

Who was William?

William was a 68-year-old white British male who lived on his own. It is understood that he was divorced and had four children who he had brought up by himself. Some professionals had recorded that William was unable to read or write. One of his daughters who did a lot of his communication on his behalf.

William's experiences

William was a type 2 diabetic and had some cardiovascular related illnesses, epilepsy and he smoked. William saw District Nurses in his home and had home care. He had multiple hospital admissions for various reasons. A safeguarding referral was made due to apparent self-neglect. Towards the end of his life William developed two necrotic ungradable pressure ulcers and two category 3 and one category 4 pressure ulcers. William subsequently died in hospital. The cause of death was sepsis and septic shock.

Key Findings

- The care of William was impacted by the way services were delivered during the early stages of the Covid 19 pandemic in the UK.
- The only way to be able to fully assess, understand and deliver care to people with care and support needs is to be able to undertake assessments and deliver care face to face. This is important when a person is seemingly non-compliant.
- The voice of the person who may have usually been advocated for by other services was not reliably heard due to other pressures.

The full report can be found here:

<https://www.lbbd.gov.uk/adult-health-and-social-care/barking-and-dagenham-safeguarding-adults-board/safeguarding-adult>

Safeguarding Adult Review (SAR)

William

7 Minute Briefing

Recommendations

- Ensure that there is a Multi Agency Self Neglect Guidance available to support professionals
- Include prompts about literacy, BSL in assessment documentation.
- Ensure that a conversation with the coroner takes place where there has been a safeguarding referral/open Section 42 or other Serious Incident investigation at the time of an expected death.

Recommendations

- Ensure that there is a robust multi agency discharge planning process for complex cases and/or where there have been a number of failed discharges.
- The Integrated Care Board to provide an update on Business Continuity plans and any learning from the Covid Pandemic.

Key Findings

- Discharge planning meetings should take place where there are multiple admissions and circumstances that may be affecting the way that assessments of need are being made.
- William had declining health and a personality of being non-compliant with care.
- William's life may have been prolonged with day centre provision, face to face befriending, face to face assessments as well as the freedom to enter residential care without the restrictions of contact with friends and family.
- William couldn't read or write, perhaps if more professionals had known about this he could have been better supported.