

Please note the content of this training scenario is correct as of July 2024. It is up to individuals using the scenario to confirm if there have been any subsequent changes in case law or guidance requiring inclusion prior to use.

## Scenario 9 (Nursing Home Based)

### Background:

Mabel was a 90-year-old widow who lived in her own home in Lancashire and had a diagnosis of dementia. Mabel had no living family members and her only relationships were with her neighbours. She had a small package of care in place which supported her with elements of her daily living. The district nurses (DN) were visiting twice a week for wound care to her leg following an accident. The carers reported to their manager how Mabel's neighbours had mentioned they had seen her in her garden late at night, seemingly looking for something and she hadn't been appropriately dressed for the weather. The neighbour had approached Mabel in the garden, on separate occasions to ask if she was okay and Mabel was quite distressed by the neighbour's questions. The next day, Mabel didn't appear to remember the incident and changed the topic of conversation. The involved professionals were becoming increasingly concerned due to signs Mabel might be experiencing memory issues, evidence she was losing weight and she no longer appeared to be managing her personal appearance / hygiene as she previously was.

### What we did:

#### Community

The care agency and the DN made a referral to Lancashire County Council for a review of her package of care. A social worker was allocated who visited Mabel to complete a review. During the visit, Mabel said how she was doing fine and how the carers were great. The social worker reflected on the concerns in the referral and asked if they could check her kitchen to ensure Mabel had enough food in. There was minimal tinned food in the cupboards and the food in the fridge was all out of date. In one of the kitchen cupboards, there were packets of unopened medication and blister packs. The social worker asked Mabel about the medication and Mabel said how she always remembered to take her medication as she knew how important it was.

Given Mabel's responses, the medication, losing weight and the lack of food the social worker explained how they needed to undertake a capacity assessment. The social worker explained what a capacity assessment was and the decision which would be considered would be Mabel's ability to consent to how her care and support needs were being met. They arranged another visit to complete the review and the capacity assessment. A referral was made to advocacy to support Mabel through these interventions. The social worker determined Mabel lacked capacity relating to her understanding of her care and support needs.

Mabel's package of care was increased, but her memory and independence continued to decline. A further capacity assessment was completed regarding Mabel's decision to remain at home or move into a care home. Mabel was deemed to lack capacity to make this decision and a best interest's decision was made on Mabel's behalf to move into a residential home.

#### Care home

The care home manager received Mabel's assessment and support plan completed by the social worker. With the managers knowledge, Mabel was supported moving into the home following a best interest's decision, they applied for a Deprivation of Liberty Safeguards (DoLS). The DoLS legal framework is to ensure people who are not free to leave their residence, in a care home or hospital, aren't being deprived of their liberty unnecessarily. A Section 12 doctor, approved by the Mental Health Act, would be arranged to complete a capacity assessment for the DoLS. The capacity assessment is to determine if the person can consent to their care, treatment and residence. A Best Interests Assessor (BIA) will

complete the best interest's assessment. The assessment is to establish if the restrictions are proportionate and are in the persons best interests.

Issues with Mabel taking her medication continued even when living in the care home. Mabel had become increasingly paranoid about the staff and shared her belief of the medication being poison. The care home manager contacted the GP surgery, requested a review of Mabel's medication and for the GP to consider a capacity assessment for the decision for Mabel's medication to be administered covertly. The care home also needs to ensure they have their own capacity assessment for the decision and they have a policy for covert medication.

### **Useful Links**

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