



**RCT Adult Services  
DoLS  
Steve's Case Study**

The Deprivation of Liberty Safeguards Team (DoLS) work with individuals in residential and nursing settings, who have been found to lack the ability to make informed decisions about their care and accommodation. We are privileged to work with a broad range of people across adult service user areas to ensure there are safeguards in place and prevent arbitrary restrictions. With these assessments, it is more typical to see someone who has been found to lack mental capacity in this area. Although, there are cases where this is less clear cut.

Steve (*pseudonym*) was a 54-year-old man living in a residential home that supports people with complex mental health and neurological needs. Steve had previously suffered an Acquired Brain Injury following an accident, which left him with cognitive impairments, challenges with his mobility and rehabilitation needs around independent living. Steve had been assessed as lacking mental capacity to make decisions about his hospital discharge, as he was poorly orientated, showed signs of distress and had a lack of understanding of his vulnerability. Those involved in Steve's care later made a decision in his best interest for him to move to a residential home.

When I arrived for the assessment, Steve was happy to meet me. He appeared lucid and engaged in the assessment, providing insightful answers about his needs and care arrangements. He had a poor recollection of the accident, which is not unusual given the trauma of his brain injury. Steve seemed aware of his challenges and rehabilitation goals and hoped to be able to move on to a tenancy in the future. After speaking with Steve, I believed that he demonstrated the ability to make informed decisions about his care and accommodation. Steve showed significant progress in comparison to available assessments from the time of his admission. He was happy at the home but given the high support levels, he expressed concern that a long-term placement may result in him losing aspects of his autonomy. The Home Manager was in agreement and believed that they could support Steve to work towards a step-down environment.

I made several recommendations for his Care Team's consideration, with the anticipation that this would progress his case. These included that Steve receive a review of his Care Plan, a referral for neurological rehabilitation and made Steve's wishes known in relation to his desire to move on in the future.

Steve has since stepped down from the residential environment and is living in his own property with a tenancy. He has a few weekly hours of floating support via an independent living organisation. This has been a positive outcome, providing Steve with greater control over daily activities and enabling him to live in his hometown, closer to his family.

In this instance, through the DoLS process it was determined that Steve had regained capacity to make decisions relating to his accommodation for the purposes of receiving care and support, thereby no longer meeting the criteria for a DoLS standard authorisation.

With a Human Rights perspective the DoLS process ensures a person-centred approach, protecting individuals from unnecessary restrictions on their liberty and in this case led to wider discussions about ways to consider Steve's ongoing recovery and means to support his ongoing independence while safeguarding his right to make these decisions for himself. This case highlights the wider importance of safeguards in shining a light on those whose voices may not otherwise be heard and promoting their rights and freedoms.