

The MCA Resource Pack

For care homes, supported living, community support

June 2022

Resources

Helpful guides on care planning and the MCA:

- [MCA Code of Practice & DoLS Code of Practice](#)
- [Key messages for MCA and care planning](#)
- [Care planning, involvement and person-centred care](#)
- [Care planning, liberty and autonomy](#)
- [Monitoring MCA implementation](#)
- Posters for staff:
 - Care staff - click [here](#)

CQC Guidance:

- [CQC - Key lines of enquiry, prompts and ratings characteristics for adult social care Services](#)
- [CQC KLOE's potential sources of evidence](#)
- [Regulation 9: Person-centred care](#)
- [Regulation 10: Dignity and respect](#)
- [Regulation 11: Need for consent](#) (also covers MCA)

Information for families and individuals:

- [Supporting people: Using the Mental Capacity Act - a guide from Hft for family and friends](#)
- [Compassion in dying - making decisions and planning your care](#)
- [Mental Capacity Act resource pack from Mencap - for family carers of people with a learning disability](#)
- [Mental Capacity Act information from Alzheimer's Society](#)
- Guides for attorneys:
 - [How to be a property affairs attorney](#)
 - [How to be a health and welfare attorney](#)

Mental Capacity Act Champion (Role Specification example)

NB: This should be tailored to your services needs and is only an example.

Objective

The objective of the MCA champion is to promote the correct and effective application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) within their areas of work

The intention is that there will be at least 1 MCA Champion for each provider service

Responsibilities

The MCA champions will be responsible for:

- Promoting awareness of MCA / DoLS in their area
- Providing a source of basic advice on the MCA to staff within their areas of work. The Champions are **not** expected to provide legal expertise or to advise on complex matters but would be able to support colleagues in relation to matters such as:
 - The general issues relating to MCA / DoLS
 - How to locate the MCA and DoLS information both within their area of work and through trusted internet sites.
 - How to find and complete the MCA / DoLS assessments
 - Who to contact in relation to further complex issues
 - Understanding for whom the DoLS assessments and documentation should be completed within their service
 - To attend yearly MCA refresher sessions to maintain their knowledge and skills regarding MCA / DoLS, including legal updates.

Having a good understanding of the MCA for the role

In order to take on the role the MCA Champion, the champion will need to have and maintain an awareness of the legal responsibilities and principles of consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. This will include an understanding of:

- Roles and responsibilities associated with consent.
- How to apply MCA principles in their everyday work.
- How best to enable people to make decisions for themselves.
- Establishing a framework for supporting and involving people in making decisions in the service even where their mental capacity to make certain decisions may be limited.

- How to undertake best interest assessments
- What is the role of an IMCA.
- How to respond to LPA / Advance Decision issues and question
- What constitutes restraint/restriction within the meaning of the MCA and how these should be managed and evidenced in practice
- How to get more specialist advice for complex cases.
- The relationship between the Mental Capacity Act and DoLS processes
- How to explain the 'acid test' to staff and the difference between restrain / restriction and deprivation of liberty
- How requests for DoLS authorisation can be made
- The roles and responsibilities within the DoLS processes

Example Provider Services Capacity Assessment & Best Interest Tool

Name of person:

Form completed by:

Name:

Role:

Contact details:

Details of decision:

❖ What is the decision that you are supporting the person to make?

1.2 Describe how you supported the person to make the decision

1.3 Is the person able or unable to make the decision with all practicable support?

YES

NO

Is the person able to **understand** the relevant information?

Record your evidence here:

Is the person able to **retain** the relevant information long enough to make this decision?

Record your evidence here:

Is the person able to **use or weigh** the relevant information?

Record your evidence here:

Is the person able to **communicate** the decision?

Record your evidence here:

Does the person have an impairment of or a disturbance in the functioning of the mind or brain?

Evidence:

Do you believe that this person has or lacks the capacity to make this decision for themselves? And if you believe they lack capacity are you satisfied that on the balance of probabilities, that the inability to make this decision is because of the impairment of the mind or brain?

Details:

Best Interest Assessment and Decision

NB: For more complex or contentious best interest decisions use Appendix 1.

Guidance Note

5.15 Any staff involved in the care of a person who lacks capacity should make sure a record is kept of the process of working out the best interests of that person for each relevant decision, setting out:

- *how the decision about the person's best interests was reached*
- *what the reasons for reaching the decision were*
- *who was consulted to help work out best interests, and*
- *what particular factors were taken into account.*
- *This record should remain on the person's file.*

(MCA – Code of Practice)

NB: Where the decision is more complex or not 'day-to-day' you should use the additional best interest tool in Appendix 1.

Signature of professional completing form:

Date:

Appendix 1: Best Interest record for decisions that are not 'day-to-day'

Is there a person with legal authority for this decision?

- ❖ If 'YES' record the **detail** of the best interest decision taken and the **Legal Authority they hold** (EPA/LPA/Deputy/Appointee) and **end your record here**.

Decision made:

- ❖ If 'NO' complete the rest of the record.

Best Interests Checklist

Is it likely that the person will regain capacity in the future regarding the decision (*can the decision be delayed*)?

What attempts have been made to involve the person in the decision (*particularly when the person is close to 'borderline'*)?

What is known of the person's past and present wishes and feelings and the person's beliefs and values (e.g. religious, cultural, moral or political) that would be likely to influence the decision in question?

Any other factors the person would be likely to consider if able to do so (this could include the impact of the decision on others).

What are the views of (if practicable and appropriate to consult):

- anyone previously named by the person as someone to be consulted on the decision in question or matters of a similar kind;
- anyone engaged in caring for the person, or close relatives, friends or others who take an interest in the person's welfare;
- anybody with legal authority over some decisions but who does not have the legal authority over this decision.

What options were considered for this Best Interest decision?

OPTION 1:

Advantages

Disadvantages

OPTION 2:

Advantages

Disadvantages

OPTION 3:

Advantages

Disadvantages

2.5 What decision was made in the persons best interests?

Decision Made:

Was this option less restrictive of the person's rights and freedoms?

- ❖ If **'YES'** record the **detail** of why this option is **less restrictive** than other options considered.

- ❖ If **'NO'** record the evidence that justifies why this option is in the person's Best Interests.

What action can be taken to enhance the person's capacity in the future?

Signature of professional completing form:

Date:

Name of line manager:

Signature of line manager:

Date

Members of the persons circle of support Involved

Name of Person	Relationship to person

Step by step guide: Provider Services Capacity Assessment & Best Interest Tool

Before supporting a person with the development of their care plan always consider the following:

- What are the decisions that you will be supporting this person to make?
- How can you support the individual to communicate their wishes / views on how they want to be supported? Always think support, support, support! The more you do to involve and support people in the care planning process the better your care planning will be!
- Only ever assess a person's capacity to consent to an aspect of their care if you have a reason to doubt it! But, the more serious the issue, the more one should document the risks that have been discussed with the person and the reasons why it is considered that the person is able and willing to take those risks.
- Each mental capacity assessment form should only cover one decision. Consent and mental capacity are decision and time specific.
- If the person lacks the capacity to consent to an aspect of their care plan, have you evidenced this and who do you need to involve in order to make a decision in their best interests?
- After completing a capacity assessment and best interest record, does the persons care plan clearly explain for all support staff:
 - How to support the person to make their own decisions day-to-day (even where they may lack the capacity to make these decisions for themselves)?
 - Highlighting, whether there are any issues regarding the person's capacity to consent to an aspect of their care or support (supported by a completed capacity assessment form for reference).
 - How to support the person in their best interests and what staff should do if they were unable to provide the care or support in their best interests, if relevant to that person.

For situations where a person may only be temporarily unable to consent to aspects of their care (for example where a person has an infection that may affect their decision making for only a couple of days) there is no need to complete a 'Mental capacity assessment and best interest decision' form, but you must be able to explain the steps that staff should take at this time in the persons daily records / notes.

All staff should be encouraged to refer any concerns about a person's mental capacity, temporary or otherwise, to all staff responsible for care planning. This should also be a topic that is discussed at all handovers, team meetings and supervisions.

Name of person:

Form completed by:

Name:

Role:

Contact details:

Details of decision:

❖ What is the decision that you are supporting the person to make?

Mental capacity is decision and time specific. The statement '*This person lacks capacity*' is, in law, meaningless. You must be clear "what is the actual decision to be made?" Each form should only cover 1 decision. Examples of the types of decisions you will be supporting people with, could include:

- Does [the person] have the capacity to consent to the placement in this care home for the purpose of being given the proposed care and or treatment?
- Does [the person] consent to support with their daily personal care arrangements?

- Does [the person] have the capacity to consent to support with the management and administration of their medication?
- Does [the person] consent to the support we are giving them with their nutritional and hydration needs?
- Does [the person] consent to the support outlined in their behaviour support plan?
- Does [the person] agree to having 1-1 support when accessing the community?
- Does [the person] agree to the support outlined in their S< assessment?

1.2 Describe how you supported the person to make the decision

In this section you **must** evidence, all the practicable steps you took to help the person to make the decision. This could include:

- What method of communication did you use to support the persons decision making?
- What was the best time of day to discuss the decision in question with the person?
- What location was picked and why (for instance, did you have the conversation in their bedroom as this was the best place to explain how you could support them with their personal care needs)?
- Did you have another person present who knows the person well (key worker or family member)?
- What help did you give to help the person understand the information relevant to the decision? For instance, have you explained to the person all the pieces of information that you identified as being relevant to the decision?
- Did you discuss the decision on more than one occasion, in order to give them the best chance to make the decision for themselves?

1.3 Is the person able or unable to make the decision with all practicable support?

If we are to claim that an individual lacks capacity to make a specific decision, we **must** be able to **'provide proof', 'objective reasons' for the decision we have reached in order to have protection from liability.** We need to be able to show, **on the 'balance of probabilities'**, that it is more likely than not that the person lacks the capacity to make this decision at this time.

Your evidence **must** include:

- An objective explanation (be wary of the overuse of opinions, with no explanation that supports these opinions) of why you believe that the person could or could not; understand, or retain, or use/weigh the information relevant to the decision, or communicate in spite of all the assistance you have given?
- The person only has to be unable to do one of these elements for you to deem that **that they lack the capacity to make this decision for themselves at this time.**

YES

NO

Is the person able to **understand** the relevant information?

Record your evidence here:

- It is not necessary that the person understands every element of what is being explained to them. What is important is that the person can understand the basics of what support you are offering and why they need that support.
- The level of understanding required must not be set too high.
- The ability to understand also extends to understanding the reasonably foreseeable consequences of not accepting the support you are offering.

Example - It was impossible to ascertain Harry's understanding of how to brush his own teeth or why managing dental hygiene is important. He continued to look away even when the information was given by his sister who is his trusted advocate and expert in his preferred form of communication. He became increasingly agitated (rocking his head and biting his hand) and would turn his head sharply away whenever the topic was approached. For these reasons I have concluded that Harry was unable to understand the information given to him on this matter.

<p>Is the person able to retain the relevant information long enough to make this decision?</p> <p>Record your evidence here:</p> <ul style="list-style-type: none"> The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent the person from being regarded as able to make the decision. <u>The person only needs to remember the information long enough to make the decision</u>, long enough to the care and support you are offering. <p><i>Example – Even though Mary seemed to understand some of the support we would give her around her personal care she couldn't remember the information long enough to indicate her agreement with the support outlined in her care plan. Mary kept on saying 'I don't know' or 'I can't remember' even when we were prompting her and giving reminders of how we can support her with her day-to-day personal care needs. This is also the experience of staff who support Mary day-to-day.</i></p>		
<p>Is the person able to use or weigh the relevant information?</p> <p>Record your evidence here:</p> <ul style="list-style-type: none"> The ability to use or weigh is really about the person being able to make a choice and explaining why they want to make that choice. For example, a person explaining why they would prefer to manage their medication independently without the support of staff (even though there may be more risks with this option) vs having the support of staff to manage this. Even though a person may be unable to use or weigh some information relevant to the decision in question, they may nonetheless be able to use and weigh other elements sufficiently to be able to make a decision. Be aware of the dangers of equating an irrational decision with the inability to make one. The person may not agree with the advice of professionals, but that does not mean that the person lacks capacity to make a decision. <p><i>Example – Beatrix was unable to consider the risks of managing her medication independently without staff support because she could not appreciate or think through the fact that she had previously not managed her medication properly and that she had frequently either taken too much of her medication or forgotten to take it. Beatrix kept on saying 'you keep on saying risks, but I will be fine, there is no problem with me and my meds, them things you say about taking or not taking won't happen again, I will be fine this time.'</i></p>		
<p>Is the person able to communicate the decision?</p> <p>Record your evidence here:</p> <ul style="list-style-type: none"> Could the person, using their preferred form of communication, indicate their agreement or refusal, by any means, to the care and support you are offering? Remembering that in order for them to be able to make the decision that they must be able to understand, retain and use or weigh the information relevant to the decision. <p><i>Example – Even though Samina had her 2 older brothers on the video call talking to Samina about how she could be supported when out in the community, and that she needed their help for crossing the road and that staff in the home would support her in the same way. Neither her brothers or I could determine whether Samina's communication (smiling and shaking her sensory rattle) was an indication that she was happy with the support we would offer or why that support is needed.</i></p>		

Does the person have an impairment of or a disturbance in the functioning of the mind or brain?

In many cases you will be relying upon clinical evidence as to whether the person you are supporting has an impairment or disturbance in the functioning of the mind or brain, and, if so, what precisely it is. This would likely be identified when the person first arranges to come to your service. If you are ever unsure you should contact the persons GP for advice.

Example – *Mary has a diagnosis of dementia as evidenced in her memory clinic report.*

Or

Example – *Athena has a diagnosis of moderate learning disability.*

Do you believe that this person has or lacks the capacity to make this decision for themselves? And if you believe they lack capacity are you satisfied that on the balance of probabilities, that the inability to make this decision is because of the impairment of the mind or brain?

Details:

In this section you need to explain why you have a reasonable belief (i.e. more likely than not) that the person either:

- Has the capacity to make this decision for themselves or
- Lacks capacity to make a decision about this specific aspect of their care and support plan, and why you think the impairment or disturbance in the functioning of the mind or brain affects the person's capacity to make the decision about their care and support.

Example - *I have concluded that Mary lacks the capacity to consent to the support she needs in relation to her day to day personal care and support needs (as evidenced above), and that this is because of her advanced stages of dementia.*

Best Interest Assessment and Decision

NB: For more complex or contentious best interest decisions use Appendix 1.

Guidance Note

*5.15 Any staff involved in the care of a person who lacks capacity should make sure a record is kept of the process of working out the best interests of that person **for each relevant decision**, setting out:*

- *how the decision about the person's best interests was reached*
- *what the reasons for reaching the decision were*
- *who was consulted to help work out best interests, and*
- *what particular factors were taken into account.*
- *This record should remain on the person's file.*

(MCA – Code of Practice)

NB: Where the decision is more complex or not 'day-to-day' you should use the additional best interest tool in Appendix 1.

You should firstly consider:

- Is there anyone with legal authority for this decision? Whether there is an LPA, a valid ADRT or Deputy (you should **always** ask to see the supporting paperwork). If there is someone with valid legal authority you should record the decision that they have made in that persons best interests.

If there is no-one with the requisite legal authority you should record:

- The options considered (with supporting risk assessment if appropriate for the decision)
- The reason for choosing a particular option and whether there were other less restrictive options that were discounted, and why
- how the person and their family were encouraged to be involved
- what attempts were made to find out about the person's past and present wishes and feelings (e.g. any relevant religious, cultural or moral beliefs and values)
- who else was consulted (care staff, other relevant professionals or advocate)
- Why you believe the decision was in the person's best interests

Important Note:

- if any form of restraint, restriction or control is included in the persons care plan, you must evidence:
 - that this is necessary to prevent harm to the person,
 - that the amount and type used is proportionate to the likelihood and seriousness of harm, and
 - that there is the minimum amount of force for the shortest time possible. You may also want to consider using Appendix 1 as the use of restraint, restrictions and controls are not what you would call a day-to-day decision so more thought may need to be given to this best interest decision.

Example - Whilst James does lack the capacity to make decisions about the management and administration of his medication, his daughter is clear that James would want staff to always remind him what the medication is and what it is for. She states: 'My dad was always very independent, he would always want to be involved in decisions even if now he may not understand what we are trying to do all the time'. She also explains that on days where he may be a bit more confused asking him about his beloved West Ham football club or working as a carpenter on building sights will often help engage more effectively with taking his medication even though he may not understand what it is for.

When giving the medication James has always had the tablets with a cup of tea with 3 sugars, and when I suggested this to him, he said 'you can't beat a builder's tea'.

Please refer to James's care plan for guidance on the steps to take when supporting James with the administration of his medication.

We have also discussed our plans with his GP, who as the prescriber of the medication, agreed with our plans on supporting James with the management and administration of his medication in his best interests.

Signature of professional completing form:

Date:

Appendix 1: Best Interest record for decisions that are not 'day-to-day'

The majority of decisions that you are supporting people with, in their best interests, will be day-to-day decisions and will not be overly restrictive or controlling. However, some decision will be more complex, involve considerable risks to the person and may end up with quite controlling or restrictive practices being used in the person's best interests.

Because of this we would strongly suggest using this more detailed best interest record to help clearly and robustly explain the conclusions you have come to in these situations.

A detailed example of this in practice is offered on pages 15 to 23.

Is there a person with legal authority for this decision?

❖ If 'YES' record the **detail** of the best interest decision taken and the **Legal Authority they hold** (EPA/LPA/Deputy/Appointee) and **record the decision made below**.

Decision made:

❖ If the answer is 'NO' and no-one holds legal authority for this decision complete the rest of the record.

Best Interests Checklist

Is it likely that the person will regain capacity in the future regarding the decision (*can the decision be delayed*)?

What attempts have been made to involve the person in the decision (*particularly when the person is close to 'borderline'*)?

What is known of the person's past and present wishes and feelings and the person's beliefs and values (e.g. religious, cultural, moral or political) that would be likely to influence the decision in question?

Any other factors the person would be likely to consider if able to do so (this could include the impact of the decision on others).

What are the views of (if practicable and appropriate to consult):

- anyone previously named by the person as someone to be consulted on the decision in question or matters of a similar kind;
- anyone engaged in caring for the person, or close relatives, friends or others who take an interest in the person's welfare;
- anybody with legal authority over some decisions but who does not have the legal authority over this decision.

What options were considered for this Best Interest decision?

OPTION 1:

Advantages

Disadvantages

OPTION 2:

Advantages

Disadvantages

OPTION 3:

Advantages

Disadvantages

2.5 What decision was made in the persons best interests?

Decision Made:

Was this option less restrictive of the person's rights and freedoms?

- ❖ If **'YES'** record the **detail** of why this option is **less restrictive** than other options considered.

- ❖ If **'NO'** record the evidence that justifies why this option is in the person's Best Interests.

What action can be taken to enhance the person's capacity in the future?

Signature of professional completing form:

Date:

Name of line manager:

Signature of line manager:

Date

Members of the persons circle of support Involved

Name of Person	Relationship to person

Example Capacity Assessment & Best Interest Tool

Name of person: Harry Carter

Form completed by: James Collins

Role: Support Worker

Contact details: james.collins@osx.co.uk / 0758344457778

Details of decision:

❖ **What is the decision or matter that you are supporting the person with?**

Supporting Harry with his dental hygiene (see accompanying risk assessment)

1.2 Describe how you supported the person to make the decision

When working with Harry on the development of his care plan he was supported by his sister and mother who aided his communication. When we started to discuss with Harry how he wanted to be supported with his dental hygiene he turned away. Up until this point he had been well engaged with discussions.

His mother and sister informed me that

'Harry understands and agrees to support with nearly all other aspects of his care and has very clear preferences about how it is delivered, but he refuses to engage in conversations or allow people to support him with his dental hygiene.'

They went on to explain that this is a longstanding issue that was brought on from a traumatic dental injury in his youth, and as such they have never been able to effectively manage his dental hygiene (see accompanying risk assessment).

We then went to Harry's bathroom to see if this would encourage him to engage in the conversation about his dental care and day-to-day support with this. Once in the room we showed him his toothbrush and toothpaste and his mum and sister used his communication board to explain; teeth, brushing teeth, clean teeth, dirty teeth, smelly breath and pain. Harry did not engage and became increasingly agitated as such we decided to stop the conversation at this time.

1.3 Is the person able or unable to make the decision with all practicable support?

YES

NO

Is the person able to **understand** the relevant information?

Record your evidence here:

It was impossible to ascertain Harry's understanding of how to brush his own teeth or why managing dental hygiene is important. He continued to look away even when the information was given by his sister who is his trusted advocate and expert in his communication. He became increasingly agitated (rocking his head and biting his hand) and would turn his head sharply away whenever the topic was approached. For these reasons I have concluded that Harry was unable to understand the information given to him on this matter.

NO

Is the person able to **retain** the relevant information long enough to make this decision?

Record your evidence here:

Is the person able to **use or weigh** the relevant information?

Record your evidence here:

Is the person able to **communicate** the decision?

Record your evidence here:

Does the person have an impairment of or a disturbance in the functioning of the mind or brain?

Harry has a severe learning disability as evidenced in his clinical records attached within his care plan.

Do you believe that this person has or lacks the capacity to make this decision for themselves? And if you believe they lack capacity are you satisfied that on the balance of probabilities, that the inability to make this decision is because of the impairment of the mind or brain?

Details:

Based on Harry's unwillingness to engage in the conversation or communicate his understanding of how he wants to manage his dental hygiene, as evidenced above, I have concluded that on the balance of probabilities that because of his learning disabilities that at this time he is unable to make decisions on how his dental care is to be managed.

How do you plan to support this person in their best interests

NB: Where the decision is more complex or not 'day-to-day' you should use some of the additional best interest tools in Appendix 1.

*** As this decision is more complex refer to - Best Interest record – For decisions that are not 'day-to-day' ***

Best Interest record for decisions that are not 'day-to-day'

Is there a person with legal authority for this decision?

No

Best Interests Checklist

Is it likely that the person will regain capacity in the future regarding the decision (can the decision be delayed)?

From the information provided by the family about the historical nature of his unwillingness to engage in conversations or support around his dental care and the importance of this to his wider wellbeing it is felt that this decision can't be delayed, but staff will continue to support Harry on a day by day basis to encourage him to engage and even make decisions about his dental care.

How have you tried to involve the person in this best interest decision?

We have tried to engage Harry with the support of his sister and mother, but as these conversations can lead to Harry becoming distressed our ability to gather views from Harry directly has been incredibly difficult.

What is known of the person's past and present wishes and feelings, their beliefs and values (e.g. religious, cultural, moral or political) that would be likely to influence the decision in question?

After speaking with his sister and mother they gave the following comments:

- Harry does take pride in his appearance and wouldn't like the idea of his breath being smelly
- Harry likes to maintain independence and would fight against anyone going against his wishes
- Harry loves his food and if the failure to manage his dental hygiene also meant this made it hard for him to eat, this would really upset him.

What are the views of (if practicable and appropriate to consult):

- anyone previously named by the person as someone to be consulted on the decision in question or matters of a similar kind;
- anyone engaged in caring for the person, or close relatives, friends or others who take an interest in the person's welfare;
- anybody with legal authority over some decisions but who does not have the legal authority over this decision.

The views of his sister and mother is that Harry would want staff to continue encouraging him to brush his teeth in the morning and evening and making him aware of how this may impact him including what may happen if his teeth get worse. They have also suggested that if his new local dentist could give a few bullet points of why it is important to his health to agree to his dental care may have more impact than just coming from the care staff.

We also spoke to Harry's GP who agreed with the views of the family, whilst his dentist said he was unwilling to comment at this time, but did send an easy read guide on the importance of brushing your teeth.

What options were considered for this Best Interest decision and what did people see as the potential advantages and disadvantages of the options considered?

OPTION 1: Not trying to encourage Harry with his dental care as encouraging the support can make him upset

Advantages	Disadvantages
<ul style="list-style-type: none"> • Harry wouldn't become distressed • Harry hasn't personally indicated that he wants us to encourage him with this support 	<ul style="list-style-type: none"> • Not raising this daily may lead Harry to assuming that not managing his dental care may not impact on other aspects of his life. • As Harry is new to the service it may be the case that staff in our service may have more success in encouraging Harry to engage. • If Harry's dental hygiene is not managed this could lead to significant problems for him in the future.

OPTION 2: Staff to encourage Harry to engage with his dental care as part of his morning and evening personal care routine

Advantages	Disadvantages
<ul style="list-style-type: none"> • Harry may begin to learn that not looking after his teeth may impact him in his day-to-day life • Staff in our service may have more success in encouraging Harry to engage than his family have historically. • Reduce the risk of future health problems 	<ul style="list-style-type: none"> • Harry may become upset or agitated when staff offer support / encouragement to him.

2.5 What decision was made in the persons best interests?

Decision Made: After discussions with Harry, his sister, mother, GP and Dentist it is agreed that for the next 2 weeks staff will provide guidance and encouragement to Harry (outlined in Harry's support plan) in the hope he will allow staff to brush his teeth. To support this work staff are to use the easy read guide given by the dentist, which his sister believes Harry would understand because of the supporting pictures. To access this resource click [here](https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/learning-difficulties-and-dementia/dental-care-easy-read.pdf) or go to: <https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/learning-difficulties-and-dementia/dental-care-easy-read.pdf>

Staff are to record all attempts given to Harry and his responses to the support clearly in the daily records to see if certain approaches or staff have greater success than others.

As part of this support staff will take Harry out shopping for an electric toothbrush which his family feel may make him more engaged as the support will not be coming from family for once and he loves electrical equipment.

If after 2 weeks this support has not been successful we will contact Harry's dentist to arrange a best interest meeting where we will ask him to outline other options that may be available in this situation. Harry's GP has also agreed to send a letter to the dentist outlining his concerns about how this may impact on his wider health and wellbeing and that further action may be needed in his best interests.

What action can be taken to enhance the person's capacity in the future?

The steps outlined above will be the first step, if these are or are not successful we will review the care plan again in 2 weeks' time.

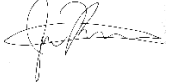
Signature of professional completing form:



Date: January, 2021

Name of line manager: Zoe Brigg

Signature of line manager:



Date: January, 2021

Members of the person's circles of support involved

Name of Person	Relationship to person
Helen Carter	Harry's Sister
Georgina Carter	Harry's Mother
Dr Rashid	Harry's GP
Dr Floss	Harry's Dentist
Christina Carr	Harry's Social Worker

Example supporting care plan for this decision

Dental Hygiene



Whilst Harry is able to make many decisions about his care and support and has very clear preferences about how this is delivered, he refuses to engage in conversations or allow people to support him with his dental hygiene. A risk assessment and supporting capacity assessment and best interest decision has been made and will be reviewed in 2 weeks (see completed 'Capacity Assessment & Best Interest Tool').

For the next 2 weeks staff are to try the following steps to support Harry and record the results in Harry's daily records:

Step 1 - Staff to take Harry out shopping for an electric toothbrush. Harry's family feel that this may make him more engaged with brushing his teeth as he loves electrical equipment.

Step 2 – During Harry's morning and evening personal care routine staff will provide guidance and encouragement to Harry in the hope he will allow staff to brush his teeth. Harry will not be able to brush his teeth himself so will need support. It has been suggested that the worker supporting Harry try the following:

- Use the easy read guide given by the dentist, which his sister believes Harry would understand because of the supporting pictures. To access this resource go to:
<https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/learning-difficulties-and-dementia/dental-care-easy-read.pdf> this is also in the back of Harry's support plan.
- Show Harry how you brush your teeth (disposable toothbrushes are provided in the office for staff to use), and then show Harry the electrical tooth brush and ask Harry to open his mouth so you can brush them with the '*special electric toothbrush*'.
- Try to make it fun and engaging and to emphasise how cleaning teeth will add to '*looking even more cool*' as suggested by his sister.


Staff are to record all attempts given to Harry and his responses to the support clearly in the daily records to see if certain approaches or staff have greater success than others.

This decision has been made in Harry's best interests. Please refer to the completed capacity assessment and best interest decision for further information.

Supporting Risk Assessment for Harry's Dental Hygiene

Supporting Harry with his dental hygiene

PERSONS NAME	Harry Carter
AREA OF SUPPORT	Supporting Harry with his dental hygiene
REVIEW DATE	James Montague June 2018
What is the identified risk?	Harry refuses to engage in conversations or allow people to support him with his dental hygiene. His family have explained that this is a longstanding issue that was brought on from a traumatic dental injury in his youth, and as such they have never been able to effectively manage his dental hygiene. The family are not sure what to do in this situation and are concerned that his dental health maybe deteriorating but that Harry hides this from them. They have noticed that his breath is often very smelly and have tried to get him to see a dentist to check his teeth but this has been unsuccessful as he won't let the dentist check his teeth. Harry won't even let the GP, who he likes, look at his teeth.
How did you enable the person to understand the risk?	During the meeting with Harry we tried to engage him in a discussion about the management of his dental care and support but he would not engage with us. We used his sister who supported us by using accessible information and tried to have the discussion in the bathroom with Harry so he was more orientated to the conversation we were having.
How do you plan to support the person to manage this risk?	<p>Currently we plan to work with Harry in his best interests and prompt him as best we can with this aspect of his care (refer to completed 'HCC Provider Services Capacity Assessment & Best Interest Tool' and Harry's support plan for further guidance)</p> <p>Currently we believe the risk could potentially be harmful and that it is highly likely that if he continues to refuse dental care or support that this could lead additional health issues.</p> <p>Whilst the dentist has not formally agreed with our plans, Harry's GP who we also shared this information with did agree that the approach that we were going to take was appropriate at this time.</p>
<p>Does the person have the capacity to consent or refuse the support offered or does the person lack the capacity to consent and has a best interest decision been made (use capacity assessment and best interest tool where appropriate)?</p> <p>Provide a summary and any additional actions.</p>	<p>After discussions with Harry, I concluded that he lacked the capacity to make decisions about his day to day dental care and support but that we would try to support him with this in his best interests. Further detail is provided in the best interest decision and support plan but in summary this would include:</p> <ul style="list-style-type: none"> • Staff to take pro-active steps in the morning and evening to encourage his engagement with brushing his teeth. • If this is unsuccessful in the next 2 weeks staff to arrange a meeting with Harry's dentist and family to discuss other alternatives, Harry's GP has also agreed to be part of this meeting if needed.
<p>Would the support be considered to be a potential restraint or restriction?</p> <p>Yes / No</p>	<p>Yes – As this part of his care plan is being written in his best interests and the fact that Harry won't engage on any level with these decisions and that we haven't really been able to ascertain his values or beliefs in relation to this decision (other than he</p>

<p>Note: If the person consents to the intervention it should not be seen as a restraint or restriction, but a record of their consent should be evidenced in the support plan.</p>	<p>won't engage in discussions) I feel that we have a lot of control over this aspect of his care and is in turn a controlling aspect of his care.</p>
<p>Contingency plan (Detail any actions agreed if the above support does not meet needs)</p>	<p>If after 2 weeks this support has not been successful staff will contact Harry's dentist to arrange a best interest meeting where we will ask the dentist to outline other options that may be available in this situation. Harry's GP has also agreed to send a letter to the dentist outlining his concerns about how this may impact on his wider health and wellbeing.</p>
<p>COMPLETED BY / SIGNED / DATE</p>	<p>James Montague  January 2021</p>
<p>REVIEWED BY / SIGNED / DATE</p>	

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Community Commissioning Adult Disability, HCC

MCA resource pack