

7 Minute Briefing – Mr E

Case Summary (please refer to the published [SAR Report](#) if required)

Mr E was an Italian, 83 year old male, his wife passed away in 2005. He lived alone in his own home. Mr E had 1 son, who lived away from the area but kept in contact with his Father. Mr E had a supportive neighbour who would often pop in and help with shopping and other domestic tasks.

Faith was important to Mr E, he was a practicing catholic.

Mr E was known to both health and social care services and had a package of care in place of three calls a day to assist with personal care.

Mr E was hard of hearing and preferred face to face communication. Mr E used a walking stick and had Insulin Dependent Diabetes that required monitoring. Mr E's mental health deteriorated after his wife died in 2006.

Mr E said he felt lonely and he attempted to take his own life after her death.

Mr E was at risk of self-neglect in relation to his diet and whilst accepted support from community nurses, he didn't always accept help from his carers.

Six months before his death, Mr E had an increase in falls, he would leave the gas on and was worried about strangers in his home. He was getting confused.

Mr E died on 27th February 2017. He was found in his own home soon after returning home from Hospital. He died of diabetes related crisis. The Coroner's Inquest ruled natural causes however with narrative that discharge nurses were not aware that he had been discharged from hospital.

Mr E was known to the following services:

- South West London and St Georges MH Trust
- Kingston Hospital
- Your Healthcare - District Nursing
- Adult Social Care
- Alpenbest Care Agency
- GP Surgery - St Albans

Safeguarding Adults Review

A desktop review was commissioned in Autumn 2017 by the Safeguarding Adults Board. The review was completed in August 2018, with board sign off in November 2018.

The review consisted of thorough consideration of paperwork including the Serious Incident Review (SI) and interviews with key people from a range of agencies.

Key themes

- Person centred care
- Communication between organisations
- Care coordination/lead professional
- Multi-disciplinary and agency working
- Mental Capacity Act application
- Leadership and ownership of care process
- Leadership and ownership of investigation
- Shared learning
- Understanding of methods of investigation and action planning

Seven Minute Briefings (7mb) are based on a technique borrowed by the FBI. Research suggests that 7 minutes is an ideal time span to concentrate and learning is more memorable as it is simple and not clouded by other pressures. Their brief duration also mean they hold people's attention and give managers something to share with staff.

1. Discharge from Hospital

Good discharge planning is critical for all patients but for particularly for older vulnerable people. At Kingston Hospital, we have a Joint Assessment and Discharge Team (JADT), where adult social care and health practitioners have access to real time patient discharge information and are able to coordinate discharge pathways for people as a team with clear expectations and goals. It is a seven day service. The frailty service is delivered by an Integrated Multi-disciplinary Frailty Team working in the Emergency Department (ED) and the Acute Assessment Unit (AAU). The Frailty Team provides Comprehensive Geriatric Assessments (CGA) to patients identified as frail in order to help facilitate their early and safe discharges from hospital. The Frailty Team also identify frail patients who require direct admission to our Care of the Elderly wards. Early identification of frail patients presenting in hospital is an important element in making sure they receive the appropriate care, at the right time and in the right place.

GPs can help with this process by ensuring their patient's frailty status is recorded and communicated to the hospital when making a referral for their patients.

2. Falls Clinic

A timely referral to the falls clinic can assist in finding explanations and solutions to minimise risk of falling and another avenue to think about how we can maximise independence.

[Falls service information](#)

3. Pen picture and Information Sharing

In order to fully understand a person's needs and wishes, recording a personal narrative and history is useful for professionals to understand what is important to the person and find solutions to engage and how best to support them. A number of tools are available to professionals to obtain key information as well as sharing that information across partners:

- IT systems: [Connecting your care](#),
- Hospital passports: [This Is Me](#)

4. MDT Meetings and Lead Professional

Multi agency meetings can be an effective way to get all involved together to discuss an individual, manage risk and compile a shared action plan and agree the lead professional to a complex case.

There are a number of ways that this can happen:

- [Safeguarding Adult Process](#)
- GP led MDT meetings by referring to GP.
- [MARAC](#) and CMARAC
- VAMA (planned for Sept 2019)

5. Recording

Using your organisational systems and procedures to record accurate information will safeguard both service users/patients and yourself.

You should record in a way that distinguishes fact from opinion, is transparent and respects the views of those with whom you are working. Your records should be evidence-based, accessible and understandable to others. Poor case recording is often cited in cases where there have been poor outcomes.

[SCIE](#) and [UWE](#) have some good tools and information about recording.

6. Managing Risk

As described in the [Care Act Statutory guidance](#):

Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network.

Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures.

Partners should ensure that they have mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.

7. IT systems

As we continue to be reliant upon information technology systems to share information inc. referrals. An opportunity to review your organisations IT policy and procedures would be beneficial to staff to refresh and understand the organisation's requirements of use of information technology. The Kingston Safeguarding Adults Board have adopted to London multi agency policy and procedures information sharing policy. Please visit the [Safeguarding adults board web page](#) for further information.

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