

## YY

YY had long standing complex health conditions which caused him to experience periods of anxiety and depression.

YY had developed ways self-managing his conditions, including restricting his diet. He had a history of not acting on the advice of health professionals and often didn't attend appointments at hospital.

YY was admitted to hospital following a fall which resulted in a fracture. On admission, he was found to be emaciated and professionals were concerned about the possibility of self-neglect.

Further examination revealed a grade 3 pressure ulcer, whilst in hospital the pressure ulcer deteriorated to a grade 4, and two others developed.

YY frequently declined to be re-positioned and failed to take the advice of the health professionals on his oral intake and risks. But YY was deemed to have mental capacity.

YY was discharged into a nursing bed to continue his rehabilitation. Whilst in the nursing home, the staff had concerns about his condition. A mental capacity assessment found that YY had capacity to understand the significance of information being provided about his care needs and discharge plans, and the likely adverse consequences if he did not follow professional advice.

Less than four months later YY was found in an unresponsive state, and he was re-admitted to hospital. He was found to be seriously ill because of sepsis, malnutrition and dehydration. YY died a few days later.

## What was the learning from the review?

YY continued to frequently ignore professional advice. Staff struggled to balance YYs right to choose whether to accept treatment and advice and their duty to safeguard him from harm.

There were delays and missed opportunities in raising safeguarding concerns, and making referrals to specialist services.

Capacity may be impacted by complex health conditions and mental health, in such cases a very robust capacity assessment is required to fully understand if an individual is able to make decisions about care and treatment.

There are significant differences in how agencies evidence professional judgements. When not coordinated this can lead to challenge and confusion.

Referrals to mental health need to be clear as to whether they are a referral for general assessment or assessment under the Mental Health Act. The right intervention could have resulted in a different outcome for YY.

Referral to the Court of Protection should not be determined by anticipating the outcome of the case going to court

Coordination in the discharge planning process would have resulted in more seamless continuity of care.

It is important for staff to have a way to escalate concerns and risks about cases that are complex and or challenging.