

The Mental Capacity Act, used correctly, is a tool to enable people to lead really brilliant lives. It is a framework for supporting people who have been assessed as lacking capacity to make decisions for themselves to really be included in those decisions.

At people First we have the privilege of working alongside people every day to have their voices heard and their rights and choices respected, this includes people who may not be able to make decisions for themselves. Our aim is to keep people central to decisions being made around them and have their past, present, and future feelings, wishes, values and beliefs included.

You can find more about our organisation here www.wearepeoplefirst.co.uk

This case study below has been anonymised and is not from the local area. This can be used in team meetings and training to explore:

- Where is the Mental Capacity Act relevant in this case?
- Where was the Act applied correctly?
- Were there any missed opportunities?

Bob, a man in his 60s loved motorbikes- he lived for the feeling of being free to roam the roads and took long trips to explore different parts of the UK on his bike. Unfortunately, Bob had a motorbike accident which resulted in substantial injuries which impacted on Bob's daily life. He was no longer to ride his bike, move around with ease and required support with his personal care, meals and getting out and about. Bob struggled to come to terms with what had happened during the accident and how his life had changed afterwards, his mental health deteriorated. After a mental health act assessment, he was detained under the Mental Health Act for a period of assessment.

After a further period of treatment, Bob received a diagnosis of Paranoid Schizophrenia. Once discharged from the mental health unit, Bob was supported at home by a family member however his condition continued to deteriorate and the family member was unable to continue to provide care and support for Bob.

Bob was detained again under the Mental Health Act and after a period of treatment. Bob was assessed as lacking capacity to make a decision about where he would move to, to receive the right care and support to meet his needs and a best interests meeting resulted in Bob being discharged to a residential care home.

Not long after moving to the care home, Bob wandered into another residents room. This resident was female and although he was supported to leave without any impact on the woman, professionals around Bob decided that Bob should not remain at accommodation where there were both male and female residents. Bob was then moved to 'male only' accommodation which was and was a further two hours away from his family and his home.

The new care home assessed Bob as lacking capacity to consent to his care and recognised they were depriving him of his liberty; Bob was under continuous supervision and control and he was not free to leave. The manager of the home made a Deprivation of Liberty Safeguard (DOLS) application to the local authority and placed an urgent authorisation on Bob to enable the care home to meet his care and support needs.

People First received an advocacy referral for Bob, highlighting Bob was unsettled and was expressing wishes to leave the care home and return home.

The advocate visited Bob at the care home and introduced herself and explained her role. Bob advised that he was incredibly unhappy in the residential home and he wanted to return to his own home. The advocate explained Bob's rights to appeal his DoLS through the Court of Protection and Bob was very keen for this. He did not feel listened to and was frustrated that he was not able to see his family much. He did not understand why he had had to move so far away from home.

The advocate contacted a solicitor to act on Bob's behalf and the application to the court was raised.

The advocate continued to visit Bob on a regular basis. However Bob began to get more and more frustrated with the time it was taking to let him go home and explained that he did not belong in residential care. Bob did not agree with him being unable to go out on his own and could not understand why he was being locked inside and under constant supervision. The advocate continued to offer reassurance and explained the process throughout the visits.

Bob became so frustrated with the length of time it was taking, Bob decided that he no longer wanted to be compliant with his medication for Paranoid Schizophrenia. Bob's rationale behind this was if he no longer took his medications he would be detainable. Bob said he had more freedom when he was sectioned under the Mental Health Act and he would rather be sectioned then remain under his DoLS.

Bob continued to refuse his medication despite reassurance and encouragement from professionals around him.

Bob ran away from the care home and was eventually found by Police Officers. However Bob was adamant he did not want to return. Due to deterioration in his mental health, Bob was sectioned under the Mental Health Act and taken to hospital.

Due to the section, the care home served Bob notice and therefore the DoLS expired.

After a discussion with the advocate, Bob's solicitor agreed to act as his mental health solicitor and agreed to continue representing Bob throughout his case.

The advocate contacted Adult Social Care and requested Bob be allocated a social worker ready to start a new care and support needs assessment to support his discharge from hospital.

Whilst in hospital, Bob started to take his medication again and his mental health improved. He remained consistent that he wanted to live nearer to his home and not return to a care home.

With the advocate's support, Bob engaged in his needs assessment and the social worker was able to identify that Bob could live in extra care housing, he didn't need to live in a residential home or a 'male only' locked unit.

The solicitor continued to represent Bob until he was discharged and researched how Bob had ended up in this position. It was found that when Bob had his motorbike accident, there was no treatment or testing done for a head injury. The advocate and Bob requested that he received a scan to establish whether he received brain damage from his accident. It was found that Bob did have a brain injury which was no longer treatable with rehabilitation due to the time gap.

Bob has now been discharged into extra care housing. He is not far from his home and has regular contact with his family. He is even being supported to work on an old motorbike.