Simon Case Summary Script

This is a briefing by the Richmond and Wandsworth Safeguarding Adults Board following the publication of the Safeguarding Adult Review, Simon.

Case Summary

Simon was a 54-year-old white British man who had a diagnosis of paranoid schizophrenia and a history of physical health problems, associated with sustained alcohol use.

Simon was known to the Recovery and Support Service, which visited Simon at home for monthly injections of prescribed antipsychotic medication.

Simon was not recorded by professionals as having learning disabilities, but his sister told the SAR reviewers that Simon had attended a special school and had severe learning disabilities. Simon also could not read or write. Simon had experienced many traumas in his life, including the loss of his grandparents with whom he had lived and following admission to intensive care in 2016 due to chronic liver disease. Simon's sister and his nephews had moved in with Simon so they could support him

Simon contacted his GP, when prompted to do so by his sister, but then did not attend hospital appointments for urgent assessment and treatment when referrals had been made for him in November 2022.

Simon was articulate and charismatic and was considered by professionals to have the mental capacity to refuse care, but to have made an unwise decision. There does not seem to be consideration of the effects of Simon's traumas when he was not engaging, and professionals did not seem to consider Simon beyond his alcohol dependency.

What did the review find?

Firstly, there is a need to consider cognitive impairments linked to chronic alcohol dependency when considering and assessing Mental Capacity.

Secondly, research shows that people who are alcohol dependent but who are not homeless are often overlooked culturally and organisationally. This can result in inadvertent discriminatory practice. Although unintentional, this can increase the likelihood that a person's rights to health and care support are not upheld. The person may not receive the right safeguarding response for self-neglect and their loved ones and carers may not be listened to or supported.

Thirdly, there is a need to use available tools to support communication between professionals and teams about a person's clinical deterioration. Not communicating or sharing information can increase the likelihood that the severity of a person's condition is not recognised, and hospital admissions are made too late.

Fourthly, there is a need to be aware that the palliative care pathway includes patients with a non-malignant diagnosis, such as end stage liver disease or heart failure. People with chronic alcohol dependencies (and their families) can benefit from palliative care services and people can be supported to die with dignity.

So, what can we learn?

1. Ensure Mental Capacity Act training is embedded in practice and promote best practice in Mental Capacity Assessments.

2. Make sure that Carers Assessments for carers of people who use substances or are alcohol dependent are robust and convey the voice of the carer with clarity and attention.

3. Make sure that safeguarding referrals about people who are alcohol dependent but which are closed after initial screening, are still given sufficient managerial oversight to make sure that the decision to close was correct.

4. Housing providers should follow their overcrowding policy.

5. Use the National Early Warning Score (NEWS2) tool across health services to support clinicians in provding timely care, support and transfer for patients who are seriously ill.

6. Raise the profile with GPs and other health and social care professionals of the palliative care pathway and ensure they are aware that it applies to people with non-malignant diagnosis including terminal conditions following substance use such as liver disease.

Thank you for listening to this briefing by the Richmond and Wandsworth Safeguarding Adults Board on the Safeguarding Adult Review, Simon.