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**Person-Centred Care Policy**

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CONTENTS

[1. Introduction 3](#_Toc147996138)

[2. Policy Statement 3](#_Toc147996139)

[3. Scope 4](#_Toc147996140)

[4. Procedures 4](#_Toc147996141)

[4.1 Mental Capacity and Decision Making 4](#_Toc147996142)

[4.2 Communication 5](#_Toc147996143)

[4.3 Information 5](#_Toc147996144)

[4.4 Welcome Input from Family/Carers 6](#_Toc147996145)

[4.5 Assessment of the Client’s Needs and Preferences 6](#_Toc147996146)

[4.6 Client Holistic Plans of Care 7](#_Toc147996147)

[4.7 Emotional Support 8](#_Toc147996148)

[4.8 Nutritional Support 8](#_Toc147996149)

[4.9 Physical comfort 8](#_Toc147996150)

[4.10 Continuity of care 9](#_Toc147996151)

[4.11 Quality Assurance 9](#_Toc147996152)

[5. Monitoring 9](#_Toc147996153)

[6. Related Policies 10](#_Toc147996154)

[7. Legislation and Guidance 10](#_Toc147996155)

[8. Summary of Review 11](#_Toc147996156)

# Introduction

Person centred care refers to multiple principles and activities and is always an emerging and evolving area in healthcare. It’s centred around the kindness and respect shown to clients, whereby healthcare professionals work collaboratively with the client to assist in developing the knowledge, skills, and confidence they need to more effectively manage and make informed decisions. Person centred care revolves around what makes each client unique and [Company Name] doing everything they can to put the needs of the client first. Person centred care underpins the fundamental principles set out in the Health and Social Care Act 2008 and the Care Quality Commission (CQC) Regulation 9. Following the Health Education England, six key principles emerged to form a person-centred approach to care in the community. All providers inclusive of [Company Name] must ensure that:

* Care and support are person-centred: personalised, coordinated, and empowering.
* Services are created in partnership with citizens and communities.
* Focus on equality and narrowing inequalities.
* Carers are identified, supported, and involved.
* Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers as far as practicable.
* Volunteering and social action are recognised as key enablers.

# Policy Statement

Domiciliary care provided on behalf of [Company Name] will be tailored and coordinated to the needs and preferences of their clients, families, and carers, placing their clients at the centre of all decision making in collaboration with other health and social care professionals.

At [Company Name], person centred care will support clients to promote and manage their own health and care, incorporating and bringing together the mental health, dementia, learning disability and end of life care programmes in accordance with the Equality Act 2010 and the Mental Health Act 2005. This policy aims to detail how person-centred care can be achieved in care and decision making and should be read in conjunction with [Company Name]’s Consent and Quality Assurance Policies.

# Scope

While this policy and the procedures are directed primarily at domiciliary staff, client experience is significantly impacted by contact with external agencies, providers, and voluntary sectors. Therefore, all staff are responsible for ensuring positive client satisfaction and experience.

The Registered Manager has overall responsibility for ensuring that the principles of this policy are implemented.

# Procedures

The Health Foundation (2016) suggests that there are four principles of person-centred care as follows:

1. Affording people dignity, compassion, and respect.
2. Offering coordinated care, support, or treatment.
3. Offering personalised care, support, or treatment.
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.

Person centred care aims to encourage clients to become active participants in their own care and to remain the centre of any decisions by joining in shared decision making. This is a relationship where staff and clients work together to:

* understand what is important to the client
* make decision about their care and treatment
* identify and achieve goals.

To facilitate this, staff at [Company Name] must consider:

## Mental Capacity and Decision Making

* Consider on a multidisciplinary level when a client’s preferences for their care may not meet their needs. Where this applies and a client lacks mental capacity under mental health legislation, [Company Name] must act in accordance with the Mental Capacity Act 2005 and/or the Mental Health Act 1983.
* Where a client is deemed to lack capacity to make specific decisions about their care preferences and no lawful representative has been appointed, their best interests must be established and acted upon in accordance with the Mental Capacity Act 2005. All other forms of authority such as lasting power of attorneys and advanced decisions must also be considered in conjunction with any advanced care plans that the clients have made.
* If a client is deemed to lack capacity to consent to care, a best interest’s decision should be made in line with the best interest checklist outlined in the Mental Capacity Act 2005. (Please refer to the company’s Advocacy and Decision-Making and Mental Capacity and DoLS Policies and Procedures). [Company Name] encourages the use of independent advocates to ensure that their clients are supported to express their opinion. It may also be useful to seek the opinion of clients’ family members and any holders of a Lasting Power of Attorney or deputyship, where relevant. The opinions of family members, deputies and Lasting Powers of Attorney should not be decisive but can help staff to understand what the client would have chosen for themselves.

## Communication

* Address the client as they wish to be addressed.
* Provide an environment for discussion that respects privacy and dignity, particularly when discussing sensitive issues.
* Establish the most effective method of communication and ensure any additional needs, including physical or learning disabilities as well as difficulties with reading, understanding, or speaking English, are addressed.
* Clients should be offered copies of any written communication in a format that is suited to their needs.

## Information

* Provide clients with sufficient verbal and written information to support decision making in a suitable format.
* Advise clients, families, and carers where they can access additional, reliable, and high-quality information and support if desired, such as national and local support groups, networks, and information services.
* Ensure the client is regularly updated, along with explanations for any delays effecting their care.
* Understand that people interpret information differently and may have alternative perceptions of terms, such as rare, unusual, and common.

## Welcome Input from Family/Carers

* Clarify with the client who their first point of contact is and whether they would like them and any others to be involved in key decisions about their care.
* If desired, ensure that the client and their family members/carers feel adequately informed, prepared, and supported in any care decisions.
* If the client cannot indicate their agreement to share information, ensure that family members and/or carers are kept involved and appropriately informed, but be mindful of any potentially sensitive issues and the duty of confidentiality. (Please refer to [Company Name]’s Confidentiality Policy for more information.

## Assessment of the Client’s Needs and Preferences

* At [Company Name], staff will where reasonably practicable, ensure that clients will receive person centred care that is appropriate, meets their individual needs, reflecting on their personal, unique preferences.
* Discussions during the client’s assessment should be undertaken in collaboration with the client, family and carer in a way that encourages the client to express their personal needs and preferences. Multidisciplinary involvement can also be encouraged where reasonable.
* Ensure that the client understands that they can ask for a second opinion from a different healthcare professional if desired.
* Accept and respect that client views may differ, especially in reference to the balance of risks, benefits, and consequences for care. Clients also have the right to refuse care as long they have the capacity to make a fully informed decision.
* Staff at [Company Name] will ensure that the assessment of clients’ needs, and preferences are undertaken by staff with the required level of skills and knowledge for each area of assessment.
* Assessments of clients’ care requirements should incorporate all their needs including health, personal care, emotional, social, cultural, religious, and spiritual needs. Under no circumstances should assumptions be made during assessments about a client based on their appearance, personal or protected characteristics.
* Assessments undertaken by staff at [Company Name] should also consider specific issues that are common in certain groups of people which can result in poor outcomes if not addressed. Such issues include but are not exhaustive of continence support, dementia in older people and diabetes in certain ethnic groups.
* Staff at [Company Name] will ensure that assessments are reviewed regularly with clients and when required throughout a client’s care. This will include when a client needs to be transferred between services, use respite care, or are admitted/discharged from hospital. All client assessment reviews must reflect that clients’ goals or preferences are being met and are still relevant.
* Should clients using the services of [Company Name] require shared care or treatment through other services, such as integrated care and multidisciplinary assessments, they should consider information from all relevant teams, staff, and services during assessment reviews.
* Determine the client’s understanding of their condition and/or care requirements, along with the extent of their desire to be involved in any decision making and care planning and what they hope to achieve with their care plan.
* Fully explore the holistic aim of the client’s care and discuss all options, along with their risks and benefits, personalising these as far as is possible, ensuring that different choices are made available and discussed with the client.

## Client Holistic Plans of Care

* A client’s care plans must be designed to ensure that they meet all the client’s needs. Occasionally, clients’ needs, and preferences cannot be met, and should these instances arise, [Company Name] will explain the impact of this to the client and explore alternatives so that the client can make informed decisions about their care. The explanation to the client should show and detail in the care plan how staff at [Company Name] have considered the impact on the client.
* Consideration must be taken by [Company Name] when planning and making provision for client care, any impact this may have on other clients using the service.
* Care plans developed with clients, families, and carers should incorporate agreed goals between the staff and client and be made available to all staff and others involved in providing that client’s care. Where practicable, each plan of care should detail ways in which the client can maintain their independence.
* All staff involved with a client’s care should produce care plans with an agreed review date.
* Staff at [Company Name] should use nationally recognised evidence-based guidance when designing, delivering, and reviewing care.
* All staff providing care must be kept up to date with any changes to a client’s care plan.
* Records must be kept of all assessments, care plans decisions made by clients and/or those acting on the client’s behalf. (Please refer to [Company Name]’s Information Governance and Record Keeping Policy).

## Emotional Support

* Staff at [Company Name] should provide clients with emotional support, advice and information on any fears and anxiety they may have on their clinical status, prognosis, and the impact of their illness on them, their families/carers, and their finances. This may include sensitive issues, such as sexual activity and end-of-life care. [Company Name] should seek external support and information in a format suitable for the client if required.
* If an anxiety disorder or depression is suspected, the appropriate treatment care plans and referrals should be initiated, detailing multidisciplinary team input and support.

## Nutritional Support

* Clients must be supported to ensure that they have adequate and accessible nutrition and hydration, with appropriate aids where applicable and assistance being provided as required, such as preparing meals.
* Records must be accurately maintained to reflect the client’s nutritional intake where required and any concerns discussed with the client, Registered Manager and/or the client’s family/carer with the client’s consent.
* Nutritional support should be considered if clients are identified as being at risk of malnourishment. Indicators of malnourishment can be defined as those clients who have:
* eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for 5 days or longer.
* a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

Any concerns must be discussed with the client and family or carers with the clients consent and reported to the clients GP for further review as soon as possible.

## Physical comfort

* Clients’ pain levels and overall physical comfort must be regularly assessed and monitored with adequate pain relief where necessary, prescribed to the client. Pain relief and alternative methods of comfort should be offered to sufficiently manage any pain and discomfort. Any medications administered by staff at [Company Name] must be prescribed and administered in line with [Company Name]’s Medicines Management Policy.
* Any alternative methods to relieving pain and where appropriate, such as hot water bottles, must be risk assessed prior to use.
* Client’s personal needs (e.g., continence) and their ability to undertake activities of daily living are regularly reviewed and assessed, with assistance being provided as required, ensuring maximum privacy and dignity.

## Continuity of care

* Staff at [Company Name] must promote effective and appropriate care by ensuring continuous and consistent assessment and planning of the client’s care needs. This will be achieved through building trusting, empathetic and reliable relationships between staff and clients.
* Assess how continuity of care can be provided and aim to have the same staff attend, as far as is reasonably possible, throughout the same episode of care.
* Ensure that any necessary exchange of information between staff and external providers is both clear and timely, and in line with the Health and Social Care Safety and Quality Act 2015.
* Clients should be informed of who is responsible for their care and treatment, along with the roles and responsibilities of the different members of staff at [Company Name].

## Quality Assurance

Person-centred care is integral to our Quality Assurance Framework as we will place client feedback at the centre of every aspect of the process, particularly in the identification of quality issues, as well as in the testing, implementation and outcomes monitoring of any quality changes. (Please refer to [Company Name]’s Quality Assurance Policy for more information).

By involving clients in quality and the Quality Assurance Framework, we provide them with the opportunity to participate in the day to day running of the service and ensure that our service grows, develops, and innovates because of its clients, maximising collaborative working between staff and clients within [Company Name].

# Monitoring

Person-centred care will be monitored through the analysis of client experience including but not exhaustive of surveys, feedback, complaints, and incidents.

# Related Policies

* Advocacy and Decision-Making Policy
* Confidentiality Policy
* Consent Policy
* Dignity and Privacy Policy
* Equality and Diversity Policy
* Information Governance and Record Keeping Policy
* Medicines Management Policy
* Mental Capacity Act and DoLS Policy
* Quality Assurance Policy
* Safeguarding Policy

# Legislation and Guidance

**Relevant Legislation**

* NHS Constitution 2021
* Health Act 2010
* Health and Social Care Safety and Quality Act 2015
* Health and Social Care Act 2008
* Mental Health Act 2007

**Guidance**

* Care Quality Commission. Regulation 9: person-centred care.
* <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care>
* NICE guideline [CG138]: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services
* <https://navigator.health.org.uk/theme/health-and-social-care-safety-and-quality-act-2015>
* Health Education England. Person-centred care.
* <https://www.hee.nhs.uk/our-work/person-centred-care>
* Equality Act 2010
* Department of Health: NHS Patient Experience Framework 2012

# Summary of Review

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