

South Gloucestershire Safeguarding Adults Board
Safeguarding Adults Review (SAR)
Adult A
Practitioner Learning Brief



Background

Adult A was a single male who was living alone. According to his family Adult A had started drinking alcohol from the age of about 12 and agency records show that he had become alcohol dependant from the age of 16. He was a regular user of health services. Adult A was deemed by those professionals that worked with him to have capacity (although he was never formally assessed) and able to make his own decisions. Adult A would often attempt to self-detox, despite being advised not to do so by health professionals. In January 2019 Adult A was found deceased by his family, he was 31. A post mortem identified that the cause of death was related to alcohol dependency and Hyponatremia (low sodium levels). Adult A's aspiration was to live past 40.



12 organisations took part in the review

Alcohol Dependency

- Adult A developed dependency at an early age
- Adult A knew the harm caused but believed he would 'always be a drinker'
- Frequent engagement with health staff
- Short periods when Adult A stopped drinking
- Risks of self detox were well known to him and to professionals
- Professionals predicted he could die but there was no end of life pathway available
- Need for clearer detox pathways

You can read the Full SAR by clicking here

Mental Health

- Alcohol addiction had a severe impact on mental health
- Deterioration following death of Adult A's father
- Psychotic symptoms, irrational thoughts and seizures evident but no formal diagnosis
- Each time Adult A presented he was appropriately assessed
- Adult A became stuck in a cycle between needing mental health support and drug/alcohol support

Capacity

- When sober Adult A capable of informed decisions
- Fluctuating capacity due to alcohol misuse
- Adult A disengaged from services periodically
- No one formally considered a best interest decision
- Refusal of support taken at face value

Self Neglect

- Adult A met the definition of vulnerability agreed by professionals
- Self Neglect guidance found to be clear and robust

Good Practice: Southern Brooks & DHI worked constructively together

Good Practice: Assertive outreach interventions by wellbeing worker

Throughout agency records there is evidence of compassion and listening to Adult A's views



Due to Covid-19 much of the review took place virtually and the reviewer spoke to practitioners & family members by phone

Good Practice: Some good multi agency work identified

Adult A's family chose to take part in the review, and their views are reflected in the report

Risk

Identified risks were Alcohol dependency, Anxiety/depression, Self-neglect, Self-isolation, Mental Health, Deteriorating health (organ failure), Vulnerability to withdrawal seizures, Death, Fire, Eviction
Although risks had been identified they were not clearly documented or mitigated
Unacceptable delay in review of risk assessment
Once allocated to Adult Social Care there should have been a formal assessment of risk under the care act, no evidence this took place

Good Practice: Compassionate work by ambulance crew



Recommendations

- Current training strategies must be reviewed to ensure that the issue of consent in terms of its effect on making referrals to ASC is covered within training and lesson plans.
- All agencies should review current operational practice and training to ensure that professionals share information with a client's GP where health concerns are raised.
- A review should be conducted of current capacity and the viability for the Alcohol Team to extend provision to seven days a week and increase out of hours cover.
- Current policy and practice within Health should be reviewed to ensure that end of life pathways are included in any treatment pathways for appropriate alcohol dependant client cases.
- The pathway between treatment services and mental health services should be reviewed and a dual diagnosis strategy developed and implemented.
- BNSSG CCG and Adult Social Care to review the viability of BrisDoc having access to Health and Social Service records.

Click this circle to
access the Self
Neglect Guidance

Click this circle to
access the escalation
procedures

Click this circle to
access self neglect
training