7 Minute Briefing "Miss H"

The full SAR report and findings can be found here:

Safeguarding adults North East Lincolnshire

1 In 2018 NE Lincs SAB undertook a SILP into the case of Miss H, a non-verbal 50 year old lady with a severe learning disability who sustained an injury which was to affect her life for a prolonged period of time. Miss H lived in supported living accommodation and was known to be very mobile. She was transported to a day centre by mini-bus and on arrival she was unable to stand. This incident was the beginning of a series of events which were very distressing for TH. It was over a month later that she was diagnosed with having a fractured pelvis.

2 Miss H was taken by her carer to A&E. Here she was diagnosed with a chest infection and sent home, despite the carer's concerns at Miss H not being able to access her room as this was on the 1st floor . Due to her immobility, Miss H had to be returned to A&E after several hours sat in a chair. Alternative accommodation had to be found and bruising was noted on Miss H's hip following the move. The transfer to an unfamiliar care home caused Miss H a great deal of distress which was compounded by a breakdown in communication between the care home providers. After a month of unsettled behavior Miss H was seen by her GP who organized a pelvic x-ray. On reviewing the x-ray the GP noted a fractured pelvis which initiated the correct treatment plan.

3 The SILP review demonstrated that staff in acute services do not always have knowledge of Learning Disabilities or have a clear understanding of the Supported Living arrangements within Adult Social Care. It was clear that staff did not appreciate the limitations of supported accommodation and the role of carers in this environment, leading to incorrect assumptions being made.

4 A recommendation highlighted the need for patient transport services having clear guidelines, outlining any necessary actions to be taken to ensure the safety of service users on arrival to their destinations.

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5 If a service user needs to be accommodated in an alternative setting there should be a management plan which takes into account the likely distress this will cause. A robust plan should be put in place to ensure that basic care can be carried out in the event of behavior changes and/or any unsettled periods.

6 Other contributing factors identified were: Miss H's inability to communicate independently, carers opinions not being given sufficient consideration by medical professionals, inaccurate record keeping and also lack of clear documentation relating to MCA

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