

Handout 11 – Person Centred Care Planning

Highlights the individual's wishes and aspirations for their current and future lifestyle choices. It should include:

➤ **My identified needs**

Identifying service users needs.

➤ **What I can do and what I like to do**

Identifying service users/patients abilities, personal choices, likes and dislikes

➤ **How I need you to support me**

How staff can allow the service user/patient to maintain independence, choice and preferences, offer practical and emotional support when needed whilst promoting positive risk taking

➤ **Person Responsible**

Identifies the person who provides support to the service user

➤ **Review meeting**

Must take place as identified in your company's policy or earlier if needs of the service user/patient change. It may involve service user, relative, advocate and other agencies where appropriate.

Handout 11a

Planning appropriate outcomes with a service user

Everyone has individual needs, which will need different approaches.

- Treat the Service User holistically, looking and listening at all times and making sure that their dignity is always respected when planning appropriate outcomes.
- The Service user should be included, whenever possible, in decision making and making choices when planning support.
- Outcomes will have been negotiated with the Service User and will help staff supporting them to identify their needs and work to a high standard
- An individual's goal needs to be realistic but also sufficiently challenging in order to motivate people and promote independence.
- No matter how small the contribution is from the Service User, it should be encouraged
- Evaluate at regular intervals and as appropriate the progress than an individual is making in terms of their goals.



HANDOUT 11b

Mental Capacity Act 2005

Provides a statutory framework for people who may not be able to make their own decisions, for example, because of a learning disability, an illness such as dementia or mental health problems. It sets out who can take decisions, in which situations, and how they should go about this.

The key provisions of the Act are

- The five key principles, which make it clear that a person should be assumed to have capacity unless proven otherwise.
- A best interest's checklist for people acting on behalf of others. This includes consideration of the person's wishes, feelings, beliefs, and values (including any written advance statements made by them when they had capacity) and taking account of the views of their family and friends.
- Protection to carers and professionals, subject to rules and limitations, to lawfully care for someone who cannot consent without incurring liability.
- Lasting powers of attorney (LPA) - for people to appoint an attorney of their choosing to act on their behalf if they should lose capacity in the future.
- For the court to appoint deputies to make decisions on behalf of a person about matters in relation to which that person lacks capacity.
- Creation of Independent Mental Capacity Advocates (IMCAs) to support and represent people lacking capacity who have no one else to speak for them when decisions need to be taken about serious medical treatment and long-term residential care. IMCA services in Cumbria are provided by Advocacy Experience who can be contacted on 0844 800 2776. Cumbria Independent Mental Capacity Advocate Service - www.advocacyexperience.com/imca/
- New safeguards controlling many types of research involving people who lack capacity.
- For a person whilst they have capacity, if they so wish, to make an advance decision to refuse treatment, known as living wills.
- The introduction of a criminal offence of ill treatment or neglect of a person who lacks capacity, with a maximum sentence of five years.

The booklet 'Making Decisions - a guide for Healthcare Professionals' is available at www.dca.gov.uk/family/mi/mibooklets/guide3.pdf.

