



**7 Minute Briefing**  
**AA**

Recommendations:  
For the discharge team to be involved where a patient has complex needs and is hoping to return to supported living. This should be a multi-agency response.

AA was a 56 year old woman who had a Learning Disability. She moved into supported living accommodation in 2014 after her mother's health started to deteriorate. She was able to make day to day choices but required support to make bigger decisions, or for these to be made through best interests. AA enjoyed shopping, watching TV and pampering.

AA suffered from Todd's paresis which left her with weakness following seizures. She was admitted to hospital following a particularly severe seizure which left her with permanent left sided weakness. Upon discharge her mobility and health had deteriorated and her needs were not able to be met within the supported living environment resulting in her move to a care home for respite.

Recommendations:  
To raise awareness of the policies around PEG feeding, PICC lines and nil by mouth within the hospital setting.  
Working with North Lincolnshire to ensure clarity around submitting a Continuing Health Care Assessment

Recommendations:  
Awareness raising for acute staff on the differences between supported living, residential care and nursing care.  
All agencies need to be aware of how to escalate to the CCG and have access to the incident app  
The issue of DNACPR's to be raised with the life planning group.

AA's case was initially reviewed through the LeDeR process. It met the criteria for a multi-agency review which was undertaken through the established SAR/SILP group.

Professionals including SALT and physio tried to organise a transfer to a different care home as her health was deteriorating but were unsuccessful due to the admissions criteria and they were unaware of how to escalate their concerns to commissioners. AA's final admission to hospital resulted in issues with feeding. She would not tolerate a naso-gastric tube. A PEG was fitted but AA was nil by mouth for a number of days. AA also had a PICC line and IV access.