

Policies & Procedures

Mental Capacity Act Policy
v1.0

Mental Capacity Act Policy

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Mental Capacity Act Policy

Policy Lead	**Mrs. Tavleen Sharma - Registered Manager**
Version No.	1.0
Date of issue	January 2025
Date to be reviewed	January 2026

Purpose

The purpose of this policy is to ensure that VCare Consultancy Services Limited complies fully with the **Mental Capacity Act 2005** (MCA), including the associated **Deprivation of Liberty Safeguards (DoLS)**, and supports the rights and wellbeing of service users who may lack capacity to make certain decisions. The policy outlines how we will assess capacity, make decisions in individuals' best interests, and safeguard their rights.

Scope

This policy applies to all employees, agency staff, contractors, and volunteers working for VCare Consultancy Services Limited. It covers the care and support of adults aged 16 and over who use our domiciliary care services and may lack capacity to make some or all decisions about their lives.

Legal Framework

VCare Consultancy Services Limited's employees can expect to work in an environment where diversity is valued, and equality of opportunity is promoted. Employees have a right to be treated fairly in recruitment and career progression.

- Mental Capacity Act 2005.
- Deprivation of Liberty Safeguards (DoLS).
- Care Act 2014.
- Human Rights Act 1998.
- Data Protection Act 2018 / UK GDPR.
- CQC Fundamental Standards.

Policy Statement

VCare Consultancy Services recognises and upholds the **five key principles of the Mental Capacity Act**:

- **A presumption of capacity** – Every adult has the right to make their own decisions unless proven otherwise.
- **Right to be supported to make decisions** – All practical help must be provided to support the individual in making a decision.
- **Unwise decisions do not mean lack of capacity** – People have the right to make decisions others may consider unwise.
- **Best interests** – Any decision made for a person who lacks capacity must be in their best interests.
- **Least restrictive option** – Any intervention must be the least restrictive of the person's rights and freedoms.

Assessing Capacity

1. Capacity assessments will be carried out in line with the **two-stage functional test**:
    - Is there an impairment or disturbance in the mind or brain?
    - Does the impairment mean the person is unable to understand, retain, use or weigh the relevant information, or communicate their decision?
2. Assessments must be **decision-specific and time-specific.**
3. Assessments are to be recorded clearly in the individual's care records.

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4. Where staff suspect a service user may lack capacity for significant decisions (e.g., medical treatment, finances, accommodation), they must report to the **Registered Manager**.

Best Interests Decision-Making

Where a person is assessed as lacking capacity:

- We involve the person as much as possible in the decision.
- We consult with **family, friends, attorneys, advocates** or others close to the person.
- We take into account the person's **past and present wishes, beliefs, and values**.
- A **Best Interests meeting** may be convened for complex decisions.
- Decisions are documented using our **Best Interests Decision template**.

Consent and Record Keeping

- Wherever possible, **informed consent** must be obtained before care or support is provided.
- Consent is clearly recorded on care plans and revisited regularly.
- Any change in capacity is documented, and care plans are updated accordingly.
- All documentation is retained in line with **data protection policies**.

Independent Mental Capacity Advocate (IMCA)

If a person lacks capacity and has no appropriate family or friends to consult, staff must refer to an **IMCA** in line with the Act. The **IMCA** (Registered Manager – Mrs. Tavleen Sharma) must be involved in decisions about:

- Serious medical treatment.
- Long-term accommodation changes.
- Adult safeguarding concerns.

Deprivation of Liberty Safeguards (DoLS)

- Although DoLS is generally used in care homes and hospitals, VCare staff must be aware of situations in supported living where **Court of Protection** authorisation may be needed under **'Liberty Protection Safeguards (LPS)**' once fully enacted.
- Any potential deprivation of liberty must be reported to the **Registered Manager**, who will seek guidance from the **Local Authority**.

Training and Support

- All staff of VCare has to undertake annual mandatory training on **MCA and DoLS training** during induction and annually thereafter.
- All VCare staff members are encouraged to discuss capacity-related issues in **supervision and team meetings.**
- VCare's **Registered Manager** ensures compliance and provides case-specific guidance as needed.

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Responsibilities

- **Registered Manager:** Oversees policy implementation, ensures training, reviews best interest decisions, and liaises with external agencies.
- **All Staff:** Must understand and follow MCA principles, report concerns, and complete relevant documentation.

Monitoring and Review

- Audits of capacity assessments and best interests decisions are completed regularly.
- This policy is reviewed **annually** or in response to changes in law or guidance.

Related Policies and Procedures

This policy and procedure should be inherent in every other policy and procedure within VCare Consultancy Services Limited.

- Safeguarding Policy.
- Consent Policy and Procedure
- Record keeping policy.

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Annex 1 (Best Interest Decision template)

Best Interests Decision Record
(In accordance with the Mental Capacity Act 2005)
Service Provider: VCare Consultancy Services Limited

Service User: _____
DOB: _____
NHS/Client ID (if applicable): _____

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1. Decision Summary
Decision to be made:
What is the specific decision that needs to be made?

Date of decision: _____
Urgency level: ☐ Routine ☐ Time-sensitive ☐ Emergency

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2. Capacity Assessment
Has the individual been assessed as lacking capacity for this decision?
☐ Yes ☐ No (If "No", this form is not required)
Date of capacity assessment: _____
Name and role of assessor: _____
Summary of capacity assessment outcome:
Include brief details of impairment, decision-specific incapacity, and evidence of support given to enable decision-making.

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3. Involvement of the Individual
How has the person been involved in this decision?
Describe steps taken to include the person's views, past wishes, preferences, and any communication aids used.

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4. Considerations Made (Best Interests Checklist)
The following have been considered in reaching this best interests decision (tick all that apply):
☐ Person's past and present wishes and feelings
☐ Beliefs and values (religious, cultural, moral)
☐ Views of family, carers, advocates
☐ Least restrictive option
☐ Available alternatives
☐ Risks and benefits of each option

Details:
Describe how these factors were weighed to reach a decision.

5. Consultation (Who was involved?)

Name Relationship/Role Consultation Date Contribution Summary

Was an IMCA involved?
☐ Yes ☐ No ☐ Not required
If yes, IMCA name and service: _____

6. Decision Outcome
Final best interests decision:
What has been decided?

Reasons for decision:
Why was this option chosen over others?

Proposed implementation date: _____
Expected review date: _____

7. Sign-Off
Completed by (Name & Role): _____
Signature: _____
Date: _____
Manager/Reviewer Signature: _____
Date: _____

8. Attachments (if applicable)
☐ Capacity assessment form
☐ Meeting minutes
☐ Risk assessments
☐ Supporting medical or care reports

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Annex 2 (Care Planning and Risk Assessment Procedure)

Policy Title: Care Planning & Risk Assessment Procedure
Policy Reference: CPRA001
Effective Date: [Insert Date]
Review Date: [Insert Date – annually or after significant updates]
Approved by: Registered Manager
Version: 1.0

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1. Purpose

The purpose of this procedure is to ensure that VCare Consultancy Services Limited develops and maintains **comprehensive, person-centred care plans and risk assessments** for all service users receiving domiciliary support. This procedure ensures compliance with **CQC Fundamental Standards** and promotes safety, dignity, independence, and wellbeing.

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2. Scope

This procedure applies to all staff involved in assessing, planning, delivering, reviewing, or coordinating care for individuals supported by VCare Consultancy Services Limited.

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3. Policy Statement

VCare is committed to providing care that is:

- **Person-centred**
- **Safe and responsive**
- **Collaboratively planned** with service users, families, and professionals
- **Continuously reviewed** to reflect changing needs and preferences
- Delivered in a manner that **respects rights, dignity, and independence**

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4. Care Planning Procedure

a. Initial Assessment

- Conducted before service commencement by a **qualified assessor or the Registered Manager**.
- Includes:
  - Health and social care needs
  - Communication preferences
  - Cultural, religious, and lifestyle requirements
  - Medication, nutrition, mobility, mental capacity
  - Existing risks or safeguarding concerns
- A **pre-assessment visit** may be carried out in the service user's home or hospital setting.

b. Development of the Care Plan

- Created in partnership with the service user and their representatives.
- Informed by:
  - The individual's choices and outcomes
  - Input from GPs, social workers, therapists, and other professionals
  - Existing care plans (e.g. NHS discharge plans)
- Includes:
  - Personal goals and outcomes
  - Daily routines and preferences
  - Support needs (e.g. washing, dressing, medication, finances)
  - Legal authorisations (e.g. DoLS, Power of Attorney)

c. Consent and Capacity

- Service users are supported to make decisions and give informed consent.
- If a person lacks capacity, a **Mental Capacity Assessment** and **Best Interests Decision** are carried out.
- Consent is reviewed regularly and clearly documented.

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5. Risk Assessment Procedure

a. Initial Risk Identification

- Identifies potential risks to:
  - The service user (e.g. falls, choking, self-harm)
  - Others (e.g. challenging behaviour, fire risk)
  - Staff (e.g. lone working risks)
- Uses recognised risk assessment tools and templates.

b. Risk Evaluation and Control

- Each risk is:
  - Rated for likelihood and severity
  - Mitigated with agreed control measures
  - Reviewed with the individual, carers, and professionals
- **Positive risk-taking** is supported, where safe, to promote autonomy.

c. Ongoing Monitoring

- Risks are reviewed:
  - After any incident or change in condition
  - At each care plan review
  - Following complaints or safeguarding alerts

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6. Care Plan and Risk Review Process

- Formal review at least **every 6 months**, or:
  - When care needs change significantly
  - Following a hospital admission or incident

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    - At the request of the service user or family
- Reviews involve:
    - The service user (with accessible communication)
    - Key family/carers
    - Multi-disciplinary professionals
    - The care team

All changes are recorded, dated, and signed off by the **Registered Manager or designated lead**.

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7. Documentation Standards

- All records are:
    - Written in plain, respectful language
    - Stored securely in line with **UK GDPR**
    - Accessible to the person and their representatives
    - Audited regularly by the Quality Lead or Registered Manager

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8. Roles and Responsibilities

- **Care Coordinator** – Leads assessments and care planning
- **Support Workers** – Deliver care in accordance with the plan, report changes
- **Registered Manager** – Ensures compliance, supervises planning, authorises risk controls
- **Service Users and Families** – Active partners in planning and decision-making

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9. Related Policies

- Mental Capacity Act Policy
- Safeguarding Adults Policy
- Consent Policy
- GDPR & Confidentiality Policy
- Incident and Accident Reporting Procedure

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10. Monitoring and Review

- Audits of care plans and risk assessments are conducted **quarterly**.
- Issues are reviewed in **staff meetings and supervisions**.
- This procedure is reviewed annually or sooner if there are regulatory or legislative changes.

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