



HASCAS

DIGNITY THROUGH ACTION
(Vulnerable Adults)

RESOURCE 2 SUPPLEMENT

CASE STUDY B
SET OF VARIATIONS

For the use of
Dignity through Action
Workshop Facilitators

*Health and Social Care Advisory Service (HASCAS),
11-13 Cavendish Square, LONDON, W1G 0AN*

CASE STUDY B SET OF VARIATIONS

SEVEN CASE STUDIES

There are seven Case Studies covering the following settings:

Case Study B Settings	Learning Disabilities	Mental Health	General Vulnerable Adult
Acute Care in a General Hospital	LD1 Mr Luke Dobson (43)		VA1 Mrs Vicky Andrews (50)
Acute Care in a Psychiatric/Mental Health Hospital		MH1 Mrs Mana Harris (48)	
Residential/Care Home	LD2 Miss Lucy Dever (32)	MH2 Mr Mike Henning (25)	
Community/Primary Care/Day Centre	LD3 Mr Liam Dexter (47)	MH3 Mr Milton Holder (29)	

THE CASE STUDIES

The case studies have been developed for use at a Dignity through Action Workshop. They use made up names, amalgamations of real life stories from various sources and other illustrative points.

They are **fictional** educational resources designed to support activities and generate discussions at dignity through action workshops. The 'Purple Robin' and 'Blue Robin' Care Homes are inventions and their 'brochure descriptions' use text from various sources. Therefore, any resemblance to people or institutions in these case studies is purely coincidental, except where stated. The case studies have been designed to encourage discussions about dignity (*10 dignity challenges*) and so they include provocative material. Sometimes details have been left out deliberately to allow workshop participants to use their own experience. Sources of information for these case studies included:

- House of Lords House of Commons Joint Committee on Human Rights (2008) *A Life Like Any Other? Human Rights of Adults with Learning Disabilities*, Seventh Report of Session 2007–08.
- Mencap.
- British Institute of Learning Disabilities.
- Mental Health Foundation.
- UK Virtual Library of Disability Resources.
- Many other sources of general reading and experience.

REPRODUCING THE CASE STUDIES

Note that each of the **two page** case studies have been page numbered repetively (**Pages 9-10**) to be printed and inserted directly into the **Resource 2: Dignity through Action Workshop Pack Master**.

ANSWER GUIDES

The answer guides for these case studies are located in **Appendix 3: Resource 1: Facilitators' Handbook**. The answer guides have been written in note form.

The answer guides have **not** been designed to be given out to workshop participants.

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CASE STUDY B (LD1): MR LUKE DOBSON (43 YRS) (LEARNING DISABILITIES IN ACUTE CARE - GENERAL HOSPITAL SETTING)

(This modified case study is based on real events as reported by Mencap's 'Death by Indifference' and NHS Service Ombudsman's report 'Six Lives')

BACKGROUND

Mr Luke Dobson was a 43 year old man with severe learning disabilities and epilepsy. He was an only child and had lived in a residential home for 10 years since his parents, who are now in their 70s, had difficulties in keeping him at home. They still visit him on a regular basis and want to be included in decisions about his care as much as possible. Luke's family described him as a charming, strong and energetic man. They said it took Luke quite a while to get to know people and it took even longer for people to get to know him. They thought this was probably because his behaviour was different and he could not communicate verbally. He used a mix of Makaton sign language and some of his own special signs. He occupied a single room in a shared flat with 3 other residents as personal independence was promoted. The majority of his carers had been employed for a number of years and he knew them all well. All residents had detailed personal care plans which were regularly updated using information from residents, family and carers. All the carers had achieved a minimum of NVQ Level 3 in Health and Social Care and the manager of the residential home was an experienced registered nurse. Luke seemed happy and content living at the home and he had made a few good friends amongst the other residents. One night Luke suffered a stroke and was admitted to a general ward in a hospital on the other side of town which was about 25 miles (3 bus journeys) from where his parents lived. Over the following weeks his care and treatment was the responsibility of a multidisciplinary team including doctors, nurses and physiotherapists. For most of the time he was in hospital, carers from his residential home visited him regularly and he was also visited occasionally by specialist community nurses. Unfortunately after a period of indecision and miscommunication about how to treat him, his physical condition deteriorated rapidly and he died.

Professional Carer's Story

I came on duty one morning to assist Luke get out of bed when I noticed that he was drowsy and his face looked 'lopsided'. He could not speak and he normally nodded his head. When I greeted him this morning there was no response. The nurse in charge examined him and found his both his left arm and leg was floppy. She telephoned for an ambulance and I accompanied Luke to the Hospital. On arrival in A&E I tried to explain what had happened, but they just wanted his personal details. When the nursing staff saw him they were raising their voices when he did not respond. I explained that he had severe learning disabilities, epilepsy and that he could not speak, so he used a mix of signs. I stayed with Luke holding his hand for about half an hour. The nurse asked me to go and find out more of Luke's personal details. I said that I did not want to leave Luke because he would become frightened. The nurse said she would leave the curtains open, so he could see what was going on. When I returned I could see Luke had kicked his covering off exposing himself and he had been incontinent of urine and faeces. I asked the nurse if I could help clean him up. I was told that he was being admitted and they would do that on arrival at the ward. I was asked to wait at the entrance to the ward as they put Luke to bed. I said that I ought to be with him because Luke could become distressed easily. The staff nurse said that this was not allowed because Luke had now become their responsibility. I asked if they wanted my help with his assessment because he could not speak and that we normally used sign language. They appeared pleased by this and gave me several forms to complete. Once he had been put in bed I went in to see him and found him crying. He appeared frightened and confused about what was happening. I did my best to reassure him. He was examined by the doctor who confirmed the stroke and decided to put him on a drip. The Doctor said that I would need to stay to provide help with communication. I asked if the hospital had anyone else who could do this, but because it was the weekend nobody was available. Not long after this Luke was again incontinent of urine. After about 20 minutes waiting I said to a passing nurse that I was willing to help change the bed. Again I was told that I would need permission to do this and that a student and a health care assistant would come along and do this. Luke was more conscious and I explained to him what was happening. Luke seemed to have a very dry mouth and so I asked if I could help him have a drink. I was told that he was 'nil by mouth' for the time being because they were not sure how to feed him yet. I went to the telephone to tell my manager what was happening and find out what I should do next. I was instructed to leave him in the hands of the hospital staff and return back to work. When I came back into the ward to say good bye to Luke I found one of the staff shouting at Luke telling him he was naughty boy for trying to pull out his drip and flinging his arms about. I was reluctant to leave, so I stayed until Luke had quietened down and gone to sleep.

The following day the Residential Home Manager contacted the ward for an update on Luke. The ward said that Luke was to be assessed for eating and drinking and she was asked if she could spare a member of staff to be with him while this happened. I was put on standby to go to the hospital, but I was never called. A couple of days later I visited Luke and brought fresh pyjamas. He appeared pleased to see me and made quite a bit of noise as well as kicking off his bed clothes. He was wearing an incontinence pad. The nurse said they wanted him to stay in a gown because it was easier to deal with him, change his pad and keep him clean; however I did tell them he normally kicked off his bed clothes exposing himself. I put his pyjamas into his cabinet, just in case. His notes were on his bedside cabinet, so I could not resist a quick look. He had been visited and tested by the speech and language team several times. It was assessed that his swallowing was impaired and that it would be unsafe to offer oral nutrition. They recorded in their notes that he should remain *'nil by mouth'* and that *'alternative feeding methods should be considered'*. I knew Luke's Mother was coming into see him tomorrow, so he would probably be OK. I visited Luke again a few days later. His eyes were closed and he looked asleep, so I did not disturb him. I noticed he was still connected to a drip running in under his bedclothes. A nurse told me that he been pulling his drip out, but they had sorted that problem out by sedating him. She said he now much quieter and less disruptive to the other patients. No he was still not eating because he could not swallow and he been classified as high risk' on the Malnutrition Universal Screening Test (MUST) scale. They were considering inserting a tube into his stomach, but they were waiting for the doctor to make a decision on that. I said to her that it seems to have taken a long time to get around to this and I was getting a bit concerned because he had had nothing to eat for quite a while and he was starting to look quite emaciated. She said the doctors knew what they were doing. I visited Luke a few more times, but he was always either asleep or drowsy. If he did see me I think he had stopped recognising me. We found out that Luke's veins had collapsed which meant that the glucose solution delivered via the drip was ineffective. It had finally been decided that Luke would require the surgical procedure to insert a feeding tube, but Luke had been without proper nutrition for 17 days and his condition had deteriorated so much that he was now in no state to undergo an operation. He died five days later during the night. We heard later the internal investigation had found that there had been a multidisciplinary communication failure, which resulted in a doctor being *'under the impression'* that the nurses had been feeding Luke via a naso-gastric tube and that there would be further investigations.

Mother's Story

I had been a bit shocked to see the state Luke was in. He had a 'nil by mouth card' above the bed and his mouth seemed to be very dry. He kept licking his cracked lips and his normally rather large tongue was very dry. He recognised me, started to cry and made quite a lot of noise. I called over one of the nurses and asked if I could give him a drink of his favourite juice that I had brought. She said that he was not to have anything by mouth because he could not swallow that was why he was on a drip. I left the drink on the bedside cabinet just in case. I could see that his left arm, where the drip was attached to him, was heavily bandaged across a board that went right up to the tips of his fingers. What upset me was to see that his other hand was bandaged to the bed frame. I went over to one of the nurses and asked about the bandages. She said she was rather busy at the moment and she would speak to me later if I could wait by Luke's bed. About 30 minutes later she returned a bit breathless and said they were a bit shorthanded and she did not have a lot of time. She explained quickly that Luke kept creating problems for himself because he did not understand what was happening and so he kept pulling out his drip. Bandaging him was the best and kindest way to deal with the problem. They were also going to move him into the bay at the far end of the ward because he was noisy. I found this a bit fast and confusing, but the nurse seemed to know what she was doing and at least Luke was getting good treatment and the nurses were taking no nonsense from him because he could be a real handful when he wanted. I wanted to know when he was going to be discharged and go back to the home, but the nurse did not know. I asked her who I could speak to, but was told that there was nobody around at the moment and I might be best to telephone the ward manager later today. I felt frustrated because I wanted to know what was going on, but my son was obviously in good hands. I was really shocked when he died, it was so unexpected. It was only last week that I had given them permission to operate, so he could be fed properly. Who do I complain to?

CASE STUDY B (LD2): MISS LUCY DEVER (32 YRS) (LEARNING DISABILITIES IN A RESIDENTIAL/CARE HOME SETTING)

(This a made up case study using the type of events from a number of incidents)

AN EXTRACT FROM THE PURPLE ROBIN CARE HOME BROCHURE.

The aim of the Purple Robin Care Home is to provide a safe, responsive and needs-led care based environment based on our core belief of meeting the individual needs of our service users. The care home is a large Victorian Villa which has been upgraded to modern standards. There are 6 large bedrooms upstairs with en-suite facilities for rooms on the first floor. There are also mixed shower and bathroom facilities on all floors. There are two large bungalows in the grounds which provide mixed accommodation for 4 users each. All the ground floor rooms of the main house are for common use. There is a dining room with a selection of food, library/games room and large day room. The care we provide focuses on enabling people to take as much control of their lives as possible and we encourage our service users to take part in the local community. Although the degree of independence that people with challenging needs can achieve will vary, we believe that with the right level of care and support, individuals can improve the skills and attitudes necessary to lead an individual and independent life. During the day staffing is provided at one member of staff per two service users and time is allocated according to individual needs. Our night staff members are supported by a range of on-call specialists. All our staff members are experienced and qualified; many have been with the Purple Robin Group for several years. Service users are actively encouraged and supported in expressing their views, and their interests, skills and aspirations are built into their individual plans.

MISS LUCY DEVER IN THE CARE HOME

Lucy Dever (32 yrs) has been a resident of the Purple Robin Care Home for 3 months. This is her second care home. Her father died two years ago and her mother is now in her 60s. Lucy is visited irregularly by her mother who is becoming increasingly frail due to a long standing medical condition. Lucy has Down's Syndrome and so her mother has been preparing her for the future by establishing her in care. She moved her to this second care home because it seemed to offer a better chance of independent living. Lucy currently lives in the main house at the moment and has a part-time paid job helping the gardeners, but she is not allowed to operate any machinery. Lucy now seems settled in the residential home.

Trainee Carer's Story

I am Mary Jones and a student nurse and attached to the Purple Robin Care Home on placement. Lucy Dever is one of the residents I have been working with. I feel a bit sorry for Lucy because she one of the younger people here and does not seem to make friends easily. She can appear to be a bit aggressive and argumentative when she think she does not get own way. When she comes into a room she always wants to be noticed and can be disruptive. Lucy seemed to latch onto me because I was a female and close to her own age. Although she lived in the main house, her care plan had been written to stress independent living. The idea was that she would eventually move into one of the bungalows in the grounds. She had been allocated a job helping the gardeners, but they had complained that they had to constantly make her focus on any the task they gave her. She had sometimes wandered off and the carer that was with her had to watch her carefully. Last week she had joined the gardeners in a pub about 2 miles away for a farewell lunch for the head gardener. Although she had her carer with her, she had become a little over excited, made quite a lot of noise and the Landlord had asked her carer to remove her from the pub. There had been a big argument with the Landlord and there had been threats by both sides to call the police. It ended up with all the gardening party leaving. This had upset Lucy very much, she was subdued on the way home, but nothing more was said and she seemed to recover quickly.

We normally rouse the residents from about 7:30h to get up for breakfast. This morning I was with Lisa who has worked at the Care Home for 10 years. At Lucy's Room Lisa did not knock on the door and we went straight in. She opened the curtains with a flourish. I smiled at Lucy and said 'good morning'. Lucy clearly did not want to get out of bed and put the pillow over her head. Lisa said energetically, *'this lazy girl never wants to get out of bed . . . perhaps we should pull her quilt off. Come on little cherub . . . it's time to face the world.'* Lucy just groaned and turned over pulling a pillow over her head. The clothes Lucy had worn the day previously were crumpled on the chair. I folded a cardigan and put and put it in a drawer. There was some slightly soiled underwear by the side of the bed. *'Leave them alone, she can do that herself . . . we will sort her out later as we must get on,'* Mary said, walking out leaving the door open. On the way back from getting people up I called in on Lucy, she was no longer in her room and she seemed to

have put away all her clothes and the dirty underwear had gone. Later in the Dining Room I saw that she was wearing the clothes that had been on the chair.

Lucy has been talking about having a boyfriend. This came as surprise to all of us because we are not sure who she was talking about. It may be that she had decided one of the three younger lads in the house has taken an interest in her, the rest are all in their 40s and 50s. Lucy is quite overweight and looking at the way her clothes fit her means she must be putting on weight. I know she is on medication for depression and does eat quite a lot at mealtimes. She does not get much exercise except that she does help the gardeners. One of the main selling points about this home is that there is a good well balanced selection of food. I do know that Lucy likes a cooked breakfast and can eat a lot of bread. She does not eat vegetables, but she does like puddings. I have raised Lucy's eating behaviour and weight at case meetings, but nothing yet has come of it yet. I know she is weighed from time to time. She has been involved in cooking lessons during occupational therapy periods, but she seems to have little interest in cooking. Last night Lucy came back from her supervised gardening period and went up to her room. She then seemed to disappear. She came into dinner with holding hands with Joseph (25 yrs). Joseph does not mix so well with the other users. He has learnt to communicate reasonably well, but it takes time to get to know him and what he means when he speaks. She sat him down next to her at the dining table. This was not where Joseph normally insisted on sitting and we were intrigued to see what would happen. Throughout the meal Lucy kept helping Joseph eat his food, much to the amusement of the other users at the table. When they had all cleared away and they all went into the Lounge to watch television. I thought I would get Lucy out to talk to her about Joseph. After a bit of discussion Lucy said that she loved Joseph and they both wanted to be together, get married and have babies to look after. I asked her if anyone had talked to her about relationships, but she did not answer, so I let her go back into the Lounge. I went to talk to the Duty Manager. He said that he did not know about this developing relationship and that we would need to monitor it. I heard later that he had asked Lisa to talk to Lucy about boyfriends, relationships and sexual matters. Lisa appears to have left her with some illustrated materials about sex. I must admit I was a little surprised and there seemed to me to be a number of unanswered questions.

Mother's Story

I used to find living with Lucy to be very stressful and argumentative. As I was getting older I put her into a residential home to help prepare her for the future. In the first home she was not happy, she became very depressed and put on a lot of weight due to the drugs she was taking. I eventually moved her into a home that promised a degree of independent living and some work. I was reassured staff would spend a lot of time with her, and I could see her making a real home for herself there. She would be safe, comfortable, and well supervised. Many of the day to day decisions would be made for her and she might move on to more independent living if and when the time came. When I telephoned Lucy today, she started talking quickly about a boy called Joseph who lives at the Home and how she wants to get married. I telephoned the Manager who said that Lucy had a developing relationship with another resident. I should have expected that Lucy might want to have a deeper friendship with someone. She had many friendships with boys and girls in her younger years and many of their parents were still my friends. I am not naive or a prude. I expected that one day she would form an attachment to someone else, but perhaps not yet. I asked the Manager who the boy was and he said that he was called Joseph. I asked what sort of disability he had and he really did not want to discuss it with me. Reluctantly he told me that it was Down 's syndrome. I could only think about all the factors and the difficulties involved in two people having a relationship or a long term future. I told him I was willing to come over and sort matters out. The manager said that they were unwilling to intervene at this stage because Lucy and Joseph seemed genuinely fond of each other, but it was early days.

I think the manager could be exercising a bit more control over the situation and I feel a bit left out. I may have to make a complaint, but how do I do this about this sensitive matter and I certainly don't want things to get out of hand and upset Lucy, who is still settling in. I am not sure who to talk to, but I might try one of the charities.

CASE STUDY B (LD3): MR LIAM DEXTER (47 YRS) (LEARNING DISABILITIES IN COMMUNITY/PRIMARY CARE/DAY CENTRE SETTING)

(This a made up case study using the type of events from a number of incidents)

BACKGROUND

Liam Dexter (47), was a strong well built man, lived with his mother. Sometimes he had a strained and argumentative relationship with his mother. He had a mild learning disability and had the regular help of a carer, who was also a friend of his mother. Liam's real passion was music and he had a vast knowledge of the subject. He enjoyed talking about music and the bands of the 70s and 80s, as well as quizzing others on the subject. Liam had attended many 'life skills' courses, and enjoyed socialising with others. However, he lacked an understanding of social norms and its subtleties, and this often led to difficulties and misunderstandings in social situations. He also tended to talk excessively and obsessively about the way he was treated by others. In recent years the longest job he held was in a hotel, where he helped keep the kitchens clean, as well as being part of the hotel's three man 'heavy gang' responsible for moving furniture. He particularly liked setting up the furniture for weddings and conferences as this kept him busy. Even though he was one of the longer serving members of staff he had to leave the hotel when it ran into financial trouble and it laid staff off. He now had a weekend job in the stores section of a large department store as part of an access scheme. Liam always enjoyed travelling and often did this independently. He had a good relationship with his Auntie Joan in Northumberland. About twice a year Liam went to stay with his aunt for a week or so and his mother was always happy to pay for these trips away. He would really like to move north to be near his aunt and other members of that side of the family who seem to accept him for what he is. He has said that if he loses his job again he will want to move north. However, he has been told by his mother that this will be impossible because of the way local authorities apply eligibility for social housing allocations.

Social Worker's Story

Liam has been supported by the Community Learning Disabilities Team; a multidisciplinary team who provide health and social care support to individuals living in the community. He called into the team office regularly to speak with me and others. I have been Liam's social worker for about four years ever since I started here. I liked Liam because he was easy to work with and quite harmless, except when he becomes a bit harassed and frustrated. It then took quite a bit of effort to calm him down. Sometimes, we would just have to let him burn himself out by talking and talking until he calmed down. Previously Liam attended an outreach service for people with learning disabilities; however, the placement broke down after the staff team were unable to cope with his difficulties with interacting with others and his almost constant desire to talk about the way in which he was treated or sometimes abused by local youths.

He seemed to like his job in the Department Store. He was responsible for keeping them clean and tidy at the weekend when there was much less activity. Now and again he had to move some of the heavy items and deal with cleaning situations which had been left for him. He said he used to like singing because he was on his own a lot and there was a great echo in the building. As a result he had the nickname 'Elvis'. He also told me that they also shouted out after him phrases like 'Elvis has left the building'. Liam just thought it was all 'cool', because he liked the nickname Elvis. I had probed if they called him any other names and I found out that he had heard the Manager telling another store man that Liam should not be doing this form of work because he was not the 'sharpest knife in the box'. Liam had thought that was funny, but I asked him if he ever felt like complaining. He thought for a few minutes then confided that he was being blamed for damage to a stack of televisions which had been knocked over. The Stores Manager said it wasn't his fault as he had not been near them at the time, but the other storemen had decided it was his fault and kept telling him it was. He had also found out that there some redundancies coming and the other storemen kept telling him he would go first. He did not want to complain because they only called him names and sniggered occasionally, but he liked working there and he did not want to lose his job. Eventually he also said to me, 'but if I get sacked it may be time to move on . . . like the words in the song by Sparkle.' He told me that he was going to lose his job and so he was going to move north to live with his Auntie Joan. I know Liam had wanted to move to live near his Aunt for a long time, but I was not sure whether he would live with his aunt or if he would try to get his own accommodation.

I also know that Liam was having a hard time with a small group of children who lived in his neighbourhood which were becoming an increasing nuisance by taunting him. What was sad is that he had known these children for a long time and he used to buy them sweets. Liam had said to us that they had started to become more demanding such as getting him to buy cigarettes and then not giving him the money. They seemed to want more and more. Liam also said that they had started to follow him down the street to the

bus stop. He used to say they were just kids playing and he was just giving them money for sweets. Liam's mother had now started calling the Police, but even though some of these youngsters were already subject to ASBOs this did not seem to stop them following and taunting Liam. Stones had been thrown at the windows of his house on a number of occasions and when she reported this to the Police she found that the Police did not always turn up. Very recently Liam had some stones thrown at him. Whilst he was not harmed physically; he was angry and shaken; running after the culprits. Their parents then complained to the Police and he was interviewed and warned not to threaten children. We were all concerned about this taunting and the deteriorating state of affairs. Liam said he did not like talking to the Police because they never believed him. In a telephone call to the Police to find out what had been going on, I found out that they considered Liam to be unhelpful and aggressive. They had been very close to arresting him during the incident with the children, but this time they just made sure he had made his way home.

Just before a regular case conference I went to see his mother again to discuss how Liam was getting on because we were getting worried about him. She said that we knew Liam could be a bit of a handful and he could shout a lot when he lost his temper, but he wouldn't hurt a fly. She said he needed a lot of looking after because he could not cook and was useless in the kitchen. On the plus side he kept himself clean, but she or Lisa, his carer, still had to wash his hair and back in the bath. He would not wash or iron his clothes and he just wore whatever was left out. She always bought his clothes, so he did not waste money and she always tried to buy sensible and durable clothes. She also had to keep his room tidy and put his clothes away. The only thing he seemed to keep tidy was his music collection. His mother said that Liam was spending most of his weekdays in the town centre, where he seemed to know many of the shop assistants and security guards. He said they were his friends. He didn't seem to have any other friends and even the other people at the Day Centre seemed to avoid him. She had got him to enrol at a local gym where he exercised around three times a week. He liked to swim and the exercise seemed to be doing him some good. The other night he apparently started talking about building up his muscles, so he could become a security guard like Terry at the Shopping Centre. Apparently Terry had told Liam how to apply to be a Security Guard. His mother said she had told him not to be so daft because they would not have someone like him doing that sort of responsible job. He had said that it would show the local lads if he had a uniform and he was in security. It was also a better job than working in the Stores and he might even get to be a doorman at the Music Box in the Shopping Centre. She said she was a bit confused about all this because Liam also kept going on about moving to the North of England for a better life. His mother said that Liam claimed all the benefits and allowances he could and they just about managed; but he seemed to have no idea about money. She managed his benefits and paid for his care because she was Liam's appointee. She gave him £5.00 per day for his lunch and pocket money. She managed his wages from the Department Store, putting most of those into savings to pay for his holidays. She said that Liam talked about living in his own flat and how she had been annoyed that on a number of occasions we (*social workers*) had supported his application for social housing. Didn't we realise that Liam would have less money and would not get essential support with daily tasks. She wanted to keep Liam with her, but she was frustrated the local children that were causing a nuisance. So much so that Liam had been under a lot of stress and getting a many headaches in the last couple of weeks. She put it down to worrying about his job and the problems with the local gang of 'toe rags'. She had given him paracetamol, but the headaches kept coming. She had taken him to the doctor. Liam had been his usual difficult self and would not answer the doctor's questions or let her examine him properly. He seemed to have a raised temperature and the Doctor had said that he probably had picked up a mild virus infection. If it became worse he was supposed to come back to see her.

The following Monday, the day of the case conference, we found out that that on Saturday Liam had lost his job at the Department Store. He had also come home very agitated having had another confrontation in the street with children. That evening three youths had broken down the garden gate. Liam had gone into the garden to confront them while his mother was telephoning the Police. The Police arrived 15 minutes later and found Liam slumped unconscious against the front door. There was no evidence he had been assaulted, but he was due to have a brain scan today.

CASE STUDY B (MH1): MRS MANA HARRIS (AGE 48 YRS) (MENTAL HEALTH IN ACUTE CARE – MENTAL HEALTH HOSPITAL SETTING)

(This is a made up case study using the type of events from a number of incidents)

BACKGROUND

Mrs Mana Harris (48 yrs) is a primary school teacher in an inner city school. She is married to Fred. She has had spells of depression in the past, but she had not been depressed for years and not so severely. She had begun to find that the pace at the school had increased and she found it very difficult to keep up with the increasing requirements for planning, preparation, marking and report writing. She knew she should be on top of her work like she used to be, but there just seemed to be more and more of it. She found the recent OFSTED inspection particularly difficult and she had received some criticism which she had found very upsetting. She knew she was becoming difficult to work with and she had a short temper with the school children. She was losing weight and feeling so depressed that her GP had supported her time off work (*four months so far*). Being a teacher had been her life for so long that she was now feeling a real failure and she was convinced that she would never return to work. As she was getting worse her husband took her back to her GP. He told him that she was struggling a lot and that she was becoming suicidal. After considerable discussion Mana agreed with her GP that she should be admitted to an acute unit in her local psychiatric hospital for assessment as she and her husband were really worried about her mental state.

Mana's Story

I was feeling really dreadful and all I wanted to do was to curl up and die. My GP arranged for me to be assessed properly in the specialist mental health unit at the hospital. She spent a long time talking to me and persuaded me this was the right way forward and it would not last long. I did not like hospitals, but I did want to get better and get back to teaching. We arrived in the evening and I said goodbye to my husband at the entrance. The first night they gave me some tablets and I slept well, but I was woken up very early by people banging about. The noise, mainly made by the staff, was bit unnecessary and it almost sounded deliberate - the way children make noise in a classroom when they want attention or are a bit fed up. It could all have been a bit better controlled. I was encouraged to go to the tea point to get breakfast and was given a cup of tea which was like 'warm dishwasher' and some soggy toast. Nothing was said when they came back and found I had not touched any of it. There were toilets near my sleeping bay, but they were all being used, so I walked towards the centre of the unit where there were bathrooms with toilets. I was surprised by the number of men walking about because I thought this was a women's ward. The bathrooms were marked for women and for men, but it was obvious this division was not respected. Anyway I went into one of the bathrooms and the door lock seemed a bit loose and dodgy. I closed the door as best I could. As I expected another person tried to come in, but I shouted out and stopped them. I went to report the lock to a nurse who said it had been reported weeks ago, but estates were slow to respond due to cuts, but the bathrooms and toilets were due to be refurbished anyway. Later that morning I was seen by a really nice doctor who said that they would be arranging for me to meet a number of people to help sort me out and that they would be putting me on a course of medication. Lunchtime came and food was served in the dining room. It was cottage pie. I said I was a vegetarian and I asked if there was anything else. There was a salad, but that had to be ordered in advance or there was the 'Sandwich of the Day' which in reality was a plain cheese sandwich. I had the sandwich and I could have eaten another one I was so hungry. The lady from the next bed, who spent quite a lot of time sleeping, did not seem to touch her lunch and the person clearing up said to her that she must eat her food as it would give her the strength to get better. '*You know she hardly eats anything and does waste her food,*' she said to me. Now that I am ordering ahead off the menu the food might improve, but I have had to choose from quiche, quorn mince and jacket potato. Today, I just stuck to the sandwiches.

I did not feel like doing anything else, I went back to bed, drew the silly curtains and had a sleep. I really wanted to talk to my husband and hear his voice, so I switched on my mobile phone, but I could not get a signal. I moved to the Day Room and got some signal and dialled. One of the nurses shouted across to me that mobile phones were not allowed. As he came over he was a bit abrupt and said that it was in the Ward Information Pack and I should not have brought it in. '*We had a recent complaint about visitors' photographing patients with their mobile phones, so they were banned,*' he said. There was a patients' phone in a hood outside the day room, but I had no money to use it. I asked him if I could use my mobile phone outside the ward perhaps in the Hospital Red Rose Restaurant, which I had seen the night I was admitted. I could also get a decent mug of tea at the same time. I was told I could not leave the ward area. He asked me to hand over the mobile, so he could store it in the office. I refused to give him the mobile at first. I heard one of the female patients say '*darkies don't think the rules apply to them, they always seem to get their own way.*' The nurse heard this as well, but I just turned my back on them both and walked off. They seem to be treating me like a child, yet I am a responsible professional women! Later on the same nurse said to me '*Mana, you shouldn't worry about Mary, she can act like an idiot mouthing off the way she does. You will be out of here long before she is. Please remember that you will need to keep your mobile in the office, so I'll take it off you now.*' I was upset by this because I really missed my husband and I wanted to talk to him.

The next day I was seen by a number of people. I had a discussion with the psychiatrist who spent most of the time talking about my medication and its benefits. The Occupational Therapist spoke about the sort of activities I should take part in. I said I liked to play Bridge, but that needed four players. I did not feel I was contributing to the discussion and I really did not want to take part in anything at the moment. I suppose if my husband had been there we might have got things sorted out a bit better. I was not sure where any of this was going at the moment and I was starting to feel a bit desperate again. I really was missing my husband and I wanted to see him very much. That night I was queuing for evening medication when I asked about the side effects of the medication I had been prescribed. The nurse handing out the tablets was rather off hand and said loudly *'the doctor should have explained it to you . . . you might get a bit a bit constipated dear.'* I know the queue was long and she had been around all day, but she did not need to speak to me like that.

This toilet business was starting to irritate me as even the single toilets at the female end of the ward often didn't flush properly and so sometimes had 'floaters', as we would say back at school. I was already aware that I was starting to become constipated. I had felt a bit embarrassed standing in the queue and I thought I would speak to her privately about the constipation. Back in my bed area I picked up some notes left on my bed, and I was surprised to find it said it was my Care Plan. It was said that I was on *'15 minute observations'*, whatever that meant. Certainly people did come and see me, but it was certainly not every 15 minutes. I decided I would ask the psychiatrist about this next time I saw her. What was more of a bother was that somebody seemed to have been rummaging through my cabinet drawer. Well I had no money and my mobile had been taken from me by the nurse to keep in the office. Perhaps one of the nurses was looking for other *'contraband'* to confiscate. I am really wondering what the point is being here, nobody seems to like me and the staff seem a bit hostile, I don't have anyone to talk to and I don't know where it is all going . . . perhaps I would be better off at home with my husband.

Husband's Story

I have been married to Mana for 25 years and I was shocked in her sudden deterioration at home, and a bit frightened by the way she kept saying she would better off dead. I was really pleased when the GP recommended a stay at the hospital. It would give me a break and she was likely to become well enough to come home. I am not bothered if she never goes back to school, because I think that has been the cause of all her recent problems. The hospital was 25 miles away and a friend who owns a taxi had taken us to the Hospital. I had not been able to speak to her on the mobile and I could only come back to see Mana again three days later at the weekend. I had not seen the Ward when she was admitted and I found it to be bigger and noisier than I expected. I thought it was for women only, but there seemed to be a lot of men about. There seemed to be quite a few staff on duty as well. She was really glad to see me and seemed a little bit better in herself, but a bit quiet and preoccupied. She suggested that we walk down to the day room and see if we could get a cup of tea. The large day room had many armchairs, but they were all lined up against the walls like a waiting room. The room was rather noisy and the television high up on the wall was showing an adventure film set in Africa. Its sound was turned up and many of the patients were watching it. Even the patients and their visitors seemed to be distracted by it. There was one man not far from the screen standing up and rocking from side to side. We went back to her bed area to talk. She was in the end bay. We tried to draw the curtains, to screen off the women in the next bed, but I found that they did not fit as one was partially hanging off. Mana said that the curtains were just there to stop us getting up to no good. She said that she had been sleeping reasonably well, but they did wake her too early. The food was a *'bit like school dinners and not very nice. If you like sloppy quorn mince and mash, I suppose it's OK, but it is unappetising,'* she said. Mana was always joking how some of her children at school would say that they only wanted *'joined up meat'*, when they had a stew or mince for school dinners. Even though she was a vegetarian she said that she now understood how they felt, but in her case she would love a good curry. Mana never makes a fuss, but she will complain when pushed. She had apparently complained about the state of the toilets, but nothing seemed to happen and nobody had been to see her about it. You would think with the sort of people they have on the ward they would pay attention to the toilets and how they are used. She showed them to me and they were grubby. I asked her why she had not telephoned, but it seems mobiles are banned. There was some nonsense about taking photographs of patients, but Mana's phone is a cheap pay as you go which she has had for over three years; and it does not take photos. What I find frustrating is that if we had known what we could or could not bring before we came we could have sorted this out. Mana said there was supposed to be a ward information pack, but we never saw it and I am a bit annoyed about that. I went to try to talk to someone to find out how Mana was doing and see if I could talk to her psychiatrist as well, perhaps even attend a session with her. I waited at the office for while, but nobody was around. I eventually found a nurse at the end of the ward and asked if I could make an appointment to see Mana's psychiatrist. She said I would have to telephone the ward manager on Monday to make an appointment. I really think I should be involved somehow. I think I am going to speak to her GP again.

CASE STUDY B (MH2): MR MIKE HENNING (25 YRS) (MENTAL HEALTH IN A RESIDENTIAL/CARE HOME SETTING)

(This is a made up case study using the type of events from a number of incidents)

AN EXTRACT FROM THE BLUE ROBIN CARE HOME BROCHURE.

The aim of the Blue Robin Care Home is to provide a flexible, responsive and needs-led care based environment based in our core beliefs of recovery and the involvement of people in the management of their own conditions. The care we provide focuses on enabling people to take more control of their lives by building their confidence, sense of security and abilities. Although the degree of independence that people with severe and enduring mental illness can achieve will fluctuate over time, we believe that with the right level of care and support, individuals can improve their ability to manage their own mental health, enhance their social lives and skills and become more involved with the community in which they live. All our homes have the ultimate aim of enabling residents to move on to more independent accommodation and sustaining their independence by providing access to flexible staff support that meets their changing needs. Our nursing and residential care homes offer 24 hour care provided by qualified staff with extensive experience. Also, individuals with complex needs and those with challenging behaviour can be supported in our homes. Many of our nursing and residential care homes have specialist nurses to support those individuals with complex clinical needs. Residents are actively encouraged and supported in expressing their views, and their interests, skills and aspirations are built into their individual development plans. They are encouraged to become as involved as possible in every aspect of decision making about the day-to-day running and evaluation of the service. Residents are also represented on the Service Advisory Group and independent advocacy is available for anyone who requires it.

MR MIKE HENNING IN THE CARE HOME

Mike Henning (25 yrs) was at university studying mathematics when he became very unwell with schizophrenia. He had increasingly isolated himself, confining himself to his room at one of the University's halls of residence. He had started staying up all night and it was found out later that he had been playing computer games and sleeping all day. During one excursion into the local town he had been found talking incoherently to computer screens in a large department store. The police had been called and he had been taken to hospital. Eventually, he had to leave university before he could graduate, and since then he had been subject to many admissions to hospital with a chronic form of schizophrenia. His parents could not cope with him at their home. About three years ago when Mike was deeply psychotic, he threw himself off a motorway bridge and lost a leg as a result. He now has an expensive prosthetic leg which his parents bought him and so he can walk a reasonable distance. He has lived at the Blue Robin Care Home for about 2 years. His father had to retire from work early after a stroke and his mother only visits Mike occasionally as they live some distance away.

Professional Carer's Story

I am Mark Jones and a student nurse and attached to the Blue Robin Care Home on placement. Mike Henning (25 yrs) is one of the residents I have been working with. I feel a bit sorry for Mike because he is the youngest person here and does not seem to have any friends. He said to me once that his psychiatrist had told him that he will always have schizophrenia and will therefore need to take his medication for the rest of his life. The residential unit manager has also said to his Mum that he would probably never leave this type of establishment and be able to live on his own. So I am not surprised that Mike seemed to latch onto me because I was close to his own age and we had both been to the same University. He said he missed the freedom of student life, and he longed to have some mates and decent conversation. He understood why he had to live here and he quite liked the organisation of his life. He said that he missed going out for nights out and we often talked about the nightclubs we had both visited in the local town, although for Mike this memory was of a life that is a million miles away. He said that one of the things that frustrated him was that the front door of the care home was always locked and he was getting a bit fed up having to ask permission to go out even though he was allowed to go out on his own. Yes, he knew the manager said locking the door was to control people coming into the building, but he knew it was really to stop some of the 'inmates' wandering off and going missing. Mike has a sweet tooth and liked to go to the local shop to buy chocolate, and sometimes get cigarettes for the other people, but he felt that sometimes it was such a palaver he just could not be bothered with it at all. What really seem to irritate him was seeking permission to go to the local shops as well as his benefits being held by the home where he had to make cash 'withdrawals' from the office. *'It's not exactly that I going to run off with my sweet money,'* he said. He was cautious about complaining about this because last time the manager had given him the cold shoulder when he had tried to discuss it. I asked him if he had spoken to anyone else about it or raised it at any time. *'I don't really want to complain, it's not really worth making a complaint,'* he said. I said I would raise it during the next case conference meeting.

It was explained to me that normally the staff encouraged Mike to order clothes from a clothing catalogue which were then sent directly to the home. Although some clothes looked OK in the catalogue they did not seem to fit him well because of his body shape. So on one occasion Mike's mother had provided enough money for a proper clothing shopping trip. Unfortunately, he was not supervised. When Mike's mother asked what he bought during a later visit he showed her a cheap ill-fitting jumper. Mike's mum never received a satisfactory answer as to where the rest of the

CASE STUDY B (MH2)

money had gone and ever since then the Manager had been very wary of Mike's 'shopping trips'. He now has to be supervised if he goes into town.

We normally rouse the residents from about 08:30h to get up for breakfast. This morning I was with Lisa who has worked at the Care Home for 10 years. At Mike's Room Lisa did not knock on the door and we went straight in. She opened the curtains with a flourish. I smiled at Mike and said *'good morning.'* Mike clearly did not want to get out of bed and put the pillow over his head. Lisa said energetically, *'the naughty boy never wants to get out of bed . . . perhaps we should pull his quilt off. Come on . . . it's time to face the world.'* Mike just groaned and turned over. *'I must remember to get my dodgy lock fixed,'* he said. *'It's also time you picked all your clothes up off the floor as well. It's your laundry day to day, so make sure you get all your dirty undies in the wash,'* Lisa reminded him. *'Yes Mum,'* he said. I was not sure about this approach to Mike, but I was not sure who to talk to. Two days later Mike reported that he thought that a person must have been in his room looking through his possessions. His red computer memory stick was missing and some of his stuff had been moved. He says the loose change, which was on his bedside cabinet, has gone missing. *'Your memory stick cannot have just disappeared – when did you last have it?'* I asked. *'Probably last night,'* said Mike. *'Let's go and look for it – I bet you it's in your room,'* Lisa said and off she went with Mike to his room. I could see Mike was annoyed, so I went with them. When I got there I saw Lisa rummaging about in Mike's bedside cabinet and then she looked in the wardrobe and then the drawers. *'Not here,'* she said. *'Let's go and have a look in the Activity Room where you probably last had it.'* On the way downstairs Lisa said quite loudly to me that we need to be wary of these accusations of people tampering with his gear due to the paranoid nature of his mental health illness. This is probably one of his days for having a paddy as his voices have told him all sorts of things over the years. I found this all a little ironic given that we had just worked our way through some of his possessions. I am also sure Mike overheard us talking about him. He probably thinks we search his room regularly.

Over the last few days I have been keeping a particular eye on Mike. One thing about Mike is that would like to have a girlfriend again, but he is worried about his increasing weight and how it puts girls off. This weight increase may be due to his medication, the type of food he likes to eat or the fact he gets little exercise. Perhaps it's a mix of all three. He says he knows that because he does not exercise he cannot eat like he used to at university when he lived on junk food. He says he likes to buy junk food when he is out because he says it tastes great. We know he buys fast food when he is out by himself, but we do have a rule that fast food must never to be brought into the home. For economy and safety we also do not provide cooking facilities for the users, but we do provide them with facilities to make hot drinks. The chef does try, and he runs food theme nights. Mike has said many times that he does not like the food here and the staff members get to choose the menus, so what is the point in complaining. Actually, I think the food is quite well balanced, but the portions can perhaps be a bit small for a young man. I have also noticed that Mike eats with his fingers and his use of a knife and fork is childish. I have noticed that he does not eat vegetables, but he does like puddings. I have reported his eating behaviour and weight at case meetings, but nothing has come of it yet.

There is no occupational therapy and not many activities are arranged that might facilitate training or educational opportunities for him. On the occasional organised visit out, the Home's white mini-bus is used. It has 'Blue Robin Care Home' in big writing on the sides and 'Ambulance' at the front and back. The sign at the front is a mirror image, so drivers can see it coming. On arrival anywhere Mike does like to get out of the mini-bus and he does not mind sitting in it for extended periods. When he is idle in the Home, Mike can be very bored and frustrated. This frustration comes out at his care planning meetings where he is often accused of being unhelpful and argumentative. He is thought of as a bit of a trouble maker. The problem is that Mike remains an intelligent and articulate young man and when he thinks he is not listened to he just becomes increasingly argumentative. He was looking forward to a career in the IT industry. He would really like his own computer to fiddle with, but there are only two communal computers in the unit. They are old and slow, and people just play games on them. Neither computer is attached to the Internet because the unit manager has said it is too costly and the users might download inappropriate material. In the next financial year apparently there is supposed to be some money in the budget to buy some new computers and a wireless Internet link. I suppose we will all have to wait and see. I discussed with Mike the idea of him getting his own laptop with a wireless connection to the Internet, perhaps even using a mobile telephone. I said he could see if his parents could afford one for him. He could then perhaps be in contact with his old university friends who might come and visit him. He said he was not surprised that his old mates had not come to visit him as they probably thought he was dead – or as good as. Anyway even if they saw him they would think him 'a failure' because of where he lived and the fact he doesn't have a job.

I did hear that we found Mike's computer memory stick. It was plugged into the back of one of the computers. The money he lost, which he said amounted to over £20, was never found.

CASE STUDY B (MH3): MR MILTON HOLDER (29 YRS) (MENTAL HEALTH IN COMMUNITY/PRIMARY CARE/DAY CENTRE SETTING)

(This a made up case study using the type of events from a number of incidents)

BACKGROUND

Mr Milton Holder is 29 years old and served in the Army for 9 years reaching the rank of sergeant. His West Indian parents were very proud of his success. He married Martha when he was 25 years old and moved, with his wife, into an Army quarter in Germany. There are no children. During his time in Germany he started to drink heavily. He undertook several repetitive tours in Iraq and during this time he separated from his wife and she returned to the UK. Because of his specialism in electronics he spent most of the time during active service tours confined in secure compounds. During the last tour he started to display unexpected variations in behaviour. He would lose interest in his work and reported feeling quite useless, not believing he was contributing anything of value. At other times he worked long hours enthusiastically, running around organizing sports events and parties. He slept badly and the quality of his technical work started to suffer. He started to make serious technical mistakes. One night he was found wandering around outside the secure compound in a confused state looking for his wife. He was returned to the UK and diagnosed with bi-polar disorder. After a period of service in a UK base technical workshop and further intensive medical assessment he was discharged from the Army on medical grounds. With the help of the Defence Resettlement Service he undertook several computer courses before he was discharged. He had a good CV and had several job interviews, but he received no offers of employment. He wants to work in electronics and computers, but he has now started to look for less demanding employment.

Since becoming a civilian, he has lived with his parents and receives incapacity benefit. He has had quite a bit of contact with his wife, but she lives about 30 miles away with her brother's family. Milton has a stable drug regime, is relatively settled and there is some control over his mood swings. However, he remains depressed overall and feels that he has messed his life up because his chosen career in the Army is over. This is why he was referred to the centre to give him some structure to his day. His wife has started to visit him and they have talked about living together again, but there are no firm arrangements yet. In particular, he wants to be completely well before they live together again. Meanwhile, Milton is finding that his visits to the Day Centre are becoming increasingly fraught. He finds the activities boring especially when he remembers the active life he used to lead. He gets annoyed by the local children calling the day centre users names as they leave for the day. He is also beginning to find the Day Centre Manager irritating as all she seems to do is focus on petty rules and she talks to him in a way he would never have tolerated as a sergeant.

Martha's Story (His Wife)

I keep in regular contact with Milton by telephone and try to see him about once a month. I had not seen him for 5 weeks when I was telephoned by Milton's parents who told me he had been detained by the Police outside the Day Centre. It appears Milton had confronted some children outside the Day Centre who had been shouting names again and had been arrested when he apparently became aggressive with a policeman. He was released later that day without charge, but the incident had left him feeling very depressed. The Day Centre Manager had telephoned and asked Milton to stay away for a few days and that his future attendance at the Day Centre was going to be reviewed. I decided to take some time off work and went to visit him for a few days to see if I could help. Milton and I thought it would be a good idea for me to talk to the Day Centre Manager, so I arranged to see her. The Day Centre was built in the 1960s and started life as a church hall. It consisted of one large building and three Portakabins. I found I was able to just walk into the small foyer and on into the main room. The seating in the main room was around one corner against the walls forming a big 'L'. A large notice said 'do not move the chairs'. In the opposite corner there were a number of plastic round tables and chairs next to a small kitchen that had drinks and snacks for sale. In the centre of the room there were ping pong and pool tables, but nobody was using them. There were three 3 large doorless and windowless alcoves off the side of the building. The first alcove was used for artwork, the second alcove had 3 computers on tables, and the third alcove had a small table and some hard chairs. I found it a bit odd that there were 4 people waiting just outside this third alcove apparently waiting for something to happen. There did not seem to be any staff around, so I introduced myself to one of people waiting and said I was here to see the Manager. She pointed to the other group in the room and said *'Phillip is having a break, so only Liam is here at the moment, he's a volunteer and sometimes he can look scruffier than the inmates.'* Liam offered me a cup of tea and said that he had not yet seen the Manager today, but he knew she would be late because she had gone to a budget meeting. I asked about the people waiting on the chairs and Liam said *'many of the people attending the Day Centre required regular blood tests due to the medication they take. A phlebotomist visits the centre twice a week and uses the alcove to collect blood samples, calling the people in one by one. The alcoves are very useful when we need to do anything that's private such a filling in benefits forms.'* After waiting about 30 minutes Liam told me that the Manager was back and I could find her in the end Portakabin, which she used as an office. The Manager was in her early 50s and seemed pleasant enough. She expressed regret at barring Milton for a few days, but she had to do so for his own good. She said that

Milton never really seemed to want to join in with the others and preferred his own company. She said that she had been grateful that he wanted to do the Centre's gardening although she had to be careful because he easily became aggressive and needed supervising because the tools were dangerous. It was now difficult because a member of staff had just left and another had put in her resignation. I said he could be trusted and he had been a sergeant in the Army. I also told her that he could be forceful and enthusiastic, but he was never aggressive. She said that probably being in the Army explained why he hated smoking and why he was always picking up the cigarette butts outside the Day Centre. I asked what was now going to happen because Milton did find it useful to get out of the house and come to the Day Centre, particularly to use the computer for job applications. She said she did not know what would happen. She then asked if he had been to see his psychiatrist recently because he probably needed to adjust his drugs because all he seemed to do was complain. In particular, he had been complaining about not being able to find out about 'personal budgets'. The Manager said that she did not like the idea of 'personal budgets' because it would mess up the present system of support and the Day Centre might have to close down, just like the psychiatric hospital she used to work at. I said that he had wanted to look at 'personal budgets' to see if he could get money for driving lessons, or to enable him to pay for a college course to retrain just like the sort of grants he used to get in the Army. The telephone rang and she started talking about Joyce a member of staff that she had 'sacked' and how she would attend a meeting about it next week. Trying not to be distracted I explained that Milton had tried to find out more about personal budgets, but the staff had been told not to say anything about them. I asked her where I could find out about personal budgets, but all she would say was that personal budgets were not for him. I asked her how I could help Milton, but all she said was that the best thing for him to do was to keep taking his medicine on time and not be so disruptive. I did not feel I was getting anywhere and I left. It was only afterwards did I realise that she had not asked me for any contact details.

Voluntary Carer's Story

I was not aware that Milton Holder was married and I was very surprised when his wife turned up to talk to the Manager. We only seem to see users' families at the annual garden party and BBQ. I felt sorry for Milton because he always seemed to be going head to head with the Day Centre Manager. The Manager seems to have had a lot of psychiatric experience, but was a bit 'old school' and her qualifications seemed a bit limited. Nonetheless she seemed to have had loads of experience. I find her OK to work with, but she does have a habit of telling the Day Centre users what to do and what not to do. She is firm, but sometimes she can interrupt users rudely and tell them to do something else. All of the users have had a run in with her from time to time. I have also heard the staff whispering to one another about the way the Manager treats her staff and users, but few of the full time staff members seem willing to confront her directly. It is interesting that Milton seems to be the strongest user in standing up to her. What Milton does not know yet is that it was the Day Centre Manager who telephoned the police about the confrontation outside the Day Centre. I was very surprised to see her use her mobile phone in front of the other users to contact the police. I am not sure what will happen when he finds out! There will probably be fireworks! In the last 6 months the number of users has fallen off and there is now much less of a buzz to the place. Many users seem to want to complain about the Manager, but they are not sure how to do it and anyway all they really want is a simple life when they come to the Centre. There is a suggestions box, but nobody bothers because the Manager deals with it and the 'ideas' seem to get lost. I know she has a difficult job, but she seems to make matters worse by not looking at complaints and suggestions properly. Meanwhile there is less and less staff. Margaret left last week for another job and Joyce resigned after a complaint about the Manager was not handled anonymously. It seems care plans were being written up incorrectly and false information inserted. It was not clear who was responsible. Even so the care plans remain rather superficial and are based on participation in group activities. The atmosphere amongst the permanent staff seems to be quite sour and perhaps that is why there is a high absence due to sickness. On top of all this is the 'personalisation' agenda. The permanent members of staff really do see their jobs threatened by it. To her credit the Manager drew up a questionnaire for the users to complete about personalisation. I initially thought it was OK, but on closer inspection it was written in rather negative terms. Clearly the Manager is anti-personalisation and the effect has been that many of the service users are now anxious about losing their day centre facilities. They ask me many questions about it, but I have not been really briefed on the subject. Anyway I am leaving soon as well.

CASE STUDY B (VA1): MRS VICTORIA ANDREWS (50 YEARS) (VULNERABLE ADULT IN ACUTE CARE – GENERAL HOSPITAL SETTING)

This is a real life unpublished case study which has been modified for use in a Dignity through Action Workshop. It has been used by kind permission of the subject of the story. Names and details have been changed or removed to provide anonymity.

BACKGROUND

Vicky, a 50 year old single mother of three teenagers, had been a health care professional for most of her working life. She has had a history of alcohol abuse, especially during her early forties when she was going through a divorce. During the past few months she was finding that her job was becoming increasingly stressful. She had suffered from anxiety attacks in the past. Her personal and social situation was making her feel very depressed. Vicky found that she had been having heartburn and nausea with the occasional vomiting at night for over 6 months. She put this down to what she thought was stress and the frequency of the vomiting was increasing. She lost her appetite and was losing weight, so she went to see her GP who diagnosed a virus infection of the type present in the hospital she was working in. The vomiting did not stop. Over the next few weeks, she was vomiting every day between 9pm and 3am and after every attempt at eating or drinking. On two occasions her daughter found her in a semi conscious state and phoned the out of hours doctor service. They gave her Valium and told her it was repeated panic attacks and that she should see her GP again. On one occasion she was admitted to A&E, where she was given intravenous fluids and discharged again with a diagnosis of a virus infection. She was seeing different Doctors at the Surgery who gave her conflicting advice. She felt that she had lost all hope when the senior Doctor at the surgery suggested that she had a mental problem and that she should see a psychiatrist. At this point she was happy with any diagnosis to obtain treatment and get better. However, he was worried about her and said that if was having trouble over the weekend to contact him personally. On the Saturday night she had a severe bout of vomiting and she became semi-conscious. After a further examination, he insisted that the local hospital admit her. Vicky was admitted into the local hospital that night and placed in the Medical Assessment Unit. Next morning she was seen by the consultant, with all his juniors in attendance. He examined her and then went on to discuss with them how middle aged women were constantly trying to lose weight and he suggested to her that she was probably suffering from bulimia. He said that she was to be discharged and he would refer her to the Mental Health Team. Vicky, although very weak, said *'no please . . . I am not bulimic . . . it must be something else because I can only eat and drink very little before vomiting.'* At this point the consultant told her to drink 2 glasses of water, which she did slowly and the consultant said, *'there, you can manage that, so you can be discharged.'* This is when Vicky vomited back the water with such force it went over the consultant's trousers and shoes. The Consultant decided that she should be admitted to a medical ward for further investigations.

Vicky's Story

I was admitted to a 4 bedded bay on a medical ward. Next morning I started menstruating and so I asked for a sanitary towel. The nurse said she would get me some and I placed some tissues in my panties and waited. After repeatedly asking I was eventually told that there were no sanitary towels available. The HCA gave me a large incontinence pad and a pair of scissors and told me cut it to size. Later on student nurse came to ask me personal details, because she had been told to complete a care plan for me. Only Tamsin, one of my daughters came to visit me that morning, Becky had refused to do so and my son John also not to come to the hospital because he had stayed out all night and not come home. I was getting anxious because I had no idea what going to happen, how long I would be in hospital and I was worried about John. I guessed it would be at least a few days, but I had no idea how wrong I would be. Tamsin said she would return later. Tamsin telephoned me using the pre-pay telephone/radio/TV system next to my bed. She said she had been refused entry to the Ward because it was a 'protected mealtime'. I was annoyed because I was not eating any lunch and I would not be disturbed by a visitor. When the HCA came to give out the trays in the Bay, I asked her if my daughter could come in, but the answer was 'no'. When I asked for an explanation I was told that it was hospital policy, everyone had to abide and there was nothing she could do about it. I tried to explain that my daughter was worried about me and I was worried about my other two children. The HCA, having left the food trolley at the bottom of my bed, went to assist another patient with her meal. I must admit I was so frustrated I burst into tears feeling very lonely with no one to talk to.

During the night I was woken by a man in only a pyjama's top and who was naked from the waist down, pulling at my bedclothes. I tried ringing the call bell which did not appear to work. I told the man to go away, but he was calling me 'Nellie' and he appeared quite confused as to where he was. I was frightened and shouted for help. This woke another patient in the Bay who rang for assistance. The man walked out of the Bay. When the nurse came I was told not to be silly and I must have been dreaming and I should try not to wake up the other patients. I was not aware that it was a mixed sex ward although there were only female patients in my Bay. I suggested that the bay door could be closed and asked the nurse to check my call bell. It was not working and the nurse said she would report it. I was too anxious to sleep and so I sat on the chair in an attempt to stay awake all night. No one came to see me again until next morning new staff came on duty. Next morning I asked if I could complete two incident forms. The nurse told me that these were for staff to complete and not patients and if I told her what I wanted to complain about she would fill them in for her. I explained about the lack of sanitary towels and the incident with the male patient. The nurse said she would report both incidents to the ward manager and the forms would be filled in. I did say that I would prefer to do this myself whilst the facts were still clear in my head. The nurse said she would get back to me. During this

Monday morning I was seen by a junior doctor who told me that he was arranging for her to have various tests, including a barium meal. In the meantime I would continue to have 'nil by mouth' and the intravenous fluids would have to continue. He said that he would write me up some drugs to relieve the nausea and vomiting. I was told to stay in bed. That afternoon Tamsin brought in my toilet bag, including my tampons. I was so relieved when Tamsin helped me wash and clean my teeth because I had not been able to do so since admission and I really felt grubby. Later that day I went for a Barium Meal Test and the Doctor said that there was nothing leaving my stomach. That evening the Registrar turned up with a young doctor and said they were going to put a tube into a vein in my chest, so they could start to feed me intravenously. I was a bit groggy and I did not care what they were doing. The tube seemed to be inserted skilfully enough by the younger doctor, but I began to realise by what was being said that this young doctor had never carried out this procedure before. I really felt too weak to argue and all I wanted to do was to get some sleep. I was then attached to a large white liquid feeding bag, and the doctor said each one they cost a small fortune. Two days later I was sedated and given a Gastroscopy. As it was explained to me, this showed non-malignant growths and repeated scarring in my lower stomach. It appeared that I was suffering from pyloric sphincter stenosis and the exit from my stomach was completely closed. A specimen showed a massive *Helicobacter Pylori* infection and it was explained to me that I would need a long course of a mixed antibiotics. These were prescribed and started to take them by mouth. Meanwhile the intravenous feeding continued and I was seen by a surgeon who said I was unfit for surgery at the moment and we would have to wait a few weeks. Three days later during a visit from the Consultant the ward doctor was advised that oral antibiotics were not a good idea and that he should switch to intravenous delivery. I now had lines into each arm and a tube to a vein in my chest. I could stand up and walk about yet I was forced to go to the toilet using a commode like the other old women. I really disliked this because the curtains around my bed did not close properly and being by the door people passing in the corridor could see me sitting there. What really frustrated me was that because of the drips I could not even pull down my underwear when the commode arrived. The HCA advised me not to wear any underwear, but I really did not want to feel exposed during regular examinations. After a week of receiving antibiotics in this way my arms were badly swollen and bruised. The antibiotic drip was causing me constant pain and the feeding tube in my chest was very uncomfortable. As a nurse probed to find a new entry point in my arm I decided enough was enough and I did not care what would happen, but I no longer wanted any more antibiotics. I refused to have any more antibiotics. It was during this time that the woman in the next bed, who I had befriended, passed away during the night. Her side light was on and it was quite clear she was dead. My call bell had never been fixed. After two hours of waiting I used the telephone at the side of my bed and made a call to the hospital switchboard and asked to be put through to the ward. I advised the staff about the death and they said they would send someone to look, but that she was probably asleep. Her body was covered up by the nurse and removed quite quickly. That night I felt very depressed because I thought I had been put into that Ward Bay to die as they did not seem to be making me better and all the other women in the Bay had been very old and frail. Two days later the ward closed due to severe staffing problems. I was moved to a larger ward and it took a little time for my daughters to track me down in this new ward. This ward seemed better staffed and I stayed on this ward for another two weeks still being fed intravenously. It was decided after nearly 5 weeks that I was fit enough for surgery and I was moved to a surgical ward. The Surgeon explained that they normally sorted out my problem early using antibiotics. However, in my case the pyloric sphincter was so badly damaged this was not possible and I might end up with some sort of bypass. It was just possible that he could repair the sphincter surgically. The surgical technique apparently was no longer taught or used. However, he said that he was just old enough to remember how they operated on this condition in the 1970s. I said to him that I wanted the solution that would give me the best quality of life and I would leave him to make the judgement during the operation. Before the operation I was given an injection of Heparin by the nurse with a doctor in attendance. A little while later a student nurse also tried to inject me with something. I asked her what she was doing and she said I needed a heparin injection. I said that I had already been given one, but she said that there was nothing in my notes and she had been told to give it to me. Fortunately, I was feeling strong enough to say 'no' and that she should go and check. She did not return!

I was operated on and you can imagine that after such a long period of illness I found it painful and quite devastating. I took longer to recover than most of the surgical patients on the Ward. One night I was bothered again by another patient who was trying to pull the blankets off my bed saying that she was cold. I told her to go away. Later on this older woman tried to get into bed with me. Fortunately this time the call bell did work and I asked for the cot sides to be put up, so no one could get at me as I was still in quite a bit of pain. I was later moved into a general ward to continue my recovery, but I was still fed intravenously. The Consultant decided that I could start to eat limited solids again and so with great joy I ordered ice cream for lunch. He returned shortly afterwards and said that there had been an outbreak of Norovirus on the ward and I should get out of the hospital immediately as it would put my life at risk to stay. So I was discharged to fend for myself after 7 weeks of being 'nil by mouth'. I was now several stones lighter, but I had survived the experience!