TOWER HAMLETS

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08 October 2014

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Our Ref: SSADCM.143/JM
Your Ref: 719/14/DB

Dear Sir/Madam

Re: HAROLD DE MELLO

The Coroner's Report into Mr De Mello's death was received on 17 July 2014. This report raised serious concerns in what the Coroner considered to be failings on the part of London Borough of Tower Hamlets Social Services. The Coroner concluded that Mr De Mello had a number of health and mobility issues, and that an assessment by Tower Hamlets Social Care failed to identify that he was living in unhygienic and unsafe conditions and action should have been taken. Although the cause of his death was bronchopneumonia, the Coroner ruled that it was caused by a lack of hygiene and therefore neglect was deemed a contributing factor.

In accordance with Regulation 29 of the Coroners (Investigations) Regulations 2013, the London Borough of Tower Hamlets was required to respond to the Coroner's concerns detailing a timetable for action to be taken in respect of preventing future deaths.

A Case Review meeting was convened to analyse the Council's actions on Mr De Mello's case and consider what immediate practice issues should be addressed. This was followed by a meeting with the Independent Chair of Tower Hamlets' Local Safeguarding Adults Board to review the case and consider the need for a serious case review or internal management review. The Chair took the view that an internal management review would be most appropriate, and this was urgently commissioned.

The internal management review of Mr De Mello's case sought to;

a) Undertake a review and analysis of social work practice and management decisions taken in context of concerns raised by the Coroner and compliance with best practice.
b) Submit recommendations arising from the internal management review.

The comprehensive internal review was completed on 3 October 2014 and this has identified a number of areas where changes to practice or procedure have been implemented since Mr De Mello's death or are currently being progressed, and where further improvements can be made to service provision to enhance the protection and wellbeing of vulnerable adults.

The action plan arising from the review is enclosed in compliance with the requirements of Regulation 29.

Compliance with the deadlines set in the action plan will be formally monitored through the Council's RAG monitoring system.

If the Coroner has any further queries or concerns, please do not hesitate to contact me.

[redacted]

Principal Lawyer, Social Care Team
For Service Head Legal Services

Action Plan arising from Internal Management Review (HD)

Targeted Action Area	Recommendation / Details	Responsible Officer(s)	Target Date and RAG status
Immediate Practice Improvements	Disseminate internal management review and action plan to management team: • Phase 1: share with Service Managers • Phase 2: share with the respective team managers from both frontline teams together, taking a whole system approach • Phase 3: the respective team managers present the action plan to their teams for implementation	[redacted] Long Term Team Service Manager	October 2014
	Lessons learned from this case to be shared with the staff in the First Response Team and across the Department for discussion, reflection and reinforcement of national best practice guidance: • Service Users are given opportunity to invite other people to their assessment. • Evidenced cross checking of the role and needs of informal carers within the service users support/wellbeing plan (formal or informal). • Standard procedure to supply, with service user consent, feedback to referrers on outcome of social care interventions. • Robust management scrutiny of assessment/interventions undertaken, checking for discrepancies between reports. • Management instruction and decision making process/justification clearly evidenced in all decisions and case closures. • Clear recording of decision making rational on the assessment of	Team Manager, First Response Team, [redacted] [redacted] Long Term Team Service Manager	November 2014

Action Plan arising from Internal Management Review (HD)

	risk and application of FACS eligibility criteria evidenced in all assessments by all levels of staff. • Quality and proportionate signposting and wellbeing planning for Service users who do not meet eligibility thresholds.		
	Implementation of a new practice protocol within the First Response Team and across the Department of ensuring copies of case closure letters are sent to the referrer with the service user's permission, thereby providing opportunity for the referrer to raise any concerns with the outcome.	Adult Social Care Dept.	Completed
	Introduction of a new mandatory Carers' Views section in the electronic record (FrameworkI) which records informal carer involvement thereby ensuring all supportive networks are considered as part of the assessment process. This will reduce risk of carers not being involved in the assessment process in the future.	Adult Social Care Dept.	Completed
Quality Assurance Programme	Appointment of a Principal Social Worker within the Adult Social Care department to embed research and evidenced practice within Adult Social Care teams which supports an organisational culture of reflection, learning and skills development.	Principal Social Worker, [redacted]	Completed
	Strengthen/Modify the existing quality assurance framework within the Department to ensure learnings identified from this case review are embedded into general practice.	Principal Social Worker, [redacted] Learning and Development Lead Strategy & Performance Team	December 2014
Development of a Risk	Development of a risk analysis tool designed to enable positive risk taking	Principal Social	December

Action Plan arising from Internal Management Review (HD)

Analysis Framework	and planning derived from the Signs of Wellbeing and Safety framework. Such a framework would recognise likely areas of disagreement between people, their family, carers and practitioners and guidance on how to negotiate the service user's desired outcomes.	Worker, [redacted]	2014
	Introduction of an eco–mapping tool which facilitates identification of a person's support network thereby ensuring quality, informed decision making and risks are appropriately identified and managed. The tool will support practitioners to consider: Who and what agencies are involved? What is helping? What is hindering? Where are the gaps in support?	[redacted] Long Term Team Service Manager	December 2014
	A programme of targeted Critical/Cumulative Analysis training with staff members has been scheduled for December 2014.	Learning and Development Lead	December 2014
Care Act Implementation April 2015 - Development of new practice framework.	With the implementation of the Care Act in April 2015 the London Borough of Tower Hamlets are in the formal process of developing: 1) A new assessment and eligibility framework informed by best practice guidance. 2) Clarity of roles and responsibilities for various levels of practitioners across the Adult Social Care department. 3) A comprehensive training programme for staff resulting in a highly skilled and confident workforce. 4) Multi Agency practice guidance on the intervention and support to people who may be at risk of self-neglecting and poor environmental hygiene.	[redacted] Programme Manager, [redacted] Head of Service, [redacted] Principal Social Worker and Service & Learning and Development Leads Care Act Workstream 2.1: Assessment, Eligibility & Support Planning	April 2015