

1. What is a SAR?

A **Safeguarding Adults Review (SAR)** is a statutory requirement in legislation, Care Act 2014. Safeguarding Adults Boards have a responsibility to conduct SARs in instances where it is evident abuse and or neglect has occurred, and the person has died, with evidence of multi-agency working which could have been improved. SARs can also be initiated in instances where the person has not died, but serious harm has occurred.

The purpose of a SAR is to:

Identify improvements to be made to safeguard and promote the welfare of adults at risk.

Identify systemic issues, changes to policy and practice, and to identify areas of self-improvement.

It's also to determine what could have been done differently to prevent serious abuse, neglect or a death.

They are not conducted to hold individuals, organisations or agencies to account.

2. Nancy

Nancy, a 78-year-old British woman with multiple long-term medical conditions, including heart failure and hypothyroidism, experienced a significant decline in health following an unwitnessed fall. She was admitted to Hospital in August 2022, spending 40 days as an inpatient before being discharged with equipment to manage her decreased mobility. Home care support was commissioned, and the District Nursing service managed a pressure ulcer on her sacrum. Despite support, Nancy was readmitted to Hospital with sepsis and an ungradable pressure ulcer. Following surgical intervention, Nancy's health continued to deteriorate, and she sadly passed away in October 2022. The HM Coroner noted the *'accumulation of the catalogue of errors and missed opportunities throughout the care and treatment of Nancy by those involved in her care, namely the acts of omissions as a whole also amounted to neglect'*.



3. Pressure Area Management

NICE guidance highlights the importance of a multidisciplinary team (MDT) approach in the prevention and management of pressure ulcers. This means bringing together health care professionals such as nurses, doctors, therapists, dietitians, and other relevant professionals to provide coordinated, person-centred care.

A key recommendation is early and accurate risk assessment, using validated tools such as the Braden Scale to identify individuals at risk as soon as possible. Once risk is established, the MDT should develop a coordinated care plan that includes:

Regular repositioning, with frequency tailored to the individual's level of risk.

The use of pressure-redistributing surfaces such as specialist mattresses or cushions.

Attention to contributing factors including nutrition, hydration, skin moisture, and underlying health conditions.

Importantly, NICE emphasises that effective pressure ulcer management isn't just clinical—it also involves education and collaboration. Patients, families, and carers should be fully informed about the care plan and actively involved in implementing it. This shared understanding supports continuity of care, encourages adherence to interventions, and ultimately improves outcomes.

7. Key Learning & Resources

High Quality Patient records
[NHS England » High quality patient records](#)

Information sharing in MDT's
[England nhs- information governance](#)

Care Act (2014) Statutory Guidance
[Section 42 Legislation](#)

NICE Pressure Ulcers: Care and Management

[NICE Guidance](#)

6. Safeguarding duty

S.42 applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The relevant local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary.

5. MDT Communication

A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the care and treatment of individual patients and service users. MDTs are used in both health and care settings.

All health and care professionals have a duty of care to their patients or service users. This includes sharing information to support patient and service user care. If you are working within an MDT which is providing individual care to a patient or service user, then you must share this information with the MDT.

When there are concerns in relation to the health or welfare of a person it is possible to call an MDT meeting. This meeting should be called without delays to support a collaborative approach that responds to risk.

4. Record keeping

High-quality electronic records and subsequent referrals must contain all the information needed about a person to provide good care.

This information can be relied upon to make decisions with confidence when it:

- is accurate
- is appropriately and correctly coded
- has the correct context

Missing, inaccurate, or non-standard information can, however, lead to inconsistent care, or risk the quality, and safety, of care to be delivered.