

## Case Study Four: Mrs Z – Acquired brain injury

### Summary

Mrs Z has an acquired brain injury and needed a best interests decision made as to whether she should have a PEG feed inserted. Correct application of the principles of the MCA meant the least restrictive option was explored and Mrs Z was able to make improvements in eating and drinking so the PEG was no longer needed.

### Background

Mrs Z has an acquired brain injury and a best interests decision needed to be made as to whether she should have a PEG feed inserted. She was being treated in hospital, but ordinarily resided in a care home.

### IMCA report

*'There was some delay before an IMCA started case work in relation to this decision as Mrs Z had been transferred to another ward for urgent medical care and the PEG decision had been delayed. On contacting the ward on 28 January I was made aware that the PEG was planned to be inserted on 30tJanuary. I therefore made arrangements to visit the ward on 29 January. I spoke to various medical professionals that were involved with Mrs Z, her social worker and home manager from her previous address. I also consulted her medical notes. This enabled me to represent to her medical team that a capacity assessment needed to be documented in relation to the PEG decision. I could not see evidence of this in her medical notes. They also needed to advise that consent Form 4 had to be completed for PEG insertion – this is the form that guides doctors/medics through the best interests process and two doctors have to sign if the person lacks capacity and the MCA is being used. It was noted that one son and daughter in law were consulted in relation to previous medical treatment decisions. Therefore, I asked the decision-maker to determine if family are appropriate to consult and if so take on board their views. I also identified others who the decision-maker may need to consult. I was able to see evidence to suggest that Mrs Z had started taking on nutrition orally. I therefore highlighted that the need for PEG had to be reviewed in light of this. I was able to see evidence that Mrs Z pulled out her Nasogastric tube and as a consequence DoLS had been applied for. I provided information that prior to Mrs Z's injury, it was reported that she enjoyed her food but was not a big eater. I found out that Mrs Z does not like having anything around her face. I highlighted that Mrs Z's accommodation may be impacted on, depending on the outcome of the best interests decision. If the PEG does go ahead this could result in her not being able to return to her previous residence as the staff may not have the appropriate training for this.*

*I presented my representations were to Mrs Z's medical team. A couple of days later I was informed that the PEG did not go ahead on 30 January as planned. Instead as she had started to take on nutrition orally, it was agreed that her medical team would monitor her over the coming days and only if her oral intake has not improved/increased over the weekend then it will be put in place on Monday 10 February."*

### Barriers which were overcome

The IMCA service was made aware that there were ongoing safeguarding concerns regarding family and therefore it was deemed necessary for an IMCA to be

appointed for this decision. The IMCA was unable to meet with Mrs Z as her family turned up whilst they were on the ward. This made it difficult for the IMCA to intercede at this point. There was no later opportunity to meet her either, because the best interests decision about having PEG inserted was urgently needed. Therefore, the IMCA was not able to ascertain Mrs Z's wishes, and she was represented using a rights-based approach.

### **Outcome**

Mrs Z continued to make improvements with regard to her eating and drinking. As a result, and due to the fact she was doing so well, the PEG was no longer required. If there had been no IMCA involvement on 29 January to explore her ability to take on oral nutrition, and highlight that less restrictive options should be explored first (i.e. meeting Mrs Z's nutritional needs in a different way), the PEG may well have gone ahead for 30 January as planned.