

## Conversation Record

Person Details	
<b>CIS Number:</b>	1010054438
<b>Customer Name:</b>	Ms Robina Dalawar
<b>Date of Birth:</b>	11/06/1971
<b>Address:</b>	
<b>Correspondence Address:</b>	C/O Deputy And Estates 5th Floor East Merrion House 110 MERRION CENTRE LEEDS WEST YORKSHIRE LS2 8BB
<b>Relationship Contacts:</b>	DWP Appointee - Deputy And Estates Mother - MANIZA BIBI Sister - ABIGAIL DALAWAR Sister - GHAZALA DALAWAR
<b>GP Details:</b>	Dr Phillip Earnshaw 67 HILTON ROAD, CHAPELTOWN, LEEDS, WEST YORKSHIRE, UNITED KINGDOM, LS8 4HA
<b>Accessible Information Needs:</b>	Yes
<b>Religion:</b>	Muslim - Nominal
<b>Ethnicity:</b>	Asian/Asian British - Pakistani

## Background Information

### Current Circumstances

Robina is a fifty-one-year-old female of Pakistani origin currently detained under section 3 of the Mental Health Act (MHA) 1983 on Ward 2 (female) of the Newsam Centre. Prior to this admission, Robina had been residing at Thorn Mount Care Home, a nursing provision in Leeds. This placement broke down following repeated incidence of fire-setting at the service in the context of a deterioration in Robina's mental health. As the MDT feel Robina's presentation is optimal, a Care Act Assessment is required to identify a suitable discharge pathway.

I met with Robina on 31.08.2023 and 21.09.2023 and attended an MDT meeting on 12.09.2023. To inform this assessment, I viewed a Social Circumstances Report (dated 03.04.2023), Community Skills Assessment (dated 12.05.2023), OT CPA Report (dated 15.06.2023), Kitchen Assessment (dated 03.05.2023) and Road Safety Assessment (dated 13.04.2023). I also referred to Robina's Communication Passport.

### Personal Background & Relationships

Robina was born in Middleborough as the third of seven siblings. Her parents were divorced when Robina was a child and her father died in 1997. Although Robina has had some visits from siblings over the course of her admission, her contact with family is typically limited. Records indicate previous safeguarding concerns with respect some family members financially exploiting

Robina. Having been assessed as lacking capacity to manage her finances independently, Leeds Adult Social Care act as appointee for Robina. This is administered via the Deputy & Estates team.

Robina was placed at Thorn Mount Care Home in 2012. This is a nursing home that specialises in supporting individuals with mental health needs. Following incidents of arson on the premises, the care home served Robina notice as they felt unable to manage the risks to herself as well as staff and other residents. This placement ended on 06.06.2022.

Robina is a practising Muslim and reports that her faith is very important to her. Records suggest that Robina will often make reference to feeling targeted due to her faith and ethnicity, adding to her sense of persecution and social isolation. Robina's cultural needs should be considered throughout any care planning.

## **Mental Health Chronology**

Robina has been known to mental health services from an early age, having attracted a diagnosis of paranoid schizophrenia at eighteen-years-old. She has been assessed as having a mild learning disability.

Robina has had numerous compulsory admissions to acute and secure inpatient services over the course of her adult life. She has typically been discharged on a Community Treatment Order (CTO). This has been due to concerns of non-compliance with medication and associated risk factors, such as fire setting and physical violence towards others.

The most recent admission occurred following a deterioration in Robina's mental state that led her to set fires at her care home. She was detained under section 2 of the MHA 1983 on 27.04.2023 and admitted to the Becklin Centre. This was later converted to a section 3. Due to the risks arising from Robina's presentation, she was transferred to a low secure ward at Cygnet Hospital Sheffield in July 2022. She was later repatriated to Leeds on 23.02.2023 and she remains on Ward 2 (female) of the Newsam Centre.

## **Forensic History**

There is no index offense and Robina is detained under a civil section.

Robina has a history of fire setting in the context of her declining mental state. This is a long standing risk behaviour that is documented in reports dated back to 2004. The most recent incident of arson occurred in April 2022 in which Robina set fire to items to numerous items in her bedroom at Thorn Mount Care Home, i.e. bedding, towels, mattress, etc. Robina has shared that "evil" voices told her to set the fires. Fire setting has historically been a key risk behaviour when Robina is acutely unwell.

Robina has previously perpetrated physical assaults against professionals. Robina was transferred to forensic inpatient services in 2006 due to the risk posed to others. During this admission, Robina perpetrated an assault against a member of nursing staff and the Consultant Psychiatrist causing physical injury.

## **Risk Factors**

*Fire setting* - Robina has a history of setting fires when experiencing a deterioration in her mental health, putting herself and others at risk of harm. Risk management strategies will need to be considered as part of discharge planning to mitigate ongoing fire risk.

*Violence* - When acutely unwell, Robina has been known to engage in physically violent behaviour towards others. Robina mood can fluctuate at times, causing her to express her frustration and upset through verbal outbursts.

*Road safety* - Robina has been assessed to have impaired road sense. Whilst she demonstrates some ability in this area, Robina's road safety skills appear inconsistent and will at times require prompts from staff. Robina is supported by staff when accessing section 17 leave in the community due to the risk of harm arising from her poor road sense. Robina's ability to use the roads safely are further impaired when she is experiencing increasing psychotic symptoms that distract her from her surroundings when accessing the community. Such concerns was raised by involved professionals prior to this admission. Further assessment and therapeutic input is

required to support Robina to develop her road safety skills.

*Abuse / Exploitation* - Robina has limited social skills and is vulnerable to abuse and exploitation from others. This has been apparent through historical instances of financial exploitation by members of her family. Robina has been assessed to lack capacity with respect her finances so they are managed by Deputy & Estates. Robina can engage in behaviours that others may perceive as odd, e.g. standing very close to members of the public. Such behaviours can cause her to be subject to abuse to which she would have difficulty responding appropriately.

*Non-compliance* - Robina has limited insight into her mental health and does not recognise the consequences if she were to stop taking her medication. She has previously been discharged on a CTO to provide an impetus for compliance and engagement.

## **Positive Factors**

Robina is warm and very likeable with an excellent sense of humour.

## **What we discussed**

### **Care & Support Needs**

I met with Robina on 31.08.2023 in a private room on Ward 2 (female) of the Newsam Centre. Prior to this visit, staff explained that Robina had been unsettled and unpredictable in some of her behaviours. As such, a member of nursing staff was present for my visit. Robina remained calm and engaged appropriately with the interaction, rocking back and forth in a self-soothing motion. I outlined my role to Robina and explained that I wished to speak with her about what support she thinks she may need upon her discharge from hospital. Robina expressed wishes to return to Thorn Mount Care Home, where she had resided previously. I advised Robina that she wouldn't be able to return to this service to which she responded that "they don't want me" and that the only way she will leave hospital is in a "coffin". I attempted to reassure Robina that whilst Thorn Mount are no longer able to look after her the way she needs, it is part of my role to identify a placement where she can move to and stay in the long-term.

In conversation regarding Robina's care and support needs, she expressed a view that she would need help with bills and letters as this is something she has previously struggled with. When asked what she found difficult about this process, Robina shared that she didn't like to looking at them or thinking about bills. I noted that Robina's money is looked after for her by Deputy & Estates and it was apparent she was not willing to talk about this as she put her hands over her ears. General discussion was had about where she has resided previously and Robina reiterated her wishes to return to Thorn Mount. I queried how staff at this service supported Robina when she lived there to which Robina advised that she wasn't sure, but they "were just there" and they "looked after me". Robina was unable to provide an explanation as to how they "looked after" her.

In conversation with respect Robina's personal care routine, she stated that she has a bath most afternoons and that she does not need prompts in this area. I queried other aspects of her routine, such as brushing her teeth. Robina advised that she doesn't always do this as she forgets. She doesn't receive prompts from staff to do this at present, but agreed this might be useful going forward. I asked Robina what she felt would be the risk if she were not to brush her teeth and she responded that "they might fall out" to which I agreed. When asked, Robina advised that she does her own laundry on a weekly basis without practical support or prompts with staff and stated that she regularly changes into clean clothes. To note, I observed stains on the outfit Robina was wearing on this occasion. With reference to the OT CPA Report, it is documented that Robina "attends to her self-cares and dresses in new clothes, however there have been times where staff have reported her being malodourous." It is advised that Robina this will require monitoring on an ongoing basis with prompts and support offered as required. When asked about how she maintains her living space on the ward, Robina shared that staff help her sometimes to tidy but that she didn't feel she requires much help with this. When asked how she feels her room would be on the ward without any support from staff, Robina felt it would be fine.

We talked about Robina's leave and she advised that she uses unescorted ground leave, but staff

are with her when she goes out into the community. Robina noted that she used to go everywhere on her own whilst residing at Thorn Mount and would like to go out on her own. I asked Robina why she thinks staff feel she needs support in the community, to which she responded that she does not know. In discussion about how Robina feels when accessing the community, she stated that she feels "fine" and that she would still feel safe without staff accompanying her. Robina noted that she used to use buses on her own "all the time" and she had no issue doing this. The OT CPA Report notes that Robina requires "significant support in the community relating to planning, time management, sequencing, road safety and budgeting." This is reflected in the Community Skills Assessment in which Robina was noted to have made a shopping list "but this was very disordered and written over, making it difficult to decipher." She reportedly "relied on staff for time management" and had "planned to get a taxi but was unable to do so due to not having enough left in her budget". She was reportedly relied on staff to locate items and struggled to navigate the supermarket in an "efficient way". Robina was unable to keep within her budget and did not check prices unless prompted by staff. The Road Safety Assessment identified concerns with respect Robina's road sense and skills. It notes that Robina is "inconsistent in checking for oncoming traffic" as "at times she did this unprompted. At other times she didn't always look at the side of the road where traffic was approaching and at other times she appeared to wait for staff to prompt her." Whilst Robina responded appropriately to hearing a car approaching and moved to a safe area during this assessment, Lucy Garwood (OT) advised in conversation (26.09.2023) of a later incident in which Robina did not look and had to be physically pulled back from crossing the road to avoid a car. The OT has assessed Robina to require 1:1 support from staff when accessing the community to mitigate the potential road risk.

With respect nutrition, Robina reported that she enjoys cooking and would like to do this more frequently. She advised that she makes lovely curries and offered to make me one when next on the ward. Robina did not feel she required any assistance from staff when cooking and could manage this independently. The Kitchen Assessment assessed Robina's proficiency to make boiled eggs with bread and butter. It was identified that Robina required prompts in the planning and execution of this meal, e.g. she required reminders from staff not to handle hot food with her bare hands. There were also elements of this task where Robina needed practical intervention from staff, namely turning on the hob and managing the timings. Due to the potential risk of fire and injury identified from the Kitchen Assessment, the OT recommended Robina be supervised and supported when preparing meals. Staff should be aware of "historical risks around environment damage and violence when unwell" with an "assessment of mental state to be undertaken prior to each cooking session."

I asked whether Robina ever needs reminders from staff to eat and Robina initially stated no, before changing her answer to yes. We discussed that low mood can negatively impact appetite sometimes and Robina reported that sometimes she feels very sad on the ward. She reiterated that she will leave the Newsam Centre in a "coffin". We discussed that it's understandable that Robina would feel fed up being in hospital and that this conversation was to think about how we can find a provision that would enable her to be discharged safely. Robina asked how long this might take and I advised that I can't give a time frame, but that it's important to find the right place for Robina so that she doesn't end up back in hospital. Robina was accepting of this and asked whether she could leave, to which I agreed and advised that I would come back to see her on another occasion to ask some more questions.

I visited Robina again on 21.09.2023 to ask some follow up questions with respect her care needs and saw her in a side room on the ward. Upon arrival, Robina showed me an A3 sketchbook and asked me to read something she had written. These notes were disjointed and difficult to follow. She referenced staff stealing her money and cars on the roads killing people. I thanked Robina for sharing with me and she asked if I could do anything about the cars on the road. She also made reference to "bees stinging my eyes". She went on to express wishes to get contact lenses due to the stinging in her eyes. I was aware from the Communication Passport that these references are typically indicators of Robina's distress so I provided some reassurance. In conversation regarding her care needs, Robina stated that she wouldn't need much help upon discharge as she can do things herself, but that she likes company. When asked about what she enjoys doing, Robina stated that she likes cooking curries, knitting and art. Robina expressed feelings of loneliness on the ward and reported that she will only leave in a "coffin". I queried what would make her feel less lonely and Robina shared that she wants to see her family. Robina expressed that her family "hate" her and reported that ward staff "steal my money". Robina is not in regular contact with her family and there have been historical safeguarding concerns relating to instances of financial exploitation perpetrated by some of her siblings. Robina reported that she had no

friends and that she's alone. The OT CPA Reports that Robina has stated that she misses speaking her Punjabi and some work has been undertaken to identify a Punjabi speaking volunteers from the befriending service. With respect Robina's engagement with activities, the OT reports:

"Robina can identify clear interests (arts and crafts, word searches and puzzles, cooking), but needs encouragement and support to initiate and sustain engagement in activity. When Robina is enjoying an activity, she can express pleasure and satisfaction, she is able to follow verbal direction and work alongside others. She has a limited activity tolerance and usually becomes distracted or restless after around 30minutes. Robina will spontaneously join activity-based groups on the ward depending on her mood and mental state. Robina does appear to value 1:1 time with staff when she is in the right mood and likes to use this to participate in valued occupations, usually arts and crafts."

Robina's care and support needs in relation to the outcomes outlined in the Eligibility Regulations for the Care Act 2014:

a.) Managing and maintaining nutrition

Robina would require practical assistance and supervision whilst cooking. She has consistently expressed wishes to cook curries and would benefit from encouragement and support to achieve this goal and to develop her cooking skills more broadly. Due to fluctuations in her mood, Robina may require some prompts to ensure she eats and maintains her nutrition.

b.) Maintaining personal hygiene

Robina typically attends to her personal cares and changes her clothes regularly, but can present as malodorous at times. Robina would benefit from ongoing monitoring in relation to this and prompts as required to attend to maintain her personal hygiene.

c.) Managing toilet needs

No unmet need.

d.) Being appropriately clothed

No unmet need.

e.) Being able to make use of the home safely

Robina has a history of fire-setting when acutely unwell, causing damage to her previous placement and putting herself and others at risk of harm. A risk management plan would be required to mitigate the fire risk, e.g. that restricts Robina's access to lighters, matches, etc. From OT assessments, it has been identified that Robina would require supervision and practical support when using the hob and oven, in particular in managing the timings.

f.) Maintaining a habitable home environment

Robina's ability to attend to maintain her living environment would depend on her mood and mental state. It is not thought she would be able to maintain this consistently on her own and would require some prompts and practical support to manage this.

g.) Developing and maintaining family or other personal relationships

Robina is vulnerable to abuse and exploitation from others, e.g. peers on the ward, members of her family. She would benefit from support and oversight to ensure her relationships remain positive and healthy, including with her family. Robina has reported that she feels lonely and misses speaking her own language. She would benefit from support to identify a volunteer befriender who speaks Punjabi and to develop a wider support network. Due to the complexity of Robina's presentation, the staff at her care provision would benefit from access to a Positive Behaviour Support (PBS) plan and consultation with ward staff to support their working with Robina.

h.) Accessing and engaging in work, training, education or volunteering

Robina has expressed wishes to engage in volunteering in the community and would require support to identify realistic and positive opportunities.

i.) Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services

Due to concerns relating to Robina's road safety skills, she would require support and oversight when accessing the community. She is also vulnerable to exploitation and abuse from others and would require some oversight to ensure her safety and wellbeing. Robina has expressed feelings of loneliness and isolation and would benefit from support to access activities in the community to enable her to develop positive relationships, improve her quality of life and self-esteem.

j.) Carrying out any caring responsibilities the adult has for a child

No unmet need.

### What needs to happen now and who will do it

### Outcome

From this assessment, I have identified that Robina has eligible care needs in accordance with the Care Act 2014.

Unmet needs:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services

Robina will require a care provision with staff on-site at all times. During an MDT meeting on 12.09.2023, it was discussed that Robina's presentation is complex and it is unclear what behaviours arise from her mental health diagnosis or her learning disability. Whilst it was agreed that Robina would benefit from being included within the Transforming Care Pathway, Robina has not been consistently assessed as having a learning disability in the past. Dr Ademola (RC) noted that some cognitive decline may be attributed to her enduring experience of psychotic illness and associated medications. It was acknowledged that it may be difficult to identify a placement given Robina's previous fire-setting behaviours and we would need a robust risk management plan in relation to this. We agreed it would be useful for staff at any accommodation to work with the ward prior to discharge to share ideas and strategies that best support Robina and for this to be consolidated through a Positive Behaviour Support (PBS) plan.

### Plan

Marie Clarke (Social Worker) to refer Robina to MH Nominations Panel for identification of an appropriate discharge destination. *Actioned 04.10.2023*

### Restricted Information

### My Declaration

In signing this form, I agree that it is an honest view of my current situation.

**Signature \*:**

**Print Name:**

**Date:**

\* If the person is unable to sign, please tick here (and specify why below):

### Social Care / Health Worker Recording the Conversation

**Completed by:**

**Job Designation:**

**Date:**

31-AUG-2023