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| **BEST INTERESTS DECISION RECORD FORM** |

**Record of actions taken to make a best interest decision**

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| **Name of Person:** | Ahmed |
| **Name and Role Of Decision Maker:** | A social worker |
| **Date and Time of assessment:** | No formal Best Interests Meeting took place due to the inability to agree a suitable time for all parties, however best interests discussions were had with those consulted 2/4/2025 and 3/4/2025 |
| **Please give the name and status of anyone who assisted with making this best interest decision:** | |
| |  |  | | --- | --- | | **Name** | **Status** | | Ahmed | The person | | Caroline Smith | Neighbour | | Dr. Arnold | Consultant in hospital | | Noreen | Daughter | | |
| **Description of the decision to be made:** | |
| To decide on the care and accommodation arrangements that are in Ahmed’s best interests when he leaves hospital. | |

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| **PART 1 – MENTAL CAPACITY TO MAKE THIS DECISION AT THIS TIME**  **Every adult should be assumed to have the mental capacity to make a decision**  **unless it is proved that they lack capacity.** | | |
|  | **Response** | **If the response is YES, please provide your comments, including a description of the mental impairment and how it is affecting the person’s ability to make the decision.** |
| Has the person been deemed to not have the mental capacity to make this particular decision at this moment in time? |  | Yes. A capacity assessment took place on 27/3/2025 and it was established Ahmed is unable to make the decision about care and accommodation arrangements on discharge from hospital. |
| If you have answered **YES**, **PROCEED TO PART 2 of this document.**  If you have answered **NO**, **then the person is the decision maker** | | |

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| **PART 2 – DETERMINING BEST INTERESTS** | |
| **Working out what is in someone’s best interests cannot be based simply on someone’s age, appearance, condition, or behaviour.** | **Please provide your commentsbelow** |
| **The Persons Wishes:** What are the person’s past and present known wishes, feelings, and values? How have these been taken into account? | Despite Ahmed’s confusion around the nature of the decision be made, during the mental capacity assessment he commented on how important his family is to him and that he wants “to be close to them, no matter what happens”.  I have also visited Mr. Ahmed on the ward since assessing his capacity to identify his wishes and feelings for the proposed discharge options. His daughter was also present. He spoke mainly in Punjabi, but this was in the presence of his daughter and a nurse who also spoke Punjabi. Mr. Ahmed again re-iterated the importance of family to him and also said he wants to be able to listen to the Quran.  It has not been possible to fully identify previous wishes and feelings, but his daughter informed me that he always used to say “Please never let me go into one of them places [a care home]”.  Ahmed was also a popular figure in his local community and appeared to take a lot of enjoyment from going out to the local shops. |
| **Written statements:** Have you considered any written statement made by the person when they had capacity? | I have consulted others and there are no known copies of any written statements. |
| **Encourage Participation:** What have you done to enable the person to take part in making the decision? | * I tried to promote Ahmed’s engagement in the mental capacity assessment, where his views were sought on future care options. * I have re visited Ahmed on the hospital ward to further discuss the decision and the options available. * His daughter and a nurse who both speak Punjabi were present to promote his engagement. |
| **Regaining Capacity:** Is the person likely to have the mental capacity to make this decision at some date in the future and if so can the decision be delayed until then? | No. Due to the nature of Ahmed’s dementia, this is a progressive condition and it is unlikely he will regain capacity. Unfortunately, the decision can’t wait as he is medically fit for discharge and has no grounds to remain in hospital. |
| **Independent Mental Capacity Advocate:** Is it appropriate for an IMCA to be instructed regarding this decision? If so, what is the IMCA’s view?  [See Chapter 10 of MCA Code of Practice] | Because Ahmed’s daughter and neighbour have been consulted and because one of the options isn’t for long term care in a care home an IMCA isn’t required. |
| **Relevant Circumstances:** What are the views of other people who know the person best, including any Care Act advocate? | Ahmed has now been in hospital for 4 weeks following a serious fall at home, which caused him to break his hip. The hip has been replaced and he is now ready for discharge.  I have assessed him as requiring 24 hour support once discharged from hospital and he lacks capacity to consent to the care and support he needs.  It has been identified that Ahmed was already struggling with various aspects of his wellbeing before his fall and he required considerable support from his daughter and neighbour. After Ahmed’s fall and operation, I have assessed him as having needs for care and support across a 24-hour period – in specific relation to his personal care, behaviour, his mobility, and medication management.  When carrying out this best interests process, I have spoken to:  **Caroline Smith (neighbour) on 2/4/2025 via telephone** – Caroline has said she thinks it is in Ahmed’s best interests to move to a care home as she doesn’t want to have to keep worrying about him living at home alone. She explained that she is very fond of him, but that she loses sleep because of the stress and is unable to support anymore because of her own health.  On discussing what Caroline is worrying about, she commented that Ahmed would frequently be seen wandering across their road at night with no clothes on and has nearly caused various collisions. She has to bring him in and wait until the morning until his daughter arrives.  Caroline also commented that when she pops into see him, he has been leaving the gas on and leaving trip hazards on the floor.  Caroline said that she knows Ahmed’s daughter, Noreen, is very important to him and that from knowing him for 20 years, he is a very proud and dignified man. She said he would be mortified to think he was in the situation he was living in.  **Dr. Arnold (consultant) email discussion on 3/4/2025** – He thinks that Ahmed needs time to recover outside of hospital. He thinks a care home is needed.  Dr. Arnold has explained that Ahmed’s recovery could take up to 6 weeks, and that he needs close monitoring to ensure that he doesn’t put too much weight on his hip. Dr. Arnold also advised that Ahmed has been attempting to leave his bed without support, which further increases his falls risk. He said he would be very concerned were Mr. Ahmed to be in any environment where there wasn’t 24 hour supervision at least immediately, and is aware that Noreen wants him to live with her (which is not immediately available).  Dr. Arnold observed that Ahmed is very particular about his food and has only eaten South Asian cuisine since being in hospital. He said he is not aware of any other expressed views.  **Noreen (daughter) face to face discussion on 3/4/2025**  Noreen explained that she wants her father to stay in hospital a few more weeks until she can make arrangements for him to go home to live with her with a package of care. Her and her husband and daughters will provide support when carers aren’t there. Noreen explained her father would hate to be in a care home and always said he would never want this. Noreen was against the option to move to a care home on an interim basis.  However, when it was explained to her that it was not possible for her father to remain in hospital, and that his infection risk and rehabilitation potential would be undermined, she agreed that a short-term move to residential care would be preferable, but identified she would want Ahmed moving to hers to be explored shortly.  Noreen explained family and religion is very important to Ahmed and that he would not want to live in a care home for any longer than absolutely necessary. She also raised concerns about the quality of food in a care home and said her father will only eat food he is familiar with and that’s halal. She said her father is also very particular about hygiene and she is worried about how this would be provided for in a care setting. She mentioned that before his dementia worsened, he was a very proud and dignified man and would not want to be in a position where he was being found half-dressed in the street. |
| **Least restrictive option:** How have you given consideration to the least restrictive options for the person? | In theory, the least restrictive option is for Ahmed to move to a community setting (his home or his daughter’s home). Whilst these options can be explored further down the line, these options are not viable at this point in time.  Ahmed’s own home poses various risks to him, which would need to be addressed before he could return there. Moreover, it has been identified that his daughter (who is a significant form of support) is unable to be there 24 hours a day and his neighbour is no longer willing to support.  It is possible that Ahmed’s needs could be met across a 24-hour period at his daughter’s home with a package of care, however the room Ahmed would use is not currently fit for habitation and there are access issues to/from the property that need resolved. |
| **Other Considerations:** What other factors have you considered such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision? | Ahmed has particularly close bonds to his family. Moreover, he refuses to eat food that is not prepared in a certain way (halal) and is very particular about the type of food he eats.  Ahmed is also a Muslim and, although he no longer prays, his daughter and neighbour have informed me that it is important to him to still be able to maintain his faith (having a copy of the Quran, listening to the call to prayer, having audio of the Quran available and being cleaned with water after using the toilet) |
| **Disagreement or challenges:**  Is there any objection from anyone else to this decision? Is a best interests meeting required? | Ahmed’s daughter, Noreen, initially objected to the option for Ahmed to move to a care home from hospital, however has now agreed this will be in his best interests, provided family can visit him and his religious needs are met there, until such time that a move to her house can be explored. |
| **The decision:** Having considered all the relevant circumstances, what decision / action do you intend to take? How is this decision in the best interests of the person? Describe any other options and explain why this one is the best for the person. | It has been agreed by all consulted parties that it is in Ahmed’s best interests to move to a care home on a interim basis whilst he recovers further from his hip surgery.  Due to the nature of Ahmed’s dementia, he has minimal grasp of his care needs and there is evidence that there was a decline in his wellbeing when living at home. Coupled with his particular vulnerability as linked to the hip operation (with him trying to leave the bed often, thus increasing his falls risk), he requires skilled 24-hour supervision to prevent serious injury and to promote his recovery; and he requires a suitable space where additional equipment can be provided. This can all be offered in a care home, which is a necessary and proportionate measure to support his discharge from hospital and to account for his needs at this time. A further fall could have very serious ramifications for Ahmed and prevent achievement of his wish to avoid long-term care.  That said, this will only be in his best interests if the care home are willing and able to accommodate Ahmed’s faith-based needs.  This decision needs to be reviewed as it is possible that as and when his hip is fully healed the need for additional equipment will have reduced and, by that time, alternative less restrictive options may be available. This includes the option of living with his daughter. |

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| **CONSIDERING THE OPTIONS:** Ensure you have carried out the necessary risk assessments and this is reflected in the best interest option chosen. Ensure wherever possible the least restrictive option is chosen, whilst being in the best interests of the person. | |
| **Description of Option 1:** | |
| Move to a care home for a period of further assessment. | |
| **Advantages / Benefits** | **Disadvantages / Risks** |
| * Will prevent Ahmed from coming to further harm due to his falls risk and attempts at wondering when he can’t weight bare. * Will enable Ahmed to recover and to see if his condition improves to be able to return home in future. * Skilled care staff will be able to meet his needs for care and support * This will provide time for alternative options to be available longer term. * Faith-based needs can be provided for (in the right placement) | * Ahmed has previously explained he would not want to be in a care home; * He may become distressed and disoriented. * It will not enable him to have the contact with family that he desires, which could affect his emotional wellbeing. * He will not be living directly in the community he has been a part of for 20 years. |
| **Description of Option 2:** | |
| Move back home with a package of care. | |
| **Advantages / Benefits** | **Disadvantages / Risks** |
| - This is an environment that Ahmed is familiar with and he knows.  - He has long-established ties to the local community  - Some of his needs could be met at home. | - Ahmed’s property poses various risks to him.  - His neighbour is no longer able to provide support.  -24 hour care is not achievable at his home. Nor is this financially viable. A 4 call a day maximum would not meet his needs, and risk of harm and compromised dignity (important to Ahmed) would exist.  -other parties all agree this is not suitable presently. |
| **Description of Option 3:** | |
| To move in with his daughter | |
| **Advantages / Benefits** | **Disadvantages / Risks** |
| * This will enable Ahmed to be with his family. * His faith based needs can be met * There will be 24 hours of support available. * This is within Bradford and near to where his home is. | - His room is not ready and specialist equipment is needed which there is not space for  -Access ramps would likely be needed.  -It is not Ahmed’s own home.  -He would likely be deprived of his liberty there. |
| Details of Chosen Option | |
| Option 1 has been chosen. | |

**Date Assessment Completed:** 3/4/2025