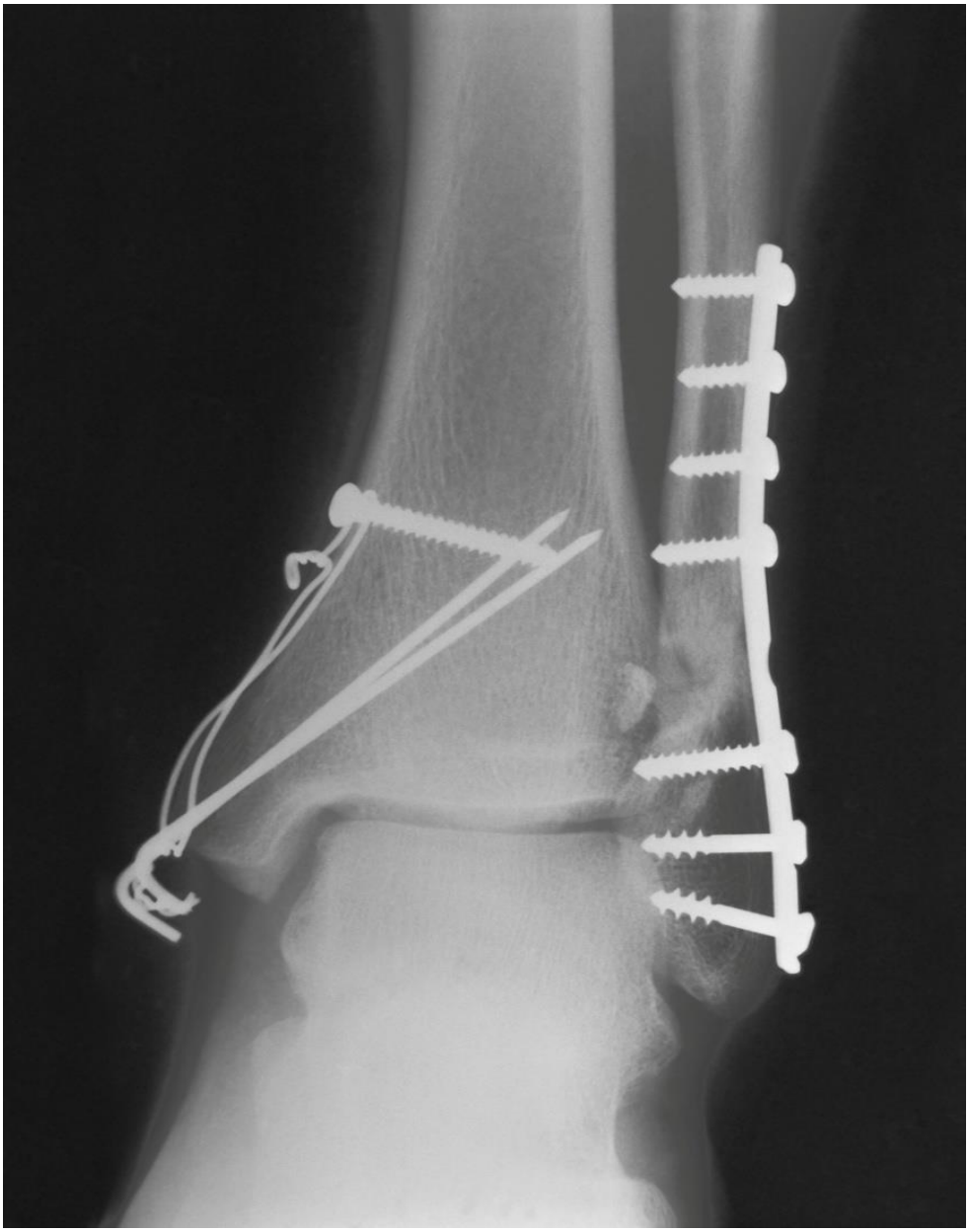

One elderly adult's journey through Dundee's Health and Social Care System explained; and the questions

Abridged Version

A list of some of the incidents and injuries sustained is listed on a separate page of this website.

This journey represents a frightening prospect for anyone growing old, especially on their own. With the appalling standard of public service provision described in this report, how do our leaders imagine people can ever trust them to serve and protect our elderly?

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1. Our Introduction to Social Care

Surely a needs assessment should be focussed, informative and holistic?
Was social care culpable for her injury?

Four years ago, the family recognised that mum was starting to need support. I moved into her home to provide a range of general support and act as her advocate. We contacted Dundee Adult Social Care Services for assistance supporting her personal needs.

Social Care visited mum at home to conduct a needs assessment. At mum's request, I attended to provide moral support and represent her. Across multiple assessments, little, if any information was offered about what her expectations should be.

Social care offered to 'conduct a financial assessment to identify if there are any benefits you may be entitled to'. Mum didn't wish to apply and wouldn't qualify for benefits. Personal care is free in Scotland. She didn't wish to disclose personal financial information unless it was relevant and necessary. Across subsequent visits, social care persisted.

We received a visit to assess the home for safety. I highlighted that the bed was a significant risk. Mum had tumbled from bed while sleeping, more than once. I asked if she could have a profiling bed with cot sides to keep her safe. This was declined. The following month, she tumbled in the night and fractured her neck.

The key questions asked are;

- Surely a needs assessment should be focussed, informative and holistic?
- Was social care culpable for her injury?

2. The State of the Home Care Sector

The care sector is broken. When is the problem going to get fixed?

Due to the dire state of the care sector, even good carers struggle to deliver many of the fundamental standards of care provision. It is widely acknowledged the sector is broken. It is not clear what actions are being taken to fix the sector. The key question asked is;

- The care sector is broken. When is the problem going to get fixed?

3. Botched Home Care Provision

Why aren't all carers properly trained?

Why are carers allowed to pilfer time belonging to vulnerable adults?

In my opinion, the effect of these problems across the care sector is fundamental failings in the provision of adequate care. In our experience, one manifestation was a lack of moving and handling competence and a perceived lack of kindness and compassion.

The most significant failings were, disregarding the care plan; a lack of moving and handling competence while using equipment; rushing her care and; pilfering her time. The key questions asked are;

- Why aren't all carers properly trained?
- Why are carers allowed to pilfer time belonging to vulnerable adults?

4. Botched Healthcare Provision

What statutory guidelines were followed?
Where are the missing reports?
Why was post-operative care ignored?

Mum was admitted to Ninewells for a course of antibiotics. While she was in Ninewells and the Royal Victoria Hospital, in my view she suffered various indignity, injury and neglect. While being mobilised, she suffered a serious leg injury. Two bank staff carers, who were visiting the ward to provide temporary cover, were mobilising her at the time.

Following an operation to repair the leg fracture, late in the evening she returned to the ward. She had received no food or fluids for 24 hours. She was dehydrated and unnourished. When I asked for tea to serve her, this was denied because the nursing team claimed they were too busy and would deal with it later. I visited the concourse to buy tea instead. In a civilised health care system, one would think that disabled and post-surgery patients would receive more specialist care.

When she returned to the Royal Victoria Hospital for physiotherapy on her damaged leg, there was another incident using equipment. Her vulnerable leg was banged against stand-aid equipment and heavily bruised. I consulted the nursing team who denied any knowledge of this incident. The key questions asked are;

- What statutory guidelines were followed?
- Where are the missing reports?
- Why was post-operative care ignored?

So increasingly implausible were the explanations that, as the incidents continued, I was expecting to be told that covid was to blame for her injuries and that the dog ate the missing reports.

5. More Botched Healthcare Provision

Why was she unnecessarily confined to bed in hospital?

Where are the various reports?

Why are people using equipment to move and handle vulnerable adults not always properly trained and competent?

Mum was admitted to Ninewells for the final time in September 2020. At the point of admission she was capable of standing and walking. She was admitted for a short course of intravenous antibiotics. The course quickly ended. But she was unnecessarily confined to bed daily. Instead of nourishing and hydrating her, she was permitted to dehydrate and then given her a saline drip to hydrate her. This cycle was repeated. When I proposed discharging her to home, a nurse acknowledged she would start getting her out of bed. When this wasn't done, her mobility continued to decline. This summary neglect resulted in an otherwise avoidable transfer to the Royal Victoria Hospital for physiotherapy.

Two days following transfer to the Royal Victoria Hospital, there was another incident. Her shoulder was dislocated using a stand-aid. She didn't need a stand-aid before she was admitted to hospital. She could no longer walk. She was now medically fit for discharge and in need of hoist equipment for transfers. This short stay in hospital for a course of antibiotics served only to hasten her decline.

Following this shoulder injury, it was necessary for nurses to transfer her using equipment. But the safety incidents continued including unnecessarily placing weight onto her vulnerable shoulder. She remained confined to bed since admission. The key questions asked are;

- Why was she unnecessarily confined to bed in hospital?
- Where are the various reports?
- Why are people using equipment to move and handle vulnerable adults not always properly trained and competent?

6. Rescue

It was most definitely time to rescue her, for her safety and my sanity.

During each stay in hospital, nurses were unable to keep her safe. It was most definitely time to rescue her, for her safety and my sanity. I find the constancy of incidents and injuries highly suspect. There seemed to me to be a single correlation between negative attitudes and these injuries and incidents. I advised the ward staff that, for her safety, I would be discharging her.

I attended a meeting to review her circumstances. It was immediately clear that I was not going to get to the truth about what happened. Indeed, the standard response to all my questions was blank glances and selective mutism. No information was forthcoming about how this new injury occurred.

If this response represents clinical leadership, is it any wonder that there are problems?

The Hippocratic Oath has been replaced with a new Health and Social Calamity Oath. It’s no longer, first do no harm. It’s, first blame the patient.

7. Discharge from Hospital

Why was my mother's care provision reduced?
Why did the discharge team assess her care provision based on resource rather than need?
Why was she discharged without a care plan?

The discharge team, based at the hospital, was responsible for arranging the details of her discharge. Like many elderly people, medically fit for discharge, her discharge was delayed because care provision was not readily accessible. The team doubted my ability to meet her care needs and keep her safe at home – even though I had done this successfully for 4 years. To my mind, it seemed hypocritical that health and social care couldn't keep her safe or injury free but questioned my ability to, even though I had never injured her.

Due to her recently acquired injuries, there was a new need to use equipment. As a result, her care needs had increased. Ironically, while her care needs had increased, her original care provision that she had upon admission, had now significantly decreased. The discharge team asked me to appreciate budget pressures. The key questions asked are;

- Why was my mother's care provision reduced?
- Why did the discharge team assess her care provision based on resource rather than need?
- Why was she discharged without a care plan?

8. More Botched Home Care Provision and…a Hospital Visit

Despite the evidence, why did social care continue to permit the hazard of rolling a patient in bed without cot sides?

Why are some carers using equipment to move and handle vulnerable adults not properly trained and fully competent?

Why did A&E discharge a vulnerable person without proper investigation of this injury?

Was A&E's inaction a dereliction of duty?

This section illustrates perceived examples of substandard care.

She arrived home accompanied by a hoist and a profiling bed. Instead of a private provider, the Council now provided her care.

The moving and handling plan was left for the carers to refer to. The care plan identifying her personal care needs remained awaited.

Given the history of injuries, one of my key concerns was carers rolling her to the edge of a mattress without rescue. I asked for one cot side to be kept up to protect her. There was strong resistance. It was necessary to concede. The predicted hazard quickly came to pass. There were many near misses of her falling from a bed raised to 4ft above the floor, and being caught just in time. In spite of these evidence-based warnings, this situation was permitted to continue.

Her arm remained in a sling. The dislocated shoulder was still healing. But while directed not to, many carers constantly rolled her and placed weight onto her vulnerable shoulder. When they used the hoist sling, they ignored guidance. They rolled her and continued aggravating her injury.

In my view, many carers were callous & abrasive; causing skin abrasions through rough use of the hoist strap; rubbing inflamed skin and sensitive regions of the body abrasively with a face cloth to save time. This also included, to my mind, finding

excuses to avoid using the hoist thereby confining her to bed and; contriving excuses to avoid taking her into the shower.

We soon discovered that her shoulder had been dislocated again.

On learning of a new dislocated shoulder injury we were sent to A&E at Ninewells where she was examined. The team were initially very pleasant. The friendly team disappeared. As it turns out, they had been speaking to a senior clinician.

In my view, when they returned they were no longer friendly. We were expedited on our way. We were advised that the surgeon would call us in the New Year.

I suggest that, a serious injury generally signifies a person is at risk of harm. If a vulnerable child had entered A&E with a dislocated shoulder injury, caused at home through rough treatment, this would have likely initiated a safeguarding investigation. Certainly, serious questions would have been asked. Why did A&E treat a vulnerable adult differently? The key questions asked are;

- Despite the evidence, why did social care continue to permit the hazard of rolling a patient in bed without cot sides?
- Why are some carers using equipment to move and handle vulnerable adults not properly trained and fully competent?
- Why did A&E discharge a vulnerable person without apparent proper investigation of this injury?
- Was A&E's inaction a dereliction of duty?

9. Botched Social Care Response

Why did SCR fail to investigate safety breaches?
Can this inaction be considered a dereliction of duty?

Social Care Response provides on-call support to the Council home care service. This service is accessed through pulling a cord at home. While many Social Care Responders were good, many were not. There were similar care problems when we accessed this service. When people needed to use the hoist sling, many ignored guidance. Instead of inserting it from top to bottom, they rolled her from side to side and continued aggravating her injury. Some carers could be callous & abrasive. While expressly asked not to, during personal care, many carers rolled her onto both sides, placing weight onto her vulnerable shoulder.

On the day she arrived home from hospital, my request not to roll her onto her vulnerable shoulder was ignored. On one occasion, there was a near miss using stand-aid equipment which I intervened to rescue. On another occasion there was a case of rough handling and indignity constituting assault. A male and female attended. I heard disconcerting sounds. The carers were hostile. She was naked. The male stood staring down at her nether region where the female was washing. It was an appalling scene of utter degradation. After they left, mum was unusually tearful. She told me they had thrown her around the bed and hurt her vulnerable leg. Due to being left naked she felt degraded. It was a very traumatic experience.

On each occasion there was a serious incident, I alerted Social Care Response who resolutely refused to accept that there had been a safety breach. However, I was told that the matter would be investigated and I would receive a response. I heard nothing more.

- Why did SCR fail to investigate safety breaches?
- Can this inaction be considered a dereliction of duty?

10. Safeguarding

Did social care limit the scope of the ASP investigation?
Where is the promised ASP report?
Did health and social care follow statutory guidelines?

The Adult Support and Protection (Scotland) Act 2007 makes provisions intended to protect adults at risk of harm. The Act places duties on the council to set up an Adult Protection Committee and collaborate with other relevant bodies. When the injuries continued unabated these matters amounted seemed to represent summary neglect. Upon taking legal advice, I called social care across the week and each time I was told someone would respond. When I received no response I contacted the NHS. Again I received no response. A week later I contacted the Care Inspectorate who raised an ASP on my behalf.

An ASP is broad ranging, usually involving various organisations associated with the person at risk from harm. But Social Care Response and NHS Tayside, the hospital where her injuries occurred, were excluded from the investigation. The scope of the investigation was limited to social care.

An inquiry usually results in an agreed protection plan that includes responsibilities of the relevant agencies for implementation. I asked social care for a copy of the final report. I was told that, because the care inspectorate raised the ASP, the report couldn't be shared with me. I would need to obtain the report from the Care Inspectorate. While the care inspectorate requested this report, it was never forthcoming. To date, there has been no evidence produced of any legitimate investigation. The key questions asked are;

- Did social care limit the scope of the ASP investigation?
- Where is the promised ASP report?
- Did health and social care follow statutory guidelines?

11. The Small Matter of Manual Handling Training

Why are many professionals, using equipment to move and handle vulnerable adults, not properly trained and competent?
How do health and social care executives know there is not a credibility gap between certification and performance?

Aids and equipment in the wrong hands can be lethal. Proper training is vital including an understanding of the importance of following the rules. Not doing so can result in permanent damage and risk to life. To my mind, people may be trained 'in principle' but many do not seem to be properly trained. In the context of mum's apparently 'no fault' incidents and injuries across recent years, I consider the evidence:

There is a seemingly never-ending litany of incidents and serious injuries, both at home and in hospital, recorded on a separate page of the website. The ASP and other reports seem to have disappeared into the ether. There are examples of how people collaborating in drafting a care plan were unable to follow their own documented instructions. There is a long list of safety breaches both at home and in hospital. There are the incidents I reported but which were apparently ignored. I provide an example about how a council approved manual handling training non-course seems, to my mind, to represent an inadequate example of certified training for carers. There is the example of how my cousin became a carer with little training, following a short online exercise. There are examples of the series of carers arriving who had never used equipment. There is an example of a carer complaining that she met her office-based training auditor in the street, who asked her to quickly sign documentation without audit. The key questions asked are;

- Why are many professionals, using equipment to move and handle vulnerable adults, not properly trained and competent?
- How do health and social care executives know there is not a credibility gap between certification and performance?

Accidents don’t just happen. They are caused.

Accidents don’t just happen. They are caused by a chain of events. They are caused by the actions or inactions of one or more people. Not every inaction or dangerous act produces an accident. But no accident is ever produced unless one or more factors are involved. Just as people cause accidents to happen, they can prevent them from happening. To prevent accidents from happening, all that is required is for each individual to do the right thing.

An accident is commonly defined as “an unfortunate incident that happened unexpectedly and unintentionally, typically resulting in damage or injury.”

While negligence is commonly defined as “a failure to exercise the care toward others which a reasonable or prudent person would do in the circumstances”

How can my mother’s injuries be considered an accident? There was nothing arbitrary about these incidents.

Every injury she sustained was caused by a failure to act prudently. Each injury was completely avoidable. Surely this constitutes negligence?

Summary

What is wrong with the truth?

Was it that many didn't get it or is it that they just didn't want to get it?

Ageism

There is a view in society that ageism generates ageist attitudes. Our elders too often face stereotyping. As your age increases your value decreases. This perceived passive disengagement from empowering the elderly is something I am acutely aware of through my involvement across all health and social care services. This perceived journey represents a frightening prospect for anyone growing old, especially on their own. These systematic failings must be brought to light to help future people. With the appalling standard of service provision described in this report, how do our leaders imagine people can ever trust them to serve and protect our elderly?

Questions:

- What is wrong with the truth?

It isn't just the fact these incidents and injuries happened, it is the fact that they continued to happen. Aids and equipment in the wrong hands can be lethal. Patients in the wrong hands can be harmed.

I request a root and branch inquiry into the cause of all these perceived failings across health and social care and their impact on my late mother. I suggest that many organisations were derelict in their duty towards a vulnerable adult with a disability.

Conclusion

My mother's last few years were miserable at the hands of this perceived ineptitude. She was bruised and broken. She was either continually recovering from old injuries or living with new ones. She spent a lot of time in a hospital that she didn't need to spend.

A major regret is that our lives became consumed by, what I consider to be, a grossly inadequate health and social care system that we were powerless to do anything about. This daily trauma across four years must have undoubtedly affected her badly. It was a level of suffering which hastened her decline.

After four years we both gave up the ghost. Mum was exhausted suffering at the hands of the system. I was exhausted challenging it.

The silver lining is that she no longer has to suffer at the hands of inept and inadequate care. I no longer have to suffer watching this perceived inhumanity: a damning indictment of our health and social care system.

How many more have suffered and continue to suffer at its hands?

How many more have suffered and continue to suffer at the hands of our health and social care system?