

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Competency Framework



Working Together to embed Mental
Capacity Act Compliance in Bedford,
Central Bedfordshire & Luton

Introduction

This framework has been developed by Bedford Borough Council, Central Bedfordshire Council, Luton and Bedfordshire Clinical Commissioning Groups to achieve:

- Setting a standard for Mental Capacity Act 2005 knowledge, skills and behaviours specific to different roles
- A requirement for staff and volunteers to provide demonstrable evidence of meeting Mental Capacity Act 2005 standards
- A benchmark to measure effectiveness and quality of Mental Capacity Act 2005 training
- Professional development across all levels of staff
- Better outcomes for Service Users that may lack Mental Capacity.
- Promoting the empowering ethos of the Mental Capacity Act 2005 through embedding the appropriate application of the 5 statutory principles into everyday life and practice.

Mental Capacity Act 2005 (MCA 2005) Code of Practice:

*“Section 1 of the Act sets out the five ‘statutory principles’ – the values that underpin the legal requirements in the Act. The Act is intended to **be enabling and supportive of people who lack capacity, not restricting or controlling of their lives.** It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.*

The five statutory principles are:

- 1. A person must be assumed to have capacity unless it is established that they lack capacity.*
- 2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.*
- 3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.*
- 4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.*
- 5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.*

This is essential because it has become increasingly clear that the ‘visionary’ hopes of the MCA 2005 have not yet materialised, as recognised by The House of Lords Select Committee (2014) and Government response:

Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council, Bedfordshire Clinical Commissioning Group and Luton Clinical Commissioning Group
MCA Competency Framework 2016

‘...the prevailing cultures of paternalism (in health) and risk-aversion (in social care) have prevented the Act from becoming widely known or embedded. The empowering ethos has not been delivered...The duties imposed by the Act are not widely followed.’
(The House of Lords Select Committee Report on the Mental Capacity Act 2005, 2014)

The framework is offered as guidance to people working with adults and young people (aged 16 and over) who may lack mental capacity. The framework is relevant to a wide range of roles and practitioners including health and social care staff and advocates who have regular contact with incapacitated adults as well as also being relevant to people with occasional contact with incapacitated adults and young people (aged 16 and over).

There is also a safeguarding competency framework that the Safeguarding Board encourages all organisations to take forward.

The competencies are grouped into levels according to the roles and responsibilities of staff so the MCA is used in a way that empowers individuals to:

- a) take decisions for themselves wherever possible; and,
- b) appropriately protects the interests of those who cannot do so.

All individuals that come into contact with people that may lack mental capacity, as part of their day to day role, would benefit from meeting competencies in level 1 and then additional levels are related to their specific role.

Practitioner's Competence Level	Competence Level	Scope of Practitioner Role
Level 1	Competencies	<p>Level 1 – is relevant to all individuals directly in contact with people that may lack mental capacity (occasionally or regularly). The primary focus is on providing awareness of the principles and values of the Act, as well as knowing when to seek further support or guidance and where from.</p> <p>NOTE: this might include transport personnel, cleaners, cooks, volunteers, library staff as well as staff that may work more directly with people that lack mental capacity such as care home or day care staff, social workers, nurses and doctors.</p>

Level 2	Competencies	<p>Level 2 – is relevant for all individuals that regularly come into contact with people that may lack mental capacity and are involved in making day to day decisions about care or treatment for people that may lack mental capacity; such as choice of clothing and food, and carrying out activities in care plans.</p> <p>NOTE: this might include care home staff providing direct care, daycentre staff providing direct care, college or school staff, etc.</p>
Level 3	Competencies 9-11	<p>Level 3 – is relevant for all individuals responsible for assessing and or making more complex decisions which are by nature likely to have associated serious consequences or significant risk.</p> <p>NOTE: this might include Social Workers, Nurses, Doctors, Occupational therapists, etc.</p>

How is assessment of Competence carried out?

The assessment of competence should combine a mix of direct observation of practice, as well as a process of exploration, discussion and questioning in supervision and appraisal meetings. Assessment should also reflect a knowledge and understanding of the relevant organisations MCA 2005 policy and procedures.

This framework should be used in conjunction with existing workforce development systems for example supervision, CPD and appraisal arrangements.

Managers may need to use discretion when roles may not include particular competencies.

Supporting Resources

A variety of supporting resources have been referenced alongside the differing competencies. This enables practitioners to be taken directly to the relevant resource.

The below are website links for ease of reference:

Resource Number	Resource Title
1.	Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/contents
2.	Mental Capacity Act Code of Practice https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
3.	SCIE Introducing the MCA http://www.scie.org.uk/mca/introduction/
	NOTE: Recommended that every person undertakes the SCIE MCA e-learning course to assist them in meeting the competencies.
4.	Assess Right: A straightforward guide to MCA 2005 http://www.assessright.co.uk/
5.	Social Care Institute for Excellence: E-Learning http://www.scie.org.uk/mca/e-learning/
6.	SCIE MCA directory http://www.scie.org.uk/mca-directory/keygovernmentdocuments.asp
7.	SCIE Report 70: MCA and Care Planning http://www.scie.org.uk/publications/reports/70-mental-capacity-act-and-care-planning/index.asp
8.	Human Rights Act 1998 http://www.legislation.gov.uk/ukpga/1998/42/contents
9.	SCIE Report 66: Deprivation of Liberty Safeguards: Putting them into practice. http://www.scie.org.uk/publications/reports/report66.asp
10.	Deprivation of Liberty Safeguards Code of Practice http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476
11.	39 Essex Street: Guide to assessing mental capacity

	http://www.39essex.com/mental-capacity-law-guidance-note-brief-guide-carrying-capacity-assessments/
12.	Bailli: records of court judgments
	http://www.bailii.org/
13.	39 Essex Street: Directory of case law
	http://www.39essex.com/cop_cases/
14.	Essex Autonomy Project: Inherent Jurisdiction of the high court
	http://autonomy.essex.ac.uk/vulnerable-adults-and-the-inherent-jurisdiction-of-the-high-court
15.	39 Essex Street: Guide to making best interest assessments
	http://www.39essex.com/best-interest-assessments-guide-august-2016/
16.	Deprivation of Liberty Safeguards Code of Practice
	http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476
17.	Law Society: Deprivation of liberty practical guide
	http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/
18.	Mental Health Act 1983 Code of Practice
	https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983

NOTE: Individuals must also have appropriate awareness and understanding of their own relevant organisation policies and procedures.

Contact details for the MCA 2005 Leads (based in Adult Safeguarding Teams):

Central Bedfordshire Council	03003008122
Bedford Borough Council	01234 276222
Luton Clinical Commissioning Group	01582 532017
Bedfordshire Clinical Commissioning Group	01525 864430

Level 1 - All individuals directly in contact with people that may lack mental capacity (occasionally or regularly) will be able to:

Name..... Job role Supervisor/ Manager.....

Competence	Areas to cover	Supporting Resources (where applicable select links or refer to the above website addresses)	Reflective practice – Worker and Manager’s Comments, signature and date
<p><i>Demonstrate awareness of the Mental Capacity Act 2005 and Code of Practice.</i></p>	<p>a. Awareness that there is a piece of UK legislation governing Mental Capacity called <i>The Mental Capacity Act 2005</i>.</p> <p>b. Awareness that there is a Code of Practice providing guidance on the Mental Capacity Act</p> <p>c. Have a basic awareness of the five statutory principles.</p> <p>d. Have a basic understanding of what is meant by lacking mental capacity -</p> <ul style="list-style-type: none"> • unable to make a specific decision • at the time it is required • because of an impairment/disturbance of the mind or brain. 	<p>Resource 1</p> <p>Resource 2</p> <p>Resource 1 (section 1 of the MCA)</p> <p>Resource 1 (section 2 of the MCA)</p> <p>Resource 2 (Chapter 2)</p> <p>Resource 3</p> <p>Resource 4</p>	

<p><i>The first statutory principle.</i></p> <p><i>“A person must be assumed to have capacity unless it is established that they lack capacity.”</i></p>	<p>a. Show awareness that every adult has the right to make their own decisions – unless there is proof that they lack the mental capacity to make that decision at the time it is required to be made.</p> <p>b. Show understanding that a person does not lack capacity to make decisions solely due to an illness, diagnosis, age or disability.</p> <p>c. Awareness that a person may lack capacity to make one decision while having capacity to make others.</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.3 to 2.5)</p>	
<p><i>The second statutory principle.</i></p> <p><i>“A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.”</i></p>	<p>a. Demonstrate an understanding that some people require support to make their own decisions.</p> <p>b. Demonstrate ability to communicate with people at an appropriate level to help them in their decision-making</p> <p>c. Demonstrate an understanding of the different ways a person can be supported to make their own decision.</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.6 to 2.9)</p>	
<p><i>The third statutory principle.</i></p> <p><i>“A person is not to be treated as unable to make a decision merely</i></p>	<p>a. Show awareness that an unwise decision does not necessarily mean the person is unable to make the decision themselves.</p> <p>b. Show awareness that people have their own individual beliefs and values, wishes and feelings that inform their decisions.</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.10 to 2.11)</p>	

<p><i>because he makes an unwise decision.”</i></p>	<p>c. Show awareness that if a person makes a decision that you disagree with, this is not evidence of lack of mental capacity</p>		
<p><i>The fourth statutory principle.</i></p> <p><i>“An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.”</i></p>	<p>a. Show an understanding that decisions should be made on behalf of a person lacking mental capacity only when absolutely necessary (including day-to-day decisions).</p> <p>b. Demonstrate the requirement that any day to day decisions for an individual who lacks mental capacity must be made in their best interests – taking account of the circumstances, the person’s wishes and feelings and the views of others where available. You must have a ‘reasonable belief’ that the decision / action is necessary and in their best interests; and be able to explain this if required</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.12 to 2.13)</p> <p>Resource 2 (Chapter 4 Paragraphs 4.44 to 4.45)</p>	

<p><i>The fifth statutory principle.</i></p> <p><i>“Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.”</i></p>	<p>a. Show a basic understanding that everyone has certain rights and freedoms – for example, a right to privacy and family life - regardless of illness, diagnosis, age or disability.</p> <p>b. Show understanding of the need to have minimal impact upon the person’s rights and freedoms when making decisions on a person’s behalf. For example, ask yourself: will this decision limit the person’s freedom or impact upon contact with others? If so, can the decision be carried out in a less restrictive way?</p>	<p>Resource 2 (Chapter 2, paragraphs 2.14 to 2.16)</p> <p>Resource 2 (Chapter 6, paragraph 6.49)</p>	
<p><i>Know when to seek advice and where from.</i></p>	<p>a. Demonstrate knowledge of your organisation’s policies and procedures relevant to Mental Capacity (including policies relating to anti-discrimination)</p> <p>b. Show ability to recognise potential risks of making a particular decision and informing more senior member of staff as appropriate</p> <p>c. Know whom to contact in your organisation for further advice and or how to contact the relevant MCA leads at the local authority and CCG. .</p>	<p>Internal policies and procedures for own organisation.</p> <p>MCA Leads for Clinical Commissioning Groups and Local Authority</p>	

Level 2 - All individuals involved in making day to day decisions about care or treatment for people that may lack mental capacity:

Name..... Job role Supervisor/ Manager.....

Competence	Areas to cover	Supporting Resources (where applicable select links or refer to the above website addresses)	Reflective practice – Worker and Manager’s Comments, signature and date
<p><i>Demonstrate practical understanding of the definition and test of capacity for day to day decisions.</i></p>	<p>a. Demonstrate an understanding of how every decision and action completed for another person must be either:</p> <ul style="list-style-type: none"> • with their informed consent or • in their best interests, having established a ‘reasonable belief’ that the person does not have capacity to make the decision or consent to the act at the time the decision or consent is needed. <p>b. Demonstrate an understanding that not all day to</p>	<p>Resource 2 (Chapter 4, Paragraphs 4.44 to 4.45)</p> <p>Resource 2 (Chapter 4, Paragraph 4.60)</p> <p>Internal processes policy regarding recording keeping.</p>	

	<p>day decisions require a formal written mental capacity assessment.</p> <p>c. Be able to record your ‘reasonable belief’ that someone lacks capacity to make decisions in relation to their day to day care or treatment using the usual recording methods in your organisation (e.g. daily care notes, etc.)</p> <p>d. Demonstrate understanding of where to find any formal assessment(s) of capacity within your organisation’s records or care plans</p> <p>e. Recognise when a formal assessment of capacity may be required and who should undertake this.</p>	<p>Resource 2 (Chapter 4, Paragraphs 4.34-4.35, and 4.38 – 4.43)</p> <p>Resource 5</p> <p>Resource 6</p>	
<p><i>The first statutory principle.</i></p> <p><i>“A person must be assumed to have capacity unless it is established that they lack capacity.”</i></p>	<p>d. To be able to give examples of how you worked with a person with an impairment or disturbance of the brain or mind whilst maintaining the presumption of capacity.</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.3-2.5)</p>	

<p><i>The second statutory principle.</i></p> <p><i>“A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.”</i></p>	<p>a. Recognise the need to assist and help a person to make their own decision.</p> <p>b. Demonstrate ability to help people make their own decisions wherever possible.</p> <p>c. Demonstrate ability to provide people with information they need to make a decision, including information on options available.</p> <p>d. Demonstrate ability to communicate with people at an appropriate level to help them in their decision-making – e.g. using appropriate language and/or tools to assist.</p> <p>e. Demonstrate ability to consider best times of day when a person understands better, or locations where they may feel more at ease.</p> <p>f. Demonstrate consideration of whether decisions can be put off until the circumstances are different and the person concerned may be able to make the decision – e.g. the person might have an</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.6 – 2.9)</p> <p>Resource 2 (Chapter 3)</p>	
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	<p>infection reducing their ability to make the decision which after treatment might improve.</p> <p>g. Demonstrate how you have used other people to help the person to make choices or express a view - e.g. a family member or carer, an advocate or someone to help with communication.</p> <p>h. Demonstrate a range of good communication skills (including non-verbal) – to be able to present information in a way that makes it easier for a person to understand – e.g. using objects or pictures as points of reference.</p>		
<p><i>The third statutory principle.</i></p> <p><i>“A person is not to be treated as unable to make a decision merely because he makes an unwise decision.”</i></p>	<p>a. Demonstrate understanding that everybody has their own values, beliefs, preferences and attitudes. A person should not be assumed to lack the capacity to make a decision just because other people think their decision is unwise, eccentric or irrational.</p> <p>b. Know when unwise decisions may warrant ‘further investigation’ or a formal assessment of mental capacity by a relevant professional.</p>	<p>Resource 2 (Chapter 2 Paragraph 2.10-2.11)</p> <p>Consider internal policies and procedures.</p>	

<p><i>The fourth statutory principle.</i></p> <p><i>“An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.”</i></p>	<p>a. Demonstrate understanding of the need to act on someone’s a person’s behalf when a person they lacks capacity to make the decision themselves (day-to-day decisions)</p> <p>b. Demonstrate understanding of how to make a best interests decision in day-to-day situations (following Section 4 of the Act)</p> <ol style="list-style-type: none"> 1) Enable participation, delay the decision if of benefit to the person; do not discriminate and do not seek to cause death. 2) Draw upon the person’s past and present wishes, feelings, beliefs and values. 3) Draw upon the views and opinions of others involved in the person’s life where practicable. 4) Consider all the relevant circumstances to come to a balanced decision, including risk/benefits of all available options. <p>c. Show understanding of the need to continue to involve the person in the decision-making process even when they lack</p>	<p>Resource 2 (Chapter 2, Paragraphs 2.12 to 2.13)</p> <p>Resource 2 (Chapter 5)</p>	
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	<p>capacity to make the decision.</p> <p>d. Show understanding of the need to consider the whole person and their whole situation when considering what is best for them (i.e. not just physical safety but their happiness and wellbeing).</p> <p>e. Be aware of the role of attorneys, deputies and IMCAs and how they may relate to your day to day role.</p> <p>f. Be aware of advance decisions and how they may relate to your day to day role</p> <p>g. Know when and where to record such decisions within your organisation's records.</p>	<p>Resource 2 (Chapter 5, Paragraphs 5.49 to 5.55)</p> <p>Internal policies and procedures.</p>	
<p>The fifth statutory principle.</p> <p><i>“Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of</i></p>	<p>a. Demonstrate basic understanding of the existence of universal rights and freedoms in care planning – for example right to private and family life (article 8) and right to liberty and security (article 5).</p> <p>b. Demonstrate that all options have been considered and analysis has taken place in order to choose the least restrictive</p>	<p>Resource 7</p> <p>Resource 8</p> <p>Resource 2 (Chapter 6 Paragraphs 6.40 – 6.48)</p>	

<p><i>action.”</i></p>	<p>option available to support the person.</p> <p>c. Demonstrate what is meant by the concept of restraint in the context of providing care and support.</p> <p>d. Demonstrate understanding of the concept of deprivation of liberty and that deprivation of a person’s liberty requires authorisation (in care homes and hospital settings this is through the Deprivation of Liberty Safeguards in other settings this is through court).</p>	<p>Resource 2 (Chapter 6 Paragraphs 6.49 – 6.53)</p> <p>Resource 9</p> <p>Resource 5 (DoLS module)</p> <p>Resource 10</p>	
<p><i>Know when to seek advice and where from.</i></p>		<p>Internal policies and procedures.</p>	

Level 3 - All individuals involved in assessing and or making more complex decisions which are by nature likely to have associated serious consequences or significant risk:

Name..... Job role Supervisor/ Manager.....

Competence	Areas to cover	Supporting Resources (where applicable select links or refer to the above website addresses)	Reflective practice – Worker and Manager’s Comments, signature and date
<p><i>Demonstrate practical understanding of the definition and test of capacity for complex decisions.</i></p>	<p>a. Demonstrate ability to identify when an impairment or disturbance is affecting a person’s ability to make a specific decision and a formal assessment is required.</p> <p>b. Demonstrate ability to be clear about the decision that needs to be made and what information needs to be shared with the person, in order to support them to make a decision.</p> <p>c. Demonstrate knowledge of the principles underpinning the Act and how this is reflected when undertaking the formal two stage assessment of capacity.</p>	<p>Resource 1</p> <p>Resource 2 (Chapter 4)</p> <p>Resource 11</p>	

	<p>d. Demonstrate practical application of the formal two stage assessment of capacity.</p> <p>e. Demonstrate ability to assess a person's ability to understand, retain, use or weigh, and communicate their decision.</p> <p>f. Demonstrate ability to identify risk and benefits related to a decision, to clarify the person's ability to weigh or use the relevant factors in order to make a decision.</p> <p>g. Demonstrate ability to know where and how to record an evidenced-based assessment of capacity.</p>		
<p><i>The first statutory principle.</i></p> <p><i>"A person must be assumed to have</i></p>	<p>a. Provide examples of how a person has been supported in a high risk situation and where steps were taken to avoid acting on assumptions.</p>		
<p><i>The second statutory principle.</i></p> <p><i>"A person is not to be treated as unable to make a decision unless</i></p>	<p>a. Provide examples of how a person centred approach has been adopted to ensure information has been tailored to meet the specific needs of a person, in order to support them to make their own decision.</p>		

<p><i>all practicable steps to help him to do so have been taken without success.”</i></p>	<p>b. Provide examples of how a person was supported to access information in order to support decision-making.</p> <p>c. Provide examples of how case law has been used to support with assessing capacity.</p>	<p>Resource 12</p> <p>Resource 13</p>	
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<p><i>The third statutory principle.</i></p> <p><i>“A person is not to be treated as unable to make a decision merely because he makes an unwise decision.”</i></p>	<p>a. Demonstrate ability to work with “unwise decisions” and ensure continued support to the person whilst protecting their right to autonomy, choice and control, and the right to self-determination.</p> <p>b. Demonstrate understanding of when to seek advice and by whom, when a person makes an unwise decision that places them at significant risk of harm.</p> <p>c. Demonstrate understanding of when and why an application is made to the High Court for decisions to be made under inherent jurisdiction.</p> <p>d. Provide examples of where unwise decision-making may warrant further investigation and why?</p>	<p>Resource 14</p>	
<p><i>The fourth statutory principle.</i></p> <p><i>“An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.”</i></p>	<p>e. Demonstrate ability to know when and how to record an evidenced-based best interests decision.</p> <p>f. Provide examples of how a person(s) has been involved in the best interests decision-making process, even though</p>	<p>Resource 2 (Chapter 5)</p> <p>Resource 15</p>	

	<p>they have been assessed as being unable to make a decision.</p> <p>g. Provide examples of where you have taken into account section 4 of the Mental Capacity Act and what weighting has been given when making a best-interest decision.</p> <p>h. Demonstrate ability to analyse the likelihood and seriousness of risk of harm in relation to a person lacking capacity.</p> <p>i. Demonstrate ability to adopt a “balanced sheet approach” to determine best interests. This involves drawing up a table with the risks and benefits (pros and cons) of each option.</p> <p>j. Demonstrate ability to explain reasoning in a decision where there are conflicting views, and what action should be taken where there is disagreement about best interests.</p> <p>k. Demonstrate ability to identify when there is a substitute decision-maker, how to test the validity of a Lasting Power of Attorney or Court Appointed</p>	<p>Resource 2 (Chapter 7 and 8)</p>	
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	<p>Deputy and understand the implications for practice.</p> <p>l. Demonstrate ability to identify where there may be an Advanced Decision to refuse medical treatment, how to test for validity and understand the implications for practice.</p> <p>m. Provide examples of situations where a referral may be required for an Independent Mental Capacity Advocate.</p> <p>n. Demonstrate how a referral would be made for an Independent Mental Capacity Advocate.</p>	<p>Resource 2 (Chapter 9)</p> <p>Resource 2 (Chapter 10)</p>	
<p>The fifth statutory principle.</p> <p><i>“Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.”</i></p>	<p>a. Demonstrate ability to weigh up competing interests to justify interference in a person’s life, for example, right to private and family life (Article 8) and right to liberty and security (Article 5).</p> <p>b. Demonstrate ability to assess risk and incorporate this information into best interest decision-making when considering the need for restraint.</p>	<p>Resource 8</p> <p>Resource 2 (Chapter 6, Paragraphs 6.40 – 6.48)</p>	

	<p>c. Demonstrate ability to understand the concept of proportionately where restraint is involved.</p> <p>d. Demonstrate ability to understand how best interests disputes might be resolved.</p> <p>e. Demonstrate an understanding of when an application needs to be made to the Court of Protection or action that should be taken where decisions may interfere with a person's human rights.</p> <p>f. Demonstrate understanding of the continuum between restriction and deprivation of liberty, and action to be taken in order to safeguard a person's human rights.</p> <p>g. Demonstrate ability to advise care home and hospital staff of the legislation and their statutory duties regarding the Deprivation of Liberty Safeguards.</p>	<p>Resource 2 (Chapter 15)</p> <p>Resource 2 (Chapter 8, Paragraphs 8.1 – 8.29)</p> <p>Resource 2 (Chapter 6, Paragraphs 6.49 – 6.53).</p> <p>Resource 16</p> <p>Resource 17</p> <p>Resource 5 (DoLS module)</p> <p>Resource 18 (chapter 13)</p>	
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<p><i>Know when to seek advice and where from.</i></p>	<p>a. Demonstrate knowledge of where to access support and advice when there are questions about the validity of Advance Decisions.</p> <p>b. Demonstrate understanding of when to make appropriate referrals if an unauthorised deprivation of liberty is discovered or suspected, or where there are infringements of a person's human rights.</p> <p>c. Demonstrate ability/understanding of when to make a safeguarding referral and explain the offences of ill treatment and wilful neglect (S44 of the Act).</p> <p>d. Demonstrate understanding of decisions that are excluded from the Mental Capacity Act and action that should be undertaken</p>	<p>Resource 2 (Chapter 9).</p> <p>Resource 16</p> <p>Internal policies and procedures for their organisation.</p> <p>Resource 2 (Chapter 14. Paragraphs 14.23 – 14.26).</p> <p>Local Authorities Safeguarding Adults policies Resource 1 (section 27)</p>	
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