

Case Study Nine: Mrs L – Challenging capacity assessments

Summary

Mrs L needed treatment for a physical condition which required a hospital stay – prior to this she had been living at home with a support package, but was hostile to carers. She was placed in a care home temporarily, which appeared to be against her wishes, and a decision had to be made about whether this would be permanent. With IMCA intervention she was able to return home with a care package which she was more amenable to.

Background

Mrs L is a 67-year-old woman with Korsakoff's syndrome. She was placed in short-term care in a residential home following a hospital stay as she needed ongoing treatment for her leg edema in this type of setting. Mrs L had previously lived in her own home with some support before her hospital stay. A decision was needed as to whether Mrs L was to remain at the current care home long-term. It was a possibility for Mrs L to return to her own home if her legs were to improve. She was happy to be at the current care home but had been asking when she could go home. Her understanding was that she was at the care home as a temporary measure until her legs improve. When Mrs L was at her own home she would not let services in to provide support. She refused all support and was reclusive.

IMCA report

'Upon meeting with Mrs L it was clear that she was unhappy being at the care home and wanted to be able to live more independently. Discussion was had with the social worker (who was the decision-maker for this case) regarding Mrs L being unhappy in the care home. We discussed deprivation of liberty and I requested that the social worker speak with the care home about this in order to decide if it was appropriate for a request for a DoLS authorisation. I also raised the fact that when Mrs L had an assessment of her capacity a month ago for the accommodation decision, it was not a clear outcome and it deemed that Mrs L may have fluctuating capacity. I requested a new assessment for this decision. A meeting was called and it concluded that the issue of Mrs L's capacity was not clear in relation to the accommodation decision and also for the care and treatment of her legs and that these assessments needed to be re-taken. A DoLS assessment was not applied for due to Mrs L being more settled at this time. I was informed at a later date (when capacity had been revisited) that Mrs L was now deemed as capable of making her own decisions and she had expressed a wish to return to her home. Before I requested a reassessment of Mrs L's capacity the options discussed included Mrs L returning to her home and the implications of her not allowing carers in to treat and manage her legs. Discussions implied professionals were leaning towards ensuring she remained at the current care home. I advocated for what appeared to be the least restrictive option for Mrs L: one where she could live more independently (own home) yet still receive the care and support she needed. Discussions were had around supported-style living as a possible option. Mrs L was variable in her wish of where she wanted to live depending on who she was speaking to as professionals gave differing accounts of Mrs L's views. What was consistent from Mrs L was that

she wanted to return to her previous style of living which gave her more independence.'

Barriers which were overcome

Decisions regarding treatment of Mrs L's legs and her future accommodation were being considered before there was clear evidence of whether she did or did not have capacity to make these decisions. I raised this and explained the process around decision-making and the Mental Capacity Act and requested reassessments of time- and issue-specific capacity assessments for each decision needed. The home was strongly urged to consider Deprivation of Liberty Safeguards when Mrs L was in distress about being at the home. This was not deemed necessary in the end as Mrs L became more settled, however, it was important to raise the care home and social worker's awareness of this type of potential DoLS situation. In the meeting and in my report (which was written before the capacity assessments were retaken), I advocated for a lesser restrictive environment for Mrs L such as supported living or returning home with a care package. Discussion was had around how work could be done with Mrs L so that she was more amenable to allowing services into her home. I felt there was potentially more work that could be undertaken with Mrs L to increase her understanding of her situation and need for intervention (as per principle 2 of the MCA 2005).

Outcome

Mrs L returned home with a care package. Work was to be undertaken with Mrs L to ensure she receives appropriate care for her legs. She made her own decision to return home. It seemed that in earlier contact the social worker's view was that Mrs L was to remain at the care home and other options were unlikely.