cultural or religious beliefs and practices that may be impacted by your assessment/care delivery.



Learning identified	What will help?
<p>Professional/Carer Boundaries:</p> <ul style="list-style-type: none"> • Where agencies have cause to challenge the behaviour of a family carer, there should be multi agency conversations to understand whether there is an issue for all, several or just one agency. • When concerns are raised regarding a person who is a registered professional, consideration should be given to early alerts to the employer and the relevant professional regulator. • Clear recording of who is in the household and who is spoken to during contacts helps clarify who is involved in delivering care to a person. • Clear care planning should evidence what care is required and how and who should be delivering the care. • Difficult relationships should not be a barrier to offering a carers assessment 	<p>Reflect on and discuss in your team meeting/supervision how you would/have managed challenges from a carer who is a qualified professional.</p> <p>Consider if you are always aware of who lives within a household. Routinely capture the information in assessments.</p> <p>Offer carers assessments to all unpaid carers where appropriate.</p> <p>Use care plans to identify reasons why care has been prescribed in particular ways and review plans as necessary when care changes have been agreed.</p> <p>Use care plans to clarify who can give care and for what.</p>
<p>The Voice of the person, Mental Capacity and Decision Making</p> <ul style="list-style-type: none"> • The voice of the person must be heard via the use of professional interpreters where there is a need to plan care and record the wishes and feelings of a person. • A lasting power of attorney for Health and Welfare must be registered and can only be used if a person lacks capacity to make their own decisions. • Where there is reason to doubt capacity, mental capacity must be assessed. The greater the impact of the decision the more formal the assessment should be, recording significant decisions on relevant approved documentation • Any Best Interest Decision should be preceded by a mental capacity 	<p>Consider with your team and in self-reflection the methods available to provide interpreting both using technology and in person services.</p> <p>Ensure that any lasting power of attorney has been registered by the Court of Protection and recorded in records.</p> <p>Revisit your understanding of the Mental Capacity Act, ensuring that Best Interest decisions are made in line with the MCA code of conduct.</p>

Learning identified	What will help?
<p>assessment to identify that the person lacks capacity to make the decision and therefore a decision has been made in their best interests.</p>	
<p>Medicines Management within the home setting.</p> <ul style="list-style-type: none"> • Learning links to the recording of medicine discrepancy incidents and challenge that requires follow up. • There should be clarity regarding the storage and amount of controlled drugs within a home where professionals are visiting. • A review of the medicines in the home policy may be helpful to ensure that professionals are protecting themselves from allegations and that missing medication is noted immediately. • The updating of care plans with regard to administering of medication should show any issues and management around this. 	<p>Ensure that where it is in your field of work, that you record and report medicine discrepancy incidents in line with your organisation's policy.</p> <p>Are you clear on how to store and record the amount of controlled drugs within a property you are visiting.</p> <p>Do you know how to access your organisation's medicines in the home policy and to seek updates where it appears outdated or not in line with best practice, recent learning and experience.</p>
<p>Safeguarding</p> <ul style="list-style-type: none"> • Where there are concerns that a carer may be administering care that is against prescribed care or is over and above what would be expected of a family carer, the nature of the impact on a person with care and support needs should be considered in terms of safeguarding risk. • Internal investigations that are of a safeguarding nature and could indicate risk to a person with care and support needs should be shared with adult social care in order that concerns can be logged- only the local authority can coordinate safeguarding enquiries. • Where several agencies are involved, and concerns are being 	<p>Use this case as a time for reflection on your safeguarding knowledge and experience with your team and peers.</p> <p>Discuss how you manage conflict with carers and how you ensure the person in receipt of care is central to care provision.</p> <p>When discussing cases with safeguarding leads, ensure that local authority safeguarding teams are notified of concerns where a discussion leads to internal investigations or actions.</p> <p>Ensure you do not use organisational and professional jargon in safeguarding referrals.</p>



Learning identified	What will help?
<p>expressed, there must be a sharing of information to decide as to whether a safeguarding concern should be reported.</p> <ul style="list-style-type: none">• When adult social care is in receipt of concerns that suggest that another agency may have a concern, it is best practice to contact the other agency for clarification.• Complex information must be clearly and simply reported to facilitate understanding by professionals of a different discipline.	<p>Seek to understand who is sharing concerns with your organisation and seek information for the primary source.</p>
<p>Culture and religion</p> <ul style="list-style-type: none">• It is a legal requirement to consider each person's religious and cultural beliefs so that they are treated with dignity and respect when they are no longer able to care for themselves.• Family members can help in interpreting what needs to be done differently so that care is delivered in a way that is acceptable or there is a discussion as to why this cannot be carried out.	<p>Reflect and discuss if you always record religion and/or culture in your records.</p> <p>Find out about the beliefs and practices of different cultures and religions particularly in times of assessing need, sickness and death? Speak to your organisation's training/development lead and/or access information here:</p> <p>https://www.gov.uk/government/organisations/home-office/about/equality-and-diversity</p>