**Best Interest Decision – Complex Part A**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | MJones  | Address | Oak Trees,  |
| Eclipse number |  | NHS number |  | DOB | 1926 |

|  |  |
| --- | --- |
| Type of form (Form A or Simple Form) | Complex |

|  |  |
| --- | --- |
| Decision being made | Where M will live in the long-term for his care and support needs to be met.  |
| Is this a short or permanent decision? | Permanent |

|  |
| --- |
| **The person’s mental capacity for this decision** |
| Date of assessment of capacity | 11-May-2021 | Name of person who completed the assessment | JN |
| Might the person regain capacity to make this decision? | No |
| If yes, can the decision be delayed to allow for this? |  |
| Is there any disagreement about this assessment? | No |

|  |
| --- |
| **Legal decision-making authority** |
| Does anyone hold a registered Lasting Power of Attorney to make this decision, or has anyone been appointed as a Deputy by the Court of Protection to do so? | No |
| If yes, who? |  |
| If no, who will be the decision maker | Somerset County Council |

|  |
| --- |
| **How has the person who this decision is about been involved in the decision making discussions?** |
| M has previously been involved in discussions about his care and accommodation but would not engage with discussions on 13th August when I visited repeatedly telling me he needs to go down the corridor to his home in Street. Oaktrees staff report that he still talks about returning to Street although this has lessened over the past couple of weeks.  |
| Was a Care Act Advocate or IMCA involved? | Yes |
| If yes, give their name | TY- Paid DoLS rep |

|  |
| --- |
| **Summary of the assessed care and support needs** |
| **The assessment of care and support needs was undertaken by:** |
| Name | JN |
| Organisation | ASC |
| Date of assessment | 19-Aug-2021 |
| It concluded that the person requires the following care and support |
| Nutrition - M is now choosing not to eat a great deal. M is refusing to get out of bed and so staff are raising the end of the profiling bed to enable him to sit up a bit to reduce the risk of choking. Staff have found if they sit him too far forward he is in pain. M now requires assistance for all eating and drinking. He is usually receptive to sips of water and enjoys his morning bowl of porridge. He tends to eat about half of his main meal at lunchtime (which requires cutting up as recommended by SLT), but he is usually not very interested in food by teatime and may have a couple of bites of his sandwich. M's family note that he has always enjoyed his food and this is something that is important to him. M's weight has remained fairly constant since he has been at Oaktrees and he was last weighed in July when he was 92kg. Staff have been unable to weigh him since he has taken to his bed a couple of weeks ago but Sharon (manager) thinks it likely he has lost weight, particularly muscle, due to his decreased appetite and refusal to get up from his bed. Personal Hygiene - M requires 2 to 3 carers to provide personal care on the bed using slide sheets. M is not always receptive to personal care interventions which staff believe is due to him being in pain which is currently being monitored and pain patches trialled. Staff sometimes have to leave and return to try again later when M is more receptive.Toilet needs - M is now doubly incontinent and this is managed using pads in bed. 2 to 3 carers are required to support with changing pads and providing personal care on the bed. Being appropriately clothed - M requires the support of 2 to 3 carers to change his clothes using slide sheets on the bed. He is able to choose his own clothes if he will engage with carers. Being able to make use of the home safely - M has a profiling bed with a foam mattress. A pressure alarm mat is placed by the side of the bed to alert staff if M tries to get up without assistance. M has been refusing to get out of his bed for the last couple of weeks and so there are no concerns regarding falls risks. Prior to M refusing to leave his bed, transfers from bed to chair or chair to bed were made using a hoist and support of 2 to 3 carers. M is still able to use his call bell, although when staff arrive he will sometimes swear at them and refuse support, which Sharon (manager) believes is as a result of the pain he is in and his frustration at his situation. M is not physically aggressive but does shout and is sometimes sexually inappropriate in his language. Maintaining a habitable home environment - M is reliant on staff to ensure his environment is clean and habitable.  Maintaining relationships - M was placed at Oaktrees with his wife, S in the hope that the relationship could be maintained. However, M was often unpleasant to S when staff brought them together in communal areas for meals, accusing her of having affairs and shouting and S found this upsetting and embarrassing and has refused to come out of her room to see him for many weeks. M's step granddaughter visited initially with her young children but the last time she visited M refused to see her and he has done so ever since. Sharon advised that M now rarely mentions S or asks to see her and often appears to have forgotten about her. Night needs - M's sleep pattern is erratic and he may be awake until the early hours and sleep in the day He sometimes shouts out first thing in the morning or later in the evening and staff try to reassure him. Nursing needs - Community nurses visit at least every other day to dress M's legs (he has had cellulitis in both legs since December 2020) and are also now monitoring a urine burn on his right side.  |

|  |
| --- |
| **Options considered to be available at this time** |
| Older Person's mental health placement at SHouse providing specialist 24 hour nursing care funded by adult social care. |

|  |
| --- |
| **Options considered to be available at this time** |
| Older Person's mental health placement at CL providing specialist 24 hour nursing care funded by adult social care. |

|  |
| --- |
| **Options considered to be available at this time** |
| Older Person's mental health placement at ANH providing specialist 24 hour nursing care funded by adult social care. |

|  |
| --- |
| **Options considered to be available at this time** |
| Older Person's mental health placement at HNH providing specialist 24 hour nursing care funded by adult social care.  |

|  |
| --- |
| **Options NOT considered to be available at this time** |
| Remaining at Oaktrees. M now requires specialist mental health nursing care which Oaktrees residential home cannot and are not registered to provide.  |

|  |
| --- |
| **Options NOT considered to be available at this time** |
| Returning to the flat in Street which he lived several years ago. M has expressed his wish to return to his flat in Street but this is not an option as somebody else now lives there and the County Council would be unable to fund the 24 hour double up care that M now requires even if the flat were available.  |

|  |
| --- |
| **The person’s known views about the options considered above** |
| M consistently states he wishes to return to his flat in Street and will not engage in discussions about any other options.  |

|  |
| --- |
| **This part of the form was completed by** |
| Name | JN |
| Job Title | Social Worker |
| Organisation | ASC |
| Contact Details |  |
| Date of assessment | 26-Aug-2021 |