Healthwatch Tower Hamlets

Safeguarding Adults Case Studies

A report on potential safeguarding issues raised through our community insights.

FEBRUARY 2020

Healthwatch Tower Hamlets
The purpose of safeguarding is to protect a person’s right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety is promoted.

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Introduction

Healthwatch Tower Hamlets have not gathered specific insights from residents from safeguarding cases. The insights and case studies in this report have either come through our general engagement programme or from our work on integrated care for homeless and or substance misusers.

We are currently analysing the feedback from over 250 people as part of the Health and Wellbeing Strategy refresh. This includes a section on whether local people feel safe, and if for any reason they don’t feel safe, why. This should provide us with further information on what vulnerable people are concerned about.

We are also currently developing our priorities for the next financial year and are considering a focus on vulnerable adults and children. This is likely to include residents who receive domiciliary care as well as those who are cared for by a family member or loved one. We’d be very interested to know if there are any areas of particular focus that partners would like to see in terms of safeguarding concerns.

Summary of safeguarding risks

Levels of austerity and scarce or unaffordable housing are putting pressure on individuals and families. Those in relatively weak positions of power can find themselves being taken advantage and financially, emotionally and physically abused. We saw this particularly with our work with substance misusers and the street homeless.

Access to mental health services is not always timely and the most complex cases can be turned away. Substance misuse and homelessness can act not just as health risks in themselves, but also as barriers to accessing much needed health and social care services (e.g. problems registering with a GP while homeless, denied enrolment in mental health support programmes because of substance misuse). Those with serious mental issues who are cared for in the community face increasing pressure to manage a complex health and care system alongside housing and benefits issues.

Victims of domestic violence and abuse are particularly vulnerable to homelessness and poverty. It is often the case that the abuser was the primary or sole earner in the household, in some cases because they prevented the victim from working outside the home or controlled their finances. Abusers continue to try to exert control over victims after they leave.

People can be completely overwhelmed by the complexity of the system leading to issues of self-harm, substance abuse and perpetuating cycles of violence. Support from advice charities and community groups can play a significant role in alleviating this burden.

There is increasing pressure on the Royal London Hospital as the population grows and becomes older. The level of funding and staffing has not increased in line with these additional pressures and the A&E and Emergency Department are starting to show the strain.
Domestic violence

Leaving an abusive situation can be difficult for the victim. When victims are financially dependent on their abusers, leaving can bring them into situations of deprivation or even homelessness. In some situations, abusers use money or debt to control or harass their victims even after they have left.

Amina (name changed), a mother of two children, left her husband, Rashid (name changed) who was physically abusive. She was homeless for a while, before moving into temporary council accommodation, and she continues to struggle financially while sharing custody of her children with her abuser.

As Amina’s benefits are capped and she is not working, she struggles to afford rent. Rashid is deliberately causing her to incur further expenses:

“I’m struggling financially also because I have to buy things twice, like for my younger one, I need to buy things for him often, because my ex-husband is taking the children and their clothes and he doesn’t return the clothes.”

Rashid is taking advantage of the fact that Amina speaks little English to hinder her communication with authorities in matters of social security. Before their divorce, some housing benefit has been overpaid to Rashid. Now, after their separation, it is Amina who needs to pay it back. During their marriage, Rashid also used Amina’s name to incur a fine, which now has consequences for her:

“So many things he did in my name- for example I don’t have a driving license, but he put my name on his car and he didn’t pay a penalty charge- now bailiffs are coming to my door. And they said I have to pay £513, so so many things he did in my name. I told everything to the council but... he received five penalty charges. “

When one partner is financially dependent on another or has their finances controlled, they may enter financial arrangements during marriage that they find themselves unable to handle on their own after a divorce. Ijeoma (name changed) is currently over £20,000 in debt to payday loans and credit card companies. The flat that she lives in with her son is rented in the name of her husband, Odenigbo (name changed). After the divorce, they have agreed to pay half of the rent for the flat each instead of Odenigbo paying child support. During their marriage, Ijeoma also took on a payday loan from Amigo Loans, with Odenigbo as her guarantor.

“I used to work part time and my husband was demanding a lot of money for me just for the bills, because he said he can’t afford it. [My ex-husband] wanted us to pay together. So I tried to explain that I can’t because of the part time and sometimes I don’t go to work because of my health. But you know sometimes men, when they want to do, take their ideas, no one can stop it. He didn’t know I was taking on more debt- he only knew about Amigo Loans. I didn’t tell him because I just don’t want stress, I just don’t want him to start talking and stressing me up telling me I shouldn’t... because if I don’t take [the loan] then where am I going to get it?

The creditors, the highest ones -I’m paying them £335 per month. They say that’s what they need - they won’t accept anything less. They said if I can pay, they’re gonna chase my guarantor so... My ex-husband is the guarantor. This month, the 5th, they went to his account and they took £520. Yeah. And he called the police for me... So I have to pay that as soon as possible.
In some cases, the escalation of an abusive situation may lead to homelessness and further vulnerability for the victim.

Elaine (name changed), at the time a recovering alcoholic, had a violent fight with her partner; following which she was sectioned and then, upon release, became homeless:

“I was living with my partner and he started accusing me of seeing people, asking what I’d been doing, like a psychotic person, and I couldn’t handle it no more. So it started up in a heated row and we had fights. I’ve been cut, he’s been cut. I’ve been cut open down the arm. I got revenge and picked up an ash tray and threw it and split his mouth. I got forcibly arrested and sectioned in the hospital for 24 hours.”

Elaine stayed in a hostel in Hackney, but returned to her partner’s house to do laundry as she had no access to a washer elsewhere. Her partner tricked her into consuming alcohol, causing her to be sectioned again.

“I went back to do my washing as he has my washer and dryer. He spiked my drink. He put half a bottle of vodka in my bottle of bitter lemon and then we started having a row, the police were called and they said I was intoxicated so I got sectioned for 24 hours, then I went back to the hostel”.

In the hostel, Elaine was sexually assaulted. The fact that multiple residents in the hostel were abusing drugs and alcohol made her feel unsafe and also endangered her own recovery from alcoholism.

Khadija (name changed) also became homeless after leaving an abusive relationship. Her marriage to her abuser had been arranged by relatives against her will, and upon leaving she was further endangered by family members.

“I have come here because I was forced to marry my ex-husband and I suffered from domestic violence. After living with him for two years, I ran away to my auntie’s house. My auntie told my husband where I was so I ran away again. I ended up staying in my friends’ living room but there wasn’t a lot of space for me so I knew I had to leave. It was hard for me to find help because at the time my English was not very good. No one understood me. No one understood what I needed. “

As she is cut off from her support networks, Khadija feels further isolated and vulnerable for fear of encountering ethnic and religious prejudice:

“I am scared to leave the hostel because I wear hijab especially at night. I don’t want people to judge me or pull it off. There is a lot of Islamophobia here in this city. “

Another recovering alcoholic we have spoken to as part of a research project on homelessness and substance misuse told us:

“After my alcohol detox I didn’t have a place to live so I was living with my family for a bit and then I was placed in a hostel. I didn’t like the hostel because it was a wet hostel and I’m trying to get clean. I finally was able to find a house with my boyfriend at the time but he soon became abusive and the rent got higher. I left him and went to another hostel where my aunt also currently lives. I feel safe but I don’t think the hostel gives us enough independence.”
When the victim and the abuser have children together, the abuser may also use custody of the children or contact with the children to exercise control over the victim.

Amina’s abusive husband, Rashid, attempts to use their children to further hurt and control Amina:

“The last two years have been horrible for me... My ex-husband made an application for the court to take the children and I went to court for the last six months. The court said he has to leave the house... he left. But he still has contact with children. I’m having so much problem with that because he’s not returning children on time and always makes some point and problem. If I say anything about children or anything, he won’t return the children.”

She would like to move together with her children to somewhere more affordable and further away from her abuser, but her custody arrangements do not allow it:

“I’m just feeling very stuck, because he made a court order in place, like have holiday and every other weekend. And he said, I can’t live this far out without his permission. I can’t change children’s school without his permission. I’m stuck in here. I feel I have to stay here, his family-sometimes they saw me and they made nasty comments about me. School is near to his mum’s house.”

Self-harm and suicide risk

We have encountered several instances of people who self-harmed, threatened suicide or had suicidal thoughts while dealing with substance abuse. It is particularly important for these people to be able to access mental health services; however, in some instances they are turned away for being “too complex” or for not having yet achieved sobriety. In turn, lack of access to mental health support is making it more difficult for them to effectively address their substance misuse issues.

Jim (named changed) is undergoing treatment for drug addiction and sex addiction. He has self-harmed and has experienced suicidal thoughts, but has been unable to access long-term, sustainable mental health treatment.

“I get grief for self-harming, and it’s like for me it’s like it is a coping mechanism. When I do it it’s coz I’m completely overwhelmed, I’m really stressed out and if I don’t do it I just get worse and worse till the point where I have suicidal thoughts every day; it’s a release and a relief. I get grief for that and it’s like “well help me, teach me a better way to deal with it and then it’s like oh well can’t do that but you need to stop doing this”. I stopped smoking weed and I’m not going to get any help for at least six months- in the timeframe there’s nothing to replace it to try to help me feel better”.

Initially, Jim tried to access mental health support through his GP and Compass Wellbeing; he was then referred to the Community Mental Health Team, who deemed him “too complex” and offered no support beyond telling him to google mindfulness practices. The personality disorders clinic who could handle cases like his refused to take him on because his GP was in Hackney. While switching GPs and restarting a lengthy referral process Jim receives no support at all.

Amina’s abusive husband, Rashid, was also an alcoholic. During their divorce, he threatened self-harm or suicide. We do not know whether he received any kind of mental help support or treatment for his alcoholism:

“He’s just uncontrollable – he’s an alcoholic and when he came drunk sometimes it was so scary. He attempted to drink bleach in front of me and the children- they were so scared and I was so scared that he said he will kill himself. And it was, it would it be my fault.”
Access to housing and risk of homelessness

Vulnerable individuals—those living in poverty and deprivation, those who cannot work, individuals—particularly women—leaving domestic abuse situations are at a higher risk of homelessness.

Brenda (name changed) is a housing association renter. She is chronically ill and depends on disability benefits to manage. Her son used to live with her, but he is currently in prison. This has led to a decrease in her benefits and Brenda is at risk of being evicted:

“I felt I’d done everything I could in cutting down what I could and HARCA were like, we need you to pay more and more rent because I’m stuck with the bedroom tax and all that as well. They wouldn’t pay for my son’s room because if someone’s not home for six months or more whether they’re at college, university or in prison, they won’t pay for the room. They only paid for the exact room that you’re actually sleeping in. So I had a free bedroom. They prefer I moved into smaller. Basically, for as long as I’m covering the rent, they can’t but now they’ve come up with another side when my son’s going into prison that it goes against your tenancy agreement if someone visiting your home or living in your home commits problems... ASB. Anything to do with that, it goes against your tenancy, so you can be evicted... my son does one thing wrong.... But I’ve never done anything wrong in my life. I’ve always stayed the right side of the law. The worst thing I’ve ever done is be put in debt. I’d like to move into a smaller house with smaller garden because with my health I can’t manage things so well, but it’s been my choice and if they evict me, they don’t have to rehouse me, so I’m going to do everything to stay where I am, and if I want to move I want it to be my choice. I think that if you get kicked out of somewhere, it’s because you’ve done something wrong and I haven’t.”

For people who have experienced homelessness, accessing housing may pose further obstacles.

These things have been told to us by people we have interviewed as part of a research project centered on homelessness:

“I’m hoping something will happen today. I’ve got the deposit for a flat but I can’t find a flat. The main reason I came here is because I just need to get off the street. You can’t go looking for a flat carrying all your bedding and everything. It’s difficult to get housing out there now. They say on the internet that they have properties but they don’t. You have to get out there. I’ve used Gum Tree. I’ve got to go for places with cheap rent. There is old places out there that they want to rent but they don’t want to spend money on them.”

“They’ve given me a flat in Bethnal green, it’s absolutely tiny, a box, and there’s no good environment. I’m supposed to move on Monday, but if I turn down the box, they put you back for like a year or something. So I’ve gotta take it- because at least it’s not a hostel.”

Finding affordable housing in Tower Hamlets is difficult for all residents. Recent immigrants can be vulnerable to housing scams; a participant to a focus group for the Bengali community said:

“I had problems with flat renting, I paid upfront a lot of money and in the end I didn’t see the flat. I lost all my money and left without the flat.”
Bullying and harassment in the workplace and at school

Workers who criticise higher-ups in their organisation may face retaliation, bullying or unfair dismissal.

Bullying of children at school may not be addressed or taken seriously by school staff.

Coleen (name changed), a single mother, used to work in a school. When she criticised a new school manager, she was suspended for six months and subsequently fired:

“I loved my job. It felt like a family, like everyone knew everyone, it was so nice. Even though I wasn’t earning very much, I was just happy. But they put in a new boss and he spoke to the kids very nastily, and I just need to learn to control my mouth a bit more. I didn’t like the way that he spoke to them. I spoke up against him and it turned out that his manager was very good friends with him. So a lot of shady stuff went down, I got suspended for six months. And then I went back there, and the guy was like ‘why aren’t you down the job centre, how the hell, why did you come back after six months?’ They then said other things about me, that weren’t true. But because it was a private school, the school bursar was like ‘we can’t take you back’. They were kind of washing their hands of it, cos they wanna keep their reputation.”

After losing her job, Coleen started to struggle with money. Her 14-year-old son was bullied at school for being poor.

“My son was kind of getting being bullied at school. [I would like to be able to] buy him something that he might need, not even want, just he might need. And being able to go out and do that. You know, clothing, or a trip, for like a school trip or something like that. Him not being left out, cos you can’t afford it. [Our family’s financial troubles are affecting him] probably emotionally and stuff like that, cos of all the stuff that’s gone on with debt and stuff like that, he’s very wary of not asking me for things, cos he knows he’s just an added pressure that I’ve gotta then try and find. And he probably has missed out on a lot of things. And maybe that might be another reason that they decided to pick on him, I don’t know. My son was physically making himself sick so he wouldn’t have to go to school. [I needed to take extensive time off work to help him]. It was just making sure that he was ok, I was physically taking him to school myself, making sure that he would go. And he would get there, and they didn’t really do anything. Like he got hit round the face, and it took them three days to get in contact with me, as to why you know.”
Parents with substance abuse/ mental health issues and family reunification

Some parents whose substance abuse issues have impacted upon their families were separated from their children. Family reintegration programmes and social workers support them to rebuild relationships; the extent to which such programmes work varies.

After Sultana experienced a mental health crisis, attempted suicide and was sectioned, her husband left her and got full custody of her children. While she receives treatment and is supported by social workers, she hopes to rebuild a relationship with her kids.

“I’m hoping to get joint custody. I want the kids to know both of us, that’s the difference between me and my ex-husband. I think about the future, because I’ve been looking at strollers for my boy, thinking how I can get him out and give education early. So I want a good future for them. Every mother does. I want stability for them which they haven’t got now. So there’s been 7 months in the mental health institute, 6 months in recovery, I haven’t seen my children because he refused to let me see my baby. I want stability that, to be honest with you, I want mummy and daddy to be civil with each other. They don’t need to know about marriage, but just be civil. Have a conversation, eat together, talk not shout, not scream, not throw things across the room. I want them to be normal, go to school, come back, eat, laugh, play, I wanna see how they grow. It’s important for me that they see my husband and I being civil to each other, because I don’t want them to be traumatized. I don’t want them to think, mummy doesn’t love us or daddy doesn’t want us with mum. I don’t want them to be traumatized, to be honest with you. I want them to be focused, to know that both parents love them, both maternal and paternal families love them, you know. ’Cause, one of the social workers once said to me they might have attachment issues, quite a long time ago and I didn’t know about what it meant, but now, I know what it means being clingy. On the positive, my kids are thriving, him I don’t know what he’s doing, but me, I’m recovering, this is a woman who never sat down. I went to school, I went to college, I want to university, I did well everywhere I went, I had a good job, I had a good career, only the mental health.”

Nora (name changed), a recovering alcohol addict, also lost custody of her children. Through RESET, she started doing the Impact programme, which helps her safely rebuild a relationship with her children.

“Impact is the best thing I ever did. It’s with the family worker, so I’ve got a 14 year old daughter, who came with me, and so it was about 8 families there. It’s explaining to the children as well, what is addiction and what goes with addiction, and explaining the process of getting clean to the children as well. It’s for older children, from like 12 to, well teenagers, umm so that was the good that I did with my daughter. And that was my first 90 days clean. I was referred by social services, but it was done here in the evenings. On a Wednesday evening, they provided the evening meal for us and it was three hours or 4 every Wednesday. But my daughter loved it, and obviously that was when I first got clean, so she really loved it, she really opened up as well. I didn’t think anybody would crack her, but she was cracked. It was done by the family worker here, who is awesome, she’s brilliant. She came to social services meetings that I had to go to support me, because that’s where I felt the struggle, was that I didn’t feel that I had anybody on my side, and when I came into Reset, then I realized that I had a team of people rooting for me. And there’s a lot of people that don’t get referred here, and I see it on the outside. People that are struggling and they don’t have anybody behind them, when I came here I knew I was lucky, and I knew that I was blessed.”
Safeguarding in relation to health and social care services

Medical negligence and malpractice

Medical negligence is substandard care that’s been provided by a medical professional to a patient, which has directly caused injury or caused an existing condition to get worse. There’s a number of ways that medical negligence can happen such as misdiagnosis, incorrect treatment or surgical mistakes.

Maria (name changed), an older woman, receives dialysis at the Royal London Hospital. It is important for dialysis patients to be weighed before and after the treatment, in order to monitor the procedure (after dialysis they should be lighter than before, as fluid is removed).

Before the procedure, Maria weighed herself and recorded her weight as 61.2 kg. The session was supposed to remove 2.7 liters of water from her body. Weighing herself after the procedure, she found that she had 62.5 kg. The nurse refused to explain, dismissed her and, it later transpired, recorded her post procedure weight as 58.5 kg.

The next day, Maria started experiencing severe swelling and high blood pressure, so her children took her to A&E:

“The renal doctors there said our mother could have a stroke any second, and she’s had a stroke in the past. And also, in that 24-hour period, between Tuesday and Wednesday, because we realised, we had to put her on a crazy strict diet, to make sure that she doesn’t incur any more weight. Which had another impact, because she’s a diabetic so her blood sugar dropped. So one problem that they did, all of her health problems are now. Luckily they’ve done all the test, and just said she should go for an emergency dialysis session, which I don’t think they did, because she had a session scheduled the next day. So my younger brother went to the dialysis department, but none of the nurses were willing to do anything about it. So when anyone goes to the department, they all say, Oh I’m sorry we can’t do anything, you need to speak to Dr. X, the consultant. But the worst part, is that Dr X. isn’t even aware of this. All of those junior nurses work under her, but 48 hours later, she wasn’t informed about this. So that got me thinking, what other information has been withheld? She only showed interest in speaking to us after it was clear we were going to escalate a complaint.”

Another person recounted on social media how his friend’s life was put at risk by staff members failing to perform appropriate checks upon medical equipment:

“A good friend of mine, who is 93, went into the RLH to have a pacemaker implant under the skin to regulate his heart condition of atrial fibrillation (A/F. He left hospital after one day stay in, and went home the next day. After a few days he was admitted again, as his heart condition was no better despite the implant. He was in danger of a heart attack (myocardial infarction) or a stroke - ischaemic stroke and haemorrhagic strokes. After another examination the hospital discovered that the pacemaker was defective, and they never thought of testing it before implanting it in a patient of 93. They offered an apology, replaced the defective pacemaker and kicked him out”
A series of comments received through PALS and Complaints come from carers and patients who say they have been misdiagnosed, validated by other medical professionals:

“Patient’s daughter is complaining as her mother was discharged from A&E at The Royal London Hospital with a broken femur (later confirmed by another hospital).”

“Patient would like to complain about inappropriate treatment and discharge in A&E on 3rd November 2018. States that the doctor she saw did not take her pain seriously and told her to go home and take Gaviscon. The patient also states that she was refused a second opinion. On 4th November 2018 patient re-attended, was admitted and underwent urgent cholecystectomy.”

“9 year old patient sadly passed away from high grade telangiectatic osteosarcoma which patient’s father states was not recognised by the doctor on duty The Royal London Hospital A&E on June 24th, 2018. Father states that delays caused to patient’s care as a result contributed to his death and this warrants formal investigation. Family were also told the patient would receive follow-up care following A&E visit but this never happened despite family chasing it up.”

“Patient attended A&E at the Royal London Hospital as she was advised by her GP to get a secondary X-Ray of a recent fracture. She was told by a nurse that this would not be possible and that she should take painkillers and return home. Patient sought a second X-Ray privately which showed that she had fractured 4 bones in her elbow and wrist.”

“Late patient’s daughter is concerned about nursing and medical care received by her mother before her death. She was informed that her mother had caught sepsis and would like to know why her mother wasn’t checked for sepsis following her operation.”

“Patient is complaining about care received in A&E and the Ambulatory Care Centre at The Royal London Hospital. He states that during his initial visit to A+E he was not given an MRI although he had been sent by his GP for that reason. He later paid to have a private MRI which showed a serious abnormality and possible Acute Encephalitis.”

“Patient was discharged from A&E following an X-ray; she was told she does not require treatment despite being in considerable pain. Her GP later received a call stating that they have reviewed the X-Ray and believed the patient had fractured a bone in her back and that she should attend A+E urgently. When she attended she had a CAT scan and was informed that two of her vertebrae are fractured.”

“A patient with learning disability came for a scan for a swollen testicle. Initially it was described as orchitis by sonographer and SpRm but recommended 3 week follow-up scan if ongoing concerns. Repeat scan- it was again diagnosed as orchitis. Patient represented to ED in February and further imaging was requested. Scanned by sonographer and images reviewed by radiologist on showed findings in keeping with testicular malignancy. I.e. this was a missed/delayed diagnosis of cancer.”

“A complaint from a caller following an ectopic pregnancy and subsequent discharges from RLH although in pain. Patient then attended another NHS hospital and had emergency surgery due to rupture.”

“Patient concerned about misdiagnosis of her broken ankle. Diagnosed via ED with ligament damage but review by private healthcare provider identified a break.”

“Patient’s mother is complaining that her 6 year old son was not given adequate treatment in A&E following bike accident. A few days later he had to re-attend and had three surgeries.”
Poor communication between medical professionals and admin errors can cause patients to miss out on important treatment.

In particular, poor communication between GP surgeries and hospitals can interfere with treatment.

Two different patients have had difficulty accessing the medication they needed because of communication and admin issues between GPs and hospital consultants.

“I have a hospital letter to be passed on to my local GP to provide me with the prescription so that I can collect it from the pharmacy. I was informed by Island Health to pick it up after 2 days. When I went back on the 3rd day and was told it still isn’t ready but if I wait there, the GP can prepare it, which I did. I realised the GP wrote me the wrong prescription when the pharmacy gave me the wrong prescription. I had to go back to Island Health the third time to get it corrected. But when I went back to the pharmacy again, I realised the quantity was wrong. I had to contact Island Health again for the fourth time for the GP to correct the quantity this time. Also, the GP did not say it is a repeat prescription which is another mistake. This is appalling. It was almost a copy and paste job from the hospital letter to the prescription letter, but yet the GP got it wrong three times and it took me 3 visits and a 1 hour long call to get the correct prescription...yet this has not been resolved yet.”

My Neurosurgery consultant at The Royal told me he would write to my GP asking him to prescribe neuropathic pain relief and referring me to a pain specialist. My GP and I received no correspondence about the consultation. After a month, and again after about six weeks, I emailed and received no reply. Over a period of eight weeks I phoned the Neurosurgery department extension several times during office hours and was unable to get through to anyone. My GP’s surgery received no reply to an email. After one more month, a letter from a consultant neurosurgeon to me, dated three months ago, was found, unsent. During that phone call I discovered that although the letter refers to me, my address and hospital number, the content is not about my condition, but another patient’s. My GP and I received the erroneous letter immediately afterwards. I still have no prescription. I am in pain. I have no effective pain relief. Has some other patient been prescribed the medication for me?”

Patient neglect

Patient neglect is any action or failure to act which causes unreasonable suffering, misery or harm to the patient. Neglect includes the failure to properly attend to the needs and care of a patient, or the unintentional causing of injury to a patient, whether by act or omission. Failure to act on concerning symptoms can put patients’ well-being, health or even lives at risk.
Daisy (name changed) gave birth in 2019 to her fourth child at the Royal London Hospital. She initially arrived at the hospital in severe pain.

“I originally went to triage on the afternoon before. I had been contracting very painfully for 6 hours by the time I was examined by a midwife who just seemed to have a cocky know it all attitude. I was told my waters had gone (later found out they actually was all still intact at pushing stage so no idea what she was looking at!) And that I wasn’t dilated (I was 2cm, informed by a different midwife 2 days previous). Even me visibly crying and writhing in agony, she sent me home.

Came back 4 hours later in agony, felt like my womb was tearing in two, same midwife again examined me (made it seem like she couldn’t be bothered), said I still wasn’t dilating and sent me home in absolute agony! Also whilst I was sitting in the bay in triage we could hear her outside at the desk slagging me off, saying I wasn’t even in labour and considering it wasn’t my 1st I should know! Believe me, I was in labour! Fast forward 2 hours, we were back at triage; different midwives had taken over evening shift, thank God, and on examination I was found to be 6cm! The new midwife also said no way would she have sent me home previously in the distress I was in.

Baby was born 4 hours later and had got so stressed he pooped inside and was born unresponsive, he needed resuscitation and has been in NICU since; he is now OK thankfully.”

A patient left the following comment on Patient Opinion about their experience with the A&E at the Royal London Hospital:

“I was sent to A&E after a bone marrow biopsy that had started to bleed when I got home, I was weak and very unwell. I had told the reception staff I had a long standing Hematology illness and my blood doesn’t clot very well. I was still left to bleed for 35 minutes, despite telling them I was bleeding a lot. I was told to go and find a nurse and tell them. I approached three different nurses none of whom wanted to even engage in a conversation with me.

When one eventually came back, he told me I’m not bleeding even though I was drenched in blood and he further went on to tell me it wasn’t such a problem and that I wouldn’t be bleeding to death. When I was finally seen by a nurse, she was more concerned about going home; she just sat me down in the Trauma Unit, without changing my dressing as she had said she would. Nothing was explained to me, meanwhile I was still bleeding. My pet cat has been treated better at the vet than I was at the Royal London A&E. Truly disgusting behaviour.
Nutrition and personal care

Hospital inpatients often depend on staff for access to basic necessities such as nutrition or medication. Neglecting their need can have a significant negative impact on their wellbeing.

Those who cannot feed themselves, or who cannot be fed normally and require nutrition through feeding tubes or drips can be particularly vulnerable.

On a visit to the Royal London Hospital, our Enter and View representatives met Parvati (name changed), an older woman in her 80’s, and her family. As she suffered from a bowel obstruction, she needed to receive nutrients intravenously. She had been transferred from Whipps Cross hospital, where she had not received feeding the morning of the transfer, as two nurses would have needed to start the TPN line. She only received TPN feeding after midnight.

Her family told us:

“Because she hadn’t eaten, she will need a TPN Pick line. We pleaded with [the house surgeon] to do that but he said he had to go and pick up his children. Nutritionist hadn’t signed off. Admin blunder over the weekend and they hadn’t placed the order. “

Parvati received feeding from a nasogastric tube, but her family told us:

“The nasogastric line came in and out. They don’t tape it in properly and when she coughs the line comes out. “

A similar comment was received through PALS and Complaints from a patient’s nephew: the nephew said that his uncle choked on his own vomit because his peg feeding tube was connected while his uncle was still sleeping and laying down flat. The doctor had explained that he must be sitting up when the tube was in operation. Also that while the uncle was pressing the bell that no one came to him.

Yet another carer, also though PALS and Complaints, stated that while her mother was an inpatient in ward 3E, a nurse inserted an NG tube without consent, that caused the patient to bleed and become highly distressed. Daughter says that medication was not administered as prescribed. She also notes an instance when her mother’s obs were concerning and a nurse simply silenced the alarm. The patient was then not seen by a doctor for a further 10 hours.

“I’d gone to visit my grandad in the Stroke ward, on one occasion I witnessed a nurse blatantly ignoring a patient as he begged her to change him as he was soiled (she was sat in the chair next to him). She ignored him as if he didn’t exist. Another time, the staff put my grandad’s buzzer on the wall, knowing he couldn’t access it. When questioning the nurse, was told that it must have been put there in the morning, this meant that my grandad didn’t have access to it until I’d seen him in the late afternoon. He told me he had been looking everywhere for it and eventually gave up.”

“While visiting my dad in the Stroke unit I saw that a patient in another bed was left half naked with curtains not drawn to offer privacy.”
Keeping patients safe from harm

Medical and auxiliary staff are responsible for performing procedures safely, without causing injury or distress to patients, whether physical or mental.

Herbert (name changed) went to the Royal London Hospital for heart and lung tests, including sonography. He specifically asked for a male sonographer to perform the procedure, but only a female one was available:

“I had to remove my upper body clothing- no gown offered- and was given an echocardiogram scan. The procedure was rough and sore. At the end, I was left in the room to clean myself, get dressed and leave. Given that an ultrasound scan is a powerful tool... it should not hurt or cause discomfort but this hurt.”

Jalal (name changed) also had an unpleasant experience with a bone marrow test. The doctor kept reassuring him that he would not feel any pain from it; however, the test turned out to be so painful that Jalal fainted. He told Healthwatch that in his opinion such tests should only be performed under sedation.

Another patient’s daughter says that her parent, a RLH inpatient, sustained bruises and abrasions which were caused by a nurse on the ward; the case has been reported to the police as well as PALS and Complaints.

It is also the responsibility of staff to ensure patients can travel safely to the hospital.

In PALS and Complaints, a patient has raised concerns regarding the conduct of her driver home. She alleges he sped in excess of 80mph on the motorway and removed both hands off the steering wheel to answer mobile phone in poor and dangerous weather conditions. She feels unsafe travelling with driver in future.

Another patient talked to Healthwatch about the difficulties faced by her mother. As a result of spending cuts, the mother, a dialysis patient, has been told she is no longer eligible for patient transport, despite the fact that other forms of transport would not be safe for her:

“My mum has blood pressure- she regularly experiences blackout, dizziness, back problems, she’s unable to walk for any distance. She lives alone and needs to be supported, and they didn’t give me enough time to appeal. Having a volunteer who has first-aid training accompany her may be a solution if we could also claim back the cost of the taxi, but it would be better to get patient transport again. She is on benefits and couldn’t afford to pay for taxis, and she would be very worried about travelling and blacking out while in a taxi, with only the untrained driver to assist her.”
Medication

Poor planning and admin can result in hospital inpatients not receiving their medication in time, or in medication-related errors.

A diabetic patient wrote on Patient Opinion:

“Today I was moved from ward 12D to ward 3F, I was moved at dinner time so I’ve missed my insulin injection and my dinner. Was offered food from the out of hours menu but as I’ve had this rubbish microwaved food before I declined. I cannot for the life of me work out why they would move a diabetic patient bang on dinner time.”

Three female cases received through PALS and complaints paint a similar picture:

A female patient who stayed in Ward 3D contacted PALS and Complaints; she states that the nurse lost her medical notes and missed a dosage of her medication as a result.

Another patient complained to PALS that they had three consecutive cancellations of procedure for a pain-killing injection under the orthopaedic team. This has resulted in inconvenience and stopping medications for procedures which did not happen - which increased the risk of patient having a blood clot or stroke.

A Neurology patient contacted PALS and Complaints- feels that doctor did not listen to her, was incompetent with regard to her diagnosis and due to error in clinic letter, patient was prescribed incorrect dosage of medication.

The issue of poor organisation and poor staff training putting patients at risk in connection with medication is not limited to hospital patients. A recovering drug addict living in supported accommodation in a Look Ahead residence shares his experience:

“I’m living independently in Poplar. It’s a good service @ ILCS, but I think the workers need more training, particularly around giving medication. When I was at 298 (298 Commercial Road Look Ahead), one of the staff gave medication to another resident in my room, even though we all know that’s not ok. When I complained, they said it was my fault! They’re just not adequately trained. Some customers are all on lots of different meds, they have drug problems or whatever, but staff get confused with medication. For instance, my friend was diabetic, had substance use problems, but they didn’t manage him well. They didn’t know what medication he was on, didn’t know how to manage the mental and physical health problems, large quantities of pills. They don’t know what they’re doing. I know it’s partially because of staff shortages, and also staffing leaving and coming. They don’t stay for long enough. For my friend, they didn’t manage his drug problems, or tell him how to cope, they would just say, oh go to skylight (Crisis). I didn’t see them do anything else to help”.
Hygiene of facilities

_Failing to maintain a high standard of hygiene puts patients at risk of infections and complications._

A patient undergoing blood tests at their GP surgery reported that the nurse was not wearing gloves when performing the procedure:

“He disinfected his arms though _but_ touched his desk, a computer mouse and a keyboard after that and before taking a blood sample. He also was not going to swab my skin with an alcohol wipe and only did it because I specifically asked for it (he was surprised and asked whether it is dirty or what. The room and the desk were messy, untidy and cluttered (does not look like a place where the blood tests should be taken). The person was not wearing any type of medical uniform which I now believe is a standard practice in the UK.”

Another patient mentioned that their dentist does not sterilize their tools before use.

Security of vulnerable patients- mental health

_Patients with poor mental capacity or the ability to look after themselves, such as those experiencing a mental health crisis and those in the advanced stages of dementia may need constant security and supervision. Failure to ensure they are appropriately prevented from leaving safe spaces may put them at risk._

_For patients who are receiving treatment for serious mental health conditions in the community, access to medication that could, in inadequate doses, be used in self-harm or suicide attempts needs to be considered as a risk, with the patient’s interests in mind._

Sultana (name changed) started experiencing symptoms of postpartum psychosis and severe depression after giving birth to her second child. A few months after returning home with her baby, she experienced a mental health crisis and attempted suicide:

“[When my husband told me he wanted a divorce and took the children to his family] I had a box of pills that have been piled up from years and I popped every single one of them, there was three hundred pills on the table, I got a glass of water and I grabbed hands full of pills and I was taking overdose of lithium, olanzapine, promethazine, umm steroid drug, penicillin every medication you can think of for every problem. I took them. Then a friend called me just to ask "what are you doing? I've got a bad feelin' about you", I said “I’ve just taken loads and loads of whack pills and I’m going to sleep and I’m never wakin’ up”, she goes "leave the door open, I'm coming”. I left the door open, I went to bed and the next thing I’m in Intensive Care Unit. They say I took a dangerously high overdose and could have killed myself”.

Sultana was sectioned in the Royal London Hospital. Six weeks later, she left the hospital unauthorized:

“I used to smoke every day, 40 a day and I went downstairs for cigarette and then I ran away from the hospital in my hospital clothes. I went to Whitechapel station, I sat on the train and then I hear "uhhum, Madam, this is transport police, you need to get off I’m gonna escort you off”, "well I haven’t done anything wrong, haven’t done anything”. He said, “You, we’ve been told, are a mental health patient on supervision in the hospital”; they had to get the transport police to escort me back.”

A similar story was shared through PALS and Complaints at the Royal London by a carer, whose uncle suffered from dementia. After a stay in hospital, the patient was taken to the discharge lounge, from where he disappeared. When the nephew called the hospital to ask when his uncle would be brought home, hospital staff realized they did not know where he was. He was only found five hours later.