## **Consent to care and treatment**

### Person-centred care requires providers to be upfront with the people you support and seek their consent. This will require strong understanding of adhering to people’s rights in order to involve them in decisions about their care.

### The CQC will want to know how your service is always supporting people to make their own decisions and ensure this complies with latest legislation and guidance. The regular monitoring of people’s mental capacity and associated assessments is important, as well as recording this information. Your managers should have a deeper understanding of consent, enabling them to respond to escalated issues from the staff team.

### Recommendations checklist

These recommendations act as a checklist to help you consider what you could potentially evidence, but it’s not intended as a definitive list. We hope they help you reflect on what evidence you might wish to share with the CQC.

|  | Yes | No | N/A | How we evidence | Action |
| --- | --- | --- | --- | --- | --- |
| We ensure that the people we support understand their rights. |  |  |  |  |  |
| Consent is an integral part of the care we provide. We work closely with the people we support (and/or their families) to obtain it. |  |  |  |  |  |
| We can evidence how we have gained consent in the care we provide to each person we support. |  |  |  |  |  |
| We ensure our staff routinely ask for people’s consent on a day-to-day basis before giving assistance and seek a response. When people decline, our staff are respectful and return to try this task later where practical. |  |  |  |  |  |
| We ensure our care plans clearly detail capacity to make decisions and how this may fluctuate, as well as what support should be provided to help the person make choices and decisions about their care and support. |  |  |  |  |  |
| Where needed, we ensure best interest decisions are carried out appropriately with the person, their family/advocates, and a multidisciplinary team (e.g., a group of health care workers who are members of different professions such as psychiatrists, social workers, etc.). |  |  |  |  |  |
| To support obtaining people’s consent, we provide information in the most accessible format possible to help them understand their options. |  |  |  |  |  |
| Our staff support people to make decisions by using various communication methods (e.g., using prompts such as pictures and large print), as well as support from families and advocates where necessary. |  |  |  |  |  |
| We ensure our managers and leaders are capable and confident of the correct legal process to follow if people’s needs change. |  |  |  |  |  |
| We keep detailed records of mental capacity assessments and best interest decisions. We also document other less formal discussions around capacity, including daily notes and handovers. We keep records with the care plan. |  |  |  |  |  |
| We regularly audit and review consent and associated good and poor practice, with the aim of strengthening processes. |  |  |  |  |  |
| We empower our staff to ensure people's liberty is safeguarded. Where deprivation of liberty is needed, our staff seek authorisation and actions are both necessary and proportionate. |  |  |  |  |  |
| We ensure our staff receive training about the Mental Capacity Act and safeguards. This is provided at a level appropriate to their role and is regularly refreshed. |  |  |  |  |  |
| We use a range of innovative ways to ensure people are involved in decisions about their care so that their human and legal rights are sustained. |  |  |  |  |  |
| We invest time in assessing people’s changing capacity, which for some may change on a very regular basis. |  |  |  |  |  |
| Where relevant to our service, we use CCTV/surveillance in line with CQC guidance and people’s consent. |  |  |  |  |  |
| Where relevant to our service, the people we support who are assessed as lacking capacity to make a particular decision at the time that decision needs to be made, have a clear record of the reasons why they lack capacity and the practicable steps taken to support them. This is in accordance with NICE Quality Standards. |  |  |  |  |  |
| Where relevant to our service, the people we support who lack capacity to make a particular decision at the time that decision needs to be made have their wishes, feelings, values and beliefs accounted for in best interest decisions. This is in accordance with NICE Quality Standards. |  |  |  |  |  |
| Where relevant to our service, the people we support who are at risk of losing capacity to make decisions, and those with fluctuating capacity, are given the opportunity to discuss advance care planning at each review. This is in accordance with NICE Quality Standards. |  |  |  |  |  |

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| Resources to help **GO Online: Inspection toolkit**  Learn more about how this is inspected via a short film, practical examples and resources [here](https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/inspection-toolkit/Topic-focus.aspx?services=&kloe=effective-1&topic=consent-to-care-and-treatment-1).  **Recommendations checklists** Access the full range of all Recommendations Checklists, exclusively available to Skills for Care Registered Manager Members [here](https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Support-for-registered-managers/GO-guide-SAF.aspx).  **Good and Outstanding care support** Skills for Care’s Good and Outstanding care resources include practical e-learning modules, guidance and seminars to support you to meet CQC expectations. Learn more about what is available [here](https://www.skillsforcare.org.uk/go). |