

APP-A 14.3.23

0109.

These Minutes are Confidential to those present at the meeting

CASE CONFERENCE

Held on Monday, 23rd November, 1998,
at Gosport Social Services Area Centre

In respect of

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

Present:

Mr. D. Thorne	-	Team Manager, Social Services Department
Mrs. G. Mackenzie	-	Eldest Daughter
Mrs. L. Lack	-	Youngest Daughter
Mr. A. Chamberlain	-	General Manager, Glen Heathers Nursing Home
Mr. J. Perkins	-	Manager, Glen Heathers Nursing Home
Ms. J. Page	-	Inspector, Nursing Homes Inspectorate
Mrs. J. Hoggarth	-	Care Manager, Social Services Department.

Purpose of Case Conference

Mr. Thorne opened the meeting by confirming that Mrs. Richards' placement at Glen Heathers Nursing Home had been funded by D.S.S. and not Social Services.

He stated that reason for holding the Case Conference today was to investigate the alleged abuse of Mrs. Richards as, under Hampshire County Council's procedures, the Local Authority is obliged to investigate all such cases, whatever the source of funding.

Main issues for investigation

1. Alleged mal-administration of medication.
2. Events on the day that Mrs. Richards actually fell.

Background

Mrs. Hoggarth distributed documents giving a brief account of events since referral to the Social Work Department at Haslar Hospital. The Appendices referred to were records of the original conversation with the Duty Social Worker on the day of referral, Mrs. Hoggarth's conversation with Mrs. Lack and Ms. Page's Summary and Conclusion following her investigation at the Home.

In response to Mr. Thorne's enquiry as to whether anyone needed clarification of any of the terms, Mrs. Mackenzie commented that the information given did not seem to take into account her sister's notes and some things seemed to have been completely omitted. Mrs. Mackenzie was not aware of some of the events due to the fact that she lives in Eastbourne. Mrs. Lack asked why she was not informed if, as stated in the reports, her mother had fallen 17 times.

Mrs. Hoggarth stated that concern about possible abuse was identified on referral from the Orthopaedic Ward at Haslar Hospital, which stated that doctors were concerned about the care given at Glen Heathers. The Duty Social Worker met with Mrs. Richards and her daughters when they were able to comment further on events on the day Mrs. Richards fell and preceding events. Neither daughter had, in fact, approached Social Services to complain. The Consultant said that Mrs. Richards could go back to Glen Heathers, but daughter said they had a choice as to whether or not she returned there.

Mrs. Mackenzie stated that she and her sister had been to a meeting at Glen Heathers when she, Mrs. Mackenzie, was made aware for the first time of events that had taken place. She had expressed her anger that official complaints had not been made to the Nursing Home at the time when these events had occurred. She was therefore in a state of shock.

Mrs. Lack said she had not complained because she had a good relationship with the staff at Glen Heathers and felt she could talk to them.

At their first meeting with Mrs. Dacombe, Duty Social Worker, the daughters had been asked if they wished to make an official complaint, but had declined to do so. However, Mrs. Mackenzie said that, if she had been aware of all the events at that time, she would have gone ahead with an official complaint. Mrs. Lack said that she dealt with her mother on a day to day basis, and felt that she had no cause for an official complaint.

Mrs. Hoggarth had followed up the meeting with the Duty Social Worker by contacting Mrs. Lack to gather further information. She said she had been concerned for about six months and had taken up issues with staff. However, she felt that because of her mother's dementia, it was better for her to remain where she was.

In particular, Mrs. Lack said she was concerned about her mother being administered tranquillisers, and said that Mrs. Richards had become uncommunicative and withdrawn, and more prone to falls. Mrs. Richards had become "woozy" and had sustained several injuries following falls, necessitating her being taken to the Accident & Emergency Department at Haslar on one occasion.

Mrs. Richards had also become incontinent, but, because of her medication, was not able to make her wishes known. Her spectacles and hearing aids had been lost by the Home and not replaced, which, Mrs. Lack felt, made communication even more difficult. Mrs. Lack said that she had always offered constructive criticism to the Home rather than complaints which, she felt, would help her mother's situation. However, on one occasion, she had found her mother's feet caked in dried faeces. Staff said that it had only happened that morning, but Mrs. Lack did not agree as her mother stockings and slippers were clean, indicating that the faeces had been there for some time and not noticed by staff when they dressed her.

Mrs. Lack felt that she had to spend a great deal of time at the Home to help with her mother's care. During that time she had heard staff talking to other residents in inappropriate ways, and she was, therefore, concerned about standards in the Home. She was particularly concerned regarding procedures on the day of her mother's fall, more so because she was not informed in an appropriate time and that her mother was not appropriately assisted following the fall.

Ms. Page said that she had carried out an unannounced inspection at the Home on receipt of the above information from Mrs. Hoggarth. She was given access to all records requested and took photocopies of all relevant documents on which she had based her own report.

The staff at the Home had been asked for an explanation. Ms. Page was informed that Mrs. Richards had fallen at about 2.50 p.m. One of the nurses on duty was called who assessed Mrs. Richards and was of the opinion that there was no apparent injury of the type that was subsequently found. Mrs. Richards was assisted back to her chair, settled down and given a cup of tea, following which she had fallen asleep. Mr. Perkins was not made aware of the fall until handover at about 6.00 p.m. Mrs. Lack had visited the Home at approximately 4.00 p.m. at which time Mr. Perkins did not know about the fall. She had later learned about the incident via a message from the Home left on her Ansaphone. Mrs. Lack emphasised that she did not walk her mother. She had asked staff to help sit her mother up as she was lying in her chair, and, at that point, Mrs. Richards had screamed. Mrs. Lack had queried with John Perkins whether there was a problem with her mother.

Mrs. Mackenzie asked who had, in fact, walked her mother back to her chair and why she was still in the dining room at that time of day. John Perkins said he was not sure.

Alan Chamberlain said that the dining room in which the incident had occurred was centrally positioned in the Home, and was a throughway for residents where they often choose to sit. He confirmed that staff were always around to keep an eye on residents, but Mrs. Mackenzie said that she had been in the Home when no staff have been available to help her mother to the toilet. She said that she had also witnessed other residents still in the dining room some time after lunch. She felt that part of the reason why her mother became agitated was because she could not make anyone hear when she needed to go to the toilet, and had slipped off her chair.

John Perkins confirmed that, when he met Mrs. Lack at the Home, he was still unaware of the fall. After she had heard the message on her Ansaphone, she had contacted the Home, by which time John Perkins had been informed of the incident. Mrs. Lack was informed that there was no apparent injury, although Mrs. Richards was unsettled and moaning, which was not uncommon. Mr. Perkins said that he felt it was unnecessary for Mrs. Lack to go to the Home. Mrs. Richards was in bed by 7.30 p.m. John Perkins was not aware that she had been walked following the fall and said that if there had been any sign of discomfort a wheelchair would have been used. He later realised that something was amiss and rang for the emergency G.P., Dr. Paterson, who requested an ambulance which came about 9.00 p.m. The Night Nurse came on duty and was taken to see Mrs. Richards, following which she rang Mrs. Lack, making a total of four calls from the Home.

Mrs. Lack said that she frequently went in to sit with her mother if she was agitated, and said that from 2.50 p.m. to 9.00 p.m. was a long time for an elderly lady to be left in discomfort. It was again confirmed that Mrs. Richards had been checked by the RGN on duty at the time of the fall, but Mrs. Lack said that there was obvious external rotation and shortening of her mother's leg which were both signs of a fracture. However, John Perkins said that, when he had checked Mrs. Richards, there were no such signs, although Mrs. Richards had vomited and had loose stools, both of which Mrs. Lack said were signs of shock. When there were signs later that Mrs. Richards was suffering pain in her right hip, the doctor had been called and her blood pressure and pulse taken, and it was at this time that John Perkins had thought there could be a fractured neck of femur. Mrs. Richards was taken to A & E at Haslar.

Referring to the history of 17 falls sustained by Mrs. Richards in the past, John Perkins confirmed the procedure in the Home for such incidents, which is to carry out an assessment at the time, and, if there is no apparent injury, the resident is reassured and helped back to his/her chair or bed depending on the time of day. A record is made in the nursing notes, and, if appropriate, the next of kin would be informed. Mrs. Lack said that she knew of only about six occasions when her mother had fallen.

Ms. Page said that John Perkins could not answer in respect of all the occasions when Mrs. Richards had fallen because he was not employed at the Home during the early part of her stay there.

Mr. Thorne said that it seemed to be apparent that there was no written policy at Glen Heathers, but Andrew Chamberlain denied this. Mrs. Lack said that she had asked for this, but had been told that it could not be put in the post although she would be given it at a meeting at the Home. Ms Page confirmed that the Home had had an Accident Policy since the day it was registered. On every inspection, which is normally twice a year, the Accident Books have been checked.

Mrs. Lack again said that she had not been informed of all the incidents involving her mother. Ms. Page said that all Homes had been advised that all incidents should be recorded, and, during her investigation, she confirmed that all incidents had been reported and cross referenced. It was acknowledged that some of the accidents could have been very minor. Mrs. Lack said that, if she had known about previous falls, she would have taken up the question of the medication being prescribed for her mother, as Mrs. Richards had not been prone to falls prior to being given tranquillisers.

Mr. Thorne asked how the Home would handle similar situations in the future. John Perkins said they had followed their procedures and would continue to do so. With hindsight, even if there was no damage, the same procedure would be followed. Mrs. Mackenzie felt that a physical examination by a nurse at the Home was insufficient and that her mother should have had an X-ray. In the last telephone call from "Sue" she said that it would have been obvious when Mrs. Richards was walked that she had a fractured femur.

Mrs. Hoggarth asked if there was a completed record of the incident, and was informed that the daily record was not completed at the time of the accident but that the Accident Book was. The Daily Record was completed later by John Perkins.

Ms. Page said that, when Mrs. Richards fell, signs and symptoms of her injury were not apparent. However, having been moved, she screamed. Mrs. Lack confirmed that her mother did not normally scream when walked. She needed assistance because she was so frail. Therefore, if she walked and was in discomfort at 2.50 p.m. someone who was trained should have been able to see that there was a problem. When Mrs. Lack visited, Mrs. Richards was lying in her chair and did not appear to be pleased to see her. They sat her up at which point Mrs. Richards gave a piercing scream.

Mrs. Lack reiterated that it was at this point that she had noticed that her mother's feet were caked in dried faeces. Mr. Thorne asked for an explanation from the Home as to this or even if they were even aware of it. John Perkins said that he did not know, but could not believe that staff would have seen it and ignored it. Mrs. Lack said that her mother's stockings were

clean but that the faeces was up between her toes. John Perkins said that it may have been missed, but not ignored, but Mrs. Lack said that someone must have dressed her mother and could not have failed to see her feet. John Perkins admitted this was so, but reiterated that the nurses would not have ignored it. Alan Chamberlain said that Mrs. Lack had reported her concern to nursing staff and her mother's feet had been washed. Therefore, he could see little point in pursuing this matter, although he agreed that the situation was not acceptable. He confirmed that all the staff in the Home had been made aware of the problem and told to pay attention to this kind of thing in the future. John Perkins also commented that Mrs. Richards had been incontinent prior to the 27th July, and Mrs. Lack said that they had discussed the use of laxatives and whether they were always necessary.

Referring to the loss of Mrs. Richards' spectacles and hearing aids, Alan Chamberlain said that he was concerned at the phrase "lost by the Home". Mrs. Lack said that it was part of her mother's care plan that her hearing aids were removed at night and put back in the morning. Alan Chamberlain said some people do remove their own hearing aids. Mrs. Lack said that the problem was not so much the loss of the hearing aids as the delay in replacing them. Alan Chamberlain thought that new ones had been requested, but this does not appear to have been the case. Mrs. Lack had been told that the hospital were not giving priority to elderly people, and her mother had, in fact, been without her hearing aids for six months.

Mrs. Mackenzie had mentioned this to the G.P. when her mother had a chest infection who had agreed that she should have the hearing aids. Alan Chamberlain said that the paperwork had been done, but was not sure when. The Hospital had assured them that if the paperwork was completed, she would have received her hearing aids, and Alan Chamberlain said there was no logical reason why it was not done. Both hearing aids were lost which left Mrs. Richards totally deaf.

The question of staff members dealing with other residents in inappropriate ways was then raised by Mrs. Mackenzie, and the Home was asked to comment. Alan Chamberlain said that everyone is treated as an individual, and what is appropriate for one person may be inappropriate for another. John Perkins said this had been followed up and all staff had been advised accordingly. Mr. Thorne said that it was possible there may have been some insensitivity purely by people being over-familiar rather than intentional. Ms. Page said it was highly unlikely for any member of staff to be disrespectful to a resident when she is on the premises. She felt that until in-house and induction training was completed, it was possible for staff to act inappropriately, but she would expect them to be advised accordingly if the problem persisted.

Medication

Mr. Thorne asked for daughters' views.

Mrs. Lack said when her mother was first put on "quietening down" medication because she was beginning to moan and become agitated and distressed, she was not happy that, after the first week, Mrs. Richards appeared to sleep most of the time. She had discussed this with the G.P.

Mrs. Mackenzie became involved when she knew what the medication was. She had only become aware of the situation when she went to stay with her mother when she had a chest

infection. She felt it was strange that Mrs. Richards had not been prescribed antibiotics, and was told this was because of the other drugs she was taking. She queried why her mother needed these drugs, even in small doses, and said that she wanted the G.P. to carry out a proper examination. A doctor, who was not her mother's G.P., came the next day, but Mrs. Richards was unable to hear what he was saying. The G.P. said there was not sufficient infection to warrant antibiotics. Mrs. Mackenzie was so concerned that she had stayed at the Home with her mother for ten days. She saw the G.P. a few days later and again queried the medication being prescribed for her mother. The G.P.'s response was that if they were not satisfied with what he was doing, they should find another doctor, and, if they did not like Glen Heathers, they could move Mrs. Richards to another home. The two drugs in dispute were Haliperidol and Trazedon.

When Mrs. Richards was taken to Haslar Hospital, she had been off the Trazedon, following which she could speak. Mrs. Mackenzie felt that this medication could have been the cause of her mother's falls. She conceded that the nurses were obliged to administer drugs prescribed by the G.P., but suggested that all Nursing Homes should be made aware of the effects of such drugs, particularly on elderly people with dementia. Mrs. Hoggarth pointed out that Dr. Banks had also seen Mrs. Richards in February, reviewed her again in March and made recommendations. Mrs. Mackenzie said that, if she had known her mother had been put on these drugs, she would have sought a second opinion. On being taken off both drugs, Mrs. Richards had spoken quite coherently, but had not been able to do so previously.

Ms. Page said that it was difficult for nursing staff in Homes to criticise G.P.s. All homes are inspected annually by an authorised pharmacist who could raise any concerns.

Mr. Thorne asked whether Mrs. Lack and Mrs. Mackenzie had, at any time, been fearful that their mother was being given an overdose or half doses. Mrs. Mackenzie said that she and her sister were present on some occasions when they had measured what she was given, and the dose was certainly more than it should have been because it had not been measured properly. Mr. Thorne asked whether this was significant, and Mrs. Lack said "No". Ms. Page had carried out a medication check, and said there was no evidence of medication being given other than prescribed and that they had, in fact, occasionally reduced the dose. There was no evidence of larger doses being administered, but Mrs. Mackenzie felt the medication should have been measured properly. Ms. Page said records were kept of all drugs that go into a Nursing Home, and confirmed that the records corresponded with medication that should have been given, except for those occasions when the dose was reduced. A stock check can be done at any time so that the life of medication can be traced. She had not found any discrepancies.

Speaking about Glen Heathers, Mrs. Mackenzie said that, when she had spent ten nights at the Home, there were occasions when Mrs. Richards would need to go to the toilet during the night. Mrs. Mackenzie had rung for assistance, but no-one had responded on many occasions. It appeared that it had been recorded in Mrs. Richards' notes that her family had taken over her care, but Mrs. Mackenzie said this was not the case. She had simply stayed because she was afraid her mother would get out of bed and have a fall, although she acknowledged that a nurse could not be in the room all night. However, she also pointed out that, during the time she stayed with her mother, no-one in authority had visited Mrs. Richards' room. John Perkins confirmed that he had not been employed at Glen Heathers at that time.

Alan Chamberlain asked whether Mrs. Mackenzie had left the call bell ringing when she had been trying to obtain assistance, but she confirmed that she had cancelled it when she got her mother back into bed. Alan Chamberlain explained that when Mrs. Lack was in her mother's room, it was likely that staff would not check on Mrs. Richards. However, he agreed that there were issues regarding lifting residents which were the Home's responsibility and not that of relatives. He also said he felt it would not always be necessary for a member of staff to visit Mrs. Richards if one of her daughters was with her.

Ms. Page said that she did not approach the Nursing Home asking for copies of medical notes, but had asked to see the Policy and Procedure and Accident Book. The Home had confirmed that statements from staff and notes had been typed up and signed two days after the accident. She was told that Mrs. Richards had been picked up by a Care Assistant. Mrs. Mackenzie asked whether Mrs. Richards should have been checked before she was picked up. Mrs. Lack asked if she was checked by a qualified RGN or a First Aider. Ms. Page explained that, in a Nursing Home, if a Care Assistant had completed a First Aid Instruction Course, they may well be the best person to check a person in such an accident.

Details of Mrs. Richards' fall were not clear. John Perkins said that, as far as they knew, she fell from her chair, and Alan Chamberlain explained that no-one actually saw what happened. Looking at the situation overall, and given the deterioration in her condition and the tendency to fall, Mr. Thorne said he felt that perhaps Mrs. Richards should have been assessed to see whether she was appropriately placed at Glen Heathers. Mrs. Lack said that her mother was appropriately placed at the time of admission to the Home. It was only in the last couple of months that she would have needed to be reassessed with a view to a more suitable placement.

Mr. Thorne said that he could find no cause for recording this as an abuse case. He felt, from what he had heard, that it is more a matter of re-emphasising to staff issues about moving people following a fall and looking at how medication is administered. The issue regarding medication should have been taken up with the Consultant who reviewed Mrs. Richards on two occasions, and Mr. Thorne felt that Mrs. Lack and Mrs. Mackenzie are in a much better position to deal with this matter. Mrs. Hoggarth confirmed that no evidence was found that medication had been mal-administered.

Mrs. Lack said that she felt there was lack of care on the day of the accident. Dave Thorne said that the Home needed to give their staff more training as to who should pick up a person following a fall. Alan Chamberlain said he felt this should be the case for all Homes, not just those in their group.

Regarding Mrs. Richards' spectacles which had been lost, the matter had been investigated, but, because of the accident, investigations had not been completed. The daughters felt the loss of her glasses added to their mother's anxiety problems during the last months of her life. Mr. Thorne said that he felt that the issue here was more a case of practical problems rather than abuse. Mrs. Mackenzie said that she would not use the word abuse - rather negligence. Both daughters questioned the judgement of the person who assisted their mother at the time of her fall. Ms. Page confirmed that the member of staff was a professional person who had given a written statement that, at the time of the accident, both Mrs. Richards' legs were straight and with no evidence of shortening. There was no-one else present at the time of the fall. Written records had been kept, and there was no attempt by the Home or nursing staff to hide anything. Ms. Page had gone straight to the Home following her conversation with Mrs.

Hoggarth, and everything had been made available to her. She confirmed that the Home's records were adequately maintained.

Mrs. Lack said that somebody else must have been there. Ms. Page said that a Care Assistant and a registered nurse were both present at the time of the examination. The professional opinion was that Mrs. Richards had not sustained a serious injury. Mrs. Lack suggested that it was an error of judgement and that the examination was not thorough enough.

Alan Chamberlain acknowledged the validity of everyone's views and comments inasmuch as procedures and practices need to be emphasised without prejudice. He felt that all Care Homes can learn, but that these concerns should not arise again because people will take extra care and be over cautious. Commenting on the question of why Mrs. Richards had not been sent for an X-ray, he said that Nursing Homes have to maintain a professional relationship with carers, doctors and nurses, but do not want to "cry wolf". Neither do they want to neglect anything where residents are concerned.

Mr. Thorne said practices needed to be reviewed constantly. Referring back to the subject of the medication given to Mrs. Richards, Mr. Chamberlain said that their hands are tied, as they have to comply with what the G.P. prescribes, and said that they cannot ask for a particular drug. They can only present what they see and be guided by doctors.

Conclusion/Recommendations

1. There was no evidence of deliberate abuse although there seemed to be problems of complacency in some of the care practices which needed review.
2. There is a need for the Home to ensure that staff are clear on the procedures for dealing with falls and that it is made clear who the "qualified" staff are to deal with residents involved in falls.
3. It is possible in retrospect to consider that a review of the appropriateness of the placement should have taken place in view of Mrs. Richards' apparent deterioration.
4. Home staff need to be reminded about the need to address residents in an appropriate and dignified manner.
5. Home staff need to follow up practical issues, such as the loss of glasses and hearing aids, in a proactive manner, recognising the difficulties to communication.
6. The issue of soiled stockings should be noted as a serious oversight by staff, and steps should be taken to ensure that no similar situations arise again.
7. Mrs. Lack and Mrs. McKenzie should contact Dr. Banks directly if it is their wish to pursue the medication issue further. However, there was no evidence of malpractice by the Home.