

 **Mental Capacity Act 2005 Policy**

 **January 2025**

|  |  |
| --- | --- |
| Policy Leads: | Wigdan Abdelaziz Mohamed Ali |
| Version No. | 3 |
| Date of Issue: | January 2025 |
| Date for Review: | January 2026 |

**Scope**

* **Policy Statement**
* **The Policy**
* The five statutory principles
* Helping Service Users to make their own decisions.
* Making unwise decisions
* Assessing capacity
* The Two-Stage Mental Capacity Assessment
* Guidance for staff on assessing a Service User’s ability to make a decision.
* Gaining, Temporary or Fluctuating Capacity
* Complex decisions
* Records of a Service User’s capacity to consent to the provision of service
* Professional records
* Challenging a finding of a lack of capacity
* Best interests’ decisions
* Protection from liability
* Making lawful decisions
* Relevant Person
* Next of Kin (NoK)
* Advocacy
* Advanced decision
* Restraint
* **Related Policies**
* **Related Guidance**
* **Training Statement**

# Policy Statement

The Mental Capacity Act 2005 (MCA) and the accompanying Mental Capacity Act Code of Practice protect people’s rights to make decisions, and their right to have decisions made in their best interests if they lack the capacity to make a specific decision. The Act directly affects the lives of over two million disabled people, older people and their carers. It affects the way people are supported wherever they live.

Everyone working with and/or caring for an adult who may lack the capacity to make particular decisions must comply with this Act and its Codes of Practice.

It is important that all health and social care workers adhere to the Act and are aware of their responsibilities under it. The Codes of Practice provide additional information about how to put the Act into practice.

(CQC About the Mental Capacity Act 2017)

Regulation 11 of the Health and Social Care Act (HSCA 2008) states that “Where a person lacks the mental capacity to make an informed decision, or give consent, staff must act following the requirements of the Mental Capacity Act 2005 and associated code of practice”. The associated guidance about the regulation states, “Providers must make sure that staff who obtain the consent of people who use the service are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for.

(CQC Guidance for Providers on Meeting the Regulations 2015)

# The Policy

Inspired Care 4All uses the MCA and its Code of Practice to ensure we protect people’s decision-making rights and act in their best interests where this is required.

# The Five Statutory Principles

The MCA is one of the few pieces of law that summarises the entirety and spirit of the Act right at the beginning of the legislation. This is done through the five statutory principles which underpin the values and legal requirements of the Act.

Inspired Care 4All is informed by and uses the five principles to guide all our interactions, care and support.

The five principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. 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 best interests.
5. Before the act is done, or the decision is made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

Inspired Care 4All will use the five principles to respect Service Users’ rights to make a capacitated decision, protect Service User’s who lack capacity and help them as much as possible to take part in decision-making which affects them. Chapter 2 of the MCA Code of Practice contains helpful further guidance on how staff should apply the statutory principles when using the Act.

In Summary:

* Every adult has the right to make their own decisions if they have the capacity to do so. Family carers and health or social care staff must assume that a person has the capacity to make decisions unless it can be established that the person does not have the capacity.
* People should receive support to help them make their own decisions. Before concluding that individuals lack the capacity to make a particular decision, it is important to take all possible steps to try to help them reach a decision themselves.
* People have the right to make decisions that others might think are unwise. A person who makes a decision that others think is unwise should not automatically be labelled as lacking the capacity to make a decision.
* Any act done for, or any decision made on behalf of, someone who lacks capacity must be in their best interests.
* Any act done for, or any decision made on behalf of someone who lacks capacity should be an option that is less restrictive of their basic rights and freedoms, as long as it is in their best interests.

(The MCA Code of Practice 2007)

4. Maximising Capacity (Helping Service Users to Make Their Own Decision)

Helping Service User’s to make their own decisions directly relates to Principles 1 and 2 of the Act. Inspired Care 4All will assume a Service User has capacity unless it is established that they lack capacity (1), and take all practicable steps to enable a Service User to make a decision, before deciding that they may lack capacity (2).

The Act states that a Service User’s capacity or lack of capacity refers ‘*specifically to their capacity to make a particular decision at the time it needs to be made’.* All staff must make sure capacity is decision specific and considered at the time the decision needs to be made.

Chapter 3 of the MCA Code of Practice is dedicated to helping people make their own decisions. In Summary to help a Service User make their own decision our staff will:

* Provide the Service User with all the relevant information they require to make a decision, including information on the choices and alternatives available to them
* Consider how the Service User communicates and presents the information about the decision in a way that the Service User finds easiest. This could be by using simpler language or visual aids. Can anyone else help with communication such as family, interpreter, advocate or speech and language therapist?
* Consider any day and/or times when the Service User’s understanding is better. Think about the environment, where would the Service User feel most at ease?
* Who is the best person to support the Service User to make the decision or express their view?
* Consider whether the decision needs to be made. Can the decision be put off to a later time when the Service User may be better able to make the decision.
1. Making Unwise Decisions

We all have a right to make our own decisions where we have the capacity to do so, and Inspired Care 4All will adhere to principle 3 of the Act to ensure that our Service Users’ rights to make a capacitated decision are respected, even if others believe their decision is unwise. This will make sure our Service User’s freedom to determine their actions and retain control over their own lives is respected.

1. **Assessing Capacity**

Inspired Care 4All will adhere to Principle 1 by always presuming a Service User has the capacity to make the particular decision at the time it needs to be made. The organisation will also ensure staff understand that capacity *must* be assessed in relation to a specific decision, and at the time that decision needs to be made.

Staff must treat Service Users equally. This means that a Service User’s capacity must not be judged on their appearance, age, disability, condition or an aspect of their behaviour. It is also important to note that a Service User may lack the capacity to make a decision about one issue, but not about others.

These basic tenets must be understood respected and incorporated into the organisation’s practice, at every level, by all members of staff. Anyone who claims that an individual lacks capacity should be able to provide proof. They need to show, that, on the balance of probabilities, the individual lacks the capacity to make a particular decision, at the time it needs to be made. This means being able to show that it is *more likely than not* that the person lacks the capacity to make the decision in question.

All staff involved in assessing, care planning or delivery of care and support will be trained in assessing capacity. A Service User’s mental capacity to make specific decisions will form part of their assessment of need. Where there is a concern that a Service User lacks the capacity to make a particular decision, a time and decision-specific mental capacity assessment will be carried out. The outcome of any mental capacity assessment will be included in the Service User’s care plan to ensure our staff are supported by the right guidance and instructions on how best to support the Service User.

Inspired Care 4All staff will always seek consent before supporting a Service User (see consent policy). Our staff will always seek to maximise the Service User’s capacity to make day-to-day decisions, such as what they want to wear, what they want to eat and drink, and what time they want to get up and go to bed. They will explain the options to the Service User using visual aids (e.g. showing alternative clothing or meal choices) where required, to support the Service User’s ability to make their own decision.

Where a Service User has been assessed as lacking the capacity to make a specific decision, a best interests decision will be carried out (See Best Interests, below). Care workers should still seek to involve the Service User in day-to-day decisions as much as possible to ensure their views and wishes remain central to their care and support.

1. The Two-Stage Mental Capacity Assessment

The person who assesses the Service User’s capacity will usually be the person directly involved with the Service User at the time the decision needs to be made. For instance, a care worker might assess the Service User’s capacity to agree to support with showering or bathing, whilst the district nurse might assess whether the Service User can consent to have a dressing changed.

Therefore, all management, care and support staff will be trained and competent in MCA 2005. This is because different staff will be involved in assessing someone’s capacity to make different decisions, at different times, on a day-to-day basis. The training will ensure that staff understand the Mental Capacity Act, the Code of Practice and how to apply these to ensure people’s decision-making rights are protected. Training will also include communication skills to ensure staff understand how best to support a Service User to maximise their ability to make a decision. If staff have any concerns about their ability to effectively communicate with a Service User in relation to decision making, they must escalate this to the registered manager who will seek advice and support from a health or social care professional.

To help determine if a person lacks the capacity to make a particular decision at the time it needs to be made, the Act sets out a two-stage test of capacity, which must be undertaken using the appropriate mental capacity assessment forms. The form will be in the main office cabinets and can be emailed on request.

**The two-stage test is as follows:**

**Stage 1:** Does the person have an impairment or a disturbance in the functioning of their mind or brain. If the person does **NOT** have such an impairment or disturbance, they will not lack capacity under the Act and the assessment should stop.

Examples of impairment or disturbance include:

* Conditions associated with some forms of mental illness.
* Dementia.
* Significant learning disabilities.
* The long-term effects of brain damage.
* Physical or mental conditions that cause confusion, drowsiness or loss of consciousness.
* Delirium.
* Concussion following a head injury.
* The symptoms of alcohol or drug use.

**Stage 2:** Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

For a person to lack the capacity to make a decision, the Act says their impairment or disturbance must affect their ability to make the specific decision when they need to. But first people must be given all practical and appropriate support to help them make the decision for themselves (Principle 2).

Stage 2 can only apply if all practical and appropriate support to help the person make the decision has failed.

**The Act states that a person is unable to make a decision if they cannot:**

* Understand information about the decision to be made (the Act calls this ‘relevant information’).
* Retain that information in their mind.
* Use or weigh that information as part of the decision-making process.
* Communicate their decision (by talking, sign language or any other means)

The MCA Code of Practice provides additional helpful guidance for staff in relation to the two-stage test. If a Service User is not able to do one of the first three points (understand, retain, weigh up), they will lack the capacity to make the decision. The fourth point only applies in situations where a Service User cannot communicate their decision in any way.

1. Guidance for staff on assessing a Service User’s ability to make a decision.

**Before the mental capacity assessment**

* Start by assuming the Service User has the capacity to make the specific decision. Is there anything to prove otherwise?
* Provide all possible support to enable the Service User to make the decision.
* Consider your values and beliefs in relation to what you believe is an unwise decision.
* Consider whether the decision can be delayed taking time to help the Service User make the decision, or to give the Service User time to regain the capacity to decide for themselves?

**During the mental capacity assessment**

* Does the Service User have a previous diagnosis or disability or mental disorder?
* Does the condition now affect their capacity to make this decision? If there have been no previous diagnoses, staff must get a medical opinion.
* Make every effort to communicate with the Service User to explain the decision required and the mental capacity assessment process. Would the services of a professional (such as a speech and language therapist) be helpful?
* Make every effort to try to help the Service User make the decision in question.
* See if there is a way to explain or present information about the decision in a way that makes it easier to understand.
* If the Service User has a choice in the decision, e.g. alternative options, do they have information about all the options?
* Does the Service User have a general understanding of what decision they need to make and why they need to make it?
* Does the Service User have a general understanding of the likely consequence of making or not making the decision?
* Is the Service User able to understand, retain and use and weigh up information relevant to this decision?
* Can the Service User communicate their decision (by talking, using sign language or any other means)?

Be aware that the fact that a Service User agrees with you or assents to what is proposed does not necessarily mean that they have the capacity to make the decision

9. Gaining, Temporary or Fluctuating Capacity

Factors that may indicate that a person may regain capacity in the future:

* The cause of the lack of capacity can be treated, either by medication or some other form of treatment or therapy
* The lack of capacity is likely to decrease in time (e.g., where it is caused by the effect of medication or alcohol or following a sudden shock)
* A person with learning disabilities may learn new skills or be subject to a new experience which increases their understanding and ability to make certain decisions.
* The person may have a condition that causes the capacity to come and go at various times (such as some forms of mental illness) so it may be possible to arrange for the decision to be made during a time when they do have capacity.
* A person previously unable to communicate may learn a new form of communication.

10.Complex Decisions

Inspired Care 4All will not assess the capacity of a Service User to make a major or complex decision. These might include medical treatment, where to live or spending large amounts of money, We will seek support and assistance from appropriate health or social care professionals. This may be the GP, a specialist, a social worker, a speech and language therapist and, in some cases, a multi-disciplinary team. This is because complex or major decisions may have serious consequences for a Service User, and Inspired Care 4All is not the appropriate decision-maker.

11. Record of a Service User’s Capacity to Consent to the Provision of Service

Records of mental capacity assessments will be completed when there is a concern a Service User is not able to make a specific decision at the time it needs to be made. These will inform the Service User’s care plan and be part of the care plan review. It is important to review capacity assessments from time to time as a Service User’s decision-making abilities may improve.

Minor day-to-day decisions such as what to wear, eat or drink do not require a record of the assessment of capacity. Instead, care workers will complete records in the daily notes of the steps they take to maximise and support Service User’s to make the specific decision and any decisions they make as part of the day to day-care in the Service User’s best interests.

 Professional Records

When professionals carry out an assessment of a Service User’s capacity to consent or make a decision, the relevant professional records are kept in the Service User’s plan.

12. Challenging a Finding of Lack of Capacity

When a situation arises that a Service User, family, advocate or other professional challenges the result of the assessment of capacity, the first step is to raise the matter with the person who carried out the assessment. If the Service User has been assessed to lack capacity, they should have support from family, friends or an advocate.

* The assessor must give the reason why they believe the person lacks the capacity to make the decision and provide objective evidence to support their belief.
* The assessor must show they have applied the principles of the Mental Capacity Act.
* If possible, a second opinion from an independent professional or expert in assessing capacity should be sought.
* If the disagreement cannot be resolved the person who is challenging the assessment may be able to apply to the Court of Protection.

13. Best Interests Decisions

Principle 4 of the MCA 2005 is that any decision made on behalf of a person who lacks capacity must be done or made, in that person’s best interests.

Inspired Care 4All follows these rules:

* For most day-to-day actions or decisions, the decision maker will be the care worker most directly involved in Service User care as recorded in the care plan.
* Where a decision involves the provision of medical treatment, the GP or other health care staffs are the decision makers. All decisions are recorded in the care plan.
* Where nursing or paid care is provided, the nurse or paid carer will be the decision-maker.
* If a Lasting Power of Attorney (LPA) has been made or a deputy has been appointed under a court order, the attorney or deputy will be the decision-maker, for decisions within the scope of their authority.

Whenever possible, the person who lacks capacity will be involved in the decision-making process. Best interest’s decisions must never be based on discriminatory views or assumptions and must always consider whether the Service User might regain capacity, and if so, could the decision be delayed.

A best interests record is kept in the Service User’s file and includes:

* What the decision was
* How the Service User was supported to participate in the decision making
* What relevant circumstances were taken into account to make the decision.
* What the Service User’s views are
* Who was consulted to help work out best interests.
* What particular factors were taken into account.
* Are there any less restrictive options.
* What the reason for reaching the decision was

Where a major best interests decision is required we will work in partnership with health and/or social care professionals who are likely to be the most appropriate decision-makers. There are also special rules for life-sustaining treatment.

**14. Protection from Liability**

The MCA allows care workers and other health and social care staff to carry out certain tasks in the best interests of the Service User who lacks capacity.

However, to be protected from liability staff must have acted as follows:

* Checked whether the Service User has the capacity to consent.
* Applied the two-stage test where necessary; Stage one: Is the service user unable to make a particular decision (the functional test)? Stage two: Is the inability to make a decision caused by an impairment of, or disturbance in the functioning of, a service user's brain or mind?
* Acted in the Service User’s best interests.
* Understood the limitations on protection from liability in relation to restraint.
* Checked whether there is another person with lawful authority to make the decision (e.g. LPA or deputy)
* Not paid for goods or services using the Service User’s money unless there is formal authority to do so.

**15. Making lawful decisions**

 **Ensuring consent is lawful and Informed.**

Inspired Care 4All will always ensure consent is lawful and informed.

Consent should always be sought from the Service User and they have the capacity to make a specific decision. Where a service has the capacity to consent we will always respect their decision, including refusal of consent.

Helping a Service User to make their own decisions directly relates to Principles 1 and 2 of the Act by assuming capacity and taking all practicable steps to enable a Service User to make a decision, before deciding that they may lack capacity. Staff must ensure they support our Service User’s to consent to a decision by:

* Providing all relevant information needed to make a decision, including information on the choices and alternatives available to them.
* Considering communication needs and presenting information about the decision in a way that the Service User finds easiest.
* Seeking assistance when appropriate to support communication including an interpreter, speech and language therapist or family member.
* Consider any day and/or times when the Service User’s understanding is better.
* Think about the environment, where would the Service User feel most at ease?
* Consider who the best person may be to support the Service User to make the decision.
* Consider whether the decision needs to be made now or whether it can wait until the Service User may be better able to make the decision.

Where a Service User lacks capacity to consent, Inspired Care 4All will check whether there is another person with lawful decision-making authority.

This may include someone with a Lasting Power of Attorney (LPA) for property and affairs or personal welfare, or a court-appointed deputy. In these circumstances, staff must check the LPA or deputyship documents to check what decision-making powers the attorney or deputy has.

Where a Service User lacks capacity and there is no one else with lawful decision-making powers, Inspired Care 4All will ensure that best interests decisions are made following the MCA to protect our Service Users’ rights and ensure they continue to be at the heart of decision-making (see best interests decisions above).

Finally, where there are conflicts, or a decision has not been able to be made, the Court of Protection can make a decision.

16. Relevant Person

Relevant person means the Service User or, in the following circumstances, a person lawfully acting on their behalf. This would only be someone with an LPA or a court-appointed deputy:

* On the death of the Service User,
* Where the Service User is under 16 and not competent to make a decision in relation to their care or treatment, or
* Where the Service User is 16 or over and lacks capacity in relation to the matter.

17. Next of Kin (NoK)

This term is commonly used and there is a presumption that the person identified has certain rights and duties.

Health and social care colleagues should always consult the individuals closest to a person who lacks the capacity to understand that person’s wishes and feelings to help with best interests decision making.

However, the person identified as NoK should not be asked to sign and/or consent to certain interventions unless they have a legal basis for doing so such as an enduring power of attorney (EPA) or the appropriate LPA, or a deputyship. This is a mistake often made in many hospitals, nursing or Service User settings where family members are asked to sign care plans or end-of-life plans and other treatment options and provide consent that is not legally valid.

18. Advocacy

Inspired Care 4All will encourage the Service User or responsible person to use an advocate where:

* The person who lacks capacity has no close family or friends to take an interest in their welfare, and they do not qualify for an independent mental capacity advocate.
* Family members disagree about the person´s best interests.
* Family members and professionals disagree about the person´s best interests.
* There is a conflict of interest for people who have been consulted in the best interest assessment (e.g., the sale of family property where the person lives).
* The person who lacks capacity is already in contact with an advocate.
* The proposed course of action may lead to the use of restraint or other restrictions on the person who lacks capacity.
* There is a concern about the protection of an adult at risk.

19. Advance Decision

An advance decision enables someone over the age of 18 with the capacity to refuse specified treatment for a time in the future when they may lack the capacity to consent to or refuse the treatment. There are special rules for advance decisions about life-sustaining treatment and staff must seek guidance from a healthcare professional.

If a Service User has made an advance decision to refuse treatment the advance decision is kept in their file and healthcare staff must be informed and must respect this decision if it is valid and applies to the proposed treatment.

20. Restraint

Inspired Care 4All has a separate restraint policy. However, it is important to note for this policy that staff are using restraint if they:

* Use force or threaten to use force to make someone do something that they are resisting.

Or,

* Restrict a person´s freedom of movement, whether they are resisting or not.

(MCA 2005)

NB. Restraint can be physical, medical and mechanical.

Inspired Care 4All is aware that: any action intended to restrain a Service User who lacks capacity will not attract protection from liability unless the following two conditions are met:

* the person taking action must reasonably believe that restraint is *necessary* to prevent *harm* to the Service User who lacks capacity, and
* the amount or type of restraint used and the amount of time it lasts must be a *proportionate* *response* to the likelihood and seriousness of harm.

The use of restrictions, restraint and physical interventions with Service Users will be informed by the Mental Capacity Act 2005, and only occur where there is a need to protect the Service User, staff or bystanders from harm and only where there are no other appropriate alternative strategies.

The intervention used must be used as the last possible option and with the least amount of restraint or restriction, and for the shortest amount of time.

The action must be detailed within the care and support plan and be administered only by appropriately trained and competent staff, and neither intervention nor the threat of intervention should ever be used as a form of punishment.

Where restraint of any kind has been used this must be escalated to the registered manager, and recorded within the care notes, including date, time, duration, type of restraint, reason, staff members involved in the incident, and any other relevant information.

If the Service User or staff member or others are injured then an accident and incident form must be completed, and the Registered Manager informed immediately.

Staff must refer to and follow Inspired Care 4All’s Restraint Policy.

21. Deprivation of Liberty in the community

Inspired Care 4All has a separate, comprehensive Deprivation of Liberty (DoL) in the community policy. The purpose of the DoL policy is to explain the organisation’s approach to people who use our service, who might lack the mental capacity to make decisions about their care and treatment and who could have their freedom restricted to the point where they are deprived of their liberty as defined by the Cheshire West Supreme Court judgement.

The organisation’s policy has been established to comply with the provisions of the Mental Capacity Act 2005 including the Deprivation of Liberty (DoLS) Safeguards. These have been in force since April 2009. However, DoLS are only applicable in the care home and hospital settings. They cannot be used in community settings. Community settings include supported living, adult placement/shared lives and domiciliary care provided in a Service User’s own home. In these settings, an application for a deprivation of liberty order must be made to the Court of Protection. These are sometimes also known as Community DoLS or Judicial Authorisations.

Our organisation is aware of the restrictive factors that indicate a Service User may be at risk of being deprived of their liberty. We will take action when we identify this risk, by alerting the local social services community team or the local authority DoLS team as appropriate. This is to ensure that situations involving our Service Users that may amount to a deprivation of liberty are recognised and acted upon to make sure they are lawful.

This Deprivation of Liberty in Community Settings Policy should be read and used in conjunction with the organisation’s broader Mental Capacity Act Policy.

22. Related Policies

Accessible Information and Communication

Adult Safeguarding

Advocacy

Consent

Dignity and Respect

Deprivation of Liberty in Community Settings

Meeting Needs

Restraint

23. Related Guidance

MCA Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

SCIE Mental Capacity Act 2005 At a Glance:

<https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>

NHS Someone to Speak up for You:

<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate/>

Lasting Power of Attorney:

<https://www.gov.uk/power-of-attorney>

Alzheimer’s Society:

<https://www.alzheimers.org.uk/get-support/legal-financial/mental-capacity-act>

NICE Guideline 108: Decision-making and Mental Capacity:

<https://www.nice.org.uk/guidance/ng108>

CQC About the Mental Capacity Act 2017

<https://www.cqc.org.uk/help-advice/mental-health-capacity/about-mental-capacity-act>

CQC Guidance for providers 2015

<https://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf>

NICE guideline [NG227]: Advocacy services for adults with health and social care needs

<https://www.nice.org.uk/guidance/ng227>

24. Training Statement

All staff, during induction, are made aware of the Inspired Care 4All policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions. External courses are sourced as required.

Date Reviewed: January 2025

Person responsible for updating this policy: **Dr. Wigdan Mohamed Ali**

Next Review Date: January 2026

# 25. Summary of Review

|  |  |
| --- | --- |
| Version | 3 |
| Last amended | January 2025 |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes | No changes make |
| Target audience | Care staff, Managers |
| Next Review Date | January 2026 |