

## 7-minute briefing

RL was a gentleman who experienced both mental and physical ill-health over many years. He also lived in a cluttered environment that over time became more extensive as his health needs increased. RL had a long history of variable engagement with a wide range of professionals and services offering him support. He had several acute mental and physical health admissions and when living back in his home remained under s117 (Mental Health Act) aftercare.

In 2019 he was found deceased in his home. He was 58.

A request for a Safeguarding Adult Review through Norfolk Safeguarding Adults Board was made by the housing association who knew him well. There was evidence to show that the agencies involved with him had worked hard to support his complex needs, and there was no indication that multi-agency failure was implicated in his death.

However, a Multi-Agency review was completed, which did identify several professional practice reminders from this case:

### Mental Capacity Act (MCA) assessment

- MCA assessment is time and decision specific – this means that an assessment on one day for one reason should NOT be used to decide about the same thing, or another decision, on another day. This is essential to remember when an individual has an early stage cognitive impairment or fluctuating mental ill health. It is also essential for maintaining a person-centred approach.
- All practitioners have a responsibility to complete their own MCA assessments relative to the decision they are asking the person to make and to actively play their part in any multi-disciplinary approach.
- Where an individual has been assessed to lack capacity in respect of their care, and subsequently makes a decision to refuse care or self-discharge from an acute setting, practitioners need to have a good understanding of the actions they can take, or how to seek advice.
- Remember to consider Executive Capacity – explore and seek evidence that the person can actually carry out the decision they have made, even if they appear to meet the various ‘tests’.

### Person-centered Approaches

- Explore needs holistically – you may identify additional needs, even if those are not your primary role / focus, which can support the individual and effective multi-agency working.

- Recognise the complex needs of someone who has multiple presenting issues – consider that these will link / overlap and impact each other, and need to be understood as a whole, rather than as separate needs.
- Recognise how this will affect the individual – think about how many different people and agencies may be involved – how might this impact on how the person engages with services, or views intervention?
- Any agency involved can call a multi-disciplinary meeting to consider complex cases, exploring risks and interventions as a group rather than single agency approaches.

### Mental Health Act

- Practitioners need to be confident in their understanding of what legislation applies in what context, for example where the Mental Health Act may supercede the MCA. Where there is uncertainty, advice must be sought.

### Resource Implications

- There will always be pressures in the health, social care and housing systems in terms of resources, but, where identified support services are not immediately available, practitioners MUST show in the record how they have considered, assessed and mitigated risk, and involved the person or their advocate in any alternative decision.