7 Minute Briefing Vince

1 – Background

Vince was an active man but in his last year his mental health and mobility deteriorated. During the review period Vince was living in his own home supported by his family, home care (commissioned by Adult Social Care), District Nurses and GP.

As his health deteriorated, his needs became more complex and he was diagnosed with Alzheimer's. He had periods of time in respite care at a local residential home and also received hospital care.

Vince died following admission to hospital with sepsis from an infected pressure ulcer.

2 – What happened?

The District Nurse raised concerns about Vince managing at home but there were delays carrying out moving and handling assessments which led to delays providing equipment.

Whilst individual agencies communicated there was a lack of multi-agency coordination to plan and review care as Vince moved between services.

As Vince's mental health deteriorated decisions about his care were being made without him, including the GP who agreed to stop Vince's medication at the request of his family.

3 - Findings

- Procedures to coordinate care were not initiated
- Safety concerns were raised by individual agencies but were not escalated to a multi-agency safeguarding enquiry
- The family wanted to be involved but agencies missed opportunities to support them in their caring role

4 – Mental Capacity Act

Practitioners and agencies must focus on listening to the voice of the adult and involve them in decisions about their own care.

In this case the principles of the **Mental Capacity Act** were not embedded into practice and there was no evidence that Mental Capacity Assessments, **Best Interest Meetings**, or consent processes were explored with Vince or his family.

5 – Organisational Learning

Agencies must ensure that staff participate in MCA training and audit a sample of cases to ensure MCA policies and procedures are embedded into practice.

Primary Care Safeguarding leads to share this case study with General Practitioners and ensure training is routinely undertaken to increase knowledge and ensure consistent application of the Mental Capacity Act.

6 – Learning for Teams

Please reflect on the findings and share any ideas to help embed the lessons and improve practice:

- How can you support your service to make sure multi-agency care plans are routinely initiated?
- How do you deal with the challenge of assuming capacity until evidence to say otherwise, with the need to carry out timely assessments as needs change.
- Can the documentation of capacity assessments and Best Interest decisions be improved within the team?
- Please use this case study to discuss MDT working within neighbourhood clusters.

7 – Recommendations

Adopt policies to actively engage with families providing care and offer support for end of life planning.

Provide training on multi-agency Safeguarding policies and procedures and audit cases to ensure safeguarding concerns routinely escalated.

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