

Understanding alcohol in our care home



How to use these scenarios

These scenarios draw directly from research conducted with care homes across Wales in 2025. Each reflects a real situation described by managers, staff, residents or family members.

The pack contains:

- **Scenario Cards** — real situations to discuss as a team
- **A Grey Area** — considerations around giving alcohol-free drinks in place of alcohol
- **Next Steps** — record your team's agreed approach

There are no “right answers”. These cards are designed to prompt discussion about values, priorities, and practical responses.

For each scenario:

1. Share the scenario with the group
2. Work through the discussion questions together
3. Consider what you would do
4. Consider what your current policy says
5. Record any learning points or actions

SCENARIO 1

The evening routine

Robert is 78 and has lived in your home for two years. He has capacity. Every evening, he drinks a bottle of red wine in his room. He becomes visibly intoxicated. Your staff team feel uncomfortable supporting him to bed when he is like this. Some staff have said they feel like they are "enabling" something harmful by allowing him to drink. Robert says that this has been his routine for decades and he has no intention of changing.

FROM THE RESEARCH: *"Our team naturally want to care for somebody, and sometimes you have to kind of reinforce that, you know, he is making these decisions. And although we may perceive it as an unwise decision, ultimately it's still his decision."* — Senior Manager

Discussion Questions

1. Robert has capacity to make this decision. What does that mean in practice for how you respond?
2. How confident are you in assessing somebody's capacity in alcohol-related scenarios?
3. Staff feel uncomfortable. How do you support them while respecting Robert's rights?
4. What health risks should be considered even when someone has capacity?
5. What would you document in his care plan? What would a risk assessment include?
6. At what point, if any, would you consider this situation unmanageable?
7. Does, or should, your home have guidance that helps staff navigate situations like this?

SCENARIO 2

A glass of wine

Doris is living with early-onset dementia and frequently asks for a glass of wine with her evening meal. In the past, when she had wine, she became unsteady and fell. Her family have provided non-alcoholic wine for her. Staff offer her "a glass of wine" each evening without saying that it contains no alcohol. Doris seems content. A new member of staff has raised concerns about whether this is honest.

FROM THE RESEARCH: *"It is amazing the placebo effect when residents think they are drinking alcohol but they are not."* — Staff member

When surveyed, 47% of social care leaders who responded stated that honesty is required.

Discussion Questions

1. Doris is happy. Her fall risk is managed. Is there an ethical problem here?
2. The new staff member may have a point about honesty. How do you respond to their concern?
3. What is the difference between "not specifying" and "actively deceiving"?
4. What documentation would you need if you were going to continue this approach of giving Doris alcohol-free drinks without telling her?
5. Where does your team stand on this practice?

Shared space

David enjoys a whisky in the lounge each evening. He has capacity and his drinking is not problematic for his own health. However, another resident, June, is in recovery from alcohol dependency. Her family have asked that she not be exposed to alcohol or others drinking alcohol. David's evening drink takes place in the same space where June spends her time. June has now started asking for whisky too.

FROM THE RESEARCH: *“When it impacts on the wellbeing of the person living next door, it’s a different kettle of fish, isn’t it? So, it’s about managing the impact.”* — Senior Manager

Discussion Questions

1. David has done nothing wrong. Do you approach him, and if so, what would you say?
2. What are June’s rights in this situation? What about her family’s wishes?
3. How would you handle June’s request for a glass of whisky?
4. What practical arrangements might help both residents?
5. How do you balance one person’s right to drink against another’s need to avoid triggers?

SCENARIO 4

A difficult evening

Graham moved in three months ago. He has a history of alcohol dependency and mental health difficulties. It is Saturday evening at 7pm. Graham is distressed, demanding to leave the building to "get a drink." He is becoming increasingly agitated. You have concerns about his capacity in this moment. Your on-call manager is unavailable.

FROM THE RESEARCH: *"We can't get any support. We've tried the crisis team. We've tried everybody... I think it was 11 agencies they rang...Nobody was available. The staff felt very vulnerable."* — Senior Manager

Discussion Questions

1. What would you do right now to keep Graham and others safe?
2. Do you know who to call in a crisis like this?
3. What training would help staff feel more confident in situations like this?
4. After the immediate crisis passes, what needs to happen next?
5. How do you support staff who have been through a difficult shift like this?

Behaviour change

Mary has always enjoyed "a glass or two" of wine in the evenings. Recently, this has become half a bottle, then a full bottle. Her behaviour after drinking has changed. She has become verbally aggressive towards staff and has frightened another resident. She still has capacity. She says that her drinking is "none of your business."

FROM THE RESEARCH: *"Behaviour is not an issue unless it impacts on others...I would not hesitate to say to people, this is unmanageable, and we give notice...if people make choices, then people need to accept that there may be consequences."* — Senior Manager

Discussion Questions

1. Mary has capacity to choose to drink. Does she have the right to behave aggressively?
2. How do you have an honest conversation with Mary about the impact of her behaviour?
3. Could you reach a compromise or agreement with Mary?
4. At what point does this become a safeguarding concern as regards other residents or staff?
5. Under what circumstances would you consider asking someone who behaves like Mary to leave the home?
What would need to happen first?

A positive step

Thomas is 72 and has lived in your home for six months. He has recently visited his GP, who advised him to reduce his alcohol intake due to a new medication. Thomas approaches a member of staff and says he would like help cutting down from his usual two glasses of wine each evening. He is not dependent on alcohol, but he is motivated to make a change. Staff want to support him but are unsure what advice to give or who to contact for guidance.

FROM THE RESEARCH: *When surveyed, 63% of care home staff said they rarely or never consult external professionals about alcohol-related concerns. Only 19% have received training specific to alcohol dependency. — Care Home Questionnaire, 2025*

Discussion Questions

1. Thomas is asking for help. What would your first step be?
2. Do you know where to access advice on alcohol reduction for older adults?
3. How might you support Thomas practically while respecting his independence?
4. What role, if any, should his GP or other health professionals play?
5. How could you make sure Thomas feels supported without feeling judged?

A new neighbour

Priya moved into your home three months ago. Her family have explained that alcohol plays no part in their cultural or religious life and have asked that she not be seated near residents who are drinking. Some other residents enjoy wine at mealtimes and social events. Staff are unsure whose needs take priority and how to manage mealtimes and shared spaces sensitively.

FROM THE RESEARCH: *The research identified homes supporting cultural practices around alcohol, including an Italian resident for whom wine with meals was accommodated as part of their cultural heritage. Person-centred care means understanding how culture, religion and gender shape each person's relationship with alcohol. Site visit findings, 2025*

Discussion Questions

1. How do you respect Priya's cultural and religious values around alcohol?
2. Would you approach other residents regarding Priya's needs? And, if so, how?
3. How might your own cultural background or assumptions influence how you approach this?
4. What practical arrangements could help everyone feel respected in shared spaces?
5. Does your care plan process capture cultural or religious perspectives on alcohol?

A Grey Area

Considerations around giving alcohol-free drinks in place of alcohol



Grey area: Non-alcoholic substitution

Some care homes use non-alcoholic drinks as substitutes for residents who ask for alcohol. The research identified different practices. These categories are not judgments but prompts to consider and explore the degrees of transparency and consent identified by the research.

Informed choice

What it looks like:

The resident with capacity knowingly chooses a non-alcoholic alternative.

Example:

Mrs Davies knows she's on medication that doesn't mix with alcohol. She decided she'd prefer alcohol-free wine so she can still drink with others at dinner.

Concerns:

- Minimal concerns

Ambiguous offering

What it looks like:

Offering "a glass of wine" without specifying alcohol content. Relying on ambiguity.

Example:

We pour it and say, "Here's your wine". Phil has never asked if it's got alcohol in. We've not lied exactly, but we've not told him either.

Concerns:

- Deception by omission
- Undermines informed consent

Substitution without disclosure

What it looks like:

Actively encouraging belief that a non-alcoholic drink contains alcohol.

Example:

Jason's daughter brought alcohol-free beer and said to tell him it's the real thing. He can't tell the difference.

Concerns:

- Direct deception
- Consent cannot be given

Discussion: Non-alcoholic substitution

As a team, consider:

Where does each of these practices sit ethically? Is there a difference between "not specifying" and "actively deceiving"? What would your home's position be?

Discussion questions:

1. Have we ever used non-alcoholic substitution? In what circumstances?
2. How would we feel if someone gave us or a family member an alcohol-free drink without saying?
3. What safeguards should be in place for each approach?
4. Are there situations where deception might be the best option?
5. How do we balance honesty with wellbeing?

Next steps

Our approach to alcohol use by residents is...

What are our guiding principles? How do we balance autonomy with safety?

Our approach to non-alcoholic alternatives is...

When, if ever, would we use them? What guidelines would we put in place?

Our approach to behaviour caused by alcohol is...

How do we respond when drinking affects someone's behaviour? At what point do we intervene?

Our approach when drinking affects others is...

How do we protect other residents while respecting autonomy? What practical arrangements help?

Understanding alcohol use in care homes

These scenario cards are based on research conducted across Wales in 2025, commissioned by Alcohol Change UK and carried out by Practice Solutions and Age Cymru.

The full research report is available at: www.alcoholchange.org.uk

For advice and information, email: contact@alcoholchange.org.uk

