Safeguarding Adult Review

Piotr

Final report

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Presented to SAR subgroup June 2024

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1. Introduction

Piotr was a 56-year-old white Polish man. On 1st April 2023, he was found lying on the floor of his flat by a neighbour and was taken to Ealing Hospital. On admission, he was found to be in an unkempt and malnourished state with multiple pressure sores. On 7th April, he had a cardiac arrest. He died in mid-May 2023 without leaving Hospital. His cause of death was: *1a: Sepsis, 1b: Post Pulseless electrical activity arrest and hypoxic brain injury, 1c: Pneumonia II Covid 19, Osteomyelitis and Ischaemic heart disease.* He had a background history of excessive alcohol use, self-neglect, mobility issues, and poor nutrition. Piotr spoke very little English, and a Polish translator was needed to facilitate communication with him.

A Section 44 referral for a safeguarding adult review (SAR) was submitted by Ealing Social Services Safeguarding Adults Team as a result of concerns about the lack of joint working and professional curiosity. Piotr did engage with agencies but appeared incapable of looking after himself and declined the package of care on offer.

Each agency involved with Piotr's care completed an Information Sharing Request (ISR) form, outlining their involvement. The referral was then discussed at the Board's SAR subgroup in June 2023 where it was agreed that a SAR would be undertaken, and an independent reviewer commissioned. The SAR considers a two-year period from May 2021 until Piotr's death in May 2023.

2. Purpose of the Safeguarding Adults Review

The purpose of SARs is to gain, as far as is possible, a common understanding of the circumstances surrounding the death of an individual and to identify if partner agencies, individually and collectively, could have worked more effectively. The purpose of a SAR is not to re-investigate or to apportion blame, undertake human resources duties or establish how someone died. Its purpose is:

- To establish whether there are lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults.
- To review the effectiveness of procedures both multi-agency and those of individual agencies.
- To inform and improve local inter-agency practice.
- To improve practice by acting on learning.
- To prepare or commission a summary report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.

There is a strong focus on understanding issues that informed agency/professionals' actions and what, if anything, prevented them from being able to properly help and protect Piotr from harm.

3. Independent Review

Mike Ward was commissioned to write the overview report. He has been the author of twenty SARs as well as drug and alcohol death reviews and a member of a mental health homicide inquiry team. He worked in Adult Social Care for many years but in the last decade has worked mainly on developing responses to change resistant dependent drinkers. Mike co-authored the report with Jane Gardiner who is being mentored to become a SAR author. She has a background in alcohol use disorders, domestic abuse and professional boundaries.

4. Methodology

The Safeguarding Adult Board sought a swift process to complete this SAR. Therefore, the first phase was for the authors to review the ISR forms. An initial draft was produced and discussed with the SAB to highlight key questions and gaps in the information. This then informed a Practitioners' Workshop which discussed Piotr's care and the lessons from it. The information from the workshop was used to re-shape the draft report which was submitted to the SAB for consideration.

The following agencies were involved in the process:

- Broadmead Surgery (GP)
- London Borough of Ealing Adult Social Care
- London North West University Hospital Healthcare NHS Trust
- Metropolitan Police
- The Reablement Team / The Independent Living Service
- West London NHS Trust
- West London Floating Support Service – DePaul UK

5. Family contact

Family contact is an aspiration for any SAR process. Piotr had family living in Poland, he also had a brother and a niece living in another part of England. The niece was formally his next of kin because she spoke English well. Towards the end of his life, she was regularly updated by the Acute Hospital Trust on Piotr's progress, changes in treatment, and ultimately his deterioration. The medical team had regular discussions with the niece who was involved in best interest decisions. However, no contact was possible with her during this review. Beyond his family, he had a very limited social support network comprising of a couple of neighbours.

6. Parallel processes

There were no parallel processes such as Police or Coronial inquiries that coincided with the review.

7. Background and personal Information

Piotr was a 56-year-old white Polish male living in Ealing, West London. Piotr was described as having difficulties communicating in English. He lived alone and was supported by a neighbour who also spoke Polish. He had a brother and a niece in England. The latter spoke good English, but they lived in the Midlands and were not able to be a practical source of support.

At the Practitioners' Event professionals described him as *"lovely to speak to."* One said he *"was patient, friendly and open. He joked a lot at our initial meeting…He was grateful for what he had, despite living a simple life. He was appreciative of anyone who was there. Although he was sometimes frustrated, he remained positive. He did not blame the world and was a good person who did not deserve what happened to him.*"

Little has been learned about his past. Piotr did have a job but broke his shoulder. This did not heal, and he was unable to raise his arm above shoulder level which prevented him from returning to work. For leisure, Piotr was simply described as listening to the radio and going for walks up and down the street. His property was next to a dual carriageway limiting access to amenities which tended to be across the busy road.

It is even unclear how long he had lived in the UK. However, according to the Police, he had a ten-year history of street homelessness and was known to be a 'street drinker.' Piotr had come to Police attention twice in the last five years and, as a result, was the subject of two Merlins[1]. On both occasions, information was shared with Ealing Adult Services in order to get him assistance. The London Borough of Ealing housed him following these interactions with the Police in order to safeguard him.

In November 2021, Piotr was admitted to Hospital with conditions related to excessive alcohol use. He was discharged from Hospital care on 7th November 2021 and discharged from Gastroenterology and Cardiology clinics by May 2022 for non-attendance at appointments.

In the last two years of his life, he seemed to move home several times and consequently had to change GP surgery three times. At the time of his death, he was living in a property with a secure tenancy for the first time. He moved into the flat in August 2022 and was supported from November 2022 by a Depaul Housing Floating Support Worker with whom he appeared to engage well. He is reported to have been happy with his accommodation and reported feeling safe. Piotr also had the support of a couple of neighbours; one of whom spoke Polish and acted as an interpreter to support his access to care. One of these people was purchasing

[1] Police safeguarding concerns

alcohol for him when mobility became an issue. (NB: no evidence of financial exploitation was identified about this situation.)

However, Piotr is noted to have been experiencing difficulties with his strength, mobility and balance from October 2022. In January 2023, it was reported that his mobility problems had worsened and that he was now struggling with daily living tasks. As a result, his ability to care for his surroundings diminished and his flat was described by a neighbour as being ‘messy’ and ‘smelly.’

He was open to the Reablement Team from January 2023 until mid-March 2023. During this time, he received Occupational Therapy intervention and equipment including a shower seat; elbow crutches were provided to support with mobility. In early March 2023 his GP was contacted due to concerns about numbness, strength and balance in his lower limbs. This did not result in an appointment because of a delay in accessing an interpreter.

Following a fall at home on in early March 2023, Piotr was referred to West London NHS Trust’s Rapid Response Team[2] for assessment. He received wound care, was noted to be ‘alert, orientated, engaging’ and was discharged six days later with ‘safety-netting given.’ From then until late March, the District Nursing Team visited several times to provide wound care. Piotr was noted to be at high risk of self-neglect, to smell of alcohol and to have wet his bed.

At the end of March 2023, the neighbour informed Piotr’s Keyworker of his concerns. Piotr was no longer managing by himself: he was incontinent from not being able to make it to the bathroom; he was also unable to open the door for anyone and his home environment was described as 'messy' and 'smelly', as he was no longer able to move around and keep it tidy. The neighbour had also contacted Piotr's brother, who was worried about Piotr but unable to communicate this to the keyworker due to not being able to speak English well.

On 1st April 2023, Piotr was found lying on the floor by his neighbour and was taken to Hospital. He was noted on admission to be in an unkempt and malnourished state with tissue damage and wounds. While there, he suffered a heart attack and died, without leaving Hospital, on 12th May 2023. During this period, decisions about Piotr’s ceilings of care and resuscitation were made in discussion with his niece, who was helped to fully understand the care that her uncle would or would not be receiving until the last day of his life.

8. Key themes

Seven key themes have emerged from the discussions of the last two years of Piotr’s life:

[2] This team seeks to prevent Hospital admission through early intervention.

- The response to alcohol use disorders
- Difficulty with engagement
- Multi-agency working
- Safeguarding
- Mental Capacity
- Language barriers
- Smoking

These are explored in the sections below.

9. The response to alcohol use disorders

9.1 Alcohol screening and identification - the AUDIT tool

At the most generic level, Piotr is a reminder of the importance of robust alcohol screening processes to ensure that alcohol-related risk is routinely and consistently identified at the earliest point. Without such data it will not be possible to build an appropriate response to the individual; but it will also be harder to build a case for a general improvement in the approach to alcohol use disorders.

With Piotr, there was clear evidence of excessive alcohol consumption, but it appears that he minimized this when *speaking to others. For example, his neighbour described Piotr as an "alcoholic" and that he drinks a lot but will always tell people that he does not drink a lot.* Adult Social Care noted that there were: *records of a history of alcohol use but it is unclear if he remained using alcohol*.

Therefore, in accordance with NICE Public Health Guidance 24, best practice would ensure that the AUDIT alcohol screening tool[3] is routinely being used at assessment by all relevant professionals, whether in Primary Care, Mental Health Services, Adult Social Care, Housing or any other appropriate adult service. It is positive to note that at one point his GP does undertake an AUDIT screening. However, all professionals working with the public need to be alert to the possibility of alcohol use disorders and should be routinely asking the AUDIT questions and using professional curiosity to explore, record and communicate information about this issue.

9.2 Community Alcohol Services

Ealing's Alcohol and Drug Treatment System (RISE) is a consortium led by Change Grow Live (a third sector agency) with the clinical services sub-contracted to CNWL NHS Foundation Trust and the peer recovery delivered by Build on Belief, an expert by experience organisation. The system comprises several teams:

- EASY – the young people's service
- Rough Sleeper Drug and Alcohol Team

[3] Alcohol Use Disorders Identification Test (AUDIT) (auditscreen.org)

- CNWL's clinical services covering RISE psychology; RISE's Hospital alcohol liaison service at Ealing Hospital (HALS); RISE's GP shared care service in partnership with local GPs; and RISE's integrated neighbourhood team staff in Primary Care Networks
- Women's Wellness Zone
- Community Engagement Team
- Criminal Justice Team
- Dual Diagnosis Team
- Build on Belief's peer recovery provision

This is a good array of services; nonetheless, opportunities to support Piotr in the management of his alcohol use disorder appear to have been missed. He was referred to RISE in November 2022 by his support worker but there is no evidence that he engaged. Again, near the end of his life, March 2023, his keyworker considered referring him to Alcohol Services, but this did not happen.

In part, this was because he minimised problems with alcohol. However, his problems were very visible. In May 2021, the Police noted Piotr to be a known 'street drinker and a severe alcoholic'. He was admitted to Hospital in November 2021 with conditions related to excessive alcohol use including 'Upper gastrointestinal haemorrhage', 'hepatitis and ascites', 'duodenitis and an ulcer' and 'likely peripheral neuropathy from alcohol'. In March 2023 Piotr's neighbour informed the Rapid Response Team that Piotr drank 5 litres of cider daily.

Nonetheless, at an initial meeting with a Depaul worker in November 2022, Piotr stated that he drank two beers per day, that he did not drink to the point at which he was unstable or could cause harm to himself or others, and that he did not feel that a referral to the Drug and Alcohol Service was necessary.

The SAR referral itself questioned why Piotr's alcohol use disorder was not addressed.

During the November 2021 admission he was referred to the Hospital Alcohol Liaison Service who recommended intravenous Pabrinex[4] followed by thiamine[5] treatment. It is not clear why this did not also result in a referral to RISE. Following this Hospital admission, it was suggested that Piotr 'be followed up in a hepatology clinic in 8-12 weeks' but there is no evidence of an appointment having been made or adhered to. Piotr's Depaul worker also mentions a referral having been made to this service, but no further information is available on this.

[4] Vitamin therapy used to prevent cognitive damage in dependent drinkers

[5] Vitamin therapy used to prevent cognitive damage in dependent drinkers

This may suggest a lack of partnership working between the Acute Hospital, the Alcohol Liaison Service and the Community Alcohol and Drug Service. The Acute Hospital acknowledges that "a referral to Community Drug and Alcohol Services should have been made on discharge."

Nothing in the notes is critical of the response from Alcohol and Drug Services. However, the situation described suggests that Piotr could have benefited from an assertive outreach approach from these services which would have attempted to build a relationship with him in order to understand what lay behind his complex pattern of behaviour. For example, is Piotr's under-reporting of alcohol consumption a sign of "lying" or is it actually cognitive damage which means he genuinely believes he has not been drinking.

An assertive outreach approach is built on the recognition that with complex individuals, agencies are going to need to sustain the relationship rather than expecting them to be able to do that. This will require an approach that is:

- Assertive – using home visits
- Focused on building a relationship
- Flexible – client focused – looking at what the client wants
- Holistic – looking at the whole person
- Coordinated – linking with other agencies
- Persistent and consistent.

This is resource and time intensive but can be justified by the repeated impact that this client group have on public services. Such a service could helpfully be based in specialist Alcohol Services.

The Department of Health's draft Clinical Guidelines for Alcohol Treatment emphasise the importance of an assertive outreach approach with this complex client group.

More fundamentally with people like Piotr, all professionals need to move beyond the expectation that clients will engage with them and move towards recognising that, for this more vulnerable group, efforts will need to be made to engage them.

9.3 Detoxification and rehabilitation

The ideal care pathway for Piotr would probably have been inpatient detoxification followed by a period of residential care / rehabilitation in a "dry environment". Dame Carol Black's *Review of drugs part two: prevention, treatment, and recovery* (states)*: Local commissioning of inpatient detoxification and residential rehabilitation has decreased substantially in recent years, despite evidence of their effectiveness and importance for people with particularly complex needs.*

A placement would have enabled:

- A time away from the home situation in a protective environment.
- A chance to properly assess him, including any possible cognitive impairment.
- The opportunity to address the alcohol use disorders and develop an appropriate long-term care plan.

The Department of Health's draft *Clinical Guidelines for Alcohol Treatment* state that *every local treatment system should have a pathway so that people with the highest levels of need can access specialist inpatient medically assisted withdrawal. People should be able to access it easily and without any unnecessary delays…There should be as seamless transition as possible into residential and intensive day programmes for people completing medically assisted withdrawal…It is important to prepare people for intensive programmes but not at the expense of making it hard for them to access.*

Piotr's neighbour acknowledged that he would have benefited from a detoxification but understood that Piotr has already declined such support numerous times in the past. It is unlikely that Piotr would have accepted a detoxification and rehabilitation pathway during this period. Nonetheless, the importance of the availability of this pathway needs to be acknowledged and, as per the Clinical Guidelines, this should be relatively accessible.

9.4 Cognitive impairment / nutrition

With a chronic dependent drinker like Piotr, it will be important to consider whether cognitive damage could be contributing to the challenges presented. It was possible given his history of drinking that there could have been an impact on cognitive functioning through direct alcohol related brain damage. However, he could also have suffered damage as a result of intoxicated falls, dehydration or repeated alcohol withdrawals.

On the other hand, the Montreal Cognitive Assessment (MOCA) was used with Piotr in December 2021, and he scored 26/30 which is in the normal range. However, whether this had deteriorated in the last 15 months is not known. It was also asked whether the presence of a translator could mask cognitive damage. (It needs to be noted that people translating for him could not always understand what he was saying even though they spoke Polish).

At points, clinicians felt it necessary to prescribe Pabrinex, potassium and magnesium which could have been indicators of concern about cognitive damage.

In particular, poor nutrition is a factor in cognitive impairment. It is known that people with alcohol use disorders may be poorly nourished due to a reduced appetite, lifestyle factors interfering with cooking and eating, and poor physical absorption of

the nutrients that the body receives.[6] Piotr was known to have historical difficulties with eating, maintaining adequate nutrition and a healthy Body Mass Index. He was noted in January 2023 to have a very low appetite and as a result of this was reliant on encouragement from others in order to eat. In the past, he had also been prescribed the medication Megestrol to promote his appetite whilst living in Poland. Piotr stated that he had been trying to get help with this issue for two years. Piotr would certainly have benefited from support to address his issues with poor appetite and nutritional intake.

This report cannot "rediagnose" Piotr; however, he is a reminder of the importance of considering cognitive functioning with dependent drinkers, especially those that services find hard to engage.

10. Individuals that services find difficult to engage

10.1 Difficulty of engagement

Piotr had various aspects to his presentation – an apparent alcohol use disorder, health issues, a significant language barrier and self-neglect. However, one issue underpinned all of these: services often found it very difficult to engage him into the care he needed.

- March / April 2022 - Piotr did not attend a Gastroenterology clinic resulting in him being removed from the waiting list.
- May 2022 - Piotr did not attend two Cardiology appointments and was subsequently discharged.
- November 2022 - Piotr did not see the point in a referral to the drug and alcohol service as he did not consider his drinking to be harmful.
- January 2023 - Piotr stated that he did not require carers, despite his worsening mobility causing him difficulty in carrying out daily living tasks.
- February 2023 - A food bank delivery did not take place because *'Piotr had not responded to calls or texts for the delivery to take place.'*

It was also suggested that given barriers to accessing services, Piotr may simply have grown tired of trying to access help. In January 2023 his Keyworker reported that Piotr was struggling with daily living and that he seemed to be stating that he had lost hope in getting help. His Keyworker tried to reassure him that they would support him to get the help he needed and "Piotr eventually began to cry thanking his Keyworker for helping him."

A similar negativity about accessing help emerges on other occasions:

- February 2023 – "Piotr had not been contacted by his GP and was not feeling hopeful as they had only ever prescribed vitamin B, which he had been taking but was clearly not helping.

[6] The-Blue-Light-Manual.pdf, p.42

- February 2023 – Piotr stated to his keyworker that he feared that his condition was not being taken seriously and that his limited mobility meant that he would be unable to physically attend the GP surgery.
- March 2023 – Piotr stated that he believed that he would benefit from the appetite medication that he had previously been prescribed in Poland but was doubtful that he would be able to obtain it as he had been trying for two years with no success.

He also required painkillers but was doubtful that the visiting Nurses would be able to help him with this.

However, what is very striking about Piotr is that when he was offered a high level of support, he was able to access services. He seemed to engage well with the Housing Support Worker, who reached out repeatedly to him and who contacted a multitude of other agencies (Social Care, Hospitals, DWP, food bank, Pharmacists, Ophthalmology, the neighbour, family in Poland, GP) on his behalf. This again highlights the importance of an assertive outreach approach as mentioned in section 9.2 and for professionals to have a specific focus on building engagement.

10.2 A policy on engagement

At the organisational level, this highlights the need for a published, multi-agency procedure / policy to guide professionals in dealing with client non-engagement. To make that document useful it will need to provide guidance on:

- how to judge the level of risk or vulnerability that warrants ongoing, assertive action.
- how to practically intervene with hard to engage clients; and
- how to escalate these concerns and where they should be escalated to.

10.3 Understanding engagement techniques

This whole process would also benefit from guidance on what techniques work with hard to engage clients. This is an under-developed field. The SAR author looked for national guidance on this issue as part of the drafting of this report but could not find an overarching guidance document. Reports such as “The Keys to Engagement” (mental health)[7] and “The Blue Light Project” (alcohol misuse)[8] have addressed this issue with specific client groups but there is no single guidance document. Whether at a local or a national level, such guidance will be a vital support to those working with vulnerable and difficult to engage clients.

[7] https://www.centreformentalhealth.org.uk/sites/default/files/keys_to_engagement.pdf

[8] https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project

11. Inter-agency and multi-agency working

Many agencies were involved with Piotr's care and there are examples of inter-agency working but there appears to have been a lack of a co-ordinated response. In particular, there is no evidence of discussion of Piotr at a multi-agency forum. The only possible reference is that the Police stated that in October 2021: *"Officers are having a joint meeting next week with the Council to discuss Piotr's housing"*, but no evidence has been provided that such a meeting took place or any resulting actions. In particular, the LNWH report notes that there is: *"No evidence of working across the partnership to manage risk of excess alcohol use."*

There was evidence of good partnership working between the Hospital and the Local Authority. Moreover, a few days after admission in 2023, the Hospital received a history from his Community Support Worker which outlined Piotr's situation, well-being and environmental concerns. The Support Worker also recommended a safe discharge pathway.

On the other hand, the Reablement Team referred Piotr to his GP in early February 2023 due to concerns about numbness, strength and balance in his lower limbs. It is not noted whether a response was received from GP, or a follow up call was made to confirm the GP had received it and responded.

The Practitioners' Event agreed that Piotr would have benefited from regular multi-agency discussion. This would have supported clear and positive inter-agency liaison and multi-agency working. This could have been addressed in a number of ways: as part of a safeguarding process; by having a clear policy on dealing with people that services find difficult to engage; by having a specific policy on calling multi-agency meetings; through referral to an existing multi-agency group; or through individual initiative by a professional.

It was specifically suggested that the existing local High-Risk Panel could be a forum for this, although this was not unanimously agreed. Whichever way this is approached, people like Piotr will benefit from a group that can step back from the day-to-day interventions and see the overall picture of the problems presented and consider ways in which these could be better addressed. This would also support better consideration of how, for example, the Mental Capacity Act might have been used.

12. The Care Act, safeguarding and Adult Social Care interventions

A number of safeguarding referrals were made for Piotr

- May 2021 – Police shared an AMBER report with Ealing Adult Services due to concerns regarding the impact that homelessness and alcohol use would have on his mental and physical health.

- October 2021 – Police shared an AMBER report with Ealing Adult Services due to concerns that Piotr was sleeping rough as winter was approaching.
- April 2023 - A safeguarding adult referral was raised by LNWHT when he was admitted to Ealing Hospital. Hospital staff reached out to the Housing Support Team in order to gather information about Piotr and to discuss concerns about his self-neglect and safe discharge back home to his flat. Sadly, this was to prove too late for Piotr as he died during this Hospital stay.

The first two incidents reflect a period before Piotr was adequately housed. The third referral came far too late to have any impact on the course of his care. This does suggest that there may have been missed opportunities to raise safeguarding concerns between those two points.

The Acute Hospital's report identifies one such opportunity: "*When Piotr missed cardiology clinic appointments twice, a safeguarding adult concern was not raised at the time. If the safeguarding concern were raised in a timely manner, this could have triggered early help/Intervention by adult social care for Piotr. A safeguarding referral was only raised by the Hospital after Piotr had come to harm.*"

In March 2023, the District Nursing team did not submit a safeguarding concern despite finding Piotr in a very poor state e.g. having wet his bed. Similarly, it has to be asked whether his Support Worker should have submitted concerns.

However, it is understood that in mid-January, his Support Worker submitted a referral to Ealing Adult Social Care. It appears that this was a referral for support rather than a safeguarding concern or a referral under section 9 for an assessment of his care and support needs. The referral highlighted that Piotr's health had deteriorated significantly in the previous months. His mobility had become very limited. He could barely make it to the bathroom and was unable to have showers. He was also unable to maintain the cleanliness of his flat or make food for himself. This was not treated as a section 9 referral and Piotr was referred to Reablement.

The referrals, or absence of referrals, around Piotr do suggest a need for further messaging or training about both the need to raise safeguarding concerns and the differences between a concern, a Section 9 referral and a request for support.

The process around the Reablement referral also raises questions about understanding of self-neglect and the use of professional curiosity.

After a visit to his property, it was determined that he was independent and just required help with shopping. On 31st January 2023, a home visit was completed by an OT who noted: *"he reported problems with his feet, his left foot is much worse than the right one. Patient reported pain and numbness in both feet, both feet are swollen. He has very dry skin with flaking everywhere."* The OT recorded – *"OT*

assessment completed following wellbeing check; Piotr was assessed for carers. However, he is managing his own personal care and declined assistance. He is finding it difficult to complete activities of daily living due to reduced strength, balance and numbness in lower limbs. He does not feel he needs carers at this time but would very much like equipment to facilitate his independence with daily tasks."
The Reablement Team made a referral to his GP regarding numbness, poor mobility, high risk of falls and oedema (swelling caused by excess fluid accumulation).

Three weeks later, the OT made a follow up call. Piotr reported pain, cold and swelling on both feet and legs and he was still not able to go out or mobilise long distance. The walking stick provided by the OT was being used for indoor mobility, the shower stool had been helpful, and he was able to have a shower sitting. A friend and neighbour supported him with all other activities of daily living. Piotr confirmed he did not need support with personal care as the equipment provided by the OT had enabled him to meet his own care needs. No other needs were identified for Reablement input, and he was closed to the OT. However, three days later, Piotr's Support Worker called to inform the OT that Piotr was struggling with the walking aid provided; he stated Piotr was finding it difficult to adjust, it was not giving him enough support and he wanted to try elbow crutches.

A month later a follow up call was made by the OT which concluded that *"Piotr is independent with equipment and aids provided, elbow crutches were provided to assist with indoor and outdoor mobility. Piotr is independent and requires no further input from OT."*

However, prior to that latter call. District Nurses noted Piotr as being at a high risk of self-neglect. They noted that he smoked, had alcohol related hepatitis, lived alone and was unable to prepare food hygienically. Visiting District Nurses subsequently providing wound care noted on two occasions that Piotr smelt of alcohol during their visits. On one of these occasions, it was noted that he took a long time to open the door and on the other that he had wet the bed.

On 1st April 2023, Piotr was found lying on the floor by his neighbour and was taken to Ealing Hospital. He was noted on admission to be in an unkempt and malnourished state with tissue damage and wounds.

It is hard to reconcile these two separate pictures of Piotr – that presented by Reablement and that presented by the District Nurses. They seem to present very contradictory pictures of his wellbeing. This highlights, not just the importance of raising concerns, but also the use of professional curiosity to understand what lies behind a presentation and a recognition that people like Piotr, with alcohol use disorders, may be self-neglecting.

At the Practitioners' event it was noted that agencies may not have raised concerns because they assumed that others would be doing that or assumed that a referral to Adult Social Care would then automatically trigger a Section 42 referral.

Adult Social Care itself critically assessed the process stating that:

- *"There was a support worker who was not approached during the assessment process.*
- *The Occupational Therapist identified the need for a care package based on his presentation and his reliance on his friend.*
- *It was evident there was health deterioration and concerns around his ability to mobilise or access services without support. It is not clear the level of discussion held with Piotr around the importance of a care package."*

This does seem to suggest potential learning from this case about the need to:

- submit safeguarding concerns about people like Piotr.
- understand the difference between a Section 42 referral, a section 9 referral and a request for support.
- use professional curiosity to look behind claims by a client that they are able to care for themselves.

It was positive to note that West London NHS Trust has now developed a monthly meeting to discuss safeguarding concerns with Adult Social Care and collaboration with safeguarding has improved. Nonetheless, Piotr's death does suggest that more needs to be done to improve the safeguarding process locally; particularly to encourage agencies to view people like Piotr as self-neglecting and requiring safeguarding.

13. The Mental Capacity Act

The Mental Capacity Act was little used with Piotr. In November to December 2021, Piotr was admitted to a medical ward. His capacity to care for himself declined while there and a Deprivation of Liberty Safeguards (DoLS) was put in place. He was subsequently assessed as having regained capacity and was discharged back to supported accommodation once medically fit in early December 2021.

Then, in the weeks immediately prior to his death and during his final Hospital admission, Piotr was confused and was unable to consent to care and treatment and a DoLS was put in place to detain him in Hospital. Interestingly, the Trust comment that on this occasion: *"Staff failed to comply with key aspects of the Mental Capacity Act (2005): A formal assessment was not undertaken despite this being a requirement of the MCA and Trust policy. Patient was assumed to lack capacity to consent to care and treatment. Decision-making processes/treatment was given in the Best Interest and Deprivation of Liberty Safeguards was put in place."*

Clearly the failure to undertake an assessment prior to the DoLS decision is a key learning point. However, the Trust appear to have recognised this and there is no evidence that this is a wider, multi-agency issue.

The more pertinent issue is whether mental capacity assessments should have been undertaken around his understanding of his safety in his property or his care and support needs. This did not happen and would appear to be a significant gap in his care.

Piotr's situation highlights three issues related to the use of the Mental Capacity Act:

- A very specific training need highlighted by the failure to undertake an assessment prior to a DoLS decision.
- The need to remind all professionals of the importance of considering mental capacity with complex and challenging clients. A rejection of care may appear capacitated but may conceal someone who is struggling to manage their well-being.
- The importance of considering "executive capacity" when assessing the capacity of vulnerable and self-neglecting individuals like Piotr.

The Teeswide Carol SAR (also about a chronic dependent drinker) talks about the need to look at someone's "executive capacity" as well as their "decisional capacity". Can someone both *make* a decision and *put it into effect* (i.e. use information)? This will necessitate a longer-term view when assessing capacity with someone like Piotr. Repeated refusals of care, as happened with Carol, should raise questions about the ability to *execute* decisions. The draft Code of Practice to the Mental Capacity Act now specifically highlights the need to consider executive function and to consider repeated failed decisions when assessing capacity.

Again, the lack of a clear multi-agency framework around Piotr's care would have hindered the use of the Mental Capacity Act. Within a multi-agency meeting, professionals could have considered his mental capacity from a number of angles and have professionally challenged situations in which they felt that the approach was inappropriate.

Ultimately, even if it is argued that Piotr is capacitated, this should not be the end of his care. The report of *The 2013 Mental Capacity Act 2005: Post-Legislative Scrutiny*, criticises the use of the Act in this way: *The presumption of capacity…is sometimes used to support non-intervention or poor care, leaving vulnerable adults exposed to risk of harm.*[9] The MCA Code of Practice repeatedly highlights the need

[9] Mental Capacity Act 2005: Post-Legislative Scrutiny 2013 105

to assist capacitous people with their decision making[10] or to undertake *further investigation in such circumstances.*[11]

14. Language barriers

It is understood that Piotr primarily spoke Polish. His GP notes describe him as speaking "English poorly". Some agencies made efforts to accommodate his language needs. For example, when communicating with Piotr during home visits and over the phone, the Reablement Team used Polish speaking interpreters (a Polish speaking Reablement Home Care Coordinator and Piotr's friends). The Acute Trust was aware that Piotr spoke Polish and provided an appropriate Polish translator to take a history.

However, at times the language barrier seems to have disadvantaged him, primarily in terms of access to GP services. It was reported that, in March 2023, Piotr's GP surgery required a month's notice to make an appointment due to the need to have an interpreter present. This meant that face-to-face appointments had to be made a month in advance, at a point towards the end of his life, where he required more support from his GP to manage his condition. There is also a point at which an appointment was cancelled due to the lack of an interpreter. His surgery was also sending him text messages about healthcare issues which were presumably in English.

It does seem surprising that in a borough which has been described as "the nation's hotspot for Polish-speaking"[12] it would take a month to find someone to act as an interpreter. The Acute Hospital Trust commented in its report that his *"GP surgery should have made appropriate arrangements to secure an interpreter to enable Piotr to equitably receive the care and help he needed from the GP"*.

A separate point was raised about translation at the Practitioners' Event – did translators, especially informal translators, e.g., friends, alter the meaning of what Piotr was saying and make him seem more amenable and less demanding? There is no specific evidence to support this in Piotr's case, but it is an interesting theme that professionals may need to bear in mind.

15. Smoking

Piotr was a smoker (although again he was known to deny this), and there is no evidence of this health issue being addressed with him. In the midst of a case where there are questions about alcohol dependency, poor housing, poor nutrition and

[10] Mental Capacity Act 2005: *Code of Practice 1.2*

[11] Mental Capacity Act 2005: *Code of Practice 2.11*

[12] The Guardian newspaper

serious ill-health, it is easy to lose sight of Piotr's history of smoking. However, this will undoubtedly have had an impact on his health decline.

Adult Social Care also identified concerns about Piotr as a smoker in a cluttered property. They were aware that he was known to remove the batteries from his smoke alarm. It is unclear if a conversation was held with him around safety or the presence of fire blankets or a referral to the Fire Service.

A third aspect of this is that, at the Practitioners' Workshop, Piotr was described as a heavy smoker who "didn't open the windows much when he smoked." The hypoxia associated with such an environment could impact cognitive functioning – at least in the short term.[13]

This is a brief but salutary reminder to all services of the importance of a focus on smoking cessation or encouraging people like Piotr to switch to vaping.

16. Key learning points

Piotr was a 56-year-old white Polish man. He died in May 2023 as a result of conditions related to a background history of excessive alcohol use, self-neglect, mobility issues, and poor nutrition.

At the most generic level, Piotr is a reminder of the importance of robust alcohol screening processes to ensure that alcohol-related risk is routinely and consistently identified at the earliest point. In accordance with NICE Public Health Guidance 24, best practice would ensure that the AUDIT alcohol screening tool[14] is routinely being used at assessment by all relevant professionals, whether in Primary Care, Mental Health Services, Adult Social Care, Housing or any other appropriate adult service.

Ealing has a good array of alcohol services; nonetheless, opportunities to support Piotr in the management of his alcohol use disorder appear to have been missed. He was referred to RISE in November 2022 by his support worker but there is no evidence that he engaged. Again, near the end of his life, March 2023, his keyworker considered referring him to Alcohol Services, but this did not happen.

Nothing in the notes is critical of the response from Alcohol and Drug Services. However, Piotr could have benefited from an assertive outreach approach which would have attempted to build a relationship with him in order to understand what lay behind his complex pattern of behaviour, reduce harm and motivate him towards

[13] The Impact of Different Environmental Conditions on Cognitive Function: A Focused Review - PMC (nih.gov)

[14] Alcohol Use Disorders Identification Test (AUDIT) (auditscreen.org)

engagement with treatment. The Department of Health's draft Clinical Guidelines for Alcohol Treatment emphasise the importance of an assertive outreach approach with this complex client group.

The ideal care pathway for Piotr would probably have been inpatient detoxification followed by a period of residential care / rehabilitation in a "dry environment". This would have enabled:

A time away from the home situation in a protective environment.

- A chance to properly assess him, including any possible cognitive impairment.
- The opportunity to address the substance use disorders and develop an appropriate long-term care plan.

It is unlikely that Piotr would have accepted a detoxification and rehabilitation pathway in the immediate future. Nonetheless, the importance of such pathway being available needs to be acknowledged and, as per the Clinical Guidelines, this should be relatively accessible.

With a chronic dependent drinker like Piotr, it will be important to consider the possibility that cognitive damage could contribute to the challenges presented. This was never specifically diagnosed in Piotr but there are indicators that this could have been a factor. At the least, Piotr is a reminder of the importance of considering cognitive functioning with dependent drinkers, especially those that services find hard to engage.

Piotr had various aspects to his presentation – an apparent alcohol use disorder, health issues, a significant language barrier and self-neglect. However, one issue underpinned all of these: services often found it very difficult to engage him into the care he needed.

At the organisational level, this highlights the need for a published, multi-agency procedure to guide professionals in dealing with client non-engagement. To make that procedure useful it will need to provide guidance on:

- how to judge the level of risk or vulnerability that warrants ongoing, assertive action
- how to practically intervene with hard to engage clients; and
- how to escalate these concerns and where they should be escalated to.

In particular, this process would also benefit from guidance on what techniques work with hard to engage clients.

Piotr would have benefited from regular multi-agency discussion. This would have supported clear and positive inter-agency liaison and multi-agency working. This

could have been addressed in a number of ways: as part of a safeguarding process; by having a clear policy on dealing with difficult to engage clients; by having a specific policy on calling multi-agency meetings; through referral to an existing multi-agency group; or through individual initiative by a professional.

It was specifically suggested that the existing local High-Risk Panel could be a forum for this, although this was not unanimously agreed. Whichever way this is approached, people like Piotr will benefit from a group that can step back from the day-to-day interventions and see the overall picture of the problems presented and consider ways in which these could be better addressed. This would also support better consideration of how, for example, the Mental Capacity Act might have been used.

Three safeguarding concerns were raised about Piotr: two at the start of the review period when he was homeless and one just before his death. This suggests a long period in which safeguarding concerns were not being raised. It was suggested that agencies may not have raised concerns because they assumed that others would be doing that or assumed that a referral to Adult Social Care would then automatically trigger a Section 42 referral

This does seem to suggest potential learning from this case about the need to:

- submit safeguarding concerns about people like Piotr.
- understand the difference between a Section 42 referral, a section 9 referral and a request for support.
- use professional curiosity to look behind claims by a client that they are able to care for themselves.

It was positive to note that West London NHS Trust has now developed a monthly meeting to discuss safeguarding concerns with Adult Social Care and that collaboration on safeguarding has improved. Nonetheless, Piotr's death does suggest that more needs to be done to improve the safeguarding process locally.

Piotr was twice placed under a DoLS; otherwise, the Mental Capacity Act was little used with Piotr. His care highlights three issues related to the use of the Act:

- A very specific training need within the Acute Trust highlighted by a failure to undertake an assessment prior to a DoLS decision.
- The need to remind all professionals of the importance of professional curiosity when considering mental capacity with these complex and challenging clients. A rejection of care may appear capacitated but may conceal someone who is struggling to manage their well-being.
- The importance of considering "executive capacity" when assessing the capacity of vulnerable and self-neglecting individuals like Piotr.

Piotr primarily spoke Polish and spoke English poorly. Some agencies made efforts to accommodate his language needs. However, at times the language barrier seems to have disadvantaged him, primarily in terms of access to GP services. It is a concern that in a borough which has been described as "the nation's hotspot for Polish-speaking" it would take a month for a GP to find someone to act as an interpreter.

His care also raises questions about whether translators altered the meaning of what Piotr was saying to make him see more amenable. There is no specific evidence to support this, but it is an interesting theme that professionals may need to bear in mind.

Piotr was a smoker, and this will undoubtedly have had an impact on his health decline. It will also have heightened fire risks. All services should consider the importance of a focus on smoking cessation or of encouraging people like Piotr to switch to vaping.

17. Good practice

Many agencies made efforts to help Piotr. Most professionals appear to have worked appropriately within the framework of their individual disciplines. In particular, a significant proportion of the work undertaken with him was during the period of the Covid-19 restrictions and it is clear that agencies continued to work and maintain services during that difficult period.

Although there are questions about aspects of Piotr's care, specific points of good practice did emerge:

- The persistent outreach and advocacy work undertaken by the Depaul charity floating support worker. Piotr appears to have consistently engaged with this service, accepting all the help offered.
- This service also made many referrals to other services and repeatedly reached out to try to obtain help and support for Piotr.
- The GP used the AUDIT tool with Piotr on at least one occasion.

18. Recommendations

Recommendation A

Ealing's Public Health Team should ensure that all frontline services are aware of, and are able to use, robust alcohol screening tools such as the AUDIT tool to identify and record the level of alcohol related risk for clients.

Recommendation B

Public Health Commissioners who commission and plan the development of alcohol and drug treatment services should review whether the specific needs and impacts of chronic, dependent drinkers that services find difficult to engage are identified in needs assessments and addressed in any future commissioning plans. In particular, investment in assertive outreach capacity for this group of clients should be considered locally.

Recommendation C

Ealing SAB should lead the development of local procedures that guide professionals on how to respond to individuals requiring safeguarding but whom agencies find difficult to engage. (These protocols could equally apply to vulnerable clients outside of the safeguarding context). Ealing SAB should ensure that those procedures include the option of assertive outreach and the need to escalate the more vulnerable, hard to engage clients, to a local multi-agency risk management forum for joint management. The SAB should ensure that the importance of escalating concerns about more vulnerable clients is cascaded as widely as possible through their own and partner agency communication systems.

Recommendation D

Ealing SAB should consider how to ensure that complex clients can be managed through a consistent multi-agency process. This could be through an existing group or by establishing a more specific multi-agency group for self-neglect or substance misuse.

Recommendation E

Ealing SAB should ensure that there is ongoing training or messaging about:

- the need to recognise that people with alcohol use disorders may be self-neglecting and the importance, therefore, of raising safeguarding and section 9 referrals.
- the importance of not making assumptions about other agencies taking on that role.
- the difference between these types of referrals to Adult Social Care; &
- the importance of professional curiosity in understanding what lies behind a presentation.

Recommendation F

Ealing SAB should ensure that there is ongoing training or messaging about the importance of:

- considering mental capacity with complex and challenging clients like Piotr.
- considering “executive capacity” when assessing the capacity of vulnerable and self-neglecting individuals.

Recommendation G

Ealing's Public Health Team should ensure that all frontline services are aware of the importance of encouraging smoking cessation or switching to vaping with people with alcohol use disorders and possibly wider self-neglect concerns.

Appendix 1 – Attendees at SAR Practitioners' Workshop - 11th March 2024

Attendees

Alexis Santiago	Community Matron District Nursing, Ealing Community Partners, WLNHST
Amma Bedeau	Ealing Safeguarding Adults Board Business Manager
Angela Sobers	Deputy Lead Professional Safeguarding Adults, LNWHT
Daniel Dumoulin	Director of Rough Sleeping Services, Depaul UK
James Davies	Head of Nursing, Integrated care, WLNHST
Jane Gardiner	SAR author mentee
Kate Aston	Designated Professional Safeguarding Adults, NWL ICS
Katrina Mleczko	District Nursing, Clinical Quality, Patient safety manager, Ealing Community Partners, WLNHST
Mike Ward	SAR author
Robert McCulloch Graham	Ealing Safeguarding Adults Independent Chair
Shani St Luce	Head of Service Safeguarding and DoLS, LBE
Sirra Nijie	Floating Support Worker, Depaul UK
Wenke Hanus	Named Professional Safeguarding Adults, WLNHST
Zephy Polius	Team Manager - Reablement Team, Ealing Social Service