

Written evidence from Anonymous (HCS0005)

Please could you let me know if you require me to redact and re submit any of the information below.

I wish this account of the horrific care! Our father received to be Anonymised.

Our dad was a strong, independent 86 year old walking to the shops, looking after his grandchildren. After 5 months in a broken NHS/care system following a combination of neglect, errors, indifference, inhumanity and downright cruelty he finally starved to death.

The elderly are treated as less than human, with no voice, no dignity, no human rights. My dad was separated from his family for months. He suffered physical neglect and mental cruelty. For my dad this was heightened because of the trauma of his childhood. He had been torn from his mother's arms and placed in a care home where children were abused mentally, physically and sexually for years. How cruel to survive this, albeit suffering repeated bouts of anxiety and depression then for the last months of his life to be as cruel. All these years later, what's changed, **in our so-called civilised world, we still don't protect the vulnerable. A man who it is logged in hospital records as saying he didn't know where he was, what was wrong with him, why he was there, he said "I'm worried I don't know what's happening to me", he didn't know how old he was, where he lived and although lots of nursing notes say, not sure patient understands, they still said he had given consent.** Some have logged that they are not sure the patient understands. **Some have logged patient not able to consent. When they wanted to do something, he did not want done they would say he was not capable of giving consent so they would force him. Other times they log patient gave consent. How can it be both depending on what suits them? Where was the protection for my dad's human rights? Covid keeping family's out of hospitals and care homes has allowed for a lot of abuse.**

Hospital 1. 3 weeks. In November 20 my father had a stroke. I called an ambulance and went with him to hospital where I sat with him overnight. Early the next morning two doctors came to see us one asked me to give him just two of his morning medications and the other said that if dad's heart stopped, they would not resuscitate him. That statement turned out to be notification of a DNA CPR and that was what they call (discussed with relative). I now have the form it logs dad as too confused for this discussion. After being awake all night and upset not sure I was the one that the discussion/statement should have been with at that time. We were still in A&E at 1.20am, the first entry on the DNA CPR was at 04.05am and signed off at 09.25am. In this hospital dad was allowed to get sore as his continence care was not maintained. **The hospital took photos of his private areas showing how sore he was. Did dad consent to this.** He suffered bruising that hurt when he moved. I have a selection of photos from the hospital with red raw sores, cuts and bruising. Double dosed on medication. He was given Lorazepam because he kept trying to get out of bed to go to the toilet attempting to retain his dignity. My father could not walk after the stroke. His teeth were not cleaned regularly. Hospital records show he lost 8.2 pounds in weight in the last 14 days he was there. No weight recorded for his first weeks stay. By this weight loss I doubt they helped him with his food all the time. He would not think to start eating when food was left in

front of him. He couldn't see or co-ordinate spoon to mouth after his stroke. **He was given enemas; how could he consent to these; the hospital acknowledges he did not understand. He would not have known what they were. I cannot bear the thought of how he felt during this procedure.** When I tried to cover his back with a sheet, when he was cold that first night in hospital he jumped and said, "what are you doing to me". He had been raped as a child and that area was always sensitive to him, he had deep mental scars, this procedure would have caused further mental trauma.

From here he was taken by hospital transport to [REDACTED]. He had been tested for COVID two days before leaving hospital and was clear. **Just over three weeks later he left [REDACTED] in an ambulance with confirmed COVID.**

When dad arrived [REDACTED] he was isolated for two weeks in a room on his own with a closed door and a buzzer hanging around his neck to press if he needed help. We repeatedly told staff he could not use it, would not remember it was there or know how to use it. Staff said he would learn. He kept shouting for help when he wanted the toilet, and no one came. This was a man whose vision had been severely damaged from the stroke, his right eye and the right side of his left eye was damaged. It was worse than not being able to see because he saw two lefts and sometimes hallucinated as the incorrect messages were being sent from eye to brain. He could not hear properly and could not walk; his cognition and continence were also affected.

The CQC report on this service dated 25.11.20 says, we found the following examples of good practice, "When people were admitted to the service, which was usually from hospital, they isolated in their rooms for the length of time recommended by government guidance. If anyone found this difficult, for example due to heightened anxiety or increased risk of falls, additional one to one support was provided so they could safely manage the period of self-isolation".

Dad was at risk of falls as he would forget he could not walk and get up to use the toilet, which has been logged through all his hospital stays. My father had a fall five days into his stay at [REDACTED] causing them to call an ambulance. Still, they did not provide a one to one. [REDACTED] **Pre-Admission Assessment Report states he suffered anxiety and depression, this report also noted, dad was disorientated to time and place despite regular reorientation by staff, it says significant memory deficits, mental issues due to childhood trauma. It also states he can become frightened if touched and advised he is to be warned of touch prior. This is a man [REDACTED] left shut in a room for two weeks, suffering when they knew they had the ability to offer a one to one.**

Dad started to learn to walk using a frame, small steps but a start. By the third week of his stay four of the staff were confirmed to have COVID. Dad then also tested positive. He was sent off to hospital in a pyjama top and just a continence product on his bottom half no trousers. [REDACTED] say dad was too ill to put pyjama trousers on, the ambulance staff covered his lower half with a blanket although once he got to hospital whether he still kept the blanket to cover himself I do not know.

Hospital 2. Dad was in this hospital with **COVID for one month.** He had several falls, being found on the floor after falling and near falls when he was found before falling. More **soreness due to continence not being regularly checked, also red heels. A horrendous sore mouth. Nursing notes say large ulcers above and below his tongue and in his mouth. Sore on his lip voice hoarse. One nurse comments “patient very distressed with sore mouth, eating limited amounts due to sore mouth”. Dad lost One Stone and 12lbs in 19 days.** He took very little in the way of diet and fluid 2 or 3 spoonsful of meals. He was double dosed on Lorazepam by two different nurses one six minutes after the other. Nursing note says dad too sleepy to be able to take all his medication. **Another Enema on the grounds he might be constipated. Further damage to his mental health stress/torture.** There is a note on the twenty fifth January saying, **“Dental carries noted in the lower molars”, Nothing appears to have been done about his bad teeth, nothing noted on discharge paperwork, information doesn’t seem to have been passed on to anyone, nothing done about it. All the way through it repeatedly says on the nursing notes patient confused, disorientated, anxious,** one note says, “patient still tries desperately to be independent”. Dad would consistently get out of bed to try and go to the toilet and regain his dignity. Dad was moved to a different ward two days before discharge. A doctor there prescribed quetiapine, (an antipsychotic) because dad was agitated and trying to get out of bed. This medication causes sedation, confusion and increase risk of irregular heartbeat and falls. On the fourth February Dr notes “patient very confused today not able to engage in conversation properly”. We did not get to see dad, or more importantly him see us in this hospital, as their device was locked in a room and no one knew how to use it.

2nd Rehab Centre 8 days. When he first arrived, dad did not want anyone near him he did not know where he was or why, he was afraid, he would not let them touch him. One of the nurses rang my brother and allowed him to see and talk to dad Via what’s app, linking my sister and I in at the same time, telling him where he was and assuring him, he was safe. We saw his face visibly relax as we talked to him, and his grandchildren told him they love him. Later that same day the nurse rang us back to let us see the difference in dad who was now calm and talking. Dad although still not able to eat or drink properly or swallow his pills, they were crushed, was able to walk around the room with a frame slowly. Eight days later at 3am in the morning a night nurse doing bank work called an ambulance as dad was restless had a temperature and she thought he had tummy pain.

Dad did not want to go in the ambulance and pushed away equipment when the ambulance staff tried to assess him. He was then removed from his bed using a hoist like an animal, by the rehab staff, swinging in the air screaming and shouting in fear. He was a human being with the right to say no and not to be forced to go in an ambulance against his will. I have since been told by the rehab centre that when you enter their facility you have no rights as a human being and neither do family. It is apparently the care centres decision to make as to whether you go to hospital or not. After dad had been taken in the ambulance to his third hospital the nurse at the rehab centre rang me and said dad was screaming and shouting wouldn’t let the ambulance staff near him. She said it was frightening. If she thought it was frightening, then how does she think my dad would have felt. I cannot understand **why in the 43 minutes it took to take him, why they didn’t have enough compassion or empathy to ring one of us. We could have reassured dad made**

sure he understood, and he may then have allowed the ambulance staff to access him. What was to protect dad from this cruelty.

Ambulance Notes. I now have the paperwork from the ambulance staff and the hospital A&E department. The ambulance paperwork says “O/E:HR and sats normal. Patient moving and resisting crews attempts to assess him. Unable to carry out blood pressure test as patient would not tolerate it. No ECG as patient moving to much No chest or abdomen assessment carried out as patient pushed it away”. Under section skin assessment it says colour normal, temperature normal pulse regular strong. Then **receiving location priority Non-Blue Light.** The rehab centre say they acted in the patient’s best interest and that they have the right to allow him to be forcibly removed and taken to hospital against his will. **This traumatised dad to the point that he would no longer speak.** I have complained. The rehab centre says the ambulance men took their time, trying to reassure dad to no avail. I have said to them if the ambulance men took their time, and he went non blue light, so not urgent. Why put dad through that torment, why not take a second to ring one of us who could have talked to him. **This should not have been about what the rehab centre had the right to do, but what would have been the best/kindest most humane for dad. Dads’ human rights. Instead of just calling one of us the rehabilitation centre allowed a terrified confused man to be taken away in the middle of the night. Not even a member of staff with him. He was left in A&E by ambulance personnel and was then on his own. Frightened, vulnerable and powerless.**

Two days later we saw dad on a video screen in hospital with bruising on his clavicle area just below the neck. We have that photo and have sent it to the rehabilitation centre. No one seems to know how that happened.

3rd Hospital 10 days. The Hospital A&E assessment notes made by the clinician say, “Patient is non communicative, but alert observing me as I assess. Quiet no screaming”. Respiratory examination by this same clinician says chest clear good. **████████** first assessment form at 06.43am says respiratory rate 30 (a little high but he has been taken from his bed screaming and shouting in fear). Sats 94 (which are normal) heart rate 70 (which is in normal range) temperature 37.5 (a little high but he is distressed), blood pressure 179 over 109, (Too High), clearly frightened to death and due for his morning blood pressure medication, which I now know wasn’t given as the paperwork says doctor did not sign prescription. In a hospital full of doctors, a patient does not receive their life preserving, stroke preventative and antidepressant medication because one doctor has forgotten to sign the prescription. Unbelievable.

Assessment says unwell confused, he has been confused since his stroke. On this same day at 12.50 the hospital records show temperature of 36.4 and sats of 95 which are both in normal range. Also, respiration is 28 (coming down). Dad was admitted for being unwell. The report says history of presenting complaint, usually able to communicate today non communicative. Do these people not recognise trauma? Nothing was found to be wrong with dad’s tummy, dad never said he had pain. The doctor now says he suspected delirium because dad could normally speak but now could not. No one seems to have told this doctor it took 43 minutes of dad screaming shouting

terrified, powerless vulnerable, desperately trying not to be taken away causing him to suffer extreme trauma re awakening memories of the abuse he suffered as a child. This was cruel inhuman and unnecessary. Dad was suffering from extreme mental trauma PTSD by the time the doctor saw him and would not speak.

Dad had only recovered from Covid, one week before and he was still weak. Now he was thrown back on to a Covid ward and treated for a mild to moderate chest infection! Which if he had at all I believe he picked up in the hospital. This is validated by the infection and inflammatory markers on his blood tests as they got considerably worse, one in fact doubled. **His A&E first assessment said chest clear good. How did that turn in to a chest infection?** On the sixteenth February **the doctor said dad would not allow them to do a blood test and did I give him permission to take blood by force. I replied NO I do not give permission for you to do anything by force.** My brother then spoke to dad and asked if the doctor could take some blood. Dad replied, "I don't mind" **Dad just did not understand what the doctor wanted. Why do hospitals and care settings believe that it is acceptable to use FORCE on an elderly and confused person. What sort of inhumane society do we live in, where the vulnerable are abused in this way.** He was in there for 10 days on IV antibiotics. He was left on co-amoxiclav for five days. CRP on admission was 60, (CRP shows inflammation in the body). White cells 15.5 (normal range 4-10) (white cells can be raised in someone who is or has been on steroids). My dad had been treated with steroids when he had the covid. On day five as dad was both visibly and by his infection markers deteriorating, they stopped co-amoxiclav and started Tazocin. This medication has an adverse effect on potassium levels. The next day I barely recognised him he looked so ill he slept all day without eating or drinking. My father was not put on Sando-K (to replace the potassium this medication took out) until 2 days after they started the Tazocin. The consultant also spoke to a microbiologist that day and added Doxycycline at the same time. Four days later he was discharged. **Infection markers on admission CRP 60 white cells 15.5 and on discharge CRP 62 white cells 13.** No real difference just another 10 days without food, mouth now full of sores/ulcers, both in his mouth and on his lip, unable to take medication. Basically, weakened and traumatised to a point he never returned from.

Discharged back to Rehabilitation centre 6 weeks. Now he was not well enough for rehabilitation, did not have the strength. They concentrated on trying to clear up the damage to his mouth, give him thickened fluids and calogen to try and replace the food he could not eat. **██████████** another 6 weeks rehabilitation, but it was not going to happen he was too weak. Dad wanted to come home and we wanted him home. The method this rehabilitation centre uses to change a continence product is, to make the patient stand on a rota stand, (which is like a stack barrow that you would use to shift furniture or boxes on). The patient must stand facing and holding the back of the barrow. The handles are held by one care worker whilst a second care worker approaches the patient from behind and removes the patient's lower clothing and the continence product, cleans the bottom and groin, then puts on a new continence product. Then replaces their clothes. This seems a very degrading way of changing continence product and I have been made aware it caused my father a great deal of distress, he hated it. There must be a more dignified way of carrying out this procedure.

Care Home for 5 weeks. What we did not know at the time dad went in for nursing care was that the CQC were already investigating this home as they had received complaints. We now know they visited the home on two occasions whilst dad was in there but did not tell families there were concerns or produce their report until one month later. This home is now on special measures and rated inadequate by the CQC.

What is the point of the CQC knowing that a home is not looking after people properly and doing nothing to help the people currently suffering? Keeping this information to themselves for a month. Why do they not at the very least make the families of people in there aware, at least let them know they have concerns? If establishments are not looking after animals properly, the animals are removed, protected. Why do we leave human beings to suffer? This home is an inhuman place where people are left lying in their beds staring at walls no interaction. They are left in stale urine and faeces. **The chief executive of the group of homes said, “Regrettably, we do not receive sufficient continence products for each resident to allow for six changes per day”** She also says, **“our fathers records indicate his continence product was changed three to four times per day”** This makes no sense as we were supplying our fathers continence products. **How can you justify three changes per day, the risk of urine infections and the damage/risk of death to elderly people is obvious? This is neglect.** How is this an acceptable standard of care? We would all consistently ask if more pads were needed and check the cupboard when we were there to make sure.

They would try to feed him quickly with a table spoon instead of a teaspoon as stated on his care plan. He needed small amounts to help him cope with the food not large amounts shoved in his mouth. He would cough and they would give up. **He was often left in the same shirt no trousers laying on top of the bed, with the room door open, no dignity afforded to him. He never got out of bed.**

His teeth were not cleaned making his mouth painful again. We kept saying he had a build up all around his teeth and tongue. **Poor oral care can cause bacteria/infection to enter the blood stream and cause septicaemia, can cause heart problems and is a key risk factor in pneumonia and respiratory tract infections. Also effects nutritional intake.** The goal was to improve his food and drink intake, by allowing his mouth to get sore they achieved the opposite. Ironically, they cleaned his teeth the weekend before he died.

The home allowed two of us to visit separately once a week or at the window anytime. When he did see us at the window, he would beckon us to come in. By the hurt look on his face, I don't think he understood we were not allowed. On one occasion whilst I was visiting dad after he had become considered at end of life, I had spent a long time trying to find someone with some thickener so I could give dad a drink as he said he was thirsty. I finally found someone and was helping him to drink when one of the nurses said that I had been there longer than half an hour and that if I kept doing that, they would have to stop me coming every day. I asked did she want me to go right now. I was just helping him with his drink. She said yes, she would send in a carer to help with the drink. I went and sat outside the window on the grass just to be near my dad. The next day was Monday and the admin staff

were back in, my brother rang to clarify the end-of-life rules. This nurse was wrong, we were allowed to stay for as long as we wanted. Such unnecessary inhumanity.

On the day of dad's passing, we all sat in the room with him, it was awful. At some point the nurse came in with the doctor on face time on her phone. She held the phone to dad's face for a few seconds so the doctor could see him. All she saw was a man with his mouth open struggling to breathe and breathing loudly. She did not see his purple hands, knees or feet. This 10 second look on a phone is what is logged as doctor seeing the patient on the day of death.

We called the nurse back in as dad seemed to have fluid in his throat, that he could not clear, trying so hard to breathe as he panicked to get oxygen, we even saw tears in both eyes, he could not speak, struggling to breathe through his mouth so loudly. After we called her, she went to get an injection. I don't know where she had to go, but it took a long time for her to come back. After she had given him this medication his breathing calmed less panicked not as deep. Sometime after that he stopped breathing for the last time. The nurse at the home confirmed the death.

Five months of being alone, without the physical contact, comfort or security of family. Confused, frightened, vulnerable, powerless, not knowing where he was, what was happening to him or whether he would be in the same place when he woke up. Whether someone would hurt him or forcibly take him somewhere else. He is logged to have said "I don't understand what's happening to me" He is logged to have cried several times as he missed his family. He could not see, could not feed himself, could not hear properly. He did not understand what people said to him, neither was he able to control his own dignity or continence. He was in pain from neglect. His mouth was painful, his body seemed to hurt when they moved him, he had not eaten for so long, and they still gave him laxatives. My father died a long cruel death that should never have happened, due to neglect and incompetence. The NHS and care system is not safe for vulnerable adults.

18/10/2021