Adult D – Brief

Adult D Case Summary

In the early hours of December 29th 2020, following an alert to the Police, Adult D, a 53 year old Polish woman was found injured in a sleeping bag, outside a block of flats in Luton. Paramedics were called and Adult D was taken to hospital. On December 30th, Adult D died in hospital as a result of head injury and liver disease. CCTV identified four people carrying Adult D from the flat to where she was found. Inside the flat there were four individuals and also a mattress with a significant amount of blood on it. A murder investigation found it difficult to determine whether the head injury was due to a fall or an assault and therefore there was insufficient evidence for a prosecution. A Coroner's inquest recorded an open verdict.

This SAR covers a period from January 2018 until just after Adult D's death in January 2021.

Analysis

The work of Noah, in particular, was a model of good practice. However, Adult D's untimely death does highlight issues from which lessons can be learned to improve local practice across **eight main themes**: Alcohol misuse | Multi-agency management | Escalation | Safeguarding | Mental Capacity | Abuse and domestic abuse | Head injury | Housing & homelessness**.** Alcohol misuse is the main focus as the one which, in part, prevented Adult D from addressing the other serious problems she faced.

Eight Main Themes

1. Alcohol Misuse: a) Working with high impact and change resistant drinkers - b) Working with dependent drinkers (general) c) Detoxification and residential rehabilitation - This report argues that given Adult D's dependence on alcohol, physical health problems and vulnerability, a pathway from inpatient detoxification into residential rehabilitation would appear to have been the best route for her in the last months of her life.

2. Multi-agency management: Multi-agency meetings have to be forums which can deliver action, where colleagues can professionally challenge each other, with a good supporting framework and membership sufficiently senior to drive action. Could Luton benefit from having a specialist multi-agency group that focuses on this client group?

3. Escalation: Even if services were working effectively, Adult D may still not have moved forward; There needs to be robust escalation pathways in place, including processes which can effectively challenge agencies to try more creative approaches to managing complex and potentially costly clients. Consider Plymouth City Council, Creative Solutions Forum (multi-agency, multi-disciplinary).

4. The Care Act and Safeguarding: As the Andrew SAR (Waltham Forest) highlights: It is not routine or shared practice to accept that chronic alcohol misuse is a form of self-neglect. This directly affects the response by professionals. This belief needs to be challenged; self-neglect by dependent drinkers is covered by the Care Act in the same way it is for other client groups.

5. Mental Capacity: Dependent drinkers are covered by the Mental Capacity Act MCA). Stage 1 of the two-stage test of mental capacity requires proof that the person has an impairment of the mind or brain. These impairments include

Key Themes contd…

the symptoms of alcohol or drug use. The second stage tests whether a person can: 1. understand information about the decision to be made, or 2. retain that information in their mind, or 3. use or weigh that information as part of the decision-making process, or 4. communicate their decision. A chronic, dependent drinker could fail any of these four criteria. There are a number of factors in Adult D's presentation that raise questions about whether she really did have mental capacity.

6. Abuse and domestic abuse: It does seem that too little action was taken to address the abuse that Adult D experienced. One IMR questioned whether the abuse Adult D experienced was seen as part of the street culture she found herself in and, therefore, not treated with sufficient seriousness. Agencies recognised the need for further training on the management of domestic abuse, specifically in the context of homeless and marginally housed communities.

7. Head injury: Adult D had poor memory and experienced repeated head injuries and seizures. Accurate understanding of her head injuries would have a) been an important element in understanding her mental capacity; b) supported the services working with Adult D to have made appropriate adjustments in the way they worked with her to accommodate her cognition; c) focused services on the need for inpatient detoxification and residential rehabilitation. However, the expectation that she should be sober for three months before being assessed is unrealistic.

8. Housing and homelessness: The location was ultimately not safe for Adult D, because she was vulnerable to people, including her partner, coming in and abusing her. It was noted by the Council's Housing Team that they do not have ready access to specialist accommodation with on-site support, which Adult D would have benefited from. This type of accommodation does not exist within the Council's housing stock and represents a gap in local service provision.

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Good Practice and Findings

- Despite the tragic outcome of Adult D's life, her care does highlight some very good practice: Noah's work conformed to best possible practice with this client group. The support and commitment from NOAH services was extraordinary. Resolutions provided psychosocial work in Polish. Adult D enjoyed this engagement with her worker. Again this is good practice. Other agencies such as the Rough Sleepers Team and Keystage Housing also seem to have made robust efforts to support Adult D.
- Adult D's care highlights the need to ensure that specialist alcohol services have a pathway to manage clients who are going to find it hard to engage with standard one to one appointment and group structures. These difficult or reluctant to engage clients will require a more flexible and assertive response. Adult D was fortunate to receive such a response from Noah; however, it is important to ensure that alcohol services are commissioned to pursue the same approach. Resolutions acknowledged gaps in this pathway.
- According to the standards set out in NICE guidance, Adult D required an inpatient detoxification. However, Resolutions were both unable to organise this in the months before her death, and seemed to be suggesting that someone with a history of alcohol-related seizures should pursue a community-based alcohol reduction programme. This suggests a problem in this pathway that needs to be reviewed.
- Adult D's situation is a reminder of the importance of considering residential rehabilitation as an option and the importance of having an accessible pathway to residential rehabilitation.
    - It was positive that multi-agency management meetings were held to discuss Adult D. However, her care highlights that simply holding multi-agency meetings is not enough, they have to be forums which can deliver action. They have to be forums where: colleagues can professionally challenge each other;
    - the membership is sufficiently senior to drive action; and
    - there is a means for escalating concerns about failures in the care pathway.
- Training would be useful on enabling participants to make effective use of multi-agency meetings and on the most effective way to chair and manage these meetings.
- Local commissioners and strategic leads may wish to consider setting up a multi-agency group (or nominating an existing group) to manage chronic dependent drinkers. This will require mapping of existing multi-agency groups and their inter-relations.
- The challenges of caring for Adult D highlight the need for robust escalation pathways (including timeframes) which can support agencies to try more creative approaches to managing complex and potentially costly clients. One model is provided by the Plymouth Creative Solutions Group.
- Adult D was subject to multiple safeguarding referrals. However, only one of these progressed to a Section 42 enquiry. A key question raised by this review, but also acknowledged by the Safeguarding Team, is whether safeguarding decisions are simply being taken in the context of the current referral or whether staff are giving consideration to the escalating pattern of referrals?
- Mental capacity decisions need to be based on a full and appropriate assessment, not simply on assumptions. It is not clear that this was the case with Adult D.
- Mental capacity assessments with clients like Adult D need to consider executive capacity. They need to consider not only whether Adult D can take a decision but also whether she can execute that decision. The compulsion associated with alcohol dependency, poor impulse control resulting from brain injury and coercion and control from others may all impact on her ability to execute decisions.
- At the very least, the basis on which statements about capacity are made should always be recorded in the notes.
- Adult D was a victim of domestic abuse, intimate partner violence and other abuse. The IMRs highlight gaps in the response to this abuse; in particular the response to domestic violence in the context of street homeless and marginally housed communities. Agencies such as Noah, the Rough Sleepers team and Resolutions all recognise the need for further training on the management of domestic abuse, specifically in the context of homeless and marginally housed communities.
- The inability to secure a "victimless" prosecution highlights that practitioners will need to understand what evidence would support such a prosecution, how that can be recorded and reported in a way that supports the Police's efforts to undertake a prosecution.

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Recommendations/Action Log		To be actioned by:	Completed Date & RAG	Outcome/ Success Measures	12 month audit: Evidence of impact
A	Substance misuse service commissioners and Resolutions, as the local substance misuse provider, should ensure that the specific needs and impacts of chronic, change resistant and dependent drinkers are identified in needs assessments, addressed in any future commissioning plans and addressed in internal service development plans. In particular, investment in assertive outreach capacity for this group of clients is required.	Public Health and Resolutions			
B	Substance misuse service commissioners should review the local alcohol detoxification pathway to ensure that it is fit for purpose and adheres to NICE guidance. In particular, it should be flexible in its response to drinkers with complex presentations.	Public Health and Resolutions			
C	Those who commission and plan the development of alcohol treatment services need to ensure that frontline staff consider residential rehabilitation as an option for clients and that it can be accessed without undue barriers. In particular, a path from inpatient to residential rehabilitation should be possible for complex clients.	Public Health and Resolutions			
D	All appropriate frontline professionals (and their managers) require training on the application of the Mental Capacity Act to people who are dependent on alcohol. This should include a recognition of the role of executive capacity and, in particular, that the physical health impacts of drinking can affect cognition and impulse control and therefore mental capacity. It is important that this training includes lessons from this and other SARs and other serious case reviews.	All agencies			

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E	The SAB should ensure training is available to enable participants to make effective use of multi-agency meetings and on the most effective way to chair and manage these meetings. Simply holding multi-agency meetings is not enough, they have to be forums which can deliver action and where: Colleagues can professionally challenge each other | the membership is sufficiently senior to drive action | there is a means for escalating concerns about failures in the care pathway.	LSAB Business Unit			
F	The SAB should ensure that there are robust escalation pathways which can support agencies to try more creative approaches to managing complex and potentially costly clients. The Plymouth Creative Solutions group offers a model. This will require a mapping of existing multi-agency groups and a decision on an escalation pathway including timeframes for a response to any escalation.	LSAB Business Unit			
G	The SAB should ensure that people experiencing domestic abuse in the context of homeless and marginally housed communities receives the same response as other people experiencing abuse.	LSAB Business Unit			
H	The SAB should ensure that practitioners across all relevant agencies receive training in how to support a "victimless" approach to a prosecution. Practitioners will need to understand what evidence would support such a prosecution, how that can be recorded and reported in a way that supports the Police's efforts to undertake a prosecution.	LSAB Business Unit			
I	Housing Services and Adult Social Care should consider whether specialist accommodation with on-site support should be commissioned locally. This is likely to be from a specialist provider.	Housing & ASC Partners			
J	The Clinical Commissioning Group need to consider whether there are ways in which the extent of brain injury or cognitive impairment in clients like Adult D can be understood without the expectation of three months sobriety.	Clinical Commissioning Group			
K	Those who commission and plan the development of alcohol treatment services may wish to consider lobbying national government for either improved guidance on using the Care Act, Mental Capacity Act and the Mental Health Act with this complex client group, or new legislation to better meet their needs.	Public Health and Resolutions			