

7 Minute Briefing – Dora 89 and Keith 90

01 Background

Couple found deceased ; Post-mortem examinations revealed that K died because of a broken hip and D died from hypothermia. It appears that K may have had a fall and, as D was unable to call for any help, she had died sometime later as K was not able to care for her. D was diagnosed with Alzheimer's in 2013 with needs for care and support due to the progression of the condition. K provided care and had declined offers of support other than the visits from Mental Health provision to update assessments and review medication.

07 Resources to Support Practice

Professional Curiosity Resource Pack –Case Scenario ‘[Dora and Keith](#)’

[Message in a bottle](#)

[‘How to’ guides to assess Mental Capacity in specific situations](#)

[Mental Health Glossary of terms](#)

06 Summary of Learning

Professional Curiosity – Triangulation of information for example returning to the referrer and rechecking information

Research indicates that DVA in older people is often missed. This maybe that signs, and indicators are considered to be carer stress or due to symptoms of Dementia/Alzheimer's as opposed to being considered in the context of Domestic abuse

Mental Capacity – Best Interest decisions

The need to have those difficult conversations – to ‘challenge’ and ask ‘is this the right thing for her’ given their isolation and K providing sole support, information regarding best interest decisions and D's rights may have provided K with more insight around decision making re package of care

02 Safeguarding Concerns

Isolation, No contact with family, Refusal of support services, Carer strain, K's shouting at D heard by neighbours, No plan if carer is unable to care

03 Summary of Learning – Good Practice

A range of support services and advice were offered; Carers Assessment, sitting service, Domiciliary support, Respite Care, Assisted Technology, Alzheimer's Society and Age UK contacts.

As part of the Pandemic response Contact Plus had been in regular phone contact with K: Arranging support with shopping (Morrison's delivery).

Message in a bottle provided.

Staff did visits both arranged and unannounced and made phone calls.

COVID did not stop agencies from making ‘in person’ calls .

Workers attempted to keep a relationship with K

D was seen and spoken to on her own

Agencies communicated and worked together well



05 Summary of learning -

Factors in Assessments of Risk

Impact of Carer Strain – how does this manifest; what does it look like? Are circumstances/relationships dynamic and changing.

Balancing the focus between carer and the cared for

Having a conversation about aggression to understand if there is a safeguarding concern.

04 Summary of Learning to reflect on in practice

Safety Planning -Where an older person with frailty is a carer for an adult who lacks the capacity to independently maintain their wellbeing, safety planning should be completed to ensure that if the carer partner becomes unwell or sustains an injury assistance can be summoned for the carer and the adult that they are caring for.

Who could be involved – who could tell us if there was a problem?

The vulnerabilities of a carer should be highlighted within care planning and risk assessment, especially where challenging behaviour is present

If Assistive technology is declined, it should be revisited, and advice sought if risks of significant harm are present.