MENTAL CAPACITY ACT (MCA) 2005 POLICY AND PROCEDURE

Primus PLUS
Healthcare

PRIMUS PLUS HEALTHCARE

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1.0 PURPOSE

The purpose of this Mental Capacity Act (Mca) 2005 Policy and Procedure is to ensure Primus PLUS Healthcare fully complies with the Mental Capacity Act 2005 (MCA) and all associated legislation, frameworks, and guidance to safeguard and promote the rights, dignity, and autonomy of individuals who may lack capacity to make decisions. This Mental Capacity Act (Mca) 2005 Policy and Procedure applies to the following age groups and service user bands within Primus PLUS Healthcare:

- Adults Over 65 Years
- Adults Under 65 Years
- Individuals with Learning Disabilities
- Individuals with Mental Health Needs
- Individuals on the Autism Spectrum

This Mental Capacity Act (Mca) 2005 Policy and Procedure provides a framework to guide staff in ensuring decisions are lawful, person-centred, and respectful of individuals' rights.

1.1 Providing Clear, Practical Guidance:

To equip Primus PLUS Healthcare with practical procedures on care management, capacity assessments, best interests decision-making, safeguarding, and the prevention of abuse or neglect. This ensures our staff deliver high-quality care that respects individual autonomy and safeguards within supported living services.

1.2 Supporting Consistent and Lawful Application of the MCA:

To ensure all staff understand and consistently apply the MCA, empowering them to support individuals in making decisions when possible and to make decisions on their behalf when necessary, based on thorough assessments in our care settings.

1.3 Ensuring Best Interests and Least Restrictive Decisions:

To guarantee decisions made on behalf of individuals lacking capacity are always in their best interests, following the statutory checklist and principles of the MCA. Decisions aim to be the least restrictive, maximizing independence and choice, particularly in supported living services.

1.4 Facilitating Effective Collaboration:

To encourage effective collaboration with families, carers, healthcare professionals, advocacy organizations like Independent Mental Capacity Advocates (IMCAs), and statutory agencies such as the Office of the Public Guardian and Safeguarding Adults Boards. Collaborative working ensures holistic, transparent decision-making and safeguarding for the individuals we support.

1.5 Helping Primus PLUS Healthcare Meet and Exceed Regulatory Requirements:

To assist Primus PLUS Healthcare in meeting Care Quality Commission (CQC) standards, specifically the Key Lines of Enquiry (KLOEs) and Quality Statements related to mental capacity, safeguarding, and person-centred care. This Mental Capacity Act (Mca) 2005 Policy and Procedure provides the foundation for continuous improvement in care standards and inspection readiness.

1.6 Supporting Primus PLUS Healthcare to Meet CQC Key Lines of Enquiry (KLOEs) and Quality Statements:

This Mental Capacity Act (Mca) 2005 Policy and Procedure is designed to help Primus PLUS Healthcare align our practice with CQC's fundamental standards of care through the following KLOEs and Quality Statements:

- **Safe:** We ensure care is delivered safely, protecting individuals from harm and abuse through robust safeguarding practices and procedures for mental capacity and abuse concerns.
- **Effective:** We enable individuals to make informed decisions through timely mental capacity assessments. Where individuals lack capacity, decisions are made in their best interests in line with MCA guidelines.
- **Caring:** We ensure individuals are treated with dignity, compassion, and respect, upholding their legal rights and ensuring care respects their autonomy and preferences.
- **Responsive:** We provide person-centred care tailored to individual needs, while ensuring lawful restrictions on liberty (DoLS/LPS) are necessary, reviewed regularly, and minimize restrictions on individuals.
- **Well-led:** We demonstrate strong leadership and governance, ensuring proper staff training, governance structures, audits, and continual improvements that align with CQC standards.

2.0 SCOPE

The Mental Capacity Act 2005 (MCA) Policy and Procedure applies to all individuals working within Primus PLUS Healthcare, including employees, the Registered Manager, other management personnel, contractors, volunteers, and representatives involved in the provision of care or support to adults who may lack mental capacity. It ensures everyone with contact or responsibility for adults who might lack capacity understands their legal and professional duties under the MCA and safeguarding frameworks.

All personnel must understand their responsibilities in assessing capacity, making best interests decisions, protecting individuals from abuse, and promoting autonomy in line with MCA principles. This includes those planning, delivering, managing, or overseeing care services within Primus PLUS Healthcare's supported living services.

2.1 Service Users Affected by the Mental Capacity Act 2005 (MCA) Policy and Procedure

The **MCA Policy and Procedure** concerns adult service users who lack, or are deemed to lack, mental capacity under the MCA 2005. This includes individuals unable to make decisions regarding their care, health, welfare, finances, or other personal matters due to cognitive impairments or mental health conditions. Examples include:

- Dementia or cognitive impairments
- Mental health conditions
- Acquired brain injuries or neurological disorders
- Learning disabilities or developmental disorders
- Temporary incapacity due to illness or injury
- Other conditions impairing the ability to understand, retain, or communicate decisions

This policy ensures individuals receive care that respects their legal rights, dignity, and autonomy, even when they cannot make decisions independently.

2.2 Stakeholders Affected by the MCA Policy and Procedure

The MCA Policy and Procedure also impacts stakeholders involved in supporting adults who may lack capacity. These include:

- Family Members: Key in supporting decision-making, providing advocacy, or acting as deputies under Lasting Powers of Attorney, and involved in safeguarding or best interests discussions.
- Advocates: Independent Mental Capacity Advocates (IMCAs) and advocacy services that ensure rights are represented, particularly when no family or friends are available.
- Representatives: Legal deputies or attorneys acting within their authority to make decisions on behalf of individuals.
- Commissioners: Organisations responsible for ensuring providers comply with MCA and safeguarding legislation, ensuring quality care.
- External Health Professionals: NHS staff, GPs, social workers, and allied health professionals collaborating on capacity assessments, care planning, or treatment.
- Local Authorities: Government departments overseeing adult social care, safeguarding, and compliance with the Care Act 2014, including managing Safeguarding Adults Boards (SABs).
- Family and Friends: Close family, friends, or carers who provide informal support and may participate in decision-making or safeguarding processes.

3.0 POLICY STATEMENT

Primus PLUS Healthcare is committed to upholding the rights, dignity, and autonomy of individuals who may lack the mental capacity to make decisions, in full compliance with the Mental Capacity Act 2005 (MCA). We prioritize supporting individuals to make their own decisions wherever possible and, when necessary, ensure decisions made on their behalf are in their best interests and are the least restrictive to their rights.

We promote a person-centred approach, respecting each individual's unique needs, preferences, and cultural backgrounds. Primus PLUS Healthcare ensures individuals are not deprived of their autonomy, with their voices and choices being integral to the decision-making process.

To achieve this, Primus PLUS Healthcare will:

3.1 Implement and maintain clear, robust procedures for capacity assessments:

We will conduct thorough, timely capacity assessments using the MCA's two-stage test, with detailed documentation of findings by trained staff.

3.2 Ensure that all best interests' decisions are made carefully:

Best interests decisions will consider the individual's wishes, values, and beliefs. Families, carers, advocates, and professionals will be involved where appropriate.

3.3 Maintain vigilant safeguarding practices:

We will prevent abuse, neglect, or unlawful deprivation of liberty, in accordance with the Care Act 2014 and safeguarding guidance, responding effectively to any concerns raised.

3.4 Provide all Primus PLUS Healthcare staff with comprehensive training and ongoing support:

We will ensure staff receive training to apply MCA principles and safeguarding procedures consistently and lawfully, providing ongoing support to build their confidence and knowledge.

3.5 Work collaboratively and openly with external agencies:

We will collaborate with external agencies, including the Office of the Public Guardian (OPG), Safeguarding Adults Boards (SABs), IMCAs, local authorities, healthcare providers, and the Care Quality Commission (CQC) to ensure compliance and promote continuous improvement.

Primus PLUS Healthcare is also committed to equality, diversity, and inclusion, ensuring all decisions and care practices are free from discrimination, and tailored to meet the individual's personal, cultural, and communication needs, with dignity and respect for all.

4.0 OBJECTIVES

The objectives of the Mental Capacity Act 2005 (MCA) Policy and Procedure are designed to ensure that Primus PLUS Healthcare consistently applies the principles of the Mental Capacity Act 2005 (MCA) and related safeguarding frameworks across all services, providing high-quality, lawful, and person-centred care. These objectives include:

4.1 To Promote and Uphold the Five Key Principles of the MCA Across All Services:

Primus PLUS Healthcare will ensure that every aspect of care and decision-making complies with the MCA's five statutory principles: presumption of capacity, support to make decisions, the right to make unwise decisions, best interests decision-making, and least restrictive intervention. These principles form the foundation of respectful, ethical care for individuals who may lack capacity.

4.2 To Provide Clear Guidance to Staff on Assessing Capacity and Making Decisions in the Best Interests of Individuals:

We will provide detailed, practical guidance and tools to support all staff in carrying out capacity assessments accurately and fairly, using the MCA's two-stage test. Staff will be supported to make and document decisions in the best interests of those who lack capacity, following legal requirements and the MCA Code of Practice.

4.3 To Ensure All Decisions Respect the Individual's Rights, Dignity, and Autonomy as Far as Possible:

Primus PLUS Healthcare commits to delivering care that respects and preserves individual dignity and autonomy, maximizing choice and control for every person. When decisions are made on behalf of someone else, they will be made in a manner that safeguards their rights and freedoms, avoiding unnecessary restrictions.

4.4 To Prevent Abuse and Neglect by Establishing Robust Safeguarding Procedures in Line with the Care Act 2014 and CQC Regulations:

We will maintain and enforce rigorous safeguarding policies and procedures to protect vulnerable adults from all forms of abuse and neglect. These procedures will be compliant with the Care Act 2014 and CQC fundamental standards, ensuring that any safeguarding concerns related to mental capacity are promptly identified, reported, and managed.

4.5 To Ensure Staff Are Trained, Competent, and Confident in Implementing MCA, DoLS/LPS, and Safeguarding Procedures:

Primus PLUS Healthcare will deliver mandatory, ongoing training and professional development opportunities to all relevant staff, fostering a workforce that is knowledgeable and skilled in applying MCA legislation, Deprivation of Liberty Safeguards (DoLS), Liberty Protection Safeguards (LPS), and safeguarding practices confidently and correctly.

4.6 To Maintain Accurate, Confidential Records Supporting Transparent Decision-Making and Accountability:

We will ensure that all capacity assessments, best interests' decisions, and safeguarding concerns are recorded thoroughly, accurately, and confidentially. This will promote transparency, accountability, and continuity of care, while safeguarding individuals' privacy in line with data protection legislation.

4.7 To Comply with All Relevant Legislation Including Equality Act 2010, Human Rights Act 1998, and Health and Social Care Regulations:

Primus PLUS Healthcare is committed to operating within the full legal framework that governs health and social care, including upholding rights under the Equality Act 2010 and Human Rights Act 1998. We will continually review policies and practices to ensure compliance with evolving legislation and regulatory standards.

4.8 To Promote Collaboration with External Bodies Such as the Office of the Public Guardian, Safeguarding Adults Boards, and Advocacy Services to Protect Vulnerable Adults:

Primus PLUS Healthcare will actively engage with statutory agencies, advocacy organizations, and other key partners to ensure coordinated, person-centred support. Collaborative working will strengthen safeguarding arrangements and ensure the rights of adults who lack capacity are protected effectively.

5.0 LEGISLATIVE AND REGULATORY FRAMEWORK

Primus PLUS Healthcare operates within a robust legislative and regulatory environment to protect and promote the rights, dignity, and well-being of adults who may lack mental capacity. The key legislation and guidance informing this policy include:

5.1 Mental Capacity Act 2005 and Code of Practice (OPG, 2020)

The MCA 2005 provides a legal framework for making decisions on behalf of individuals aged 16 and over who lack capacity. It establishes key principles such as the presumption of capacity and best interests decision-making. The MCA Code of Practice (2020) guides professionals in implementing the Act effectively.

5.2 Equality Act 2010 – Non-Discrimination and Adjustments

The Equality Act 2010 ensures no discrimination based on characteristics like age, disability, or gender. For those lacking capacity, the Act requires reasonable adjustments in care and communication to guarantee equal access and treatment, ensuring dignity and respect.

5.3 The Care Act 2014 – Safeguarding and Wellbeing

The Care Act 2014 outlines duties for local authorities and care providers to protect vulnerable individuals from abuse and neglect. It mandates multi-agency cooperation and adherence to Safeguarding Adults Boards (SABs) procedures to ensure individuals' wellbeing.

5.4 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – CQC Standards

This legislation defines the CQC fundamental standards of care, ensuring services are safe, effective, caring, responsive, and well-led. Primus PLUS Healthcare must meet these standards, particularly regarding mental capacity assessments and safeguarding.

5.5 Human Rights Act 1998 – Protecting Rights

The Human Rights Act 1998 incorporates the European Convention on Human Rights, guaranteeing fundamental rights like liberty, privacy, and protection from inhumane treatment. Primus PLUS Healthcare ensures these rights are respected for all individuals, especially those with impaired capacity.

5.6 Health and Care Act 2022 – Care Integration

The Health and Care Act 2022 focuses on improving integration and coordination in health and social care services. Primus PLUS Healthcare aligns with this legislation to deliver holistic, person-centred care that promotes cooperation across systems.

5.7 Guidance from OPG, SCIE, CQC, and DHSC

Primus PLUS Healthcare follows guidance from the Office of the Public Guardian (OPG), Social Care Institute for Excellence (SCIE), CQC, and Department of Health and Social Care (DHSC) to inform best practices in MCA implementation, safeguarding, and staff training.

5.8 Data Protection Act 2018 (GDPR Compliance)

The Data Protection Act 2018 governs the processing of personal data. Primus PLUS Healthcare ensures all capacity assessments, best interests decisions, and safeguarding concerns are managed confidentially, in compliance with GDPR standards.

5.9 Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

The DoLS and LPS frameworks protect individuals from unlawful deprivation of liberty. Primus PLUS Healthcare ensures compliance with these safeguards by following proper authorisation procedures and ongoing monitoring to protect service users' rights.

5.10 Safeguarding Adults Act and Multi-Agency Safeguarding Procedures

Primus PLUS Healthcare adheres to safeguarding laws that require multi-agency cooperation. This includes complying with Safeguarding Adults Board (SAB) procedures, reporting concerns, and participating in safeguarding enquiries to ensure the safety and protection of vulnerable adults.

6.0 DEFINITIONS

This section provides explanations of key terms and concepts referenced within the Mental Capacity Act 2005 (MCA) Policy and Procedure to ensure a common understanding and effective application.

6.1 Mental Capacity and the Two-Stage Test

Mental capacity refers to an individual's ability to make a specific decision at the time it needs to be made. The MCA 2005 outlines a two-stage test for assessing capacity:

- Stage 1: Is there an impairment or disturbance in the functioning of the person's mind or brain?
- Stage 2: Does the person lack capacity to make a decision due to being unable to:
    - Understand the information relevant to the decision.

- Retain that information long enough to make the decision.
- Use or weigh that information as part of the decision-making process.
- Communicate their decision in any way.

6.2 Best Interests Decision Making

When an individual lacks capacity to make a decision, it must be made in their best interests. This includes considering their past and present wishes, feelings, values, beliefs, and the views of family, carers, and professionals. The decision should be the least restrictive option for the person.

6.3 Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

DoLS protects individuals lacking capacity from being unlawfully deprived of their liberty in hospitals and care homes. LPS, which replaces DoLS, extends these protections to community settings, offering a more flexible, person-centred approach to authorizing deprivation of liberty.

6.4 Deprivation of Liberty in Community Settings

This refers to situations where individuals lacking capacity are subject to continuous supervision and control outside of hospitals or care homes, such as in supported living or shared housing. LPS provides the legal framework for authorizing such deprivations to ensure they are lawful and proportionate.

6.5 Lasting Power of Attorney (LPA) and Deputies

An LPA is a legal document allowing an individual to appoint someone to make decisions on their behalf if they lose capacity. Deputies are appointed by the Court of Protection to make decisions when no LPA exists. Deputies must always act in the best interests of the person.

6.6 Abuse and Neglect (Definitions as per Care Act 2014)

- Abuse: A violation of an individual's human and civil rights, including physical, emotional, sexual, financial abuse, and neglect.
- Neglect: The failure to meet a person's basic physical or psychological needs, leading to harm or distress.

6.7 Advocacy (Independent Mental Capacity Advocates – IMCAs)

IMCAs are independent professionals appointed to support individuals who lack capacity, particularly in decisions about serious medical treatment, changes of accommodation, or care planning, especially when no family or friends are available.

6.8 Types of Decisions Covered

The MCA applies to decisions in:

- Financial: Managing money, property, and benefits.
- Health: Medical treatment and consent to procedures.
- Welfare: Daily care, living arrangements, and social activities.

6.9 Winterbourne View and Mid Staffordshire Hospital

These high-profile cases exposed systemic care failures leading to abuse and neglect, emphasizing the need for strict MCA compliance, safeguarding, and person-centred care.

6.10 Protection from Liability

The MCA provides legal protection to carers and professionals acting in good faith and following the Act's principles when making decisions or providing care to individuals lacking capacity.

6.11 Restraint

Restraint refers to using or threatening force to make someone do something they are resisting or to restrict their freedom of movement. It must always be proportionate, necessary, and in the person's best interests, following MCA and safeguarding guidelines.

6.12 Advance Decision to Refuse Treatment (ADRT)

An ADRT is a legally binding decision made by an individual to refuse specific medical treatment in the future, should they lose capacity at that time. ADRTs must be respected unless there is a valid reason not to.

6.13 Court of Protection

The Court of Protection is a specialist court that makes decisions or appoints deputies for individuals who lack capacity to make decisions about finances, health, welfare, or property.

6.14 Court Appointed Deputies

Deputies are individuals or organizations appointed by the Court of Protection to make decisions on behalf of someone lacking capacity, particularly when no LPA exists. Deputies must always act in the individual's best interests.

6.15 Test for Capacity

The MCA requires that capacity assessments are decision-specific and time-specific, recognizing that capacity can fluctuate. A person may have the capacity to make some decisions but not others.

7.0 ROLES AND RESPONSIBILITIES

The successful implementation of the Mental Capacity Act 2005 (MCA) within Primus PLUS Healthcare requires shared responsibility across all levels of the organization, as well as collaboration with external partners. This section outlines the roles and responsibilities for internal staff, statutory bodies, and advocacy services to ensure compliance with the MCA and safeguarding frameworks.

7.1 Board and Senior Leadership

The Board and Senior Leadership Team are accountable for ensuring Primus PLUS Healthcare complies with the MCA 2005 and safeguarding responsibilities. Their duties include:

- Integrating MCA principles into strategic planning and policy development.
- Allocating resources for training, development, and monitoring compliance.
- Promoting a culture of dignity, rights, and safeguarding.
- Reviewing audit results related to capacity assessments and safeguarding.
- Ensuring alignment with CQC standards.

7.2 MCA Lead/Champion

The MCA Lead is responsible for operational oversight of MCA implementation, including:

- Coordinating MCA activities across departments.

- Monitoring compliance with MCA, DoLS/LPS, and best interests decision-making.
- Delivering staff training and updating on legislative changes.
- Supporting care teams with complex capacity assessments.
- Liaising with external agencies, such as local authorities (Southend on Sea, Bradford) and advocacy services.

7.3 Healthcare Professionals and Care Staff

All healthcare professionals and care staff are responsible for:

- Identifying when a capacity assessment is needed and conducting the two-stage test.
- Supporting individuals to make decisions and documenting the support.
- Making best interests decisions according to the MCA Code of Practice.
- Escalating safeguarding concerns and collaborating with families, IMCAs, and professionals.

7.4 Safeguarding Team and Lead

The Safeguarding Lead and safeguarding officers manage all safeguarding aspects under the MCA framework, including:

- Responding to abuse allegations.
- Conducting safeguarding inquiries in line with the Care Act 2014 and local Safeguarding Adults Board (SAB) procedures for Southend on Sea, Bradford, and other local authorities.
- Coordinating with the MCA Lead on decisions, restraint, and DoLS authorisations.
- Promoting awareness of abuse indicators and reporting procedures.

7.5 Advocacy Services (IMCAs)

IMCAs represent individuals who lack capacity, particularly when no family or friends are involved. They are involved in:

- Serious medical treatment decisions.
- Accommodation moves and safeguarding procedures.
- Providing reports to inform best interests decisions.
- Ensuring the individual's views, wishes, and rights are central.

7.6 Local Authorities and Safeguarding Adults Boards (SABs)

Local authorities have a legal duty under the Care Act 2014 to:

- Lead on safeguarding adults at risk of abuse or neglect.
- Conduct mental capacity assessments and DoLS authorisations.
- Coordinate with agencies to provide appropriate care.
- Oversee Safeguarding Adults Boards (SABs) in Southend on Sea, Bradford, and other regions, ensuring MCA compliance across care systems.

7.7 Office of the Public Guardian (OPG)

The OPG oversees the use of legal powers conferred by the MCA, including:

- Maintaining registers of LPAs and Court-appointed Deputies.
- Investigating concerns about attorneys or deputies.
- Issuing guidance on MCA practice and ensuring transparency.

7.8 Court of Protection

The Court of Protection makes decisions on:

- Assessing capacity and resolving disputes.
- Authorising deprivation of liberty in community settings.
- Appointing deputies to act for individuals who lack capacity.
- Handling objections and challenges to decisions.

7.9 NHS England and NHS Trusts

NHS organisations are responsible for:

- Ensuring MCA compliance in clinical decisions, including consent and discharge planning.
- Providing training on MCA and safeguarding.
- Collaborating with care providers on complex assessments and best interests decisions.

7.10 Professional Regulatory Bodies (e.g., NMC, GMC)

Professional bodies like the NMC and GMC hold clinicians accountable for ethical decisions under the MCA, investigating fitness-to-practice concerns, and providing guidance to support professionals in safeguarding vulnerable adults.

7.11 Advocacy Services (including IMCAs)

In addition to statutory IMCAs, other advocacy organizations assist individuals who lack capacity by:

- Helping navigate decision-making processes.
- Ensuring rights are respected and understood.
- Providing input during care planning, safeguarding, or legal proceedings.

8.0 PRINCIPLES OF THE MENTAL CAPACITY ACT

The Mental Capacity Act 2005 (MCA) is based on five key statutory principles that form the foundation of lawful and ethical decision-making for individuals who may lack the capacity to make specific decisions. These principles must be followed by all staff at Primus PLUS Healthcare to ensure that decisions are made in a lawful, person-centred, and respectful manner, ensuring that the rights, dignity, and autonomy of service users are upheld at all times. These principles are central to care planning, capacity assessments, and best interests decision-making within the organization.

8.1 Presumption of Capacity Unless Established Otherwise

One of the core principles of the Mental Capacity Act 2005 is that every individual is presumed to have the capacity to make their own decisions, unless it is proven otherwise through a formal assessment. This is essential because it emphasizes the importance of respecting the autonomy

of individuals and assuming that they are capable of decision-making unless evidence to the contrary exists.

At **Primus PLUS Healthcare**:

- Staff must not assume incapacity based on superficial factors such as age, disability, appearance, behavior, or diagnosis (e.g., dementia or learning disabilities). A person's capacity must be assessed individually, based on the specific decision they need to make at a particular time.
- Capacity assessments should only take place when there is a legitimate reason to believe that the person may be unable to make a particular decision. For example, if the person appears to be confused or disoriented, but these observations should not automatically lead to an assumption of incapacity.
- Every adult is entitled to be treated as capable unless a proper, recorded two-stage assessment demonstrates that they lack the ability to make a particular decision at a specific time.

8.2 Support to Make Decisions Before Concluding Incapacity

Before concluding that someone lacks the capacity to make a decision, all reasonable efforts should be made to support them in the decision-making process. This includes giving them the necessary information, adequate time, and support to make their own choice, where possible. This principle promotes the idea that all individuals have the right to make decisions for themselves with the right support.

At Primus PLUS Healthcare:

- Staff must take into account the timing and environment when assisting individuals in making decisions. For example, it is important to ensure that the person is not tired, anxious, distressed, or unwell, as these factors could impact their ability to make a decision.
- Information must be provided in a way that the individual can understand. This might include using accessible formats such as pictorial aids, videos, plain English, and offering assistance such as interpreters or advocates if needed.
- Involve family members, carers, or advocates in the process where appropriate, as they can provide valuable support in helping the individual understand the information. However, it's crucial that this involvement does not influence the individual's decision inappropriately.
- Repeated efforts should be made to facilitate decision-making, including offering information multiple times and using different methods, ensuring that the person has the opportunity to make an informed choice before concluding they lack capacity.

8.3 Right to Make Unwise Decisions

An essential principle of the MCA is that individuals have the right to make decisions that others may view as unwise, risky, or irrational, as long as they can understand, retain, and communicate the decision. This principle reinforces the autonomy of individuals, allowing them to make decisions based on their personal values, even if those decisions may be seen as harmful or unwise by others.

At Primus PLUS Healthcare:

- Staff must not judge capacity based on the outcome of a decision. For example, if an individual decides to make a choice that appears risky or contrary to professional

advice, this does not automatically mean that they lack capacity. The focus should be on whether the individual can understand the relevant information, weigh it, and communicate their choice.

- Respect for personal values and lifestyle choices is paramount, even if the individual's choices differ from the mainstream or from what professionals may consider advisable. This principle allows individuals to retain control over their lives and make decisions based on their own beliefs and preferences.
- As long as the person can understand, retain, use, and weigh the information relevant to the decision, and communicate their choice in some way, they have the right to proceed with the decision, even if others might consider it unwise or risky.

8.4 Decisions Made in Best Interests

If a person lacks capacity to make a specific decision, any decision made on their behalf must be done in their best interests. The principle of best interests is a legal requirement and emphasizes that decisions made for individuals must prioritize their needs, preferences, and well-being.

At Primus PLUS Healthcare:

- A formal Best Interests Decision-Making process must be followed, ensuring that a thorough and careful assessment is made. This process involves consulting with family members, friends, carers, and relevant professionals to ensure that the decision is made with the person's needs and preferences in mind.
- The individual's past and present wishes, feelings, values, beliefs, and cultural background must be carefully considered when making the decision, to ensure that the individual's identity and dignity are respected.
- When appropriate, an Independent Mental Capacity Advocate (IMCA) should be involved to ensure that the person's views, rights, and interests are represented.
- Every best interests decision must be thoroughly recorded, justified, and periodically reviewed to ensure that it continues to be in the individual's best interests as circumstances change.

8.5 Least Restrictive Intervention

The MCA requires that any intervention made for someone who lacks capacity should be the least restrictive possible, meaning that the person's rights, freedom, and autonomy should be affected as little as possible.

At Primus PLUS Healthcare:

- Alternatives to restrictive interventions must be considered before making decisions that limit a person's freedom or autonomy. Less restrictive options should always be explored and preferred.
- Restrictive practices must be justified as necessary and proportionate to the situation. Staff should always have clear, documented reasons for why a particular intervention is required.
- This principle is especially important when considering restraint, deprivation of liberty, or any restrictive care arrangements, which must be minimized and regularly reviewed.
- Care plans should always aim to maximize independence and choice, helping individuals maintain as much liberty and self-direction as possible.

9.0 CAPACITY ASSESSMENT PROCEDURE

Effective capacity assessment is a fundamental requirement under the Mental Capacity Act 2005 (MCA). Primus PLUS Healthcare is committed to ensuring that all assessments of mental capacity are carried out lawfully, sensitively, and accurately, to protect the rights and welfare of individuals who may lack capacity. This section outlines the detailed procedure for assessing capacity within our services, ensuring that all individuals who may lack capacity are given the appropriate support and care.

9.1 Assessment of Capacity

Capacity assessment is a process used to determine whether an individual has the mental ability to make a specific decision at a particular time. It is a decision-specific and time-specific process, meaning that the individual may have the capacity to make some decisions but not others, and their capacity may fluctuate over time due to varying factors such as illness, medication, or emotional state.

At Primus PLUS Healthcare, we ensure that capacity assessments are carried out in a manner that is respectful, clear, and empowering. The person being assessed should be involved in the process as fully as possible to help make informed decisions, unless it is clearly determined that they cannot participate due to a lack of capacity.

- Decision-Specific: The assessment must relate to the specific decision that needs to be made at that particular time. A person may have capacity to make some decisions (e.g., deciding on what to wear) but lack capacity for others (e.g., making decisions about complex medical treatment).
- Time-Specific: The capacity to make a decision can fluctuate, so assessments must be conducted at the time when the decision needs to be made. A person may have the capacity to make one decision in the morning but lack capacity later in the day.
- Clear Communication and Respect: Every effort should be made to communicate the assessment process clearly, ensuring that the person understands the purpose and nature of the assessment.

9.2 Who Should Assess Capacity?

Capacity assessments should be carried out by staff who meet the following criteria:

- Appropriate Training: Staff must have received training on the MCA and the capacity assessment processes. This ensures that the staff understand both the legal and ethical considerations involved in making a capacity assessment.
- Direct Involvement in Care: The person conducting the assessment should be directly involved in the care or treatment of the individual, so they understand the context and nuances of the decision the person needs to make.
- Communication Skills: Staff should have good communication skills and be familiar with the individual's needs, preferences, and any specific communication barriers they may face. For example, a staff member who knows the individual well may be better able to identify when capacity may be in question.

9.3 When to Assess Capacity (Trigger Points)

Capacity must be assessed under certain circumstances, especially when key decisions need to be made or there is concern that the individual may not be able to make the decision independently. The following are common trigger points for assessing capacity:

- New Decisions: A capacity assessment is required whenever a new decision needs to be made, such as decisions regarding health, welfare, finances, or any significant personal matters.
- Changes in Health or Circumstances: If there is a change in the individual's condition or circumstances (e.g., an illness, a change in medication, or hospital admission), this could affect their ability to make decisions, so capacity should be reassessed.
- Reasonable Doubt or Concern: If there is reasonable doubt or concern that the individual may lack capacity to make a decision, an assessment should be conducted. For instance, if the person's behavior, mental state, or cognitive function has changed, this may warrant an assessment.
- Before Best Interests Decision: Capacity must be assessed before any best interests decision is made on behalf of the person. This ensures that the individual is not presumed to lack capacity without a formal assessment.
- When Consent is Required: If consent is required for treatment, care plans, or decisions regarding personal welfare, a capacity assessment is necessary to ensure that the individual is able to give informed consent.

Routine assessments should not be made based solely on assumptions or stereotypes (e.g., based on a person's age, appearance, or diagnosis). Instead, capacity assessments must be conducted timely, relevant, and specific to the decision at hand.

9.4 The Two-Stage Test: Detailed Steps and Practical Guidance

The MCA sets out a two-stage test to determine an individual's capacity:

- **Stage 1: Impairment or Disturbance in Mind or Brain**

  The first step is to establish whether there is an impairment of, or disturbance in, the functioning of the person's mind or brain. This may include conditions such as dementia, brain injury, mental illness, or intoxication. The individual may still have capacity if no such impairment exists, even if they struggle to make a particular decision.

- **Stage 2: Inability to Make the Decision**

  The second stage is to assess whether the person is unable to make the decision due to the impairment. This involves assessing whether the individual can:

  - Understand the information relevant to the decision.
  - Retain that information long enough to make the decision.
  - Weigh the information in the decision-making process.
  - Communicate the decision in any form (speech, gesture, writing, etc.).

Practical Guidance for Capacity Assessment:

- Break down complex information into smaller, manageable pieces to help the person understand.
- Use visual aids, repetition, or alternative communication methods if necessary (e.g., pictures, symbols, or interpreters).
- Allow sufficient time for the person to process information and make decisions, ensuring that the process is not rushed.

- Avoid leading questions and provide the person with enough space and opportunity to express themselves without feeling pressured.

9.5 Recording Outcomes Accurately Using Standardised Forms

All capacity assessments must be documented accurately and consistently using standardised, approved forms to ensure transparency and compliance. Records should include:

- The specific decision being assessed (e.g., consent to medical treatment, financial decisions).
- The date and time the assessment took place.
- The names and roles of the assessor(s) conducting the assessment.
- Details of the information provided to the person, and the support given to facilitate understanding.
- Evidence of how the person met or did not meet each part of the two-stage test.
- The outcome of the assessment, including any decisions made.
- Signatures of the assessor and, where appropriate, the person being assessed or their representative.

9.6 Consideration of Fluctuating or Partial Capacity

Primus PLUS Healthcare recognizes that capacity may fluctuate over time or depend on the complexity of the decision. Capacity may vary for different decisions or at different times of the day, especially in cases involving mental health conditions or cognitive impairment.

- Reassess capacity at appropriate intervals, particularly if the individual's condition or circumstances change.
- Identify decisions that the individual can make independently and those that require support or substitution.
- Avoid assuming capacity based on past assessments and consider current circumstances before making any assumptions.

9.7 Review and Re-assessment Protocols

Capacity assessments are not static and must be regularly reviewed and reassessed. Primus PLUS Healthcare will:

- Set review dates for capacity assessments based on the person's evolving needs, health changes, or significant life events.
- Reassess capacity promptly after any incidents, health deterioration, or major changes in the person's condition (e.g., hospital admission, medication change).
- Communicate any changes in capacity status to relevant team members, family, and external professionals to ensure that all parties are informed.
- Use re-assessments to update care plans and best interests decisions to ensure that they remain relevant and in the person's best interests.

10.0 BEST INTERESTS DECISION MAKING PROCESS

Making decisions in the best interests of individuals who lack mental capacity is a fundamental principle of the Mental Capacity Act 2005 (MCA). Primus PLUS Healthcare is committed to ensuring that such decisions are made lawfully, ethically, and in a person-centred way that respects the individual's rights, dignity, and autonomy. This section outlines the detailed process for making best interest's decisions within our services.

10.1 Consent

Consent is a cornerstone of lawful care and treatment, especially under the MCA. If an individual has capacity, they must provide informed consent for any care or treatment. However, when an individual lacks capacity, consent must be obtained in accordance with the best interests framework set out in the MCA.

At Primus PLUS Healthcare:

- Efforts must always be made to gain informed consent from the service user whenever possible, even if they may have some limitations in understanding or communicating.
- If the individual lacks capacity, staff must ensure the best interests decision-making process is followed before any care or treatment proceeds.
- If consent is provided by an attorney or deputy (via Lasting Power of Attorney (LPA) or Court order), it must be respected within the lawful remit of their powers.

10.2 Principles of Best Interests Decision Making

Best interests decision-making is a legal process outlined in the MCA. Decisions made on behalf of an individual who lacks capacity must always prioritize the individual's welfare, rights, and preferences. The MCA sets out a statutory checklist to guide these decisions.

At Primus PLUS Healthcare:

- The focus must always be on the individual's welfare, rights, and preferences, rather than assumptions about their condition or circumstances.
- Avoid making assumptions based on the person's age, appearance, condition, or behavior. Every decision must be made specifically in relation to the individual's needs and situation.
- Consider all relevant circumstances affecting the decision, including the individual's personal preferences, past decisions, and current situation.
- Use the least restrictive option to achieve the intended outcome, ensuring the individual retains as much freedom and autonomy as possible.
- Ensure that decisions are timely and appropriate, responding to the needs and wishes of the individual in the context of their current health, emotional state, and circumstances.

10.3 Involving the Service User, Family, Carers, Advocates, and Multidisciplinary Teams

Best interests decision-making is inherently collaborative, and should involve as many relevant parties as possible. This ensures that all perspectives are considered and that decisions truly reflect the individual's wishes and best interests.

At **Primus PLUS Healthcare**:

- The service user must be involved in the decision-making process as much as possible, ensuring their voice is heard and respected, even if they lack capacity.
- Family members, close friends, and carers who know the individual well should be consulted to provide insight into their preferences, values, and past decisions.
- Independent Mental Capacity Advocates (IMCAs) must be involved where necessary, especially when the person has no family or friends, or when conflicts arise between family members or others involved in the decision-making process.
- Multidisciplinary teams should be involved in making decisions, particularly in complex cases. This includes healthcare providers, social workers, therapists, and other professionals involved in the person's care.
- Legal representatives, such as attorneys under LPA or court-appointed deputies, should also be consulted where relevant to ensure that decisions are legally sound.

10.4 Taking into Account Past and Present Wishes, Beliefs, and Values

Decisions made on behalf of individuals who lack capacity must be informed by the individual's past and present wishes, feelings, beliefs, and values. This ensures that the decision is as close as possible to what the person would have wanted if they were able to make the decision themselves.

At Primus PLUS Healthcare:

- Consideration must be given to any expressed wishes, feelings, beliefs, and values, both past and present. This could include personal preferences, cultural or religious beliefs, and lifestyle choices that the individual expressed prior to losing capacity.
- Cultural, religious, and spiritual beliefs that are important to the individual must be respected and considered as part of the decision-making process.
- Any advance decisions to refuse treatment (ADRT) or advance care plans made by the person when they had capacity must be honoured, unless there is a valid legal reason not to.

10.5 Day-to-Day Decisions

For routine, everyday decisions, such as choices regarding meals, clothing, and activities, Primus PLUS Healthcare supports individuals in maintaining independence and choice by:

- Encouraging individuals to participate in these decisions wherever possible.
- Consulting with family, carers, and close friends about preferences and providing them the opportunity to support decision-making.
- Avoiding unnecessary restrictions or substitution of decision-making for minor choices.

10.6 Advance Care Planning

Advance care planning allows individuals to express their preferences regarding future care and treatment, should they lose capacity in the future. Primus PLUS Healthcare recognizes the importance of this process and supports individuals in planning ahead.

At Primus PLUS Healthcare:

- Advance care plans should be documented, respected, and integrated into best interests decisions.

- Staff must facilitate discussions about advance care planning in a sensitive, person-centred manner, respecting the individual's wishes and values.
- Advance decisions to refuse treatment (ADRT) must be legally binding and respected unless overridden by a valid legal authority, such as a Court of Protection decision.

10.7 Making a Decision in a Service User's Best Interests

When making a best interests decision, staff must:

- Gather all relevant information, including medical, social, and personal factors.
- Ensure that all interested parties are consulted, and their views are considered.
- Consider the person's rights under the Human Rights Act 1998 and MCA principles.
- Use a structured best interest's checklist to guide and document the decision-making process.
- Confirm that the decision represents the least restrictive option available.
- Communicate the decision clearly to all involved parties, including the service user, where possible.

10.8 Advocacy

Independent advocacy is crucial to supporting individuals who lack capacity to ensure their voices are heard. Primus PLUS Healthcare is committed to ensuring access to advocacy services for individuals who require additional support.

- IMCAs should be instructed where required by law or best practice to ensure the individual's rights are represented.
- Promote access to advocacy services for complex or disputed cases, ensuring that individuals have appropriate support during decision-making.
- Respect and integrate advocacy input into best interests decisions to ensure decisions reflect the individual's wishes.

10.9 Ensuring Decisions Are the Least Restrictive of Rights and Freedoms

Primus PLUS Healthcare is committed to ensuring that any decisions made on behalf of an individual who lacks capacity are the least restrictive to their rights and freedoms. This principle is especially important in preventing unnecessary confinement or restrictions on liberty.

- Minimise restrictions on the individual's liberty and autonomy by always considering the least restrictive intervention first.
- Regularly review decisions to reduce any restrictions wherever possible.
- Consider alternatives to restrictive measures before implementing any decisions, ensuring that freedom and independence are maximized as far as possible.

10.10 Documentation Requirements and Decision Review Processes

Accurate documentation is essential for accountability, transparency, and legal compliance. Primus PLUS Healthcare requires that:

- All best interests decisions are recorded in detail, including who was involved, what was considered, and how the decision was reached.

- Documentation includes evidence of the consultation process and how the person's wishes and values influenced the outcome.
- Best interests decisions are regularly reviewed, especially when circumstances change, new information emerges, or if the person's capacity improves.
- Reviews should be documented and communicated to relevant parties, ensuring that care plans remain current and person-centred.

11.0 LASTING POWER OF ATTORNEY (LPA) AND DEPUTIES

Primus PLUS Healthcare recognizes the vital role that Lasting Powers of Attorney (LPAs) and court-appointed Deputies play in supporting individuals who lack capacity to make decisions for themselves. This section outlines the procedures and responsibilities regarding the identification, verification, respect for authority, and safeguarding related to LPAs and Deputies, ensuring compliance with legal requirements and best practices in decision-making.

11.1 Identification and Verification of Valid LPAs and Deputy Orders

When individuals lack capacity, it is essential to identify whether they have appointed an attorney under an LPA or a Deputy has been appointed by the Court of Protection to make decisions on their behalf. This step ensures that decisions are made by legally authorized individuals.

At Primus PLUS Healthcare:

- Staff must be vigilant in identifying whether a service user has an LPA or Deputy order.
- Upon receipt of an LPA or Deputy order, staff must verify the authenticity and validity of the document to ensure the attorney or Deputy has the legal authority to make decisions.
    - Verify that the document is registered with the Office of the Public Guardian (OPG). This is a legal requirement for attorneys or Deputies to act on behalf of the individual.
    - Confirm the scope of authority granted, including whether it covers property and financial affairs, health and welfare decisions, or both.
    - Ensure that the LPA or Deputy order is current and valid and applicable to the decisions or care being considered. For example, the scope of authority granted by an LPA may change over time, so it is important to check whether the LPA or Deputy order applies to the specific care or treatment under consideration.
- Verification of the LPA or Deputy order can be confirmed through direct contact with the OPG or through documentation provided by the donor or Deputy.
- Maintain secure records of any LPAs or Deputy orders on file, ensuring these documents are accessible to relevant personnel but kept confidential.

11.2 Staff Responsibilities in Recognising and Respecting Attorneys' Authority

Primus PLUS Healthcare staff must recognize and respect the legal authority granted to attorneys under an LPA and court-appointed Deputies to make decisions on behalf of individuals who lack capacity.

At Primus PLUS Healthcare:

- Staff must recognize the legal authority of attorneys and Deputies to make decisions within their authorized remit. This includes respecting their role and consulting them in care planning and decision-making processes.
- In health and welfare matters, attorneys appointed under a valid LPA have the right to consent to or refuse treatment on behalf of the individual. However, such decisions must be made in line with MCA principles, ensuring that they are genuinely in the best interests of the service user.
- Deputies have legal authority to make decisions for individuals who lack capacity, and they should be treated as the person's decision-maker in their appointed areas (e.g., health, finance, or property).
- Staff should communicate effectively and respectfully with attorneys and Deputies, ensuring they are involved in all relevant decision-making processes, including care planning, capacity assessments, and best interest's decisions.
- Staff must ensure that decisions made by attorneys or Deputies comply with the MCA and are genuinely in the best interests of the service user. For instance, if an attorney's decision contradicts the principles of the MCA, staff should challenge the decision and seek further guidance.
- In cases of uncertainty or dispute regarding the attorney's or Deputy's authority, staff must seek advice from the MCA Lead or legal counsel before proceeding to ensure the decision is lawful and in the service user's best interests.

11.3 Reporting Misuse or Concerns to the Office of the Public Guardian (OPG)

Primus PLUS Healthcare is committed to protecting vulnerable adults from abuse or exploitation, including the misuse of powers by attorneys or Deputies. Staff must be alert to potential signs of misuse and take appropriate action if they suspect abuse or neglect.

At Primus PLUS Healthcare:

- Staff must be alert to signs of misuse, including financial exploitation, neglect, or decisions that do not appear to be in the service user's best interests. Examples of misuse may include attorneys making decisions that solely benefit themselves or acting in a way that harms the service user.
- Concerns about misuse or abuse of an LPA or Deputy powers must be reported promptly to the organization's Safeguarding Lead and MCA Lead for immediate investigation and appropriate action.
- If there is reasonable suspicion or evidence of wrongdoing, the matter must be reported to the Office of the Public Guardian (OPG). The OPG has the authority to investigate allegations, suspend powers, or take legal action if necessary.
- Primus PLUS Healthcare will fully support service users and their families in reporting concerns and cooperating with OPG investigations. This may involve providing evidence, working with safeguarding teams, or supporting legal proceedings.
- All reports and actions taken must be documented thoroughly and confidentially, ensuring transparency and accountability in the safeguarding process.

12.0 DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) AND LIBERTY PROTECTION SAFEGUARDS (LPS)

Primus PLUS Healthcare is committed to ensuring that any deprivation of liberty for individuals who lack capacity is lawful, necessary, and proportionate, in full compliance with the Mental Capacity Act 2005 (MCA) and associated frameworks, including Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS). This section outlines the definitions, procedures, roles, and training requirements related to DoLS and LPS, ensuring that individuals' rights are respected and legal requirements are followed.

12.1 Definitions and Legal Context

The concept of deprivation of liberty involves restricting a person's freedom in a way that limits their personal autonomy and ability to make decisions for themselves. The MCA provides the legal framework for these decisions, ensuring that individuals who lack capacity are not unlawfully deprived of their liberty.

- Deprivation of Liberty occurs when an individual who lacks capacity to consent to their care or treatment is under continuous supervision and control and is not free to leave the care setting (e.g., a care home, supported living environment). This may involve restrictions on movement, supervision, and control over the individual's daily activities. Deprivation of liberty requires legal authorisation to ensure that the individual's human rights are protected under Article 5 of the European Convention on Human Rights (the right to liberty and security).
- Deprivation of Liberty Safeguards (DoLS): DoLS are a legal mechanism under the MCA introduced to authorize and regulate deprivation of liberty in hospitals and care homes. DoLS require assessments and authorisation by supervisory bodies to ensure that deprivation is in the individual's best interests and is the least restrictive option available.
- Liberty Protection Safeguards (LPS): LPS is a more recent framework designed to replace DoLS. It extends safeguards to a broader range of settings, including supported living, private homes, and other community-based environments. LPS streamlines the authorisation process and applies to individuals aged 16 and over who lack capacity and require continuous supervision and control amounting to deprivation of liberty.

12.2 Procedure for Requesting DoLS/LPS Authorisation

When it is suspected or known that a service user may be deprived of their liberty, Primus PLUS Healthcare must follow a structured procedure to ensure DoLS/LPS authorisation is obtained, in line with the MCA and LPS requirements.

- When a potential deprivation of liberty situation arises, staff must promptly notify the MCA Lead or Safeguarding Lead to initiate the process.
- The MCA Lead will liaise with the relevant local authority or supervisory body responsible for assessing and authorising DoLS/LPS. The relevant local authority is typically the local council where the individual resides.
- A formal request for DoLS or LPS authorisation must be submitted through approved channels. This request will include detailed information about the individual's circumstances, care arrangements, and the evidence supporting the need for deprivation of liberty.
- The supervisory body will coordinate necessary assessments, including:

- Mental capacity assessments (to determine the individual's ability to make decisions).
- Medical assessments (to consider any health conditions affecting the individual's decision-making capacity).
- Best interests assessments (to determine if deprivation of liberty is in the individual's best interests).
- Independent assessors may be involved in reviewing the assessments and authorising the deprivation of liberty.

- Authorisation may be granted for a specified period, typically 12 months, after which the case must be reviewed to confirm ongoing necessity and proportionality. This ensures that deprivation of liberty is regularly scrutinized to ensure it remains in the person's best interests.

12.3 Roles and Responsibilities during Authorisation and Monitoring

The process of authorising deprivation of liberty involves several key roles, with each individual or body having clear responsibilities:

- Primus PLUS Healthcare Staff:
  - Identify potential deprivation of liberty situations: Staff must be vigilant in recognising when an individual's care and living arrangements may result in deprivation of liberty.
  - Report potential situations promptly to the MCA Lead or Safeguarding Lead for review.
  - Cooperate fully with the assessment and authorisation process, ensuring all required information is provided.
  - Implement care plans in accordance with the authorisations granted and ensure that the individual's rights are respected.
- MCA Lead/Safeguarding Lead:
  - Coordinate DoLS/LPS requests by liaising with supervisory bodies and ensuring that the request for authorisation follows the correct process.
  - Oversee monitoring and review processes, ensuring compliance with all requirements and that restrictions are regularly reassessed.
- Supervisory Body (Local Authority):
  - Review applications and arrange for the necessary independent assessments (mental capacity, medical, and best interests).
  - Authorise deprivation of liberty and ensure that it is compliant with the MCA and LPS.
  - Monitor compliance with deprivation of liberty authorisations to ensure that the restrictions remain necessary and proportional.
- Care and Health Professionals:
  - Provide input during the assessments and contribute to best interests decision-making, ensuring that the individual's needs and preferences are considered when making the decision.

- Service Users and Families:
    - Informed about the process and consulted on the decisions. Family members should have their views sought, particularly when the service user lacks capacity.
    - Right to challenge the authorisation through appeals or reviews, and they should be supported in this process.

12.4 Staff Training on DoLS/LPS Compliance

To ensure that all staff members understand their responsibilities in relation to DoLS and LPS, Primus PLUS Healthcare provides comprehensive training, including:

- Identification of deprivation of liberty situations: Staff will be trained to recognize situations where an individual may be deprived of their liberty.
- Legal requirements: The training will cover the procedural steps for DoLS/LPS authorisation, including how to initiate the process and cooperate with external bodies.
- Roles and responsibilities in safeguarding liberty rights: Staff will understand the importance of respecting the rights of individuals and how to apply the principles of least restrictive care.
- Understanding the impact of deprivation of liberty on service users: The training will help staff understand the consequences of restricting an individual's liberty and how to minimize these restrictions wherever possible.

13.0 SAFEGUARDING AND ABUSE PREVENTION

Primus PLUS Healthcare is committed to creating a safe and supportive environment that protects adults who may lack capacity from all forms of abuse and neglect. Our safeguarding framework is aligned with the Care Act 2014, regulatory requirements, and national best practices. This section outlines how Primus PLUS Healthcare recognises abuse, manages safeguarding concerns, collaborates with external agencies, and supports staff through whistleblowing protections.

13.1 Recognising Types of Abuse and Neglect

It is essential for Primus PLUS Healthcare staff to be trained and vigilant in recognising the different types of abuse and neglect, which can happen in any care setting. This ensures that potential abuse or neglect is identified early, allowing for immediate intervention to protect service users.

At Primus PLUS Healthcare, staff are trained to recognise the following types of abuse and neglect:

- Physical Abuse: The intentional use of force that results in injury, pain, or impairment. Examples include hitting, shaking, inappropriate restraint, or any form of violence inflicted on the individual.
- Emotional or Psychological Abuse: Actions that cause emotional harm or distress to the individual. This includes threats, humiliation, intimidation, bullying, or the isolation of the person from family, friends, or social environments.

- Financial or Material Abuse: The misuse, theft, or exploitation of a person's money, property, or possessions. This can include fraud, undue pressure in making financial decisions, or exploiting a person for financial gain.
- Discriminatory Abuse: Abuse based on a person's race, gender, disability, religion, sexual orientation, age, or other protected characteristics under the Equality Act 2010.
- Institutional Abuse: This refers to poor or neglectful care practices within institutions or care settings. Examples include lack of privacy, inadequate staffing, rigid routines, and the failure to respect individuals' autonomy.
- Neglect and Acts of Omission: Failure to provide necessary care or support, leading to harm or distress. This includes withholding food, medication, medical treatment, or assistance with daily living activities.
- Sexual Abuse: Any non-consensual sexual act or behavior, including physical, emotional, or verbal sexual abuse.
- Self-Neglect: Occurs when individuals fail to take care of their basic needs, resulting in risks to their health, safety, or well-being. This may involve not attending to hygiene, health conditions, or personal care.

13.2 Mandatory Reporting Pathways and Safeguarding Referral Procedures

All Primus PLUS Healthcare staff have a mandatory duty to report any safeguarding concerns or suspicions immediately. Timely reporting is crucial to protecting individuals at risk and ensuring that concerns are addressed effectively.

- Reporting Safeguarding Concerns:
    - Staff must report safeguarding concerns to their line manager or the designated Safeguarding Lead immediately.
    - Referrals should be made according to the organisation's established procedures, in line with the Care Act 2014 requirements and the protocols of local Safeguarding Adults Boards (SABs).
- Referrals to Relevant Agencies:
    - Safeguarding referrals must be made to the appropriate local authority safeguarding team and any other relevant agencies (e.g., the police, healthcare providers, or advocacy services) without delay.
    - The referral should include clear, factual information about the concerns, while preserving confidentiality to protect the individual's privacy.
- Support for Individuals Reporting Concerns:
    - Primus PLUS Healthcare will support individuals who report concerns and ensure that the person at risk is protected from further harm throughout the process. The reporting individual should not face any repercussions for raising concerns in good faith.
    - We will ensure that whistleblowing protections are in place for staff members who report genuine safeguarding concerns.

13.3 Collaboration with Safeguarding Adults Boards (SABs) and External Agencies

Primus PLUS Healthcare recognizes the importance of multi-agency collaboration to ensure that safeguarding concerns are dealt with effectively and holistically.

At Primus PLUS Healthcare:

- We work closely with Safeguarding Adults Boards (SABs), local authorities, health services, the police, advocacy services, and other regulatory bodies to ensure coordinated, effective responses to safeguarding concerns.
- Staff participation in safeguarding activities is key, and they will be expected to engage in safeguarding enquiries, strategy meetings, and safeguarding adult reviews as required by the relevant safeguarding protocols.
- Information sharing agreements and protocols must be adhered to, balancing confidentiality with the need to protect vulnerable individuals and ensuring that all relevant parties are informed.

13.4 Whistleblowing Procedures and Protection for Staff

Primus PLUS Healthcare promotes a culture of openness and accountability, where staff are encouraged to report poor practice, abuse, or neglect without fear of retaliation.

At Primus PLUS Healthcare:

- A clear whistleblowing policy is in place, outlining the process for staff to report concerns confidentially and securely.
- Staff who report genuine concerns in good faith will be protected from victimisation, harassment, or disciplinary action.
- Managers and leaders are responsible for responding promptly and appropriately to any whistleblowing reports, ensuring that all concerns are addressed and investigated.

13.5 Procedures for Investigation and Action Following Safeguarding Alerts

Upon receiving a safeguarding alert, the designated Safeguarding Lead will promptly conduct an initial review to assess the risk and determine whether a formal safeguarding enquiry is required. The following steps outline the investigation process:

- Preliminary Review:
    - The Safeguarding Lead will assess the risk to the individual and determine the urgency of the situation. If there is an immediate risk, action will be taken immediately to ensure the individual's safety.
- Formal Investigation:
    - If necessary, a formal safeguarding enquiry will be carried out following the procedures outlined in the Care Act 2014 and other statutory guidance.
    - The organisation will cooperate fully with any external investigations, providing evidence and access to relevant records as required by the safeguarding authorities.
- Protection and Action:
    - Appropriate actions will be taken to protect the individual, which may include changes to care plans, increased supervision, or disciplinary measures against staff if abuse is substantiated.
    - If the abuse involves a staff member, appropriate disciplinary action will be taken following Primus PLUS Healthcare's HR policies.
- Documentation and Learning:

- The outcomes of all safeguarding investigations will be documented thoroughly. This ensures accountability and supports any required legal or regulatory actions.
- Learning from safeguarding investigations will be shared within the organisation to improve practice, prevent recurrence, and ensure that all staff are aware of lessons learned.

14.0 EQUALITY AND DIVERSITY CONSIDERATIONS

Primus PLUS Healthcare is firmly committed to promoting equality, diversity, and inclusion in all aspects of its services. We recognise that respecting and valuing differences among individuals is essential for delivering high-quality, person-centred care that respects the rights and dignity of every service user. This section outlines how Primus PLUS Healthcare meets its legal obligations and ethical commitments under the Equality Act 2010 and ensures reasonable adjustments are made to support diverse needs.

14.1 Compliance with Equality Act 2010 to Prevent Discrimination

At Primus PLUS Healthcare, we ensure that our practices align with the Equality Act 2010, which aims to protect individuals from discrimination, harassment, and victimisation based on a set of protected characteristics. This legislation is fundamental in creating a fair and just environment for everyone, regardless of their personal characteristics.

- Protected characteristics under the Equality Act 2010 include:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation

Primus PLUS Healthcare:

- Fully complies with the Equality Act 2010, ensuring that no individual is discriminated against based on any of the above characteristics.
- Implements policies and procedures to prevent unlawful discrimination in all areas, including access to services, employment, and care delivery.
- Requires all staff to complete mandatory training on equality and diversity principles, focusing on:
  - Recognising unconscious bias.
  - Challenging discriminatory behaviours.
  - Creating inclusive environments.

- Conducts equality impact assessments when developing new policies or procedures to ensure that these do not inadvertently disadvantage any group or individual.

14.2 Reasonable Adjustments for Disabilities, Cultural and Language Needs

Primus PLUS Healthcare is dedicated to ensuring that individuals with disabilities, cultural, or linguistic needs can access and benefit from our services equally. We are committed to providing the necessary reasonable adjustments that enable service users to receive the same high-quality care and services as everyone else, without unnecessary barriers.

At Primus PLUS Healthcare, reasonable adjustments may include:

- Providing information in accessible formats, such as:
    - Large print, braille, audio, or easy-read materials for individuals with visual or learning impairments.
- Using professional interpreters or communication aids to assist individuals with language barriers or communication difficulties (e.g., using sign language interpreters or augmentative communication tools for individuals with speech impairments).
- Adapting care environments to accommodate physical disabilities or sensory impairments. This could include things like wheelchair-accessible rooms, sensory-friendly environments, or assistive technology to enhance mobility and engagement.
- Respecting cultural, religious, and dietary requirements within care planning and delivery. This includes ensuring that service users' religious practices, dietary restrictions, and cultural needs are met in the care process (e.g., providing Halal or Kosher meals, accommodating fasting schedules, etc.).
- Allowing flexibility in routines or practices to accommodate individual preferences, including dietary needs, sleeping patterns, or daily routines.

14.3 Promoting Dignity and Respect for All Individuals

Primus PLUS Healthcare promotes a culture where every individual is treated with dignity, respect, and compassion, regardless of their background, personal characteristics, or life experiences. We believe that all individuals deserve to be valued for who they are, and we strive to create an environment where they feel supported and empowered.

At Primus PLUS Healthcare:

- Staff are trained to recognise the importance of privacy, choice, and autonomy in care interactions, ensuring that service users can maintain their dignity and control over their lives.
- Care practices are personalised to honour each person’s identity, values, and preferences, ensuring that differences are celebrated, not simply tolerated. This includes taking steps to understand the service user’s background, values, and wishes in relation to their care.
- Discrimination, bullying, or harassment are not tolerated in any form. Any instances of such behaviours are addressed promptly and appropriately, with immediate actions taken to ensure the safety and dignity of the individual.
- Feedback from service users, families, and staff on issues related to equality and dignity matters is actively sought. This feedback is used to continually improve our services and create a more inclusive and respectful environment.

- Primus PLUS Healthcare is committed to creating inclusive opportunities for participation and empowerment for all service users. This may include ensuring service users have a voice in their care planning, the right to make decisions, and opportunities to engage in activities and decision-making processes in line with their values and preferences.

15.0 TRAINING AND COMPETENCY DEVELOPMENT

Primus PLUS Healthcare recognizes that the effective implementation of the Mental Capacity Act 2005 (MCA) and safeguarding frameworks depends on a well-trained, knowledgeable, and confident workforce. To uphold the highest standards of care, legal compliance, and safeguarding, the organisation is committed to providing comprehensive training and ongoing professional development for all staff. This section outlines our approach to training and competency development related to the MCA and safeguarding.

15.1 Mandatory Induction and Refresher MCA and Safeguarding Training for All Care Staff

Training is crucial in ensuring that staff understand their responsibilities in relation to MCA and safeguarding. Primus PLUS Healthcare requires that all new employees, contractors, and volunteers receive mandatory induction training that covers the core principles of the MCA and safeguarding adults at risk.

At Primus PLUS Healthcare:

- Induction Training:
    - All new employees, contractors, and volunteers will receive induction training that includes a comprehensive overview of the MCA and safeguarding. This will cover topics such as:
        - The principles and application of the MCA, including capacity assessment, best interests decision-making, and the legal framework for deprivation of liberty.
        - Recognizing the different forms of abuse and neglect, and the procedure for reporting safeguarding concerns.
        - The legal duties and responsibilities staff have in supporting individuals who may lack capacity and in promoting their rights.
    - Induction training ensures that all new staff are equipped with the necessary skills to understand their role in protecting individuals' rights and dignity.
- Refresher Training:
    - All care staff are required to complete refresher training on MCA and safeguarding at regular intervals (typically annually or biannually). This ensures that staff members remain up-to-date with any changes in legislation, case law, and best practices.
    - Refresher training will include:
        - Updates on legislative changes: Key changes to the MCA, safeguarding procedures, and related legislation.
        - Case law and its implications for practice.

        - Evolving best practices: Emerging trends and research in safeguarding and capacity assessments.

15.2 Advanced Training for Managers, Safeguarding Leads, and MCA Champions

Senior staff, including managers, safeguarding leads, and MCA champions, require advanced and specialized training to effectively lead and support staff in complex or high-risk cases. This specialized training ensures that key personnel can navigate complex decision-making scenarios and provide guidance in safeguarding and MCA-related matters.

At Primus PLUS Healthcare:

- Advanced Capacity Assessment and Best Interests Decision Making:
    - Training includes advanced techniques for capacity assessment, particularly in complex cases where an individual's capacity fluctuates or is difficult to assess.
    - Managers and leads will receive detailed instruction on how to conduct best interests meetings that include multidisciplinary teams, ensuring that decisions are made in line with MCA principles.
- Safeguarding Investigations:
    - Managers and safeguarding leads will be trained in coordinating safeguarding investigations, ensuring compliance with local safeguarding protocols and the Care Act 2014.
    - They will also be trained in navigating legal processes related to Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS).
- Leadership and Supervision:
    - Senior staff will be equipped to promote a culture of safeguarding and legal compliance within the organization. This includes supervising staff practice, addressing issues proactively, and ensuring that MCA principles are embedded across the organization.

15.3 Maintaining Training Records and Competency Assessments

Primus PLUS Healthcare maintains a comprehensive approach to tracking staff training and ensuring that all employees meet competency standards in relation to MCA and safeguarding.

At Primus PLUS Healthcare:

- Training Records:
    - A comprehensive training database is maintained, documenting all training attendance, qualifications, and refresher dates. This ensures that training is up-to-date and staff are compliant with mandatory training schedules.
    - Training records are reviewed regularly to identify gaps or delays in training, ensuring that all staff are continually up-to-date with their professional development.
- Competency Assessments:
    - Competency is assessed periodically to evaluate staff understanding and application of MCA and safeguarding principles in practice. This may include:
        - Observed practice to assess real-world application of training.

        - Scenario-based evaluations where staff are asked to demonstrate their decision-making skills in a simulated safeguarding or capacity assessment scenario.
        - Written assessments or knowledge checks to confirm understanding of MCA and safeguarding principles.
    - Targeted Training will be provided to staff who do not meet competency standards. Additional support and resources will be offered to help them meet the required competencies.

15.4 Access to Ongoing Resources and Updates (CQC, OPG, SCIE)

Primus PLUS Healthcare ensures that all staff have access to up-to-date resources and guidance from authoritative bodies to support ongoing learning and reflective practice.

At Primus PLUS Healthcare:

- Access to Resources:
    - Staff will have access to a wide range of resources, including:
        - E-learning modules on MCA, safeguarding, and related topics.
        - Best practice toolkits and guidelines to support capacity assessments and safeguarding procedures.
        - Legal updates, newsletters, and case study reviews from organizations such as the Care Quality Commission (CQC), Office of the Public Guardian (OPG), and the Social Care Institute for Excellence (SCIE).
- Professional Development:
    - Staff are encouraged to participate in external workshops, conferences, and forums that focus on MCA, safeguarding, and care practices. These events provide additional opportunities for professional growth and development.
- Culture of Lifelong Learning:
    - The organisation fosters a culture of lifelong learning, encouraging staff to continuously improve their skills and knowledge. This ensures that Primus PLUS Healthcare remains compliant with evolving legislative and regulatory landscapes and continues to provide the best care for service users.

16.0 RECORD KEEPING AND CONFIDENTIALITY

Primus PLUS Healthcare is committed to maintaining accurate and secure documentation to ensure high-quality, person-centred care while respecting the privacy and legal rights of service users. This section outlines our approach to record-keeping, confidentiality, and compliance with MCA, safeguarding laws, and data protection regulations.

16.1 Accurate, Contemporaneous, and Confidential Documentation

- Documentation must be accurate, clear, and timely, recorded contemporaneously, and include:
    - The specific decision or intervention.
    - Capacity assessment outcomes based on the two-stage test.

- Involvement of relevant individuals in best interests decisions.
- Evidence of support provided to the individual in decision-making.
- Safeguarding concerns and actions taken.

- Confidentiality must be maintained at all times, ensuring information is accessible only to authorised personnel involved in care or safeguarding. Records should be written in plain, professional language without jargon or subjective opinions.

16.2 Secure Storage Compliant with Data Protection Act 2018 (GDPR)

- Personal and sensitive data is stored securely, in compliance with GDPR and the Data Protection Act 2018:
  - Physical records must be stored in locked, secure areas.
  - Electronic records are protected by password controls, encryption, and cybersecurity measures.
  - Data retention follows legal requirements, and outdated information is disposed of securely.
- Staff are trained on data protection policies to ensure appropriate handling of information.

16.3 Access Controls and Information Sharing Protocols Aligned with Legal Frameworks

- Access to records is restricted to individuals who need the information for care or safeguarding purposes, operating on a need-to-know basis.
- Information sharing is conducted following the Caldicott Principles, MCA Code of Practice, and safeguarding guidance:
  - Consent is sought where possible; if not, best interests considerations guide sharing.
  - External information sharing agreements with local authorities and other agencies are documented and reviewed regularly to ensure compliance with legal requirements.

17.0 MONITORING, AUDIT, AND QUALITY ASSURANCE

Primus PLUS Healthcare is committed to ensuring high standards of care and compliance with the Mental Capacity Act 2005 (MCA) and safeguarding frameworks. The organization uses a robust system of monitoring, audit, and quality assurance to evaluate performance, identify areas for improvement, and ensure compliance with statutory and regulatory requirements.

17.1 Regular Audit of MCA Compliance, Safeguarding Reports, and Training Effectiveness

- Regular Audits: Primus PLUS Healthcare conducts systematic audits to review:
  - Completeness of capacity assessments and best interests decisions.
  - Timeliness and appropriateness of safeguarding referrals.
  - Staff compliance with mandatory MCA and safeguarding training.
  - Proper implementation of DoLS and LPS procedures.

- Training Effectiveness: Training effectiveness is monitored through:
    - Post-training evaluations and competency assessments.
    - Observations of practice to ensure knowledge translates into safe, lawful care.

17.2 Feedback Mechanisms from Service Users and Families

- Feedback Collection: Service users, families, and carers are encouraged to provide feedback via surveys, interviews, focus groups, and complaints to evaluate care experiences and safeguarding.
- Analysis: Feedback is analyzed to identify strengths, trends, and concerns about MCA implementation or safeguarding.

17.3 Reporting Findings to Senior Management and Regulatory Bodies (e.g., CQC)

- Internal Reporting: Findings from audits, reviews, and feedback are reported to senior management and the Board, identifying compliance levels, risks, and areas for development.
- External Reporting: Significant incidents, safeguarding concerns, or systemic failures are reported to the CQC and other regulatory bodies as required by law, ensuring transparency and compliance.

17.4 Action Plans to Address Identified Gaps or Non-Compliance

- Action Plans: If gaps or non-compliance are identified, detailed action plans are developed, including timelines, responsibilities, and required resources.
- Monitoring: The MCA Lead, safeguarding team, and senior management monitor the implementation of action plans to ensure effective resolution.

17.5 Continuous Improvement Action Plans

- Proactive Improvement: Primus PLUS Healthcare fosters a culture of continuous improvement by using feedback from audits, safeguarding investigations, and service users to update policies, training, and care practices.
- Integration: Improvement plans are integrated into the wider quality management system and aligned with regulatory expectations.

18.0 POLICY REVIEW AND UPDATE

Primus PLUS Healthcare is dedicated to keeping the Mental Capacity Act (MCA) policy up-to-date and effective. Regular reviews and updates are conducted to reflect current legislation, best practices, and the evolving needs of the individuals we support.

18.1 Scheduled Review Every 2 Years or Sooner if Legislation or Guidance Changes

- The MCA policy will be reviewed at least every two years to ensure compliance with the MCA, Code of Practice, Care Act 2014, Equality Act 2010, and safeguarding regulations.
- Reviews will be conducted sooner if there are changes in legislation, guidance, case law, or regulatory expectations.
- The review will assess the effectiveness of the policy, incorporating audit findings, service user feedback, and any incidents or safeguarding concerns.

18.2 Involvement of Multidisciplinary Teams, Service Users, and Advocacy Groups in Review

- Primus PLUS Healthcare involves a broad range of stakeholders in the review process, including care staff, managers, MCA leads, safeguarding officers, legal advisors, service users, families, and advocacy groups.
- Feedback from these stakeholders is gathered through focus groups, surveys, and consultation meetings, ensuring the policy remains practical, person-centred, and reflective of real-world needs.

18.3 Communication of Updates to All Staff

- After review and approval by senior management and the Board, any policy revisions will be communicated to staff through staff meetings, email bulletins, intranet postings, and training sessions.
- Staff will be required to acknowledge they have read and understood the updated policy, with refresher training provided as necessary.
- Primus PLUS Healthcare maintains a version-controlled policy register to ensure that the most current version is always in use.

CAPACITY ASSESSMENT TOOL AND TEMPLATE

Section 1: General Information

Service User Name:	
Date of Assessment:	
Assessor Name & Role:	
Location:	
Decision to be Made: (Specify the decision, e.g., consent to medication, financial management)	

Section 2: Stage One – Diagnostic Test

Is there an impairment of, or disturbance in, the functioning of the mind or brain?

☐ Yes ☐ No

Details of impairment or disturbance (e.g., dementia, brain injury, mental health condition):

_____
_____

Section 3: Stage Two – Functional Test

Can the person:

Ability	Yes	No	Notes/Examples
Understand the information relevant to the decision?	☐	☐	
Retain that information long enough to make the decision?	☐	☐	
Use or weigh that information as part of the decision-making process?	☐	☐	
Communicate their decision (by any means)?	☐	☐	

Section 4: Summary of Capacity

Based on the above assessment, does the person have the capacity to make this specific decision at this time?

☐ Yes – Person has capacity. Proceed with decision as agreed.

☐ No – Person lacks capacity. Proceed to best interests decision-making.

Reason for decision:

_____

_____

Section 5: Support Provided to the Person

Describe the steps taken to support the person in making this decision (e.g., simplified information, communication aids, interpreter):

_____

_____

Section 6: Involvement of Others

List anyone consulted in this assessment (family, carers, advocates, professionals):

_____

_____

Section 7: Next Steps and Actions

Outline any immediate actions or referrals (e.g., safeguarding referral, best interests meeting):

_____

_____

Section 8: Signatures

Assessor Signature:	
Date:	
Service User Signature (if appropriate):	
Date:	

Notes for Assessors:

- Always ensure the assessment relates to a specific decision at a specific time.
- Use accessible language and communication methods to maximize understanding.
- Document clearly and objectively.
- Reassess if circumstances or the decision changes.

BEST INTERESTS DECISION-MAKING CHECKLIST

Section 1: General Information

Service User Name:	
Date of Decision:	
Assessor/Decision-Maker:	
Decision to be Made: (Specify the decision)	

Section 2: Confirmation of Capacity

Has a formal capacity assessment been completed for this specific decision?

☐ Yes ☐ No

Does the service user lack capacity to make this decision?

☐ Yes ☐ No

If no, seek consent from the service user and stop – no best interest's decision required.

Section 3: Involvement and Consultation

Have you involved the service user as far as possible?

☐ Yes ☐ No

Have you consulted family members, carers, friends, or representatives? List names and relationships:

Has an Independent Mental Capacity Advocate (IMCA) been involved, if required?

☐ Yes ☐ No ☐ Not applicable

Have relevant healthcare and social care professionals been consulted?

☐ Yes ☐ No

Section 4: Consideration of Wishes, Feelings, Beliefs, and Values

Have you considered the service user's past and present wishes and feelings regarding this decision?

☐ Yes ☐ No

Have you taken into account the service user's beliefs, values, cultural or religious considerations?

☐ Yes ☐ No

Are there any Advance Decisions to Refuse Treatment (ADRT) or Advance Care Plans relevant to this decision?

☐ Yes ☐ No ☐ Not known

Section 5: Assessment of Options and Risks

Have all possible options been identified and considered?

☐ Yes ☐ No

Has the least restrictive option been chosen to achieve the desired outcome?

☐ Yes ☐ No

Have risks and benefits of each option been evaluated?

☐ Yes ☐ No

Have any risks to the service user or others been fully considered and mitigated where possible?

☐ Yes ☐ No

Section 6: Making the Best Interests Decision

Based on the information and consultations, what is the best interest's decision?

_____

How does this decision promote the welfare, dignity, and rights of the service user?

_____

Are there any conditions or safeguards that should accompany the decision?

_____

Section 7: Documentation and Communication

Has the decision-making process been documented in detail?

☐ Yes ☐ No

Have all relevant parties been informed of the decision, including the service user where possible?

☐ Yes ☐ No

Have arrangements been made to review the decision periodically?

☐ Yes ☐ No

Section 8: Signatures

Decision-Maker Signature:	
Date:	
Service User Signature (if appropriate):	
Date:	

SAFEGUARDING REPORTING FORM

Section 1: Reporter Details

Name:	
Job Title/Role:	
Contact Number:	
Email Address:	
Date and Time of Report:	

Section 2: Person at Risk Details

Name of Person at Risk:	
Date of Birth:	
Address/Location:	
Contact Number:	
Relationship to Reporter:	
Known Disabilities or Vulnerabilities:	

Section 3: Details of Concern/Incident

Date and Time of Incident:	
Location of Incident:	

Please describe the nature of the concern or incident in detail:

_____
_____
_____
_____

Type of Abuse Suspected (tick all that apply):

☐ Physical ☐ Emotional/Psychological ☐ Sexual ☐ Financial ☐ Neglect ☐ Discriminatory ☐ Institutional ☐ Self-neglect ☐ Other (please specify):

Section 4: People Involved

Name	Role/Relationship	Contact Details (if known)	Involvement (Brief description)

Section 5: Immediate Action Taken

Please describe any immediate action taken to safeguard the person at risk:

_____

_____

_____

Section 6: Reporting and Follow-Up

Date and Time Reported to Safeguarding Lead:	
Safeguarding Lead Name:	
Actions Taken by Safeguarding Lead:	

Section 7: Additional Information

Any other relevant information or observations:

_____

_____

_____

Section 8: Signatures

Reporter Signature:	Date:
Safeguarding Lead Signature:	Date:

TRAINING MATRIX AND RECORDS TEMPLATE

This training matrix template is designed to help Primus PLUS Healthcare track staff training completion, competency assessments, and schedule refresher courses for mandatory and optional training.

Staff Name	Job Title	MCA Training (Date Completed)	Safeguarding Training (Date Completed)	DoLS/LPS Training (Date Completed)	Equality & Diversity Training (Date Completed)	First Aid Training (Date Completed)	Fire Safety Training (Date Completed)	Other Training (Specify and Date Completed)	Next Due Date	Competency Assessment Date	Notes

REFERENCES AND RESOURCES

18.1 Mental Capacity Act 2005 and Code of Practice (Office of the Public Guardian, 2020)

The Mental Capacity Act 2005 is the foundational legal framework governing decision-making for individuals who may lack capacity. The associated Code of Practice provides detailed guidance on the application of the Act, including principles, capacity assessment, best interests decision-making, and deprivation of liberty safeguards.

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

18.2 Equality Act 2010

This legislation protects individuals from discrimination based on protected characteristics and mandates reasonable adjustments to ensure equality of access and treatment. It is essential to uphold these principles in all care practices.

Access: https://www.legislation.gov.uk/ukpga/2010/15/contents

18.3 Care Act 2014

The Care Act sets out duties relating to adult safeguarding, wellbeing, and care planning, emphasizing multi-agency cooperation and person-centred practice. It is closely linked with MCA and safeguarding responsibilities.

Access: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

18.4 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

These regulations establish the fundamental standards for health and social care providers regulated by the Care Quality Commission (CQC), including requirements related to consent, capacity, and safeguarding.

Access: https://www.legislation.gov.uk/uksi/2014/2936/contents/made

18.5 Human Rights Act 1998

Incorporating the European Convention on Human Rights into UK law, this Act protects fundamental rights such as liberty, privacy, and dignity, which are critical when supporting individuals who lack capacity.

Access: https://www.legislation.gov.uk/ukpga/1998/42/contents

18.6 Health and Care Act 2022

This Act introduces reforms to health and social care integration, enhancing collaboration between providers and commissioners to improve person-centred care delivery.
Access: https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted

18.7 Care Quality Commission (CQC) Guidance and Publications

CQC provides regulatory guidance, inspection frameworks, and thematic reports, such as *Home For Good* (2022), which offers insights into supporting people with learning disabilities, mental health needs, and autism.

Access: CQC Publications

18.8 Social Care Institute for Excellence (SCIE) MCA Directory (2023)

SCIE offers a comprehensive directory of resources, best practice guides, and training materials related to MCA and Deprivation of Liberty Safeguards.

Access: SCIE MCA Directory

18.9 Office of the Public Guardian (OPG) Guidance and Resources (2024)

The OPG provides up-to-date guidance, newsletters, and resources supporting MCA implementation, supervision of deputies and attorneys, and public awareness.

Access: https://www.gov.uk/government/organisations/office-of-the-public-guardian

18.10 Department of Health and Social Care (DHSC) Policy Documents

The DHSC issues policies, frameworks, and strategies supporting the implementation of MCA and safeguarding across the health and social care sectors.

Access: https://www.gov.uk/government/organisations/department-of-health-and-social-care