

1 Background

Stephen was a 56 year old man with learning disabilities who had cancer. He was a tenant in shared supported living accommodation and received additional support for community activities. Stephen was a fun and very sociable man who loved buses and trains and liked to be out and about. He loved jigsaws and comedy programmes on TV and liked to make jokes.

Stephen's cancer treatment had been delayed and he had been identified as someone who should be shielded due to his vulnerability to Covid-19. In March 2020 Stephen contracted Covid-19, and received no further cancer treatment. Stephen was admitted to hospital but did not immediately return to his home when discharged. Instead he moved to single temporary accommodation due to the risk that he might infect other tenants. Stephen then moved home but gradually deteriorated and was readmitted to hospital in April 2020 where he died the following month.

2 Theme 1: Working with Stephen's Family

An effective working relationship with Stephen's family was not developed by all partners and this impacted on trust, information sharing and on how well Stephen's needs were met.

3 Theme 2: Shielding people with health conditions

More could have been done to anticipate that Stephen should have been shielded due to the risk of Covid-19 infection and greater care should have been taken to ensure that government guidelines on this were understood and followed.

4 Theme 3: Understanding of mental capacity and the decision not to allow Stephen to return home from hospital

Stephen did not return home when he was discharged from hospital because of concerns that he would be a risk of infecting other tenants and care staff with Covid-19. There was a misapprehension that Stephen's family held a Lasting Power of Attorney for his health and welfare and the legal framework for making decisions on other's behalf was not used.

5 Theme 4: The impact of Covid-19 on specialist services and on meeting Stephen's health needs

Due to the pandemic, specialist health support for people with learning disabilities was reallocated to mainstream work.

6 Theme 5: Handling of complaints and Safeguarding Concerns

Not all complaints made by Stephen's family were responded to. Not all of the six principles of adult safeguarding were applied when making safeguarding enquiries.

7 Theme 6: End of Life Care

Due to the Covid-19 pandemic, the NHS Trust was limiting the number of visitors at end of life. There could have been more flexibility in extending the offer of visiting during end-of-life care to Stephen's wider family.

8 Theme 7: Transfer of Care

The Continuing Health Care team (CHC) and Local Authority had different perceptions of the effectiveness of the transfer of commissioning responsibilities between them. There is a need for them to work together to review the information required and how handovers should take place.

What to do Next...

Work with families as partners in the planning and delivering of care and support for their loved ones. Establish a working relationship right from the start, check what legal powers and authority they might hold and agree how you will work together. This helps to create “an alliance of care” between families and professionals.

Remember in times of crisis keep up to date with government guidance and be alert to new risks. Where there is uncertainty do not expose vulnerable adults to additional risks.

In preparation for future pandemics and times of crisis, business continuity plans should consider the impact of actions upon other parts of the care system, to avoid, for example, a repeat of people with Covid-19 being discharged from hospital into unprepared care homes.

Remember to apply the legal framework (Best Interests Decisions etc) when making decisions on behalf of people who lack the mental capacity to make decisions for themselves. This legal framework applies to care providers as well as to statutory agencies.

Always have the six principles of adult safeguarding in mind when making safeguarding enquiries and interventions. Take timely action to reduce risks - do not delay. Think about:

- What can I do to **Empower** the person I am concerned about?
- What can I do to **Prevent** harm or abuse from happening again?
- How do I make my response to concerns about harm or abuse **Proportionate** to the level of risk?
- What can I do to **Protect** the person from harm or abuse now and in the future?
- Who can I work in **Partnership** with to safeguard the person I am concerned about? How, for example, could I work with their family?
- How do I show my **Accountability** for making sure that I have done all that I can? Can I justify my actions to the person I am concerned about and their family?

