

Case study: Miss Powell

Miss Powell is a 63-year-old woman who has had a diagnosis of moderate to severe learning disability since birth and has been more recently diagnosed with epilepsy and an autistic spectrum condition with challenging behaviour. She has lived in institutional care since the age of 5. Miss Powell's parents are dead and she has three siblings. Two live abroad and are rarely in contact. The third, her sister, lives in Scotland, holds deputyship for her property and affairs, arranges for her care home and other bills to be paid, and is in monthly phone contact with the home.

You are a BIA and are assessing Miss Powell in the specialist learning disability nursing home where she has lived for twelve years with five other residents. Prior to moving to this home she lived in another care home for ten years after being discharged from a long stay hospital. Miss Powell's current home is staffed 24 hours a day with sleeping night staff who are woken if she is awake at night by a movement alarm in her bed. The front door and gate are both locked and Miss Powell is unable to operate the locks or independently leave the home without the assistance of staff.

Miss Powell relies on staff with washing (including two to one support when bathing), dressing, transfers between bed and wheelchair (one to one support needed), moving around the home and garden, eating, drinking, meal preparation, access to activities and social contacts. Miss Powell is monitored regularly in case she has a seizure as these can be sudden and have required hospitalisation at least twice in the last two years.

Miss Powell is prescribed a significant level of medication for her medical conditions which include Carbamazepine for her epilepsy which also acts a mood stabilizer, Zopiclone for sleep and Risperidone for agitation. Miss Powell's medication can be given covertly if she refuses it and there is a capacity assessment, care plan and best interest's decision in place for this.

Staff at the care home inform you that Miss Powell has twelve one to one hours per week funded by the local authority to go out to places she appears to like e.g. where there are animals or to local gardens. They inform you that sometimes when the support worker arrives she sometimes becomes agitated and screams so the support worker does not take her out (two occasions in last three months according to her care records).

All of Miss Powell's communication is non-verbal. Staff in the home interpret the sounds she makes (e.g. grunts, screams and clicking) and her body language (e.g. looking away, holding hand up), though at times she becomes frustrated as she is clearly not being understood. A speech and language therapist assessed her a year ago and they were not able to identify any particular methods to aid communication with Miss Powell. As a result, the home have gathered only very limited information on Miss Powell's preferences, views and wishes.

Your capacity assessment was very limited as she quickly became agitated even though her key worker accompanied you and the assessment was conducted in her own room in the late morning when she is usually at her most alert and relaxed.

The staff report to you that Miss Powell can get upset with other residents in the home when they get too close to her or are loud. There is one other resident in particular who shouts which can make Miss Powell very agitated when they come near her. Miss Powell is reported to have always been sensitive to noise and staff explain that she will scream loudly and may hit out at staff so they should give her time to calm down.

You speak to the social worker who recently completed an annual review with Miss Powell and they explain they have been considering whether a supported living placement in an adapted flat with her own carers might be more appropriate considering her dislike of noise and other residents invading her space. This has not yet been set up as it is not clear where this will be as her sister in Aberdeen (deputy for property and affairs) would like Miss Powell to move closer to her.

You speak to the sister in Aberdeen who accepts the care Miss Powell receives at the care home is acceptable for the time being, though she does not think she goes out often enough. She has spoken to the social worker and suggested Miss Powell could be moved to Aberdeen so she can be more involved and would like her to have her own home but is not sure how to go about this as she is unsure how the social care system in Scotland works. The sister cannot visit more than twice a year at present and when you explain the RPR role would mean taking an appeal to the court of protection if Miss Powell asked her to, she laughs saying "that would be a first" as Miss Powell has not been able to speak since birth.

You now need to make your decision about whether the current care and treatment Miss Powell is receiving is in her best interests.