Concern raised by the coroner	Background information and supportive evidence	Action	By When
1. **I have doubts that the location of Mr Kinzley's care was appropriate. Mr Kinzley was a socially isolated adult suffering from a profound neurological disorder and mental illness.**	The Nursing Placement was arranged and facilitated via the Discharge to Assess hospital pathway and the provider identified as suitable to meet his care and support needs. Once placed a further review was undertaken and in Feb 2023, a referral was completed for an Independent Mental Capacity Advocate (IMCA) a Mental Capacity Assessment completed, and a referral was made to Occupational Therapy Services. From our records there are no concerns raised by the OT, SW or IMCA relating to the suitability or otherwise of the placement. The Local Authority records confirm that the outcome of the IMCA involvement (as requested by Cranbrook and Loxford Locality HASS) was that it was in Mr Kinzley's best interest to remain long-term in his current placement where he remained up until his tragic death. The care home advised that they were able to continue to meet his needs. Mr Kinzley stated (as part of his review), that although he did not want to remain in his current placement, he did not want to move anywhere else and that he is being cared for in his current place. Mr Kinzley was scheduled for an annual Adult Social Care Review in February 2024 (unless notified by the care home of any significant changes in his presentation or care and treatment needs).	All adult placements are based on an assessment of the individual's needs prior to placement.	**Completed**

2. **No formal assessment of Mr Kinzley's capacity was undertaken whilst a resident at the nursing home. Such an assessment may have resulted in an advocate acting as his voice in his best interests.**	Mr Kinzley was formally assessed by both duly qualified and authorised BIA and S12 doctor (05/07/2023) following an application by the Care Home for a DoLS authorisation given the level of restrictions placed upon him with his care and treatment in the accommodation. Both agreed he lacked capacity regarding matters relating to his accommodation, care and treatment at the care home. A recommendation was made for the maximum permissible duration of an authorisation of 12 months. As part of the DoLS procedure Mr Kinzley had access to an advocate (Independent Mental Capacity Advocate (IMCA) and the IMCA was consulted with by the Best Interest Assessor given Mr Kinzley's lack of capacity. The IMCA hereby acting as his voice regarding considerations of his best interests regarding accommodation, care and treatment.	BIA/S12 doctor and IMCA	**Completed**
3. **During the same period, Mr Kinzley was not referred for a mental health assessment despite:** **a. His history of mental illness.** **b. His history of deliberate self-harm.** **c. His history of accidental self-harm when agitated.** **d. His deteriorating mental state during the month prior to his death.**	From the enquiries we understand the Cambridge Nursing home staff identified that MK was at risk of self-harm and referred to his GP in October 2023 following the usual process. The Local Authority were not notified of any changes to Mr Mark Kinzley's mental health during his stay at Cambridge Nursing Home.	The Local Authority will deliver targeted training to care providers regarding safeguarding, escalation processes/and risk identification. It will be emphasised to all providers that if there is any indication there is evidence of a risk of self-	**6 months from date of submission**

	.	harm or other harm to health, that the Local Authority is informed at the same time as the health professionals and an appropriate safeguarding notification made to the First Contact Team.	