

### Background

April was living in extra care housing... when she sadly had an accident that resulted in her sustaining serious injuries. April's needs have significantly increased since her accident. April had a history of mental health issues and alcohol misuse. April had had two periods of living in residential care which although it kept her safe and her alcohol use was managed, as she recovered, she stated she was unhappy and wanted to leave. Her Dols Advocate suggested they would support April to challenge the current restrictions in place via a Section 21a of the MCA. Following this a best interest meeting was arranged and the decision was made for April to move to extra care housing.

Her family supported her time and stayed with her for an extended period during this time April was independent with her support need and managed well. However soon after they returned home April's condition began to deteriorate and she experienced a number of admissions to hospital, related to increased alcohol misuse. On some occasions she self discharged and was found by police who returned her home. Care staff at the extra care setting found supporting April challenging as April declined support or was not home on a regular basis. They raised concerns with professionals however the response to the concerns was limited and the full scope issues were not fully understood.

April's mental health and substance misuse continued to deteriorate. April was found having fallen from the window in her flat, she suffered significant injuries, including broken bones and a head injury. April is now living in nursing care, she has suffered life changing injuries and although she has recovered well physically, she is still recovering from the brain injury incurred.

### Key Themes

- Working with adults with a history of alcohol misuse
- Case hand over between teams
- Multiagency assessment of risk
- Risk escalation routes

### Good Practice

Early support provided by services appeared to respond well to April's fluctuating needs and responded promptly as risks increased.

The consideration of least restrictive support was positive.

## Learning Identified

April had a long history of alcohol misuse however there didn't appear to be a multiagency risk assessment in place in relation to this. This could have included 'red flags' that would indicate that April was possibly deteriorating. This could also have included a contingency plan on how to respond in these circumstances. April's family had a wealth of information that could have supported this process but this does not seem to have been considered. Alongside this liaison between all services may have assisted to gather a full picture of April's needs. April had been known to mental health services most of her life and had several hospital admissions supported by the hospital alcohol liaison team.

There was evidence of information not being shared fully when April's care transferred from team to team, whether that be from the care home to the extra care setting or from hospital to community or from one Neighbourhood Team to another.

There appeared to be little documented about the risks associated with long term alcohol misuse and missed opportunities to consider harm reduction.

Although there was evidence of the Mental Capacity Act being utilised given the potential conflict in view about the support planning process a Welfare application may have been appropriate to ensure community restrictions could be in place such as managing April's access to money and therefore alcohol.

The Team Around the adult model would have been an ideal approach to supporting April once she had moved to extra care housing to ensure a joined up approach to recognising and managing risk.

Issues were being escalated by the provider of April's care and support however these were not thoroughly explored and there appeared to be a lack of professional curiosity in respect to gathering further information to ensure decisions were evidence based. It was recognised that visiting people rather than assessing on the phone is best practice when working with adults with complex needs where their mental capacity fluctuates.

## Recommendations

- Work to take place across the partnership to strengthen knowledge and assessments of risk for adults with care and support needs who are affected by alcohol use.
- Work to take place to embed the Team Around the Adult approach in Tameside to support multiagency risk assessment and management.
- Work to take place to improve communication between teams and organisations when care is transferred between them.
- Work to take place to improve evidence-based decision making ensuring the multiple sources are considered along with observations and discussions on home visits.