

BCSSP – 7 Minute Briefing

Safeguarding Adult Review (SAR) – ‘Cooper’

01. Rationale for a Safeguarding Adult Review (SAR): The BCSSP has a legal duty to review any case it is made aware of where an adult with care and support needs has died, or sustained serious injury, as a result of abuse or neglect (including self-neglect); and there is reasonable cause for concern that partners did not work together effectively to safeguard the individual. The purpose is to identify lessons learnt so that these can be applied in future safeguarding work. The full report can be found on the BCSSP website: <https://bcssp.bathnes.gov.uk/node/112>

07. Learning Point 5: Good Practice.

- Cooper benefitted from the support of the same advocate for his transfer to the Care Home, the safeguarding concerns and his discharge from hospital
- Obtaining the support of Speech and Language Therapist (SALT) to use communication cards in an effort to better understand Cooper’s anxiety
- Involving a support worker from his previous care home to work with Cooper to focus on building his confidence with leg exercises
- The Care Home was prepared to challenge decisions on behalf of Cooper, such as consultation over the DNACPR decision.

06. Learning Point 4: Was the Care Home the Right Setting?

The Care Home required considerable support to meet Cooper’s needs. The provider advised this SAR that they may not have accepted his return but for the exceptional circumstances of the pandemic. South Gloucestershire funded additional support for Cooper and then funded further additional support. His social worker planned to arrange a multi-agency meeting to discuss how best to meet Cooper’s future care needs, but this was overtaken by events. Discharge to the Care Home was in accordance with Cooper’s wishes, it was not known whether deterioration in his health was permanent and any transfer to nursing care would have needed careful consideration.

02. What happened in the case of Cooper? Cooper died in hospital in June 2020. He was 71 years old. Cooper had a learning disability and had lived in residential care homes for people with learning disabilities for a number of years. He had good comprehension and was able to make his needs known and would contact a member of staff if he required any support throughout the day. He had a keen interest in music and enjoyed listening to his collection of vinyl records. He was supported to attend a local social and leisure club for people with learning disabilities, Church and local shops on a regular basis. His health needs were considered to be significant, and the review has been advised that Cooper appeared much older than his chronological age.



05. Learning Point 3: Hospital Passport.

Cooper’s Hospital Passport had not been updated following his 2019 transfer to the care home. Contact details related to his previous care home and GP. The decline in his presentation was not referred to and the advice on how to communicate with Cooper was too brief. The out of date and incomplete Hospital Passport may have contributed to a delay in notifying the Complex Health Needs Service of Cooper’s hospital admission. The Rockwood Frailty scale was used to assess Cooper’s needs and make decisions about support he required. This scale may not be sensitive enough to assess those with a learning disability. Although professionals worked hard to understand what may have been at the root of Cooper’s anxiety, there is an absence of tools to identify common mental health problems for those with LD.

03. Learning Point 1: The Impact of the Covid-19 Pandemic. Cooper was admitted to hospital just over a week after the first lockdown began. He was not tested for Covid-19 at the time of discharge back to the care home, but this was consistent with practice at the time. An assessment of needs to inform the discharge destination was incomplete, but ‘Discharge to Assess’ arrangements had recently been introduced. Cooper was isolated for 14 days following discharge, which was necessary, but may have adversely affected his already low mood and emotional wellbeing. His daily routine was also disrupted by restrictions introduced during lockdown.

04. Learning Point 2: Equal and Equitable Care.

A House of Commons report concluded that people with learning disabilities entered the pandemic from a position of heightened vulnerability because of inequalities which pre-dated the pandemic, including a much lower life expectancy, a higher death rate from respiratory infection, as well as higher rates of diabetes and obesity, both of which are risk factors for Covid-19. Cooper does not appear to have been considered ‘clinically extremely vulnerable’ to Covid-19 but would appear to have been considered ‘vulnerable’ to Covid-19 in that he was over 70 years of age and had diabetes. Upon discharge from hospital, Cooper was supported to access substantial healthcare, although the Dietician service stopped taking new referrals at the beginning of the Pandemic, which may have adversely affected Cooper’s care.