

Learning On One Page (LOOP)

(Derby Safeguarding Adults Board (DSAB) – Pink - Derby SAR03)



Content

- Pink was 30 years old at the time of her death. She was described as a happy and sociable individual who "knew her own mind". Pink enjoyed playing games on her communication aid and often won when playing against her mother. She had a positive relationship with her siblings and wider family.
- Pink had a diagnosis of athetoid cerebral palsy and was considered by professionals to have profound and multiple learning disabilities.
- She was unable to sit unaided and relied on a custom-made modular seating system within a wheelchair to support her posture and mobility.
- Pink required assistance with all aspects of her daily care, including being fed during mealtimes.
- Pink was known to and had contact with multiple agencies.
- Pink lived with her mother and attended a Day Centre from 2012 to 2020, when the Day Centre temporarily closed due to restrictions in response to the coronavirus pandemic.
- According to the Coroner's post-mortem report, Pink's cause of death was recorded as airway obstruction due to aspiration of vomit, cerebral palsy, chronic constipation, and malnutrition.

Areas of Good practice

- Staff at the Day Service knew Pink extremely well and were able to engage her in many activities which she enjoyed.
- Raised concerns about Pink's welfare in a timely manner, holding MDT meetings.
- Speech and Language Therapists tried to engage with Pink whilst she was at home.
- Had good access to Pink at the Day Centre for healthcare monitoring and Pink had access to many and varied professional staff.
- Pink had an annual health check and appropriate concerns were referred onwards.
- Professionals were very creative in their attempts to gain access to Pink.
- DSAB have produced guidance that includes the distinction between Did Not Attend and Was not Brought.
- People with learning disabilities in Derby and Derbyshire have access to a Rehabilitation Consultant and Complex cases clinic.

What didn't go so well?

- Pink's views, wishes and preferences were responded to inconsistently and Pink's level of cognition, comprehension and abilities to express herself were not well understood by professionals.
- Pink was understood to lack mental capacity but processes following from this were not used. The process for making decisions on Pink's behalf and her involvement in this was not recorded.
- Pink was not observed eating and drinking for a three-year period after she stopped attending the day service.
- The response to the coronavirus pandemic meant that Pink remained at home without contact with services.
- There was limited multi-agency identification and management, and risk and escalation processes were not used.

Recommendations

The Derby SAR03 Report was signed off by the DSAB in July 2025 and actions are being monitored by the Derby SAR Operation Group.

- **Recommendation 1:** All agencies to ensure that when a communication aid is provided by Electronic Assistive Technology Service, it should be available for use in which ever setting the person is in. An alternative method of communication should also be in place e.g. paper symbols, signing, someone which knows the person well who may be able to support the person's communication as an interim.
- **Recommendation 2:** DSAB to receive assurance and evidence that all partners are working on the ongoing NHS digital flag for reasonable adjustment project:
 - all adults with learning disabilities and accompanying complex physical disabilities have reasonable adjustments made for them, which may include an up-to-date communication passport.
 - reasonable adjustments, and where in place communication passports, have been used in health and social care appointments.
- **Recommendation 3:** DSAB to receive assurance and evidence from Derby and Derbyshire ICB that, through GP surgeries:
 - promotional materials/events to promote the use of annual health checks and communication passports for adults with learning disabilities have been developed.
 - annual reviews/annual health checks include a question about whether anything within the communication passport has changed, which require a reassessment of an individual's communication skills if present.
- **Recommendation 4:** Derbyshire Healthcare NHS Foundation Trust, Adult Social Care and Derby and Derbyshire ICB to ensure that guidance and/or MCA training include the need to make decisions in someone's best interests when they have been assessed to be unable to make the decision themselves and to ensure that, where the decision is significant or complex, permanent, contentious and may be open to scrutiny, that the mental capacity assessment (irrespective of the outcome) and any best interests decision making processes are clearly recorded. Training and/or information should include how and when to apply to the Court of Protection.
- **Recommendation 5:** Building on the work that has already been done, health and social care to have the ability to record the number of Was Not Brought appointments and consider actions to take, including raising a safeguarding concern if appropriate, using the Derbyshire Share Care Records. Derby Safeguarding Adults Board should promote its Was Not Brought Policy across all agencies
- **Recommendation 6:** Signposting to psychological support to be offered to carers repeatedly (at carers assessments, annual health checks, annual health action plans and reviews) not just practical support.
- **Recommendation 7:** DSAB to receive assurance from Derbyshire Healthcare NHS Foundation Trust, Adult Social Care and Derby and Derbyshire ICB that the existing processes for raising and sharing concerns about care needs, safeguarding or access are being used by their staff.