Joint Safeguarding Adults Review/Domestic Homicide Review Executive Summary

'Mrs McKenzie' who died on 8th December 2022

Table of Contents

The Review Process

This summary outlines the process undertaken by the Kirklees Communities Board and Safeguarding Adults Board to review the circumstances of the death of Mrs. S. McKenzie and the care and treatment provided to both her and her husband prior to her death.

The names of all parties to the review have been anonymised following consultation with the families of Mrs. and Mr. McKenzie.

The inquest into Mrs. McKenzie's death was held in September 2023. The cause of death was established as:

Head and Neck Injuries and Severe Chronic Multisystem Comorbidity

Although Mr. McKenzie was initially charged with the murder of his wife, he died whilst on remand in prison. Criminal proceedings were therefore discontinued.

Kirklees DHR Standing panel determined that the criteria for a DHR were met on 26/01/2023. The Chair of the Safeguarding Adults Board confirmed that the threshold for a SAR had also been met on 31/01/2023. At this point court proceedings in respect of the alleged homicide were ongoing.

At the first panel meeting relevant agencies were identified and individual chronologies of contacts with both parties were requested. The independent author was commissioned in May 2023 and began work in August once the chronologies and Individual Management Reviews had been produced.

Contributors to the Review

The following organisations prepared Individual Management Reviews (IMR)

Calderdale and Huddersfield NHS Foundation Trust (CHFT)

Mrs. McKenzie was treated at Huddersfield Royal Infirmary in 2016 and attended appointments at the vascular outpatient clinic from 2019.

Kirklees Adult Social Care (ASC)

Commissioned packages of care for both Mr. and Mrs. McKenzie. Provided equipment including a stairlift to support Mrs. McKenzie's daily living.

Kirklees Health and Care Partnership, part of West Yorkshire Integrated Care Board, on behalf of the GP practice at which Mrs. and Mr. McKenzie were registered from 22/12/2003

Locala Health and Wellbeing, a not for profit healthcare provider

Provided Community Nursing support to Mrs. McKenzie from 2017-22

Nova Care Yorkshire, a provider of home care support to individuals residing in their own homes. Delivered carer support to Mr. McKenzie from October 2022

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Mr. McKenzie attended six sessions of counselling with the Access to Psychological Therapies (IAPT) in 2012. He was assessed by the Memory team in 2022.

West Yorkshire Police

Responded to a 999 call by Mrs. McKenzie in September 2022 and attended her home on the night of the homicide.

The Review Panel Members

The progress of the review was overseen by a panel, which comprised representatives of the organisations involved, advisors and the independent author. The panel met on five occasions. Membership was as follows:

Name	Role
Gwen Clyde-Evans (Chair)	Designated/ Deputy Professional Nurse for Safeguarding Adults and Children, Kirklees Health and Care Partnership
Emma Cox	Associate Director of Nursing, Quality and Professions, South West Yorkshire Partnership NHS Foundation Trust
Carol Morgan	Specialist Advisor Safeguarding Adults, South West Yorkshire Partnership NHS Foundation Trust
Chani Mortimer	Service Manager Domestic Abuse, Kirklees Council
Jacqui Stansfield	Service Manager Kirklees Safeguarding Adults Board
Sarah Moore	Director, Nova Care (from November 2023)
Claire Westmoreland	Named Nurse for Safeguarding Adults and Children at Risk, Locala
Julie Brice	Named Nurse for Safeguarding Adults and Children at Risk, Locala
Kathryn Hinchliff	CEO, Pennine Domestic Abuse Partnership
Gail Adinall	Head of Service, Kirklees Adult Social Care
Paulette Morris	Service Manager, Kirklees Adult Social Care
Terryann Shaw	Dementia Strategic Partnership Manager, Kirklees Council

Name	Role
Tracy Kershaw	Deputy Designated Nurse for Safeguarding Children and Adults, Kirklees Integrated Care Board
Alison Knight	Advanced Customer Support Senior Leader, Department of Work and Pensions
Jill Greenfield	Service Director Communities and Access Services – Kirklees Council
Karen Booth	Safeguarding Partnerships Officer – Safer Kirklees
Lee Fletcher	Detective Chief Inspector, West Yorkshire Police
Alison Edwards	Head of Safeguarding, Calderdale and Huddersfield Foundation Trust
Gill Skelton	Business Support, Kirklees Council

Author of the Report

Barrie Crook is independent of all the agencies involved in the review. He was independent chair of two Safeguarding Adults Boards for five years before practising as an independent reviewer. During that time he chaired panels for SARs and DHRs and oversaw the completion of action plans to implement recommendations arising from them. He has since conducted Safeguarding Adults Reviews in different authorities in South-West England.

From 2005 – 2014 he was Chief Executive of Hampshire Probation Trust and led a number of multi-agency initiatives in the criminal justice system.

Terms of Reference for the Review

The key issues to be considered in the review were set out as follows.

Engagement with services/their care experience – understanding how Mrs. and Mr. McKenzie engaged with services providing care and if their care experience may have affected future engagement with services will enable us to share best practice and support service improvements.
Indications of self-neglect – understanding how evidence of self-neglect was recognised and responded to will support us to improve our co-ordinated multi-agency approach so self-neglect can be identified and responded to effectively at the earliest opportunity.
Support for either party as a carer – understanding how professionals identified Mr. and Mrs. McKenzie as carers and supported both parties in their caring roles so

improvements can be made in how our multi-agency partnership identifies and supports carers.

Evidence/indications of domestic abuse – central to a DHR is improving our understanding of domestic abuse and how our services respond to victims and children. Understanding how disclosures and/or other evidence of domestic abuse were recognised and responded to will support us to improve our co-ordinated multi-agency approach so domestic abuse can be identified and responded to effectively at the earliest opportunity.

Impact of covid – considering if the Covid 19 pandemic impacted on:

their relationship, caring responsibilities and carer stress; and
agency involvement / response times/ service delivery
and, if so, if there are improvements to be made to existing services to mitigate this impact.

The analysis of agency information will enable us to determine if:

- agencies effectively worked together, shared information and responded in a coordinated way at key points (i.e. when safeguarding concerns were identified)
- risks were identified, assessed, managed and responded to appropriately
- there is evidence of Making Safeguarding Personal (Quality Marker 2.2.6)
- practitioners were supported to work in a trauma-informed manner and take due regard to Professional Curiosity
- there is evidence that race, culture, ethnicity and other protected characteristics as codified by the Equality Act 2010 have been considered, including recognition of unconscious bias? (Quality Marker 2.1.4 & 2.2.7)

Summary Chronology

Background information has been provided by Mrs. and Mr. McKenzie's family, describing how they both grew up in Farnborough, Hampshire.

According to her cousin Mrs. McKenzie's childhood was characterised by inconsistent parenting and frequent school absences. As a result of breaking her arm on two occasions as a child she developed a phobia of hospitals. She married Mr. McKenzie in 1973 and a year later the couple lost a child who died shortly after birth. They did not have any other children.

Her experiences of health services may have been coloured by these traumatic events, for in 2016, when she became very unwell with acute kidney failure and self-neglect, Mrs. McKenzie declined to be admitted to hospital on three occasions. She was eventually admitted but, when later discharged home, was expected to be receiving palliative care. With support from her family she did recover, but then required constant medical care to treat leg ulcers and lymphoedema. Her mobility was significantly restricted. She was a wheelchair user and for a long time depended upon her husband to take her to the GP surgery for treatment. She was not able to tolerate compression dressings for her legs and was regarded at one point as non-compliant with treatment.

Mr. McKenzie also experienced a difficult childhood, having a poor relationship with a strict father. He was employed as a network systems engineer. He had a love of motor racing and guitars and the couple travelled abroad often to watch motor events.

Mr. McKenzie himself experienced a number of health issues. He was treated for many years for epilepsy while also at different times reporting symptoms of dizziness, numbness in his hands and a back injury. In 2014 he suffered a Transient Ischemic Attack (TIA).

In 2012 he received counselling for depression following the death of his father and a younger sister. He talked a lot about problems in his marital relationship, of his fears of hurting his wife and of becoming like his father. There was one incident around this time when he threw a plate at his wife. However from then on until 2022 there were no concerns about domestic abuse and Mr. McKenzie was said to have doted on his wife.

In June 2022 Mr. McKenzie developed memory problems which advanced to the point where in October of that year he was diagnosed with late onset Alzheimer's disease. From September to December his behaviour became characterised by aggression, frustration and by him frequently not recognising his wife. In September the Police were called to the house after an assault on Mrs. McKenzie. At this time a neighbour and Mrs. McKenzie herself contacted her GP practice and Adult Social Care requesting help and expressing concern for her safety.

A small care package for Mr. McKenzie was put in place in October following the formal diagnosis of dementia.

On the 7th and 8th December 2022 Mr. McKenzie went to a neighbour's house stating that there was an intruder in the house and that he had locked her in. On the second occasion the neighbour accompanied him back to the house and found that Mrs. McKenzie had been killed. At the time of her death Mrs. McKenzie was 69 years old, Mr. McKenzie 72. Mr. McKenzie was arrested and remanded to prison, where his dementia advanced rapidly. He died in prison in March 2023 without having come to trial.

Key issues Arising from the Review (as set out in the terms of reference)

Engagement with services/their care experience

Mrs. McKenzie was inconsistent in her engagement with services. In addition to her experiences in 2016 she could not tolerate compression bandaging to treat her leg ulcers and also declined other treatment options. Although frequently attending her GP practice for leg dressings, she would tamper with the dressings or remove them.

Both Mrs. and Mr. McKenzie often declined or did not follow up avenues of support suggested to them. As his dementia advanced Mr. McKenzie became more difficult to engage, on one occasion refusing to travel in an ambulance for a CT scan as he was afraid of being assaulted by the ambulance staff. The daily care package delivered by Nova Care from October 2022 was

valued by both as it allowed Mrs. McKenzie some brief respite while her husband was taken out.

However, Mrs. and Mr. McKenzie's care experience would have been marked by a lack of continuity of personnel. 27 different community nurses visited them over a two year period as a result of nursing workforce shortages. 4 GP's from their medical practice were involved in the 6 months prior to Mrs. McKenzie's death. Engagement by Adult Social Care was short term. As they were a couple who often declined services offered, the reasons for this could have been explored in more depth, particularly given Mrs. McKenzie's history of self-neglect. They could have benefitted from a more focussed keyworker approach.

Indications of self-neglect

When admitted to hospital in 2016 Mrs. McKenzie showed clear signs of self-neglect. She was in a very unkempt and dirty state. The discharge letter to her GP indicated that for 3 months prior to admission she had been sitting on the sofa at home and not leaving the house.

Following discharge in 2017 her general health and self-care had improved. Her physical and medical issues, i.e. the continuing concern over the risks of her not accepting treatment for her leg condition, were therefore the principal indicators of potential self-neglect until 2022. Although she was assessed to have mental capacity to decline treatment, there were missed opportunities to explore in more detail the potential self-neglect/safeguarding concerns shown by aspects of her behaviour and to understand these in conjunction with the history of self-neglect recorded in 2016. There is no indication that the KSAB Self-Neglect Policy and Procedures - where she could have been assessed as at high risk in the well-being and medication domain - had been considered. Practitioners expressed some confusion as to whether someone should be classified as experiencing self-neglect if they have mental capacity and fully understand the implications of not accepting treatment.

Support for either party as a carer

Few positive steps were taken to support either party specifically as carers until a care package was agreed for Mr. McKenzie in October 2022.

Mr. McKenzie was for a long time a conscientious carer for his wife following her discharge from hospital. His contribution was acknowledged in a social work assessment in 2019. However as his own health began to fail, the impact upon him as a carer was not recognised. It was suggested to him that he seek a carer's assessment, but the onus of doing so was left to him and he did not.

Much of the documentation regarding their continued struggles to attend leg dressing appointments at the GP practice was held in Mrs. McKenzie's medical records but not that of her husband. It was therefore difficult to correlate this information with his own health problems. This was also a relevant factor with regards to the risks of domestic abuse Mrs. McKenzie later faced from him.

When Mr. McKenzie's dementia was diagnosed, the role of carer was reversed. The small care and support package put in place for Mr. McKenzie in October 2022 also benefitted his

wife. However she was not assessed as a carer in her own right. It was not sufficiently recognised that until the onset of Mr. McKenzie's dementia she had relied upon him as her carer. Nor was she provided with the support she required to help her manage his outbursts and occasional aggression towards her.

The Impact of COVID

In November 2020 the care package supporting Mrs. McKenzie was suspended as the couple did not want visits to their home. In February 2021 the provider of the package suggested that it was no longer required. In a telephone call from Adult Social Care Mrs. and Mr. McKenzie agreed to this step in spite of the fact that in the interim period following the suspension of visits they had consulted their GP as Mr. McKenzie was experiencing dizziness and numbness in his hands. He was concerned that this was related to and affecting his carer role. This was a missed opportunity to clarify whether community nurses were still visiting, how Mr. McKenzie as a carer was coping without support and how Mrs. McKenzie was managing her personal care given previous concerns re: self-neglect in 2016. It was one of a number of occasions, not just during the covid period, when assurances given over the telephone that help was not required were accepted without more detailed exploration.

Following his assessment by the memory service in October 2022 Mr. McKenzie was referred to the Dementia Hub. The hub has a wide range of services that would have been available to him. An introductory letter was sent to him promptly by the hub. However at the time it was operating with a 9-12 week waiting list as a result of covid. Consequently by the time the letter was followed up by a telephone call in January 2023, Mr. McKenzie. was in prison. It was possible for urgent referrals to be prioritised during this period, but in respect of Mr. McKenzie the memory service had assessed that there was 'no immediate risk'. Mrs. McKenzie had no identified key worker to support her in managing her husband's dementia following the dementia assessment. Although this was in part due to the backlog of casework in the Dementia Hub, access to services could have been prioritised if the risks posed by Mr. McKenzie's aggression and potential mental health difficulties had been recognised earlier.

Evidence/indications of domestic abuse

The critical time period leading up to the domestic homicide was September – December 2022. During this period the couple had almost daily contact with at least one of the agencies involved in this review.

The full report contains a table which provides a summary of occasions from September 2022 when agencies became aware of concerns that Mr. McKenzie may pose a risk of harm to his wife and actions taken in response. The following outline is an analysis of the quality of multi-agency working.

Risk Assessment

There was no multi-agency risk assessment. The only risk assessments evident are a DASH completed by the Police in September 2022 and that within a hospital passport prepared by Nova Care in October after their pre-assessment meeting with Mr. McKenzie.

The information received by the Police was incomplete and led the officers to believe that they were attending an isolated incident. The assessment by Nova Care focused upon how Mr. McKenzie handled his frustration, stating that 'he can become very agitated and will often take himself away to his room and lay down until the feelings pass.' Staff were advised not to confront him at these times.

In agency records Mr. McKenzie is variously described as verbally aggressive, frustrated, swearing without reason and angry, argumentative. There were occasions when agencies were told that he had been physically aggressive, pushing his wife out of the door, trying to tip her out of her wheelchair and attempting to kick his way out of their property. Mrs. McKenzie described him as scary when he had episodes of aggression.

At the same time he frequently did not recognise his wife. He showed some signs of paranoia, for example fearing there were people stopping him leaving the house.

Information Sharing

Information sharing and coordination by agencies was poor.

The Public Protection Notice (PPN) sent by the Police to Adult Social Care following the call-out in September 2022 was not opened and shared with colleagues for 4 weeks.

In September 2022 there was information provided to the GP practice and ASC by Mrs. McKenzie herself and neighbours concerning fears for her safety, but these concerns appear to have been rarely communicated to other practitioners making home visits. The GP practice had referred Mr. McKenzie to the Memory Service in August but he was referred back for initial tests to take place. He was then not seen by the Memory Service until October, but the referral was not updated following Mrs. McKenzie's disclosure of concerns in September.

On 31/10 a Primary Care Health Team meeting decided that the Community Matron should visit Mrs. McKenzie to explore safeguarding concerns. (The visit did not take place because of staff shortages.) This meeting did not appear to be aware that an earlier clinical meeting on 7/10 had also determined that a safeguarding referral should be made, although this had not been completed.

On 4/11 ASC closed Mr. McKenzie's case following a person led assessment by telephone with Mrs. McKenzie apparently unaware of the concerns being discussed by health staff.

Staff at Nova Care were not fully briefed about the risk to Mrs. McKenzie from her husband nor about his health conditions, including the earlier Police call out. However, as they got to know the couple better, staff began to recognise the risks, including aspects of coercion and controlling behaviour. For example when Mr. McKenzie was in a low mood he would place items such as the TV remote and phone out of reach of his wife from her wheelchair and go upstairs to bed until he felt better. However this information was not recognised by staff as a possible indicator of domestic abuse and only made known during the course of this review.

Adherence To Multi-Agency Policies And Procedures

There was a clear need for a *multi-agency safeguarding meeting* to share information, consider appropriate safety plans for Mrs. McKenzie and review the care provided for her husband. Although a safeguarding concern was recognised on two occasions by the GP practice, the referral to ASC was not followed through after initial difficulties in contacting Gateway To Care. The absence of a multi-agency risk assessment was critical. Staff all felt that they were a lovely couple to care for and consequently did not look more deeply at what was known about Mr. McKenzie's behaviour. Neighbours on the other hand were frustrated that the concerns they expressed to professionals were not given due weight. Whilst the death of Mrs. McKenzie may not have been predictable, there was information available that showed Mr. McKenzie presented a risk of harm to his wife.

Safeguarding procedures were not followed and there is no indication that the *domestic abuse procedures* were consulted.

A meeting to share information could have resulted in a well-informed risk assessment and may have led professionals to connect the examples of Mr. McKenzie not recognising his wife and his paranoia about other people being in the house. Although potential mental health issues were observed on several occasions, Mr. McKenzie was not referred for a Mental Health Assessment.

On two occasions staff explored the possibility of alternative options for Mr. McKenzie, such as a care home placement. Mrs. McKenzie did not wish to pursue these at the time because of the potential negative impact upon him. It is not clear if anyone discussed with Mrs. McKenzie whether she herself would want to leave the property apart from a community nurse on 27/9. Practitioners reported that there were few immediate resources for an older person with a physical disability other than a refuge or temporary bed and breakfast accommodation.

Good Practice

There were elements of good practice at different times.

Mental capacity assessments were undertaken and documented at key times to confirm that Mrs. McKenzie had capacity to decline treatment and understood the potentially serious consequences of doing so.

A range of practical support and aids were provided to Mrs. McKenzie to address her lack of mobility, as well as the small support package that ran from 2017 until 2020.

Although under severe pressure as a result of staff shortages Community Nursing regularly attended when requested to support Mrs. McKenzie with her leg dressings.

There were examples of practitioners recognising the importance of speaking to Mrs. McKenzie alone concerning her wellbeing. A Community Nurse who visited the home on 27/9 took particular steps to alert the GP practice and ASC to the potential safety risks to her.

The support from Nova Care was clearly valued by Mrs. and Mr. McKenzie and staff took extra steps to check on her wellbeing on 7 and 8/12/2022.

The Police made a reasoned risk assessment in the DASH given the information they elicited during their visit in September 2022 and had good systems in place to follow up PPN's when no response was received from ASC.

Conclusions

Mrs. McKenzie was a woman with significant health needs. She was a wheelchair user with limited mobility, although she could increasingly undertake tasks around the house. A number of practical measures were put in place to assist with her mobility and she received regular support from Community Nurses. There was evidence of significant self-neglect in 2016 and to a lesser degree in her subsequent non-compliance with treatment for her leg ulcers. Both she and her husband had experienced traumatic episodes in their lives which may have had a lasting impact upon them.

Mr. McKenzie was a conscientious carer for five years until he experienced dementia. More attention should have been paid to the impact of his caring role upon his own physical health. The small care package received by his wife helped to prevent carer breakdown, but this was then discontinued during the pandemic and not reinstituted. On this and other occasions assurances that all was well were accepted by telephone without sufficient professional curiosity being exercised to determine if this was really the case. Practitioners could have taken more account of Mrs. McKenzie's history of self-neglect and explored in more detail why the couple were often reluctant to take up resources available to them. This would have required spending more time with them face to face and it is not clear if this would have been possible during and following the pandemic even if the need had been recognised.

Although there were some earlier examples of Mr. McKenzie expressing thoughts of harming his wife and one reported incident ten years before, concerns for Mrs. McKenzie's safety coincided with the advancement of his dementia and the subsequent diagnosis of Alzheimers disease. His aggression towards his wife was not recognised as domestic abuse. As a result she was not provided with access to any domestic abuse resources that may have been available to her and the many professional staff who visited the home were not alerted to this risk. The dementia assessment and referral to the Dementia Hub did not appear to take full account of the difficulty Mrs. McKenzie was having in managing her husband's aggressive behaviour towards her. The care package put in place with Nova Care for her husband was helpful and welcomed by them but not sufficient to support her as a carer with her own vulnerabilities.

Lessons to be Learned

The aggression shown towards Mrs. McKenzie. was not identified as domestic abuse by practitioners or care providers. It has been observed in other reviews that when an individual is experiencing cognitive decline there is a risk that domestic abuse may not be suspected because of the vulnerability of the perpetrator.

Many carers are reluctant to accept help for themselves and just want the person that they care for to receive the help they need. Mrs. McKenzie closed off other offers of help as soon as the care package from Nova Care was in place, reflecting also her ambivalence at accepting treatment for her own condition.

Additionally older couples in a long standing relationship may have cultural misgivings about a separation, for example that they would be regarded by their peers as having failed in their marriage (see SAR 'Katherine', Dorset Safeguarding Adults Board October 2021).

It has been observed in other reviews conducted by the author that, when individuals show potential signs of self-neglect or appear averse to accepting professional help, signposting is not an effective way to enable them to take up services or resources that they m

Recommendations from the Review

Recommendation 1

The Kirklees Communities Board should seek assurance from relevant agencies that a review of their training modules on Domestic Abuse and Older People takes place. This should include integration of specific learning from this review, in particular identifying the risk of domestic abuse in older people with cognitive decline. It should ensure that the learning has wide coverage across staff in all relevant organisations, including independent care providers.

Recommendation 2

The Kirklees Safeguarding Adults Board should work with partners to ensure that carers assessments are being undertaken and that support is offered to carers in a timely manner. This should include a review of where carer information is kept and disseminated and how individuals can be informed of how to request a carer's assessment.

Recommendation 3

The Kirklees Safeguarding Adults Board should provide further guidance in how to respond to individuals with mental capacity who decline treatment for chronic health conditions and audit the outcomes of the revised self-neglect pathway.

Recommendation 4

Adult Social Care and the Integrated Care Board should ensure that all commissioning agreements with independent care providers contain a risk assessment focussing on potential harm to the individual and, where relevant, from the individual to others.

Recommendation 5

The Kirklees Safeguarding Adults Board should revisit recommendation 8 of the SAR into Mr. F. to ensure that current arrangements (i) enable families and carers to have easy access to an

identified professional/key worker and (ii) to determine whether a priority approach should be adopted for families and carers of patients who exhibit aggression

Recommendation 6

The Kirklees Safeguarding Adults Board and Communities Board should seek assurance with evidence from individual agencies, including Primary Care, that safeguarding concerns are being referred to Adult Social Care within the timescales set out in the multi-agency procedures.

Recommendation 7

The Kirklees Safeguarding Adults Board and Communities Board should seek assurance with evidence from individual agencies that processes are in place so that, where there is a safeguarding concern or domestic abuse, medical/client files of an individual can be cross referenced to those of other family members.

Recommendation 8

West Yorkshire Police and Kirklees Adult Social Care should review the governance of and impact of the VAAM arrangements to ensure that all PPNs that have multiple indicators now receive an appropriate and timely response.

Recommendation 9

Locala should continue to address its staff shortages and ensure that community nurses have capacity and confidence to recognise and respond to domestic abuse.

Recommendation 10

The Kirklees Safeguarding Adults Board and Communities Board should seek assurance and evidence from individual agencies regarding the embedding of key learning from this review and the completion of internal changes they planned to make as set out in their IMRs. This should include encouraging and enabling staff to develop professional curiosity as a casework skill.