7 Minute Briefing Safeguarding Adults Review – Alexander

ROYAL GREENWICH SAFEGUARDING ADULTS BOARD

1. Background

Alexander was a 39yr old black British man of Jamaican heritage heritage who had spent most of his adult life in in institutional care due to his mental ill health. He had a diagnosis of paranoid schizophrenia which was treatment resistant, dissocial personality disorder and comorbid mental & behavioural disorders due to use of multiple psychoactive substances. He was discharged from an in-patient setting into a 24 hour support living placement. Because of his complex needs and previous history of placement breakdown,he was placed in a neighbouring borough. Covid-19 restrictions meant he also had no face to face contact with family members during this period.He was admitted to hospital exhibiting signs of severe dehydration and malnutrition and passed away. A post mortem confirmed he had lost a significant amount of weight in the 8 weeks since his discharge. The cause of his death was a ruptured oesophagus (Boerhaave Syndrome), disseminated intra-vascular coagulopathy and urinary tract infection.

2. Why was this SAR undertaken?

Section 44 of the Care Act 2014 (and the Care and Support Statutory Guidance 2016) states that a SAR must be arranged when an adult in its area dies because of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult

3. Findings and recomendations

There should be more reference, when care palanning in relation to a persons ethnicity and cultural needs.

The use of advocacy services should be exlored further especially for those being placed out of borough

4. Findings and Recomendations

When risks are identified, the care plan should detail how those risks can be mitigated and what to do if risks are not reduced.

The Safeguarding Adults Board should seek assurance about how statutory partners will work collectively locally to increase the number of professionally qualified drug treatment staff

5. Actions to take

Greenwich safeguarding adults baord to develop a self-neglect policy.

To establish and task and finish group to ensure care plans demonstrate good practce.

To produce a legal briefing note on out of borough placements.

6. Questions to consider?

Is the GP fully engagd with care planning and the discharge process?

Have you considered how to mitigate risks of Self-neglect?

Have you consiered involving an advocate?

7. Further Reading

For more informaionvisit *www.greenwichsafeguardingadults.org.uk*. If you have any further questions please e-mail *safeguarding-adults-board@royalgreenwich.gov.uk*