



Connections

Service-Provision Policy & Procedure (Including Mental Capacity and Consent) 4.0

Version	Date	Author	Comments
1.0	Oct 2019	Jules McDonald	Initial version
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1. Purpose & Scope

Connections services are provided only by Julia McDonald (Senior Conductor & NLP Practitioner), Bret McDonald (NLP Practitioner) and Emily Heys (Neuro-physiotherapist) at present. There are a number of procedures in place to assess and monitor a client's progression within all services.

This document is designed to set out what a client can expect from the services, from enquiry onwards, and what to do if they are not happy with the services for any reason.

2. Context

The clients at Connections have a very wide range of challenges, difficulties, and disabilities. The clients accessing our neurological services specifically are likely to have diagnosed disabilities. Consequently, all our clients may have a wide variety of cognitive, communication, physical, social, and emotional needs. These varied individuals have the right to expect equal and inclusive access, opportunities, treatment and service-provision from Connections.

3. Policy Statement

- Connections practitioners have a duty of care to offer fair, consistent, inclusive services and opportunities to all clients.

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- Connections practitioners have a duty of care to ensure that they provide services that are of benefit to the clients.
- Connections practitioners will not discriminate on age, gender, race, disability or any other reasons.
- Connections practitioners will endeavour to offer the highest-quality services to every individual whilst balancing this with appropriate application of professional skill sets and assessment of suitability of services.
- Connections practitioners may choose to offer alternate services (e.g., Neurophysiotherapy instead of Conductive Education or NLP or consultancy instead of face-to-face services etc..) if deemed necessary at any point. Similarly, Connections practitioners will signpost clients to alternative services if it is considered that Connections services are not/no longer appropriate. i.e., should the needs of the client change, or if a more suitable approach is deemed necessary.

4. Inclusivity, Accessibility & Equal Opportunities

- The application, consultation and service-provision processes aim to ensure inclusive and equal opportunities services.
- All information (including marketing, advertising, website, media, session content, reporting, applications, ongoing communications etc...) will endeavour to be accessible to as wide a population as possible.
- At any time, amendments/reasonable adjustments can and will be made to ensure that Connections maintains high standards of inclusivity and accessibility.
- Any requests, questions, concerns or comments regarding inclusivity, accessibility & equal opportunities are welcomed at any times.

4.1. Accessible Information Standards

In the interests of best-practice Connections aims to follow Accessible Information Standards across all our services from initial enquiry onwards and in marketing/publicity, training etc...

The CQC states the following:

AIS applies to people who use a service and have information or communication needs because of a:

- disability
- impairment
- sensory loss

It covers the needs of people who are deaf, blind, or deafblind, or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language. It does not cover these needs for other languages.

It can also be used to support people who have aphasia, autism or a mental health condition which affects their ability to communicate.

When appropriate, AIS also applies to their carers and parents.

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<https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard>)

4.1.1. Steps of AIS

The CQC identify 5 steps of AIS as follows:

1. **Identify** – Connections will identify disability related information or communication needs for those accessing our services (either the service-user themselves or their carer/parent/partner) through our initial contact and subsequent application and initial consultation procedure. Emily Heys and Jules McDonald are experienced in disability related/communication needs and will use their professional knowledge and skill in identifying and then supporting these needs. Bret McDonald can consult with either practitioner for support/guidance if required.
2. **Record** - All enquiries/initial contact is recorded in our Enquiries and Applications monitoring logs. If specific needs have been identified in terms of accessible information requirements, then notes can be made on this system. Subsequent notes can be recorded by using the following: emails, individual files (both hard copies and electronic copies) Application and Initial Consultation documentation, Individual risk assessments and Care Plans etc...
3. **Flag** - If specific needs are identified for clients (or their carer/parent/partner) then these needs will be flagged for the individual concerned in order that practitioners can quickly and easily be aware of (and work to meet) those needs. The needs can be formally flagged with use of Individual Risk Assessments / Care Plans and subsequent reviews if necessary. Informally these needs will be flagged using individual methods as appropriate and as agreed by the Connections practitioners. This may include using tools such as communication passports, interpreters, audio recording, training, amendments to forms used, internal information sharing etc...
4. **Share** - There may be situations when Connections is required to share (with consent) details of people's information and communication needs with other services. This means that other services can also respond to the person's information and communication needs and also means that we can engage with others in meeting an individual's needs ourselves. Any of the above records and flagging information/methods can be shared in such situations if consent has been given. The means of sharing will be addressed on an individual basis and be led by Connections practitioners.
5. **Meet** – Connections will make sure that they meet an individual's needs. This will be done using the methods identified above.

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Accessible methods that may be used might include use of the following:

- Contact (and be contacted by) Connections in accessible ways, such as via email, text message or Text Relay.
- Receive information and correspondence in formats they can read and understand. This could be, for example, in audio, braille, easy read or large print.
- Be supported by a communication professional if needed to support conversation. This could be a British Sign Language interpreter
- Get support from other individuals and organisations to communicate. This could include help to lip-read or use a hearing aid, or training of practitioners in specific communication methods.

4.1.2. Websites/social media etc...

AIS does not cover websites however website accessibility is covered under the Equality Act 2010. A website is classified as a service and as such, to comply with the law, Connections must make reasonable adjustments (i.e., ensure its website is accessible) in order not to treat disabled people unfavourably because of something connected with their disability.

Connections will endeavour to ensure all its online content is accessible. This may include providing options for audio descriptions, selection of different fonts, BSL signing for videos etc...

4.1.3. Relevant Documents:

- For more information regarding AIS:
<https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard>
- For more information regarding accessible websites:
<https://www.w3.org/WAI/policies/united-kingdom/>

5. Mental Capacity, Consent and Deputyship

Since many of the clients at Connections are likely to have a physical impairment or disability the likelihood of a proportion of these individuals requiring assistance in communicating their needs and in decision making is fairly high. This guidance has therefore been created to provide both practitioners and those accessing the services an understanding of both the legal requirements and the setting-specific procedures for those individuals who require support with decision making or rely on others to make decisions for them.

5.1. Context – The Mental Capacity Act

The Mental Capacity Act (MCA) 2005 (<https://www.legislation.gov.uk/ukpga/2005/9/contents>) applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.

The MCA is designed to protect and restore power to those vulnerable people who lack capacity. It also supports those who have capacity and

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choose to plan for their future – this is everyone in the general population who is over the age of 18.

All practitioners have a duty to comply with the Code of Practice. The Act's five statutory principles are the benchmark and must underpin all acts carried out and decisions taken in relation to the Act. Anyone caring for or supporting a person who may lack capacity could be involved in assessing capacity – follow the two-stage test.

The MCA is designed to empower those in health and social care to assess capacity themselves, rather than rely on expert testing – good professional training is key. If capacity is lacking, follow the checklist described in the Code to work out the best interests of the individual concerned. Understanding and using the MCA supports our practice at Connections.

5.1.3. The Principles

The Mental Capacity Act outlines basic principles with regards to Mental Capacity as follows:

1. *A presumption of capacity* - A person must be assumed to have capacity unless it is established that he lacks capacity.
2. *Individuals being supported to make their own decisions* - 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. *Unwise Decisions* - A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. *Best Interests* - 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. *Less restrictive option* - 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.

5.1.2. Following the Legal Guidance

The MCA, and information provided by the Social Care Institute for Excellence (<https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>) will be followed across Connections Services. This policy will simply identify areas that must be considered/followed specific to the context of our setting.

5.2. Procedures

5.2.1. First Contact, Application and Consultation

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that we cannot assume that someone cannot make a decision for themselves just

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because they have a particular medical condition, disability or difficulty.

- From the first point of contact with Connections we will presume capacity for any individuals interested in accessing our services. It is sometimes the case that the individual themselves does not make the first contact with us, however this should not be taken as an indicator that the individual lacks capacity.
- If an individual progresses to an application and consultation with Connections, we request them to complete an application form.
- The application form for our neurological services requests information regarding the applicant's capacity so that we are able to understand if the individual's capacity has already been considered and if so, what support/measures are in place.
- The application for other support services request information regarding any conditions/mental health issues that the practitioner should be aware of. This will identify if capacity needs to be clarified and if/what support measures might need to be put in place.
- If the applicant requires support with decision making then we will, in the first instance, share information and engage the individual's deputy/carer/parent etc... throughout the application and consultation process.
- If services are deemed suitable for the applicant and we make an offer of services, we will engage the individual's deputy/carer/parent etc... in this offer and engage in a 'best interests' procedure (see below) if required to decide on the initiation of services.

5.2.2. Induction

- Through the enrolment process we will have identified an individual's official capacity from a legal standpoint as well as becoming familiar with their individual needs.
- From the point of initiation of services, we will engage the individual and any other parties involved in decision making. We will do so from this point onwards regarding all matters involving or relating to our work with the individual client.
- If required, we will create a formal document identifying the individual's needs to clearly identify how they make decisions and communicate and what support we will put in place to accommodate this. This may also form part of an individual's care plan.

5.2.3. Continuity of Care

- An individual's ability to make decisions may change over time. This could be sudden (e.g. in the event of injury or illness) or gradual (e.g. developing greater understanding of the world).

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- In the event of such a change we will formally review and individual's support plan with us. This will involve the individual themselves and all relevant parties who may be involved in decision making. In doing so we aim to ensure that our support remains appropriate for an individual both in the short and long term.
- For individuals with formal support in decision making e.g. for individuals who have 'best interests' procedures in place, we will review this with them as required.

5.2.4. Consent

- Consent forms an important part of our daily work and is important within the wider context of an individual's capacity. It is of the upmost importance that Connections practitioners seek consent from the individuals with whom they work at appropriate times within their work.
- It is important to gain consent for specific activities that are undertaken within Connections Services. This means that we will seek consent before and during all of our sessions.
- Our application and enrolment processes formally seek consent suitable to the different services being provided. This information is kept on an individual's file in line with our Data Protection Policy.
- Practitioners should use their professional judgement in knowing when and how to seek consent.
- Day-to-day consent does not need to be recorded formally but should be part of best practice for Connections practitioners.

5.2.5. Training

- The Connections practitioners will inform themselves on the Mental Capacity Act and take part in any training that may be available.

5.2.6. Record Keeping

- Connections Practitioners must use record-keeping processes to monitor and record any relevant discussions, communications, contact, points of consent and other events related to Capacity and Consent.
- It is very important that effective and timely recording is used in order to ensure we are always acting in the best interests of our clients and with best practice at all times.

5.2.7. Support/Advice

- At any time, the practitioners at Connections may seek external support and advice with regards to best practice when supporting and individual's capacity and consent.
- This area is complex and additionally so when supporting individuals with complex needs.

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- Below are some resources that can provide more information or advice:
- The Social Care Institute for Excellence – MCA at a Glance <https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>
- Legislation.gov.uk <https://www.legislation.gov.uk/ukpga/2005/9/section/1>
- Mencap Guide to Lasting Powers of Attorney and the Court of Protection <https://www.mencap.org.uk/sites/default/files/2016-06/Mencap%2527s%20Guide%20to%20Lasting%20Powers%20of%20Attorney%20%281%29.pdf>

6. Enquiry, Application & Consultation

- Connections practitioners have the skills necessary to teach or treat individuals with a wide-range of difficulties and disabilities using the specialist approaches of Conductive Education, Neuro Linguistic Programming and Neuro-physiotherapy.
- Connections operates an open referral/enquiry/application process anyone is able to seek their professional services.
- It may therefore happen, on rare occasions, that none of the professionals feel they are not able to provide services to an individual. This could be based on limitations in of the professionals' skill sets and/or the nature and extent of an individual's condition.
- In such circumstances if services are not believed to be appropriate upon enquiry, then a full explanation will be given regarding the decision not to provide an initial consultation and information about other services that may be more suitable.
- A consistent application and initial consultation procedure for services will be offered to all new enquiries/referrals in any other circumstances. However, there is a different process of application for neurological services (CE and Neuro Physiotherapy) and other services (NLP) due to the differing needs of the applicants and the different support services provided.
- The application and initial consultation will be provided in a format to suit the individual. Adaptations/support will be arranged if required to the format of the application form (e.g. translations, scribe etc..) and the location and nature of the initial consultation (e.g. video call, alternative location, additional persons present etc..).

7. Continuing Service Provision

- Services will be offered on an individual basis and all information regarding services will be provided in a format to suit the individual.
- Cost of services will be within consistent parameters for all individuals. However, variations in cost/charges may be subject to varying factors such as travel distance, rental of spaces for sessions nature and extent of sessions, time of initiation of sessions etc... Costs/charges will be reviewed annually or as required (for example change in client or professional circumstances, insurance costs, professional fees, inflation, change of location, frequency, length of sessions etc..).

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- Since there is a cost for services, Connections practitioners will provide support, guidance and assistance if needed/possible to seek funding.
- Payment and terms for services will be set out in a Client Agreement upon commencing services and invoices/receipts will be provided as needed (or on request). Non-payment will result in cessation of service provision.
- Long-term Neurological Services Clients may request a formal progress review meeting and/or written progress report at any time (up to 2 times a year) at no additional cost.
- Clients may request a written report/letter for another profession or funding application. An administrative cost will be applied for each report.

8. Individual Safety & Wellbeing

- All of Connections Policies will be used to ensure a safe and secure environment is provided that is suited to individual needs when accessing the services.
- The appropriate risk assessment procedures will be applied after Initial Consultation to ensure the safety and wellbeing of both practitioners and the clients from this point onwards. These will be reviewed annually or as required.
- Any changes in an individual's circumstances, health/wellbeing, environment or myself may require risk assessments to be reviewed and alterations to be made.
- Clients (or their parents/carers) are asked to provide thorough and up-to-date information of any changes (such as those identified above) which may impact on an individual's ability to safely participate in Connections services.
- In exceptional circumstances changes in individual condition may result in services no longer being suitable. On such occasion's guidance can be sought from external sources, full explanations will be given, and alternative support will be suggested.

9. Recording & Monitoring Progress

- Upon commencing sessions, the Connections practitioners will work with clients (and/or parents/carers/partners) to identify individual aims. These will be informally continuously reviewed throughout each client's sessions and formally reviewed at key times as needed.
- Personal monitoring records will be maintained for every session a client receives. These will be kept in note-form either paper or online and using outcome measuring tools where applicable.
- These will be kept in individual files based either online or in paper files. In cases where paper files are kept, these files will be transported to and from an individual's session and/or meeting etc... They will be kept in a secure way and confidentiality will be maintained at all times.
- Use of video, audio and photographic recordings during sessions in order to record and monitor current status and progression may be used – this will be kept in online files (password protected) and clients can have access to these files if they wish. Consent will be sought to make sure recordings.
- If an individual is no longer benefitting from accessing services, then this will be communicated fully and clearly with the client (and/or family/carers) and services will cease in a timely manner.

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10. Recording, Media & Publicity

- Some of the individual recordings will be used for advertising, promotion, marketing materials, training, and other media opportunities.
- Images and recordings that are shared online may be used/shared by third parties to promote Connections.
- Permission for use of recording in this way will be sought within the Services Agreement at commencement of services.

11. Personal Information

- Personal information will be gathered, used and stored in line with the Connections Data Protection Policy. Privacy and confidentiality will be maintained at all times.
- Clients (and/or parents/carers/partners) will be made aware of Data Protection & Personal Information use within the Services Agreement at commencement of services.

12. Complaints

It is recognised that there will be times when mistakes may be made or get things wrong. To learn from such mistakes, the practitioners need to know about them, and comments or complaints are welcomed from users, families and partners of my services. Such comments or complaints will always be taken seriously, recorded and responded to.

- The practitioners recognise that comments about services are an important part of customer feedback and will be used to inform my on-going service improvements.
- Complaints will be investigated fully and fairly.
- Complaints will be dealt with in confidence. The only exception to this is when others could be put at risk by matters referred to in the complaint.
- If the complainant is not happy with the result of the response to the complaint, they have the right to appeal.

The following will not be investigated:

- A complaint that was made in person or by telephone and is resolved to the complainant's satisfaction no later than the next working day after the day the complaint was made.
- A complaint that has already been investigated and resolved.
- Complaints that are considered to be vexatious or malicious.
- Anonymous complaints.

Since Emily Heys, Bret McDonald and Jules McDonald (The Connections practitioners) are all sole traders working under partnership agreements, any complaints should be made to one of us either informally (in person) or formally (in writing). Formal complaints should only be made as a last resort if an informal complaint has not been resolved. A formal complaint should have as much detail as possible and should be signed and dated by the person making the complaint.

Records of both formal and informal complaints will be as follows.

- Details of each complaint received, including relevant dates.
- The subject matter of the complaint

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- Details of the investigation and outcome
- Details of the reasons for delay where an investigation took longer than the agreed response period agreed, and
- The date the report of the outcome of the investigation was provided to the complainant.

Specific details which may identify individuals (including complainants or practitioners) will be kept strictly confidential.

Support may be offered either formally or informally from other Connections practitioners in the event of a complaint. A practitioner who is not involved in the complaint may assist as a mediator in the complaints process if considered appropriate/necessary.

If the complaint involves multiple practitioners, it will be dealt with as a joint complaint by the practitioners to whom it relates.

External guidance can be sought by both the professional and/or complainant if deemed necessary.

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