

Case study on mental capacity

Business



Be able to manage the risks presented when balancing individual rights and professional duty of care 4. 1 Describe ethical dilemmas that may arise in own area of responsibility when balancing individual rights and duty of care 4.

2 Explain the principle of Informed choice 4. 3 Explain how issues of individual capacity may affect informed choice 4. 4 Propose a strategy to manage risks when balancing individual rights and duty of care in own area of responsibility Mrs. X has diagnoses of early stage of dementia moved in to our community from her own home, where she was independent and on the assessment family did not mention any concerns.

Mrs.

X moved in to independent living where on the first day of admission did not show any signs of concerns apart being a bit confused . However on the first night of admission she was wandering from room to room looking for a way out and believed that she is living “ Just around the corner” not really aware of whole situation She believed she is just in the hotel -night staff on duties reassure her and she went back to bed After few hours sleep resident packed her own bags and left the building at its time, she was very confused not knowing where to go and what to do and she began to show signs of verbal aggression.

My role as a manager is to act in the best interest of the resident and I immediately informed my local safeguarding team , had a conversation with our GAP and family -in the family meeting where we did decide to assess her

needs again by involving a psychiatric nurse who did a mental capacity assessment.

Resident moved in to Reminiscence department this same day with agreement of family and other refashions , however reminiscence department is a secure unit where all door are coded and Mrs. X felt Like In prison, as a manager to make sure that she has her rights I did get the deprivation of liberty department (DOLS) Involved where Mrs.

X was assessed for the mental capacity and It was decided that for her best Interest Is to stay in dementia unit. Mrs. X had a DOLS in place for 6 months with a review after it would expire.

Mrs. X always wanted to take a chance and leave the building using her good communication skills asking relatives of other residents to open the door for ere .

I did make sure that all that is in her service user plan , and her risk assessment(all updated regularly), and the DOLS are reviewed. I make sure that all staff in whole community were aware of the resident trying to use a lift Just to go out and the current and possible risks of her doing that.

In the potential risk if Mrs. X will find a way of leaving the building on her own staff is aware of the missing resident policy. I did put a plan in place were all staff In the building are aware and they always Wait until lift closed before they attempted to make any move.

Our encourage is aware that if Mrs. X will be on her own downstairs to call immediately a team leader. Mrs. X family are aware of all the situations by regular family meetings and phone call conversation.

Mrs. X is going for a regular walks were all staff is involved in taking near out-sometimes every now and then. It seems to Nell near Ana seen is calmer afterwards, Mrs.

X is aware that this all is in her best interest and that the care staff are always available for her if she wants to go to the shops or outings. Mrs. X is always coming at around 8-am in the office shouting that she wants to go home and that we have no rights to keep her.

After offering reassurance and a conversation with her every morning I am showing her the paper work from DOLS where it is explained why and by whom the decision was made. After these conversations Mrs.

X is sad but understands why she is living now in Reminiscence department and that we have a best interest to promote her independence and wellbeing. All team members are aware of that situation and know what to do when Mrs. X wants to “go Home” Mrs. X is aware of all actions we put in place as it is her right to know.