**Anonymised Case Study**

Mr Y an 86yrs old gentleman diagnosed with severe comorbidities, type 2 diabetes, chronic back pain and left sided leg pain which flared up now and again. He had a past history of heart attack and a history of alcohol dependency, he drank a 500mls bottle of whisky a day. He mobilised with a Zimmer frame. Mr Y lived in his own home along with his wife Mrs X who has ill physical health and an adult son who has mental health issues. Mr Y used to work as a mechanic with the British Army.

Mr Y had a history of frequent falls and long lie on the floor which led to hospitalisation. On one of the incidents, Mr Y was found by LAS lying on a mould of bottles. Mrs X stated that she fed him alcohol when he was on the floor and placed a plastic bag behind his bottom to toilet. The wife and the son would leave him on the floor for hours to weeks before calling an ambulance. It appeared as though Mr Y was being fed in cups of water with dead flies floating. The longest long lie was about six weeks. From 2019 to 2020 Mr Y had 6 hospital admission due to sepsis as a result of multiple pressure ulcers all over his body including on his face (category 3, 4s).

According to LAS, the house was damp with mould and heavily clattered with faeces on the walls. There was no hot water in the property. On admission to hospital Mr Y appeared dishevelled with maggots coming from his body, was disoriented and emaciated.

Whilst in hospital Mr Y expressed concern that his wife and son needed help but nothing was done about his concerns. Mrs X nor the son neither visited Mr Y during the admission period.

Of the 6 hospital admissions, Mr Y self -discharged from hospital on 3 occasions and declined follow up care. He was deemed to have mental capacity to discharge himself. He self -discharged against medical advice as he felt that he needed to go home to look after his wife and son. Because Mr Y declined aftercare support, on three occasions he had no follow up resulting him being hospitalised again.

On his fourth admission, he agreed to go to an interim placement, a care home, while the OT arranged the decluttering of his home. He declined to pay for the deep clean and self-discharged from the interim placement.

He was under the DN team for wound management. The DN was not aware of Mr Y’s home situation and did not refer him to the GP practice nurse when he self-discharged again from the interim placement.

Questions:

* What issues have you identified including categories of abuse?
* What lesson could be learnt from this case?
* What is BHC process for patients who are difficult to engage with services or are non- concordant, self-neglecting or hoarding
* What should you do when a person who has full mental capacity acts in a way that is a risk to their safety or well-being?