

1.9.11 Mental Health Capacity Act 2005

Please provide evidence of how your organisation fulfils the Mental Health Capacity Act 2005 requirement and manage issues of consent. Please also include details of the training mechanism that will be in place to ensure all staff are adequately trained according to their roles and responsibilities in Safeguarding Adults, Children and Mental Capacity Act (MCA) and Prevent Training. Please attach evidence of the typical safeguarding training staff have undertaken to a level commensurate with the relevant staff members role.

The Bidder has evidenced they have appropriate processes in place to meet the obligations of the Mental Health Capacity Act 2005 – Pass

The Bidder does not have appropriate processes in place to meet the obligations of the Mental Health Capacity Act 2005 – Fail

The Mental Health Capacity Act

Vocare is committed to supporting the ethos of the Mental Capacity Act and maintains training for staff to understand the role they play in the Mental Capacity Act 2005. Vocare have a Mental Capacity Act Policy and a Deprivation of Liberty (DoLs) Policy (which will be updated to Liberty Protection Safeguards (LPS) Policy prior to April 2022).

The Mental Capacity Act is designed to protect people (over 16 years old) who may lack the mental capacity to make their own decisions about the healthcare needs. Typically, healthcare workers can make assumptions about patients with certain healthcare needs for example – learning disabilities, mental health, brain injury. Vocare staff have received training to ensure that they:

- a) Assume people have capacity to make their own decisions unless proven otherwise, taking care to understand communication barriers do not constitute inability to make decisions.
- b) Always assist people to make informed decisions about their health by sharing all information in an open and transparent manner, offering choices to the patient.
- c) Only make decisions regarding “best interests” when there is significant belief that the patient does not have capacity – documenting clearly the rationale for making that conclusion following the two-test stage of assessment (document fully the test and outcome)
- d) Ensure any treatment delivered as a best interest decision is the least restrictive it can be of their basic human rights.
- e) Always seek to engage (with consent) on best interest decisions with a nominated “trusted person” to support decision making, where possible. Ensuring the patients needs are central to decision making, consult with anyone the patient has identified, carers, relatives, etc. seeking support in decision making.
- f) Always review previous notes and special patient notes, to ensure you are aware of the most up to date position of the patient.

Mental Capacity Act Training

All clinical staff are trained on the Mental Capacity Act utilising e-LFH and bespoke in-house MCA training courses which are based on case studies.

Safeguarding and PREVENT Training

Safeguarding training and Prevent training are delivered in-house and utilising e-LFH explained as per Appendix A.

Evidence of typical Safeguarding training

See appendix A attached, which demonstrates Level 3 safeguarding adults face to face training delivered in house by our specialist safeguarding team, based on HEE training package and intercollegiate guidelines.

Please note the new Liberty Protection Safeguards come into use April 22 which will be incorporated into a policy update.