

Case Study Two: Mr R – Dementia Non-MCA compliant Hospital discharge

Summary

Mr R, who has physical and mental health needs, was discharged from hospital in a non-MCA compliant manner, without an appropriate advocate involved in the decision-making process. His placement subsequently broke down as the care home was not fully aware of all of his needs. Following this, he was admitted to a mental health ward. The IMCA involved raised concerns about how the hospital discharge process fits into the MCA and how important the role of an IMCA is in ensuring decisions are made in the best interests of the relevant individuals.

Background

Mr R had been staying in an acute ward in hospital and was deemed medically fit for discharge awaiting a nursing home placement. Mr R was subject to the 'discharge to assess' scheme. This scheme is in place to relieve some of the pressure on hospital beds and place people in alternative accommodation to hospital whilst awaiting assessment for NHS Continuing Health Care funding. The patient, instead of waiting in hospital for the Decision Support Tool (DST) for Continuing Health Care to take place, is discharged into a nursing home (paid for by health budgets) until that assessment has taken place. It was thought that Mr R did not have an appropriate family member or friend to advocate for him, so was referred to the IMCA service. However, the decision to place Mr R in a care home had been made before any advocate for Mr R had been consulted which goes against the principles laid out in the Mental Capacity Act 2005.

IMCA report

'On 20th February I had a conversation with a CHC assessor who contacted me to see if I wanted to attend Mr R's DST. I advised that I was waiting to hear from Health whether or not they wanted me involved, as they had consulted with Mr R's son, and who is going to take responsibility for making the best interests decision regarding accommodation. The CHC assessor advised that once the DST takes place she will contact me with the outcome.

The care home In-Reach Team then contacted me on 3 March, advising that she had concerns about Mr R: his placement was breaking down as the home were unable to meet his needs. She felt that he needed to be moved as it was not an appropriate placement. She also expressed concerns as to the speed in which he was discharged from hospital. When she made contact with care home M initially, it queried her involvement, and it became apparent that it had not been made fully aware of his mental health needs. This may have affected it accepting him if it had known this information from the outset.

Unfortunately Mr R was admitted that same day to a mental health ward.

Barriers

The main barrier to this case appears to be how the legal framework of the Mental Capacity Act fits into the Discharge to Assess process, or to be more precise, how the Discharge to Assess process fits into the MCA for those who likely lack capacity to consent to being a part of that process.

Outcome

Mr R was moved to a placement which could not meet his needs and then admitted to a mental health hospital due to a breakdown of that placement. Could the outcome have been different if IMCA involvement had been facilitated, or indeed if the Discharge to Assess' process was modified?