Medicare People

HEALTHCARE STAFFING

Consent Policy

Policy title	Consent Policy
Organisation	Medicare People Limited
Service	Healthcare staffing
Policy owner	Managing Director
Version	2.0
Date	01/11/2026
Next review	November 2027

1. Purpose

The purpose of this Consent Policy is to ensure that Medicare People delivers care and support only with the valid consent of the service user, in line with:

- The Mental Capacity Act (MCA) 2005
- The Health and Social Care Act 2008
- CQC fundamental standards (especially “Respecting and involving people who use services”)

2. Scope

This policy applies to:

- All staff involved in providing care or support
- All service users receiving regulated services
- All decisions relating to personal care, daily living activities, medication, and wellbeing

3. Policy Statement

Medicare People is committed to ensuring:

- Service users’ rights to autonomy, choice, dignity, and control are upheld.
- Consent is sought before delivering any care or intervention.
- Staff understand and follow the principles of the Mental Capacity Act 2005.
- Consent processes are clearly documented and regularly reviewed.
- Care is not delivered without lawful authority where a service user cannot consent.

- Policies remain complete, accurate, consistent, and up to date in line with CQC expectations.

4. Principles of Consent

We will follow the five core principles of the Mental Capacity Act:

- Presumption of capacity
- Adults are assumed to have capacity unless proven otherwise.
- Support to make decisions
- Staff must take all practicable steps to support decision making (e.g. time of day, communication method).
- Right to make unwise decisions
- A person is not treated as lacking capacity simply because their decision seems unwise.
- Best interests
- Any act or decision made for someone lacking capacity must be in their best interests.
- Least restrictive option
- Any decision must aim to restrict the person's rights or freedom as little as possible.

5. Types of Consent

Verbal Consent

Given verbally for everyday tasks (e.g., support with washing, dressing, food preparation).

Written Consent

Used for:

- Care plans
- Medication administration
- Information sharing
- Use of assistive technology
- Photography (if relevant)

Implied Consent

- Used for low-risk tasks where actions indicate cooperation (e.g., offering an arm for assistance).
- Staff must ensure implied consent is still informed and voluntary.

Refusal of Consent

A refusal must be respected unless there is a legal requirement or immediate risk to life.

6. Assessing Capacity

Staff will complete a capacity assessment when:

- There is doubt about a person's ability to understand the decision.
- The decision has significant consequences (e.g., medication, safeguarding).
- The person's capacity changes over time due to illness or condition.

Capacity assessments must:

- Be decision specific and time specific
- Follow MCA criteria: understanding, retaining, weighing up, communicating
- Be documented in full
- If the service user lacks capacity, a best interest's decision must be made and recorded.

7. Best Interests Decision Process

Where a service user lacks capacity to consent, staff must:

- Consider the individual's wishes, values, and beliefs.
- Consult with family, friends, or advocates (unless inappropriate).
- Involve relevant professionals where necessary.
- Consider less restrictive alternatives.
- Document the decision-making process in detail.

Where serious decisions are involved (e.g., restrictive practices), an Independent Mental Capacity Advocate (IMCA) may be required.

8. Consent and Medication

- Consent for medication must be documented as part of the medication care plan.
- If a person refuses medication, this must be respected unless it puts them at serious risk.
- Covert medication must never be used without a formal best interest decision and input from healthcare professionals.

9. Consent for Information Sharing

Information may only be shared with:

- Consent of the service user
- A legal requirement (e.g., safeguarding)
- Best interests (if the person lacks capacity)
- Emergency situations where a life is at risk
- Consent must be recorded before information is shared with:
- Family members

- External partners (GPs, local authority, etc.)
- Other agencies

10. Withdrawal of Consent

A service user may withdraw consent at any time. When this happens:

- Staff must stop the activity immediately (unless unsafe).
- The change must be recorded in the care plan.
- The Registered Manager must be informed if withdrawal affects ongoing support.

11. Staff Responsibilities

All staff must:

- Understand consent principles
- Check for consent before providing care
- Document consent appropriately
- Escalate any concerns to the Registered Manager
- Follow the MCA Code of Practice
- Use communication methods appropriate to the individual

12. Record Keeping

Staff must document:

- How consent was obtained (verbal, written, implied)
- Any capacity assessments
- Best interests decisions
- Information sharing agreements
- Refusal or withdrawal of consent

13. Training

All staff will receive training on:

- Consent
- Mental Capacity Act
- Best interests decision making
- Safeguarding
- Communication strategies
- Training frequency: upon induction and annually.

14. Review of Policy

This policy will be reviewed:

- Annually
- Following legislation changes
- After any incident relating to consent or capacity
- As part of overall governance arrangements

15. Legislation and guidance

- Mental Capacity Act 2005 and Code of Practice
- Care Act 2014
- Human Rights Act 1998

Version history

Version	Summary
1.0	Original policy
2.0	1 November 2026 – restyled to the Medicare People brand, structure standardised, legal references updated