Medicare People

LIVE-IN CARE

Consent to Care Policy & Procedure

Policy Title	Consent to Care Policy and Procedure
Organisation	Medicare People Limited
Service Type	Live-In Care Services
Policy Owner	Registered Manager
Version	1.0
Date Created	07/07/2026
Review Date	Annually

1. PURPOSE

Medicare People is committed to respecting and promoting the rights, dignity, independence, and choices of every individual receiving care and support.

The purpose of this policy is to ensure that valid consent is obtained before providing care, support, treatment, or sharing information, and that all employees understand their responsibilities in relation to consent and decision-making.

This policy supports the delivery of person-centred care and ensures compliance with relevant legislation, including the Mental Capacity Act 2005, the Care Act 2014, and Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2. Scope

This policy applies to:

- All employees, workers, agency staff, and contractors.
- Individuals receiving live-in care services.
- Family members, advocates, attorneys, deputies, and representatives where appropriate.
- All decisions relating to care, support, treatment, assessments, care planning, and information sharing.

This policy should be read alongside the Mental Capacity Act and Best Interests Policy and Procedure.

3. Definitions

Consent	Consent is permission given voluntarily by a person who has the capacity to understand and agree to a specific action.
Valid Consent	For consent to be valid it must be:

- Given freely and voluntarily.
- Based on sufficient information.
- Given by a person with capacity.
- Specific to the decision or action.

Capacity	Capacity refers to a person's ability to make a specific decision at the time the decision needs to be made.
Best Interests	A decision taken on behalf of a person who lacks capacity, in accordance with the principles of the Mental Capacity Act 2005.
Verbal Consent	Consent expressed verbally through spoken agreement.
Written Consent	Consent provided in writing and recorded through signed documentation where appropriate.
Implied Consent	Consent indicated through a person's actions or behaviour.

4. Policy Statement

Medicare People will:

- Obtain valid consent before providing care and support.
- Respect an individual's right to make their own decisions.
- Support people to make informed choices.
- Respect the right to decline or withdraw consent.
- Promote independence, dignity, choice, and control.
- Ensure employees understand their responsibilities regarding consent.
- Follow the Mental Capacity Act 2005 where capacity is in doubt.
- Maintain accurate records relating to consent decisions.
- Review consent arrangements regularly.

No care or support will be provided without consent unless lawful authority exists to do so, or immediate action is required to prevent serious harm or protect life.

5. Roles and Responsibilities

Registered Manager

The Registered Manager is responsible for:

- Ensuring compliance with this policy.

- Providing appropriate training and guidance.
- Monitoring consent records.
- Supporting employees with complex consent issues.
- Ensuring concerns regarding capacity are managed appropriately.

Care Coordinators and Assessors

Care Coordinators and Assessors are responsible for:

- Obtaining consent during assessments and care planning.
- Ensuring consent arrangements are documented.
- Reviewing consent when needs or circumstances change.
- Escalating concerns regarding capacity or decision-making.

Live-In Carers

Live-In Carers are responsible for:

- Seeking consent before providing support.
- Respecting individual choices and decisions.
- Reporting concerns regarding consent or capacity.
- Recording relevant discussions and decisions.

All Employees

All employees must:

- Respect the rights of individuals receiving care.
- Follow this policy.
- Support informed decision-making.
- Participate in training and supervision.
- Report concerns appropriately.

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6. Procedure

6.1 Obtaining Consent

Before providing care or support, employees must:

- Explain what is proposed.
- Explain why it is required.
- Discuss any risks or benefits where relevant.
- Explain available alternatives.
- Ensure the individual understands their right to refuse.

Information should be provided in an accessible manner appropriate to the individual's communication needs.

6.2 Supporting Decision-Making

Employees must take reasonable steps to support individuals to make their own decisions.

Support may include:

- Using simple language.
- Providing information in alternative formats.
- Allowing additional time.
- Using communication aids.
- Involving family members, advocates, or representatives where appropriate.
- Choosing the most appropriate time and environment for discussions.

Every effort should be made to maximise an individual's ability to decide for themselves.

6.3 Assessing Capacity

Where there is concern regarding a person's ability to make a decision, the principles of the Mental Capacity Act 2005 must be followed.

Capacity assessments should establish whether the individual can:

- Understand relevant information.
- Retain information long enough to make the decision.
- Use or weigh the information when reaching a decision.
- Communicate their decision.

Any concerns regarding capacity must be escalated in accordance with the Mental Capacity Act and Best Interests Policy and Procedure.

6.4 Types of Consent

Consent may be obtained in a variety of ways depending on the nature of the activity.

Verbal Consent

Examples include:

- Personal care support.
- Assistance with mobility.
- Meal preparation.
- Daily living activities.

Written Consent

Examples include:

- Initial assessments.
- Care planning.
- Information sharing agreements.
- Medication support arrangements.
- Photography or recording permissions.

Implied Consent

Examples include:

- Presenting an arm for support.
- Participating willingly in a care activity.

Employees must always ensure the individual understands what they are consenting to.

6.5 Best Interests Decisions

Where an individual lacks capacity to make a specific decision, any decision taken on their behalf must be made in their best interests.

Consideration should be given to:

- The person's wishes and feelings.
- Previously expressed views.
- Cultural and religious beliefs.
- Views of family members and representatives.
- Advice from healthcare professionals.
- Less restrictive options.

Best interests decisions must follow the Mental Capacity Act and Best Interests Policy and Procedure.

6.6 Refusal and Withdrawal of Consent

Individuals with capacity have the right to:

- Refuse care.
- Refuse treatment.
- Refuse support.
- Withdraw consent at any time.

Where consent is withdrawn, employees must:

- Respect the decision.
- Discuss any risks where appropriate.
- Record the decision.
- Inform the Care Coordinator or Registered Manager where necessary.
- Review care arrangements where appropriate.

A refusal of care does not automatically mean a person lacks capacity.

6.7 Information Sharing

Consent should normally be obtained before sharing personal information with:

- Family members.
- Healthcare professionals.
- Local authorities.

- External agencies.

Information may be shared without consent where:

- Required by law.
- Necessary to safeguard an individual.
- Required to prevent serious harm.
- Needed to comply with legal or regulatory obligations.

All information sharing must comply with Data Protection legislation.

6.8 Emergency Situations

In emergencies, immediate action may be taken where:

- A person lacks capacity.
- There is a risk of serious harm.
- Delay would place the person at significant risk.

Any action taken must be:

- Necessary.
- Proportionate.
- In the individual's best interests.
- Clearly documented.

6.9 Reviewing Consent

Consent is an ongoing process and must be reviewed:

- At care plan reviews.
- Following significant changes in needs.
- Following changes in capacity.
- Following hospital admission or discharge.
- At the request of the individual.
- Where concerns arise regarding existing consent arrangements.

Care records should be updated to reflect any changes.

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7. Records and Documentation

The following records may be maintained:

- Consent forms.
- Care plans.
- Capacity assessments.
- Best interests decisions.
- Information sharing agreements.
- Records of refusal of care or treatment.

- Review records.
- Audit records.

All records must be accurate, contemporaneous, and stored securely in accordance with the Data Protection and Confidentiality Policy.

8. Training and Competency

All employees will receive training covering:

- Consent and decision-making.
- Person-centred care.
- Mental Capacity Act awareness.
- Best interests decision-making.
- Communication skills.
- Record keeping requirements.

Competency will be monitored through:

- Supervision.
- Observation.
- Care record audits.
- Appraisals.
- Training assessments.

Refresher training will be provided regularly.

9. Monitoring and Governance

The Registered Manager will monitor compliance through:

- Care record audits.
- Consent documentation reviews.
- Complaints analysis.
- Incident reviews.
- Capacity assessment audits.
- Staff supervision.
- raining compliance monitoring.

Key performance indicators may include:

- Completion of consent documentation.
- Audit outcomes.
- Complaints relating to consent.
- Training compliance rates.
- Quality assurance findings.

Lessons learned will be incorporated into service improvement activities and quality assurance processes.

10. Related Policies

- Mental Capacity Act and Best Interests Policy and Procedure
- Deprivation of Liberty Safeguards and Liberty Protection Safeguards Policy and Procedure
- Safeguarding Adults Policy and Procedure
- Care Planning Policy and Procedure
- Medicines Management and Prescribing Policy and Procedure
- Data Protection and Confidentiality Policy
- Equality, Diversity and Human Rights Policy and Procedure
- Complaints Policy and Procedure
- Risk Assessment Policy and Procedure
- Duty of Candour Policy and Procedure

11. Review and Version Control

This policy will be reviewed annually or sooner following:

- Changes in legislation.
- Changes in CQC guidance.
- Audit findings.
- Complaints or incidents.
- Safeguarding investigations.
- Service developments.

Approved By: Stuart Wells

Position: Managing Director

Date: 07/07/2026

Medicare People currently provides introductory live-in care services. We have submitted our application to the Care Quality Commission (CQC) and intend to introduce a fully managed live-in care service following registration.