The Care Certificate

STANDARD 9: AWARENESS OF MENTAL HEALTH, DEMENTIA AND LEARNING DISABILITY

9.1 Understand the needs and experiences of people with mental health conditions, dementia or learning disabilities

9.1a List how someone may feel if they have:

1. Mental health conditions such as:

a) Psychosis

b) Depression

c) Anxiety

a) Psychosis – Is a mental health condition that causes people to perceive things differently from those around them. This might involve hallucinations or delusions.

* Hallucinations – where a person hears, sees and, in some cases, feels, smells or tastes things that aren't there; a common hallucination is hearing voices

* Delusions – where a person believes things that, when examined rationally, are obviously untrue – e.g. thinking your next door neighbour is planning to kill you.

b) Depression – Is a an illness that affects people in different ways and can cause a wide variety of symptoms, ranging from lasting feelings of sadness and hopelessness, to losing interest in things once enjoyed and feeling very tearful.

c) Anxiety – is a feeling of unease, such as worry or fear, which can be mild or severe. Anxiety is the main symptom of several conditions, including panic disorder, phobias and post-traumatic stress disorder.

2. Dementia

Dementia is an umbrella term for conditions involving cognitive impairment, with symptoms that include memory loss, personality changes, and issues with language, communication, and thinking. Dementia is not a normal part of aging - while small short-term memory decreases are an expected part of aging, dementia causes serious impairment and can hugely impact quality of life.

Types of Dementia

- Alzheimer's
- Parkinson's
- Huntington's

- Vascular Dementia
- Normal Pressure Hydrocephalus
- Lewd Body
- Frontotemporal
- Creutzfeldt-Jakob
- Wernicke-Korsakoff
- Mixed Dementia

Vascular dementia is the decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving brain cells of vital oxygen and nutrients. Lewd body dementia is a type of progressive dementia that leads to a decline in thinking, reasoning and independent function because of abnormal microscopic deposits that damage brain cells over time. These are the two most common types of dementia.

Creutzfeldt-Jakob is a notifiable disease and has a national unit based within The University of Edinburgh. The unit compiles world-wide statistics on this form of dementia and acts as a support mechanism for those with the disease and for the medical community.

3. Learning Disabilities

“Learning disabilities” is the term the Department of Health use within their policy and practice documents. They describe a learning disability as a:

- Significantly reduced ability to understand new or complex information, to learn new skills
- Reduce ability to cope independently which starts before adulthood with lasting effects on development

The issues may be physical, social or psychological and will affect the individual in different ways.

A learning disability affects the way a person learns new things in any area of life. It affects the way a person understands information and the way they communicate. People with a learning disability have difficulty in: understanding new or complex information; learning new skills and coping independently. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and be independent, but take a bit longer to learn new things. Others may not be able to communicate at all and have more than one disability, such as Profound and Multiple Learning Disability (PMLD). People with L.D. can often feel very frustrated and angry due to people’s lack of understanding or inability to communicate. They can also feel very lonely and isolated.

9.1b Explain how the above conditions may influence a person’s needs in relation to the care that they may require.

As HCSW/ASWC you will experience supporting people with some of these conditions. Whether a person has a Mental Health condition, Dementia or a Learning Disability, these will require a specialist diagnosis of their care needs which will be influenced by the causes and symptoms they present with, be they physical,

psychological/emotional, or social. From this assessment of person-centred needs, an appropriate care package will be identified with a comprehensive provision of support.

9.1c Explain why it is important to understand that the causes and support needs are different for people with mental health conditions, dementia and learning disabilities.

People with a mental health condition, treatment may involve using a combination of:

a. Antipsychotic medication – which can help relieve the symptoms
b. Psychological therapies – the one-to-one talking therapy, cognitive behavioural therapy (CBT) has proved successful in helping people, and in appropriate cases, family therapy has been shown to reduce the need for hospital treatment in people with psychosis.
c. Social support – support with social needs, such as education, employment or accommodation.

People with Dementia

A diagnosis of dementia can be very traumatic for a person and their family. There are many different people whose professional roles can involve support for people with dementia, such as social workers, GP's, dementia care advisor, manager with overall responsibility for residential/nursing home or domiciliary care ensuring quality and reliability of service delivery.

People with Learning Disabilities.

Services for people with learning disabilities vary dependent on the person's diagnosis of disability, assessment of person-centred needs and includes:

a) Supported living – enabling independence
b) Day care resource centres – to promote social interaction and develop active participation.
c) Residential Care – providing all daily living needs when unable to live independently
d) Where appropriate the use of Personal Assistants

9.2 Understand the importance of promoting positive health and wellbeing for an individual who may have a mental health condition, dementia or learning disabilities.

9.2a Explain how positive attitudes towards those with mental health conditions, dementia or learning disabilities will improve the care and support they receive.

It is important when working with any of the above, that creativity, strengths and insights are identified and used in a positive way to build the relationships necessary, so that trust can be built throughout the care and support process. You can do this by:

- Helping to reduce the stigma by making sure individuals are not isolated in social situations
- Promoting wellbeing for those living with the condition
- Identifying and building on skills and abilities the individual has
- Providing opportunities for individuals to feel empowered and in control.

9.2b Describe the social model of disability and how it underpins positive attitudes towards disability and involving people in their own care.

The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

This model was developed by disabled people themselves because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living.

The approach of the social model is to see the whole person, not just a set of symptoms that need to be managed and treated.

People are who they are because of all kinds of factors and influences, including:

* Their family
* Their friends
* Their education
* Their employment
* Their health and how well they are
* Their community they live in

In the social model, professionals take all aspects of a person's life into account when working with them to develop a person-centred support plan. This puts the person at the centre of everything. Another key principle of the social model is to look at what people with a mental health condition, dementia and learning disability can do and build on these areas, rather than focus on problematic factors. The model promotes positive attitudes and active involvement in all aspects of their life which will improve the care and support they receive.

9.3 Understand the adjustments which may be necessary in care delivery relating to an individual who may have a mental health condition, dementia or learning disability.

9.3a Describe what adjustments might need to be made to the way care is provided if someone has:

1. Mental Health conditions:

A) Psychosis – If a person's psychotic episodes become severe, they may need to be admitted to a psychiatric hospital, with an appropriate professional taking the lead e.g. CPN Mental Health Social Worker, Psychologist or Psychiatric.

b) Depression- Many people with depression benefit by making lifestyle changes such as getting more exercise, cutting down on alcohol and eating more healthily. A drug or therapy intervention involving the appropriate professionals is often recommended.

c) Anxiety – To enable a person with anxiety to reduce their symptoms, often music has been introduced within their daily support plan and has proven to help with sleep or diet disorders. A drug or therapy intervention is often recommended.

2. Dementia- it is important to take maximum advantage of the capacity that people with dementia do have and to hold on to and improve their mental skills and abilities where possible.

3. Learning Disabilities – people with learning disabilities are living longer, and are in better health than previously; this is because of advances in medical and social care. As a result, more people with a learning disability are living into older age and developing conditions associated with ageing, including dementia.

9.3b Describe how to report concerns associated with any unmet needs which may arise from mental health conditions, dementia or learning disability through agreed ways of working.

Unmet needs are needs which are not met within the agreed Care plan. These types of needs can impact greatly on the individuals' wellbeing.

Read your organisations policy and procedures on how to report and record concerns with any unmet needs through agreed ways of working. Reporting unmet needs does not necessarily mean that those needs become needs that will be met. It is important to recognise that in some services, resources or lack of them, will determine the level of service. This can sometimes be very difficult for staff to understand or work with, and discussions during supervision should help to see the bigger picture.

9.4 Understand the importance of early detection of mental health conditions, dementia and learning disabilities.

9.4a Explain why early detection of mental health needs, dementia or learning disabilities is important.

Early detection of mental health conditions, dementia and learning disabilities is extremely important so that a correct diagnosis can be made by specialists in their appropriate field. This enables a comprehensive, person-centred assessment of needs to be defined to provide effective care and support. The earlier the diagnosis, the better the plan will be in managing the different stages of any diagnosis.

9.4b Give examples of how and why adjustments to care and support might need to be made when a mental health condition, dementia or learning disability is identified.

When a person has been diagnosed with a mental health condition, dementia or learning disability care and support, needs will have been identified and how it will be delivered. Such care and support needs have been identified in 9.1b and c.

9.5 Understand legal frameworks, policy and guidelines relating to mental health conditions, dementia and learning disabilities.

9.5a List the main requirements of legislation and policies that are designed to promote the human rights, inclusion, equal life chances and citizenship of individuals with mental health conditions, dementia or learning disabilities.

Legislation and Policies:

Human Rights Act 1998 – Working in social care means that you are likely to work within the provisions of the Human Rights Act.

Equality Act 2010 – This act legally protects people from discrimination in the workplace and in wider society. It also protects the rights of individuals and equality of opportunity. Specifically, the Act protects groups and these are known as “Protected characteristics”.

These are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Mental Capacity Act 2005 – This act sets out a framework for supporting people to make decisions, and lays out the ways in which people can be supported.

The Mental Capacity Act is underpinned by 5 key principles:

1. A presumption of capacity
2. The right for individuals to be supported to make their own decisions
3. Individuals must retain the right to make what might be seen as eccentric or unwise decisions.
4. Best interests
5. Least restrictive intervention

Deprivation of Liberty Safeguards 2009 – Safeguards were introduced so that assessments must be carried out before anyone can be detained in a hospital, residential care home or any facility.

Mental Health Act 2007 – The Mental Health Act 2007 came into force in 2008 and made some changes to the Mental Health Act 1983

Disability Equality Duty 2006 - This provides a legal duty on all public sector organisations to promote equality of opportunity for disabled people.

The Care Act 2014 - This is a new umbrella Act encompassing previous legislation. The majority of this Act is relevant only to local authorities but it includes the following changes:

- A national eligibility criterion
- Strengthens personal budgets and direct payment access
- Puts carer's assessments on the same legal footing as service users

9.5b Explain how the legislation and policies listed may affect the day-to-day experiences of individuals with mental health needs, dementia or learning disabilities and their families.

Human Rights Act 1998

Organisations subject to the Human Rights Act

Residential Care Homes and Nursing Homes - These perform functions which could otherwise be performed by a local authority. There are 16 rights (or Articles) protected under the Act.

This Act protects individuals with mental health needs, dementia and learning disabilities and can/may affect their day to day experiences. The following 15 articles relate to these individual's rights:

Articles:

1. The right to life
2. The right to freedom from degrading treatment
3. The right to liberty and security of person
7. The right to respect for private and family life, home and correspondence
8. The right to freedom of thought, conscience and religion
9. The right to freedom of expression
11. The right to marry and found a family
12. The prohibition of discrimination in the enjoyment of convention rights
13. The right to peaceful enjoyment of possessions and protection of property
14. The right to access to an education
15. The right of free elections

Within social care, making sure that people's rights are protected is a key part of your professional role.

Equality Act 2010

The Equality Act 2010 is the umbrella Act which covers discrimination law in England. There are nine 'protected characteristics' where the Act requires there to be equality:

These are:

1. Age
2. Disability
3. Gender
4. Race

5. Religion and belief
6. Pregnancy and maternity
7. Marriage and civil partnership
8. Sexual orientation
9. Gender reassignment

Under the Act, a person has a disability if:

* They have a physical or mental impairment

* The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these three words/phrases have the following meanings:

* Substantial – means more than minor or trivial

* Long term – means that the effect of the impairment has lasted, or is likely to last, for at least 12 months.

* Normal day-to-day activities include everyday things like eating, washing, walking and going shopping.

These definitions are important because it is very clear that most people with mental health conditions, dementia and learning disabilities are covered by the provisions of the Act and are protected from discrimination.

Mental Capacity Act 2005

The Act sets out clearly how to establish if someone is incapable of taking a decision. The test to assess capacity is only in relation to a particular decision. No one can be deemed 'incapable' in general simply because of a medical condition or diagnosis.

The person will be unable to make the particular decision if, after appropriate help and support to make the decision, they cannot:

1. Understand the information relevant to the decision
2. Retain the information relevant to the decision
3. Use, or weigh, the information
4. Communicate the decision (by any means)

Deprivation of Liberty Safeguards

The concept of deprivation of liberty can cover many different situations. A residential care facility must contact Social Services, who will arrange for a specially trained best interests assessor to decide if the deprivation of liberty is justified.

People who have their liberty restricted must have a Relevant Person's Representative (RPR). Usually this will be a family member or friend, but where this is not possible, they will have the services of an Independent

Mental Capacity Advocate (IMCA). The role of the RPR is to ensure the person's rights are respected and that they understand, as far as possible, about how their liberty is being restricted. All involved with the individual are required to ensure that the RPR has all the information about the decision and ongoing support of the person.

Mental Health Act 2007

The Act uses the term mental disorder. Within the Act, all mental health conditions, dementia and learning disabilities are considered to be a mental disorder, and therefore the Act can apply to all people identified in this outcome.

People with a mental health condition, dementia and learning disability can be detained in a hospital under the Mental Health Act if they are considered to be behaving in a way that causes a danger to themselves or others. The 2007 Act allows people to have a guardian appointed to take decisions on their behalf, and to ensure that they comply with any requirements in relation to their health.

Anyone detained in hospital under the Mental Health Act can have access to an independent mental health advocate (IMHA), who can explain their rights and challenge a section decision.

Public Sector Equality Duty 2006

This duty covers everything public sector organisations do, including policy making and services that are delivered to the public. People who work in the public sector have to consider the impact of their work on disabled people, and take action to tackle disability inequality. This should mean that disabled people do not experience discrimination when using a service. It should also promote positive attitudes towards disabled people in their everyday life. This duty extends to providers who delivered care and support on behalf of local authorities.

9.6 Understand the meaning of mental capacity in relation to how care is provided.

9.6a Explain what is meant by the term 'capacity'.

The term 'capacity', when taken from the Code of Practice, is taken to mean 'a person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision at the time it needs to be made'.

It cannot be assumed that anyone lacks capacity because of a person's:

* Age
* How they look
* How they act
* Inability to make more complicated decisions
* Past decisions

Therefore everyone should be considered capable of making any decisions at any time. When someone is being cared for it can be easy to fall into making assumptions that they do not possess mental capacity.

The Mental Capacity Act has 5 statutory principles to protect people who lack capacity.
This is to help them participate, as much as possible, in decisions that affect them.

Principle 1 – Assume Capacity

"A person must be assumed to have capacity unless it is established that they lack capacity"
(MCA Code of Practice 2007 page 20)

Examples of Best Practice

In Georges case; by referring to stage 1 and 2 of assessing capacity it could seem that George is not be able to make a decision for themselves but this is not true for every decision in his life.

In fact, he is very capable of deciding what he wants to do the next day but he does need support and encouragement to wear clothing appropriate to the weather and venue; in choosing a route by foot that limits the amount of main roads (due to his diminished sense of danger) and encouragement to get up at a time when what he wants to do is open! George is able to do some things independently but needs support planning this to ensure he is going to stay safe.

In Phyllis's case by referring to stage 1 and 2 of assessing capacity it could seem that Phyllis may not be able to make decisions for herself but this is not true for every decision in her life.

In fact, with the right support in place, asked after she has had time to wake up and have coffee, breakfast and get dressed; a part of Phyllis's routine that has not changed due to dementia; she is able to make a majority of decisions about her everyday life.
It is decisions that are not part of her average daily routine that Phyllis struggles with and this is because at this stage the dementia has affected her ability to retain information and therefore to weigh up choices.

Did you identify a set time when Phyllis and/ or George lost their mental capacity or had you considered that it may vary according to the type of decision and the circumstances?

Features of Best Practice

To comply with the MCA you need to assume that they have the capacity to make each decision EVERY TIME a decision needs to be made.

Principle 2 - Maximising Capacity

"A person is not to be treated as unable to make a decision unless all practicable steps have been taken without success"

(MCA Code of Practice 2007 page 22)

Example of Best Practice

George had decided he wanted to get a DVD at 10 p.m. on a Saturday night. This challenges a ground rule of the house - no-one can go out alone after 10 p.m. This also presents safeguarding issues as George is a vulnerable person and the DVD shop is a bus journey away and in the middle of the busy town centre where George has previously experienced verbal abuse.
George has been to the shop before but staff believe that he may not understand how far away the DVD shop is and that there are no staff available to take them. Unfortunately the bus service also stops at 9.30 p.m.

To maximise capacity his carer/support worker ensures that George is aware of the time which reinforces the ground rule. He also gave George the bus time information and showed them the bus timetable ensuring that he understood that it was not practicable to get to the shop using the bus.
They then discussed George's practical options:
• Get the DVD tomorrow
• Get someone to go with them – unfortunately there were not enough staff to go with them tonight
• Watch a DVD that is already in the house • Change his plan

What are the main concerns for the staff when George decides to go to get a DVD?

How did George's carer/support worker set out to maximise George's capacity to enable them to make an appropriate decision?

Phyllis has always been proud of her appearance and chooses her outfits to fit how she feels, sometimes changing 2 or 3 times a day. Her daughter regularly takes her shopping to her favourite shops and supports Phyllis in choosing the clothes that she likes.

Her daughter has noticed that at times Phyllis' outfits have become rather strange and recognised that Phyllis is losing the ability to combine her outfits as well as she used to. Phyllis had always loved colour combining and has become distressed when she has realised that she is no longer as well dressed as she wants to be and accuses others of muddling her clothes.
Phyllis' daughter raised this at a review and it was suggested that a simple labelling system could be introduced which would maximise her capacity and enable her to retain the ability to choose her own clothes.
This worked well and Phyllis returned to her colour co-ordinated self!

What are Phyllis's daughter's main concerns?

How did Phyllis's daughter set out to maximise Phyllis' capacity to make appropriate decisions?

Features of Best Practice

Consider and identify the best time of the day and or location to enable the person you are caring for to make their decision
Ensure the person making the decision has:

- The relevant information to enable them to understand the decision and weigh up the consequences
- The information is in a format that is accessible to them. For example signing; symbols; spoken language
- Access to resources that enable them to communicate their decision. For example; a signer; symbols; an interpreter

Principle 3 - Unwise Decisions

"A person is not to be treated as unable to make a decision merely because he has made an unwise one"

(MCA Code of Practice 2007 page 24)

Example of Best Practice

George decided to vote with his feet and walked out of the house 5 minutes after the discussion. His carer/support worker followed the correct procedure in response to

George's actions. George returned to the house 20 minutes later complaining that no bus had arrived.

This suggested to George's carer/support worker that George may not have understood the relationship between the time and the running of the buses.
However, George had broken a house ground rule and this needed to be addressed. This could be deemed to be an unwise decision as there were clear penalties for breaking the rules. It could also be assumed that George did not have the capacity to make a decision. Through discussion the carer explored with George what he had been thinking when he walked out of the house.

It became clear that George had made the decision to walk out because he hates the fact that he cannot go out on his own after 10 p.m.
The carer/support worker reinforced that one of the practical options had been to go out with someone else and suggested that not enough thought had been given to who that person could be.

This was raised at George's review and it was recognised that George, although vulnerable needs a social life that is age appropriate and meets his wants and needs.
Although George had made an unwise decision on that occasion and had broken the house ground rule it was agreed that he would be allowed to stay. Another strand was added to his care plan identifying how he would be supported to access an appropriate social life. This was funded and implemented.

What would be considered to be George's unwise decision and why?

What did George's carer/support worker think caused George's decision?

What were George's reasons for walking out?

Phyllis's carers/support worker bought her daughters attention to a bill received from a local dry cleaner for £210. Her daughter investigated further and revealed that over a period of time Phyllis has taken the whole contents of her wardrobe to be dry cleaned and it had been done despite some garments not requiring dry cleaning.

Her daughter uses the registered lasting power of attorney and takes control of the majority of Phyllis's money to prevent Phyllis being exploited further in this way. She also had a word with the dry cleaner!

She ensures there is enough money available to Phyllis to remain in control of decisions for her everyday spending

What would be considered to be Phyllis's unwise decision and why?

How did Phyllis's daughter help to address the issues?
What did Phyllis's daughter do to ensure that Phyllis remained as financially independent as possible?

Features of Best Practice

If a person is making what you deem to be an unwise decision do question if:

- They have all the information
- They are repeatedly making unwise decisions
- It will put them at risk
- It is irrational or out of character
- They are experiencing undue pressure from peers or family

Best practice in care planning is to hold regular reviews. These reviews must include all aspects of an individual's life and regular unwise decisions may suggest that the reviews are not being conducted according to best practice.

Principle 4 - Best interest

"An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made in his/ her best interest."

(MCA Code of Practice 2007 page 26)

Example of Best Practice

At the same review the concern that George may not have understood the relationship between the time and the running of the buses was also discussed.

It was agreed that there were several examples from his behaviour that suggested that this could be the case.

Although George was clearly saying that he wanted to live independently so that he could go out whenever he liked, this concern and the examples from his behaviour reinforced that

the only safe housing options for George were living with his parents or in this sheltered accommodation. It was agreed that it would not be in his best interest to live with his parents as this could be seen as a step backwards for George and a more restrictive option. It could also reflect a lack of consideration of his wish for independence.

The decision was made that George would remain living in the supported housing although due to George's strong desire to live independently the situation would be reviewed regularly and this was included in his care plan.

Why would living with his parents be seen as a backwards step for George and therefore not in his best interest?

Why would living independently be unsafe for George and therefore not in his best interest?

Phyllis loves living by the sea. After going for a short walk along the seafront Phyllis returns home with a nasty cut on the back of her leg. She allows her carer to look at it and it is quite dirty.
Her carer/support worker feels that Phyllis would benefit from some medical treatment. She accompanies her to A&E where it is recommended she has a tetanus injection, which Phyllis refuses.
Her carer/support worker gives her all the relevant information and the nurse explains that if she does not have the injection then she could become seriously ill and therefore it was essential and in her best interest to have the injection. The carer checks the timescale for having the injection and Phyllis agrees to call her daughter and discuss it with her.
Phyllis is supported to use the pay phone in the hospital and is left to have a conversation with her daughter. Phyllis agrees to have the injection and is very happy that her daughter has agreed to take her to her favourite café for tea and cakes at the weekend.

What action was considered to be in Phyllis's best interest and why?

What did the carer/support worker do to ensure that Phyllis was supported in making her own decision?

Features of best practice

- All the relevant information has been gathered
- All the options have been explored
- All the consequences have been considered
- A timescale has been set in which decision needs to be made

- Culture and ethnicity has been considered

Follow the checklist in section 4 of the MCA Code of Practice

Be aware that anyone can have temporary lack of capacity. If there is a chance that a person may regain capacity to make their own decision, then the possibility to put off the decision until later must be explored.

Principle 5 - Less Restrictive

"Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's right and freedom of action."

(MCA Code of Practice 2007 page 27)

Example of Best Practice

Even though the decision had been made for George that he would remain in the supported housing and he would need to comply with the 10 p.m. ground rule the exploration of an age appropriate social life ensured that he was supported in feeling less restricted.
George was helped to make contact with people of his own age and was supported to arrange regular social nights. They sometimes chose to stay in and watch a DVD! But more often than not they went out. George gained a balance in his life between being cared for and independence.

How did George's carers/support workers ensure that George received appropriate care whilst remaining as independent as possible?

Phyllis experienced a series of falls. After a medical examination it became apparent that this was due to the onset of diabetes. Phyllis had always loved her independence and when told that she would now need to have someone with her at all times outside her home she began showing signs of distress. She became more introvert and she began to refuse food which had an adverse effect on her diabetes.

A decision was made, that involved Phyllis as much as possible, which considered how she could retain her independence and have a less restrictive care plan. This was initially addressed through the management of her diabetes that had caused the falls in the first place. A dietician was consulted and an eating plan added to her care plan. Phyllis was

also given a personal alarm and a medical alert band as part of her updated risk assessment. She was given the freedom to go outside with the understanding that she would always tell the staff when she was going, where she was going and when she would return. Her daughter agreed that this was acceptable as long as on every occasion her mother went out, the care staff ensured that they had adhered to the Mental Capacity Act.

How did Phyllis's carers/support workers ensure that she received appropriate care whilst remaining as independent as possible?

Features of Best Practice

The care delivered achieves the balance between empowering independence and giving appropriate support.

This must reflect recognition of the individual basic rights and freedoms and include the less restrictive alternative.

9.6b Explain why it is important to assume that someone has capacity unless there is evidence that they do not.

Under the Mental Capacity Act 2005, Principle 1 states that every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

The Act sets out clearly how to establish if someone is incapable of taking a decision. The test to assess capacity is only in relation to a particular decision.

So in your role as HCSW/ASWC, to find out if an individual has the capacity to make a decision, you need to talk to them, asking appropriate questions in a way that they are likely to respond to. The approach you use will vary with every person that you are supporting but some simple rules to remember are:

- Take time
- Speak clearly and at a speed that they are likely to hear and understand
- Present options one at a time
- Use as many types of communication as possible to promote understanding.

9.6c Explain what is meant by 'consent', and how it can change according to what decisions may need to be taken.

Giving consent for anything that is done to us is a basic human right. If we did not need to give consent it would mean that anyone could do anything to us. This is particularly important when it comes to medical or social care support.

Consent not only protects social care and health providers against legal challenge, it is also vital because of the rights of the person and the importance of recognising that people should determine what happens to them.

As a broad principle, consent should be obtained before carrying out any kind of activity with the individual.

However, you must not proceed with any care or clinical activity without consent. If someone refuses their agreement or changes their mind after having said 'yes', you must stop what you are doing.

You must immediately report any refusal or any reservations expressed by the person to your supervisor or manager responsible for the procedure.

Your organisation will have policies and procedures in place to deal with refusal of consent.

Remember, you must first determine the individual's capacity to give consent, pertinent to the principles within the Mental Capacity Act 2005.

9.6d Describe situations where an assessment of capacity might need to be undertaken and the meaning and significance of 'advanced statements' regarding future care.

"When planning for her retirement, Mrs Arnold made and registered a Lasting Power of Attorney (LPA) – a legal process that would allow her son to manage her property and financial affairs if she ever lacked capacity to manage them herself. She has now been diagnosed with dementia, and her son is worried that she is becoming confused about money.

Her son must assume that his mother has capacity to manage her affairs. Then he must consider each of Mrs Arnold's financial decisions as she makes them, giving her any help and support she needs to make these decisions herself.

Mrs Arnold's son goes shopping with her, and he sees she is quite capable of finding goods and making sure she gets the correct change. But when she needs to make decisions about her investments, Mrs Arnold gets confused – even though she has made such decisions in the past. She still doesn't understand after her son explains the different options.

Her son concludes that she has capacity to deal with everyday financial matters but not more difficult affairs at this time. Therefore, he is able to use the LPA for the difficult financial decisions his mother can't make. But Mrs Arnold can continue to deal with her other affairs for as long as she has capacity to do so."

As HCSW/ASWC you may experience an individual's condition deteriorate and to protect the person's independence, their family realizes that it may be a good idea to discuss an Advance Care Plan.

Advance Care Planning (ACP) is a process between an individual and their care provider where discussion establishes and agrees advanced decisions relating to their care and in particular refusals of specified treatment in specified circumstance.

Examples of what an ACP discussion might include are:

* The individual's concerns

* Their important values or personal goals for care

* Their understanding about their illness and prognosis, as well as particular preferences for types of care or treatment that may be beneficial in the future and the availability of these.

This comes into effect only when the individual loses the capacity to give or refuse consent for treatment. Valid advance decisions are legally binding.

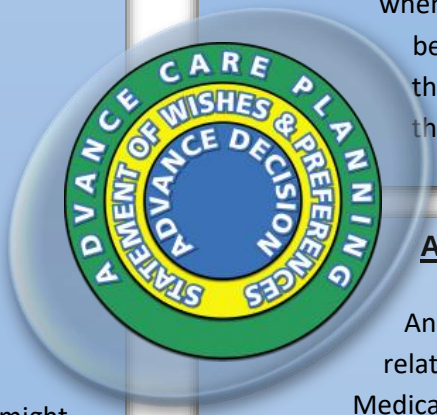
Advance Care Planning

ACP is a process of discussion between an individual and their care providers irrespective of discipline. The difference between ACP and planning more generally is that the process of ACP is to make clear a person's wishes and will usually take place in the context of an anticipated deterioration in the individual's condition in the future, with attendant loss of capacity to make decisions and/or ability to communicate wishes to others. With the individual's agreement, discussions should be:

- documented
- regularly reviewed
- communicated to key persons involved in their care.
- If the individual wishes, their family and friends may be included.

Examples of what an ACP discussion might include are:

- the individual's concerns
- their important values or personal goals for care
- their understanding about their illness and prognosis, as well as particular preferences for types of care to treatment that may be beneficial in the future and the availability of these.



Statement of Wishes and Preferences

This is a summary term embracing a range of written and/or recorded oral expressions, by which people can, if they wish, write down or tell people about their wishes or preferences in relation to future treatment and care, or explain their feelings, beliefs and values that govern how they make decisions. They may cover medical and non-medical matters. They are not legally binding but should be used when determining a person's best interests in the event they lose capacity to make those decisions.

Advance decision

An advance decision must relate to a refusal of specific Medical treatment and can specify circumstances.

It will come into effect when the individual has lost capacity to give or refuse consent to treatment.

Careful assessment of the validity and applicability of an advance decision is essential before it is used in clinical practice. Valid advance decisions, which are refusals of treatment, are legally binding.

Lasting Power of Attorney

A Lasting Power of Attorney (LPA) is a statutory form of power of attorney created by the MCA (2005). Anyone who has the capacity to do so may choose a person (an 'attorney') to take decisions on their behalf if they subsequently lose capacity.