BANQUO
Part of Prospero Group

Advanced Care Planning Policy

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Approved by:	Simon Buxton – Director

PROSPERO HEALTH & SOCIAL CARE
PROSPERO LEARNING
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Advanced Care Planning Policy

Policy Lead:	Simon Buxton - Director
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Introduction

Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so.

Not everyone will want to make an advance care plan, but it may be especially relevant for:

- People at risk of losing mental capacity - for example, through progressive illness.
- People whose mental capacity varies at different times - for example, through mental illness.

Policy Statement

It is Banquo's aim to support our service users to plan for care they may need in the future, in a sensitive and compassionate manner.

Banquo will always take into account our service user's individual needs, wants and preferences in everything we do, including when thinking about and discussing advanced care planning.

Scope

This policy applies to all individuals who work directly with our service users who may be involved in the advanced care planning process.

The Registered Manager is responsible for monitoring and ensuring compliance with this policy.

Introducing Advanced Care Planning

Managers and staff have an important role to play in supporting people to consider advance care planning. All service user facing staff will be trained in advanced care planning as part of the induction process.

When approaching the subject of advanced care planning with a service user staff working for Banquo must always:

- Be sensitive – some people may not want to talk about or have an advance care plan.
- Check whether the person already has an advance care plan in place.
- Remember that everyone is different – their wish for knowledge, autonomy and control will vary.
- Be ready at any time to explain the purpose of advance care planning and discuss the advantages and challenges.

- Remember that people may make choices that seem unwise – this doesn't mean that they are unable to make decisions, or their decisions are wrong.

The Mental Capacity Act

The Mental Capacity Act provides a number of ways for people to plan their care and support in advance.

Staff working for Banquo should find out about:

Advance statements - These are not legally binding but should be considered carefully when future decisions are being made. They can include any information the person considers important to their health and care.

Lasting power of attorney - This involves giving one or more people legal authority to make decisions about health and welfare, and property and finances.

Advance decisions -These are for decisions to refuse specific medical treatments and are legally binding.

Advance care planning can make the difference between a future where a person makes their own decisions and a future where others do.

Providing information

Banquo will provide written information (in modified formats if required) about advance care planning in a way that service users understand, and staff will explain how it is relevant to them.

If a service user has recently been diagnosed with a long-term or life-limiting condition that may affect their ability to make decisions in the future. If this is the case staff will make sure they have information about:

- Their condition, and where they can get more information about it if needed, for example by asking staff.
- The process of advance care planning.
- How they can change the decisions they have made while they still have capacity to do so.
- How decisions will be made if they lose capacity.
- Services that can help with advance care planning.

Helping service users decide

Staff will support the service user to make an informed choice about whether to make an advanced care plan. It will always be entirely their decision.

An advance care plan can cover areas such as the service user's thoughts on different types of care, support or treatment, financial matters, and how they like to do things (for example shower rather than bath).

As part of this process staff will make sure:

- Together with the (and their carer or family if they wish), they think about anything that could stop the service user being fully involved and how to make their involvement easier.
- They offer to discuss advance care planning at a time that is right for the service user.

- They have up-to-date information about the person's medical condition and treatment options to help the process and are able to involve relevant healthcare staff if needed.

Developing advance care plans

If the service user decides that they want to create an advance care plan staff will:

- Ask them if they want to involve their family, friends or advocates and if so, make sure
  they are included.
- Help them consider whether involving a healthcare professional could be useful.
- Take into account the person's: history, social circumstances, wishes and feelings, beliefs, including religious, cultural and ethnic factors, aspirations and any other factors they feel are important.
- Help them think about how their needs might change in the future.

Communication support

Staff recognise the service user may need help to communicate during these discussions. Support might include:

- communication aids
- advocacy
- interpreters
- specialist speech and language therapy support
- involving family members or friends.

Recording and sharing advance care plans

During the conversation, staff will record the discussion and any decisions made and check that the service user agrees with the notes. The advance care plan will then be recorded within their care plan.

In addition:

Staff will ask if the person consents for their plan to be shared with relevant people. If they consent, staff will ensure the plan is shared and transfer the plan if their care provider changes.

Staff will review the advance care plan whenever treatment or support is being reviewed, while the person has capacity. Staff may involve a healthcare professional if appropriate.

If the service user is nearing the end of their life, staff will, if appropriate ask if they would like to review their plan or develop one if they haven't already.

Monitoring

To ensure this policy remains both practical and current, regular auditing processes will take place. Individual incidents will be monitored via the incident reporting system and themes and trends reported to the Management Team.

Any adverse issues or poor service user outcomes related to this policy will be investigated and immediate change implemented where required.

Related Policies and Procedures

Advocacy Policy

Training and Development Policy

MCA and DoLS Policy

Legislation and Guidance

Mental Capacity Act 2005

Overview | Decision-making and mental capacity | Guidance | NICE

Mental Capacity Act Code of Practice - GOV.UK (www.gov.uk)

AdvanceCarePlanning.pdf (ncpc.org.uk)

End of life care - NHS (www.nhs.uk)

NHS England » My future wishes: Advance Care Planning (ACP) for people with dementia in all care settings