Hearing Aid. Referral?

CASE CONFERENCE

Regarding

Mrs. Gladys Richards, D.o.b.: Code A

1. **1.4.98**

Mrs. Richards was referred to the Social Services Department, Royal Hospital Haslar, by Lt. Shepherd, E6 Ward, Royal Hospital Haslar. Lt. Shepherd informed that Mrs. Richards was admitted from Glen Heathers Nursing Home on the 30th July, 1998, with a fractured right neck of femur. The referral was made as Mrs. Richards' daughters were requesting advice regarding an alternative placement, as they were not happy with the care their mother was receiving at Glen Heathers, in particular with administration of medication which they said was making Mrs. Richards unresponsive.

2. **4.8.98** see app. (i)

Mrs. Richards was seen with her daughters by Duty Social Worker, Mrs. G. Dacombe. They said Mrs. Richards has had several falls in recent months, and they felt that administration of tranquillisers was a contributory factor. They were also concerned that correct procedures may not have been carried out following Mrs. Richards' fall. She was walked on the fractured hip. Mrs. Lack had contacted the Inspectorate and asked for information about accident policies and been advised to request these from Glen Heathers, but stated that they were not provided. The Duty Social Worker advised Mrs. Lack to contact the Inspectorate with information regarding the fall.

3. **5.8.98**

The Duty Social Worker brought this information to Mrs. J. Hoggarth, Duty Co-ordinator, who made contact with Mrs. Lack, whose name had been given as main contact, and took account of her concerns, and also contacted Mr. D. Thorne, Team Manager. Mrs. Lack informed that she had a written diary of events over the past six months. This was requested. app (ii)

4. Meeting held on the 6th August, 1998, between Mrs. J. Hoggarth and Mr. D. Thorne when Hampshire County Council's abuse procedures were instigated. Mrs. Hoggarth to gather further information from G.P., Dr. Banks, and the Nursing Home via the Inspectorate.

5. **11.8.98**

Meeting held between Mrs. J. Hoggarth, Mr. D. Thorne and Ms. J. Page from the Nursing Homes Inspectorate. All relevant information shared, including Dr. Banks' assessment. G.P. on holiday at this time.

Agreed Jane Page to gather information from Glen Heathers and contact G.P. on his return in order to (1) investigate complaint, (2) ascertain if any evidence of abuse.

6. **11.8.98**

Unannounced visit by Jane Page to Glen Heathers. All relevant documents copied and taken. Meeting with John Perkins (Manager) and Andrew Chamberlain (General Manager).

7. **1.9.98**

Written account provided by Mrs. Lack. She had re-written this which had taken some time. Copy sent to Jane Page.

8. **10.9.98**

Meeting with Jane Page to review information/evidence obtained. Jane provided a summary of her findings. app (iii)

At this meeting Jane advised that, on the information she had taken from Glen Heathers, there was no indication that there had been any breach of regulations. All records were in order and procedures followed, including on the day of Mrs. Richards' fall. Mrs. Lack's written account was compared with the Home's records. There was a discrepancy in the dates when family provided 24 hour care for Mrs. Richards, which could not be explained. Mrs. Lack's notes indicate that this occurred in April, whereas the Nursing Home records indicate this may have been in June.

Dr. Banks saw Mrs. Richards on the 4th February, 1998, and reviewed her on the 2nd March, 1998, and found her more settled - did not change medication.

The information obtained showed that Mrs. Richards had had seventeen falls since the 29th January, 1998. All were recorded, all medication records in order and showed that medication was administered as prescribed, with half doses being given on occasions when Mrs. Richards was drowsy.

Jane Page provided a summary of her investigations. She was unable to find any evidence that Mrs. Richards did not receive appropriate care and medication.

23rd November, 1998

HPP(1.)

Subject: G Dacombe 4/8/98 Ward visit
Daughters requesting to see social services therefore duty officer met with Mrs Lack and Mrs Mackenzie on the ward. Mrs Richards was asleep.
Mrs Richard`s daughters stated that their mother was in Haslar following a fall at Glen Heathers. She is nursing care and preserved rights.
They state that she has had several falls in recent months and feel that the administering of tranquilisers has not helped this situation.
The fall before admission to Haslar is of particular concern to them as they feel that correct procedures were not carried out. They report that following her fall and a check by an RGN, Mrs Richards was walked to her chair. This is supported by the homes records and they have been advised by Haslar doctor that the fracture is consistent with it having being walked on.
Mrs Lack reports that she was contacted at home and asked to visit her mother earlier than usual as she was causing a disturbance. The carer she dealt with had no knowledge of the fall and there was subsequently a delay between her falling and fracturing her neck of femur and an ambulance being called when the next shift came on duty and identified what had happened from the notes.
Mrs Lack had contacted the social service inspectorate for a copy of the policies and procedures for Glen Heathers and has reportedly been advised to contact the home who were not forthcoming with one. Duty officer advised her to re-contact the social services inspectorate with the information that she had given with regard to the recent fall.
Mrs Lack advised that they had been told that Mrs Richards will transfer to the war memorial. Duty officer advised that as Mrs Richards was funded under the preserved rights rule, they could seek another nursing home for her who would accept her at this rate. Homes book given and advised that we could provide a vacancy list when/if appropriate.

Subject: J Hoggarth 5.8.98 t/c to daughter

TPP. (14)

Mrs Lack. I advised that I am following up from her meeting with DSW yesterday as I will need to speak to the Inspectorate about the information she gave yesterday, and am also collecting information in order to discuss with my manager tomorrow re possible abuse investigation.

Mrs Lack told me that her mother has been resident at Glen Heathers for four years, as a nursing resident, DSS funded, no third party payment. She has had a single en suite room for all that time, although she was moved from first to ground floor approx 4 weeks ago because she was wandering, and risk of falling on stairs. Mrs Lack told me that her mother has dementia, and is also deaf and needs glasses. She has been concerned about her mother's care for approx 6 months and has regularly taken up issues of concern with the nursing home staff. She said that she has been so unhappy about the care given to her mother that she wanted to move her, but felt on balance that because of her mother's dementia it would be more unsettling and disturbing for her to move than for them to try to deal with the problems at Glen Heathers.
Mrs Lack informed me that her mother has been seen by Dr Banks, psych cons. twice in last 6 months. She says that tranquillisers were prescribed by GP at request of home in december because they were having problems managing her, she has seen GP and asked him about this, he said he was acting on information given by the home. Mrs Lack says her main concerns about her mother began after this medication was prescribed, and in her opinion has caused the following problems: (Dr Banks has changed the medication once)
Mrs Richards has falled several times, because she was "woozy". These falls have included head injury (twice - once around christmas, once 3 weeks ago - came into Haslar A&E) and fractured ribs. 6 falls since christmas.
Mrs Richards hearing aids have been lost by the home, since then Mrs Richard has become silent and withdrawn. She has been continent until the last fall, but found it difficult to make her wish to go to the toilet understood by staff, or to answer their questions. This has made her very agitated.
Mrs Richards' spectacles were lost by the home in April. Mrs Lack says both these losses have made it very difficult for her to communicate and provide simple reassurance to her mother.
Mrs Lack says she has regularly asked for the hearing aids to be replaced, and for explanations of falls, medication etc. The home always told her that the hearing aids were in hand, or had been referred, but then more recently told her that now that the clinic have said that Mrs Richards will not be a priority now that she is over 90.

? not referred.

Mrs Lack says she has always offered constructive criticism to the home rather than formally complain, but has heard and observed things which concern her.
e.g. told by staff that given her mother's dementia, having a hearing aid would not make much difference/not worth it.
finding her mothers feet caked in dried faeces. Staff claimed it must have happened since the morning, but Mrs Lack was sure that the stockings/shoes were clean therefore it must have been older than that and either not seen, or seen and ignored by staff.
Hearing staff members talk to residents inappropriately, telling them "you'll have to wait to go to the toilet, you should have gone before"
Mrs Lack says before christmas they were able to take mother out in the car, and she was very mobile, but since the medication was prescribed has been depressed and much less able. On one occasion recently Mrs Lack says she was called by the home and asked if she could go in to sit with her mother as they couldn't watch over her all the time, she and her sister took it in turns for 10 days to stay with Mrs Richard. She has gone in herself every lunchtime for some time now to feed her mother as she is concerned she would not be fed if she wasn't there.

Mrs Lack told me about the events of last wednesday, she has had an account of what happened from the home, having contacted the inspectorate on thursday to ask about policies/procedures re accidents she was advised to get these from the home direct. Glen Heathers when she requested these was told it was not policy to send them in the post but invited her to an inquiry

meeting yesterday. She was still not shown anything on paper, policy/procedure or complaints procedure, but was told what was on the home's record for the day.
Mrs. Richard fell at 2.50, and was thought to be "fine" and was helped to walk to her chair. Mrs Lack visited at 3.50, and found her mother in some distress, was told she was O.K, but not told about the fall. Her mother screamed in pain so she helped a member of staff to move (and walk her.) Mrs Lack did not walk her - staff member
After leaving and returning home, she found a message on her answerphone at home telling her about the fall, and asking if she could go in and sit with mother who was very noisy. When she went in to the home, the nurse in charge John Perkins wasn't aware of the fall, and wasn't told until handover at 6pm Mrs Lack was assured that an RGN had checked her mother and she was O.K, later that evening at home she had 3 more calls, one to ask her to go in and sit, then another later saying Mrs Richards was shouting out and they may call GP out, then just a few minutes later from RGN just on shift to say that they were calling an ambulance, as she had gone in to see Mrs Richards and it was obvious she had fractured. The doctor in Haslar said the bone had been pushed 3" up into the muscle as it had been walked on.

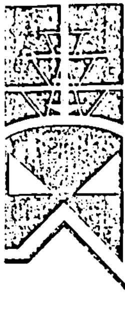
Mrs Lack says the home have admitted that they did not follow procedures as the nurse in charge was not made aware of the fall.

Yesterday Mrs Lack gave notice to the home, and asked for an up to date account, she is unsure what period of notice they are asking for, she was not told yesterday. I said normal period of notice is one month. She does not think they are going to ask for this, and also said she was told yesterday that the placement may not have been appropriate in view of Mrs Richards dementia. Mrs Lack does not understand why they did not raise this before.
She confirmed that benefits/finances are managed by the family.

The above is all information given to me by Mrs Lack and recorded as far as possible as it was given to me over the telephone without any judgement as to its truth or accuracy.
Mrs Lack was informed that it would be passed on to the inspectorate which she was in agreement with. I encouraged her to contact the inspectorate her self.

END OF NOTE

CPS001472-0006



Portsmouth and
South East Hampshire

Health Authority

Finchdean House
Milton Road
Portsmouth PO3 6DP

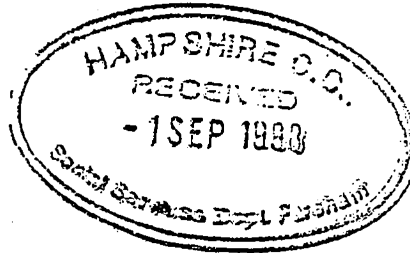
Switchboard: 01705 838340
Central Fax: 01705 733292

Direct Line Code A

Our Ref: RJP/CH Your Ref:

26 August 1998

Mr David Thorne
Team Manager - Elderly People
Hampshire Social Services
Fareham Health Centre
Civic Way
FAREHAM
Hants PO16 7EP



07 SEP 1998

Dear Mr Thorne

re: Mrs Gladys Richards
Glen Heathers Nursing & Residential Care Home

Please find enclosed a brief summary of my investigations and conclusion. I suggest that once we all return from annual leave we meet to discuss. I am unsure what actions Mrs Lack and/or her family will now take, however there has been no contact made with this office.

If you require further information, please contact me.

I await to hear from you or Jan on your return from leave.

Yours sincerely

Code A

Jane Page
Principal Nursing Home Inspector

Enc.

The registration of dual-registered nursing and residential homes is the responsibility of both the Health Authority and Hampshire County Council Social Services Department.

Hampshire
COUNTY COUNCIL

Social Services Department

Registration and Inspection Unit
Town End House Annexe
East Street Havant Hampshire PO9 1BS
Telephone 01705 481379
Facsimile 01705 481380

GLEN HEATHERS NURSING & RESIDENTIAL CARE HOME

Glen Heathers is registered with Portsmouth & South East Hampshire Health Authority and Hampshire County Council for 42 nursing and 16 residential beds.

11 August 1998 Meeting at Fareham Social Services with Jan Hogarth and Dave Thorne regarding Mrs Gladys Richards, a patient at Glen Heathers who recently sustained a fractured femur following a fall at the home. Relatives had raised concerns in respect of care and medication.

11 August 1998, 2.30 pm Unannounced visit to the home, meeting held with Mr J Perkins (Registered Manager/Nurse in Charge) and Mr Andrew Chamberlain (General Manager, Glen Care Homes). Mrs M Gill, RGN, was also involved during the visit,

The home was made aware of the concerns and requested not to make contact with the relatives.

I requested to see all records relating to Mrs Richards' stay in the home and these were made available to me.

Copies of records taken:-

- All daily medication records.
- Accident Procedure.
- Daily statements from 2.1.98 - 31.7.98.
- Resident Assessment form.
- Written statements by 4 members of staff.
- Written statements from Consultant to Glen Care regarding meeting held with Mrs Richards' relatives held on 4.8.98.
- Various assessments, Waterlow etc.
- Nursing interventions via Care Plans.
- GP visits.

Medication Records

Records demonstrate that sedation was given as prescribed by the GP, and examples of half doses being given when Mrs Richards appeared drowsy.

Care Plans

Identify all needs; that Mrs Richards wanders and is at risk. Record relatives' involvement in a change of room, from 1st floor to ground floor.

Records record that relatives want to be responsible for Mrs Richards' care.

Daily Statements

Give a chronological sequence of all events day and night. All records signed and dated.

On 11 August 1998 the accident book was seen. I identified that Mrs Richards has had 17 falls since 29.1.98. All details were recorded and appropriate action taken. These records cross reference to daily statements. Mr Perkins oversees all entries regularly.

Staff confirmed that Mrs Richards used to hide her hearing aid in unusual places and that Mrs Lack had discussed many issues with them but would only voice her opinion, not actually complain.

A meeting was held at Glen Heathers between the Director of Nursing for Glen Care Homes and Mrs Lack and her daughter on 4 August 1998 to discuss their concerns. The written statement states that the family accepted that Mrs Richards' care needs had changed and they would consider placing her in a more appropriate environment possibly one of Glen Care Homes' other homes. A further meeting was offered and this was declined.

19 August 1998

Telephone conversation with Dr Bassett, GP to Mrs Richards. He confirmed he had no reason to have concerns about the care Mrs Richards received. He was satisfied that medication was administered appropriately. He felt that the relatives may have had difficulty in accepting their mother's deteriorating health.

Dr Bassett also confirmed that Dr Banks visited and medication was appropriate.

During my discussion with Mrs Gill, RGN, I was informed that the relative, Mrs Lack, has spoken to care staff since Mrs Richards' accident and made them aware of the record she has maintained for the last 3 months.

Conclusion

From the written records obtained and discussions held, I can find no evidence to substantiate that Mrs Richards did not receive appropriate care and medication,

I was informed on 24.8.98 that Mrs Richards has since died following a fall at Gosport War Memorial Hospital. Mrs Lack has approached the home asking for all nursing and medical notes. The home are currently seeking advice although I have advised them that all records must be kept in accordance with the Regulations.

Jane Page
Principal Nursing Home Inspector

Richards/26.8.98