**Human Rights Strategy – 2020– introductory statement**

Incorporating:

* the Mental Capacity Act (2005) (MCA)
* The Health and Social Care Act 2008 – Dignity and Respect/consent
* The Equality Act 2010 (Equality and Diversity)
* Human Rights Act 1998
* UN Convention on the Rights of Persons with Disabilities 2006
* The Care Act 2014

It is important that all staff read this document and consider the implications for the organisation, themselves and the people experiencing our services.

We are currently reviewing our assessment and care planning systems to ensure that they encompass all the relevant principles which will enable us to evidence how we are upholding people’s rights.

This will not happen overnight. The process has already started by the MCA training programme and the review of our assessment and care planning and review systems and templates.

We are also developing an ongoing evidence based system whereby all staff will be demonstrating how they are working to and applying the concepts and principles through supervision. This will create a personal portfolio of evidence.

The underpinning principles and concepts and the equivalent Health and Social Care Act 2008 (2014 Regulations) must be explicit, used and referred to every day. There cannot be an exception to this.

Stanholm is committed to ensuring that the principles and concepts are embedded in our ethos and culture to ensure that the service provided is outstanding, which in turn must create excellent quality of life for all people experiencing our service.

* They are not an optional add-on.
* They must be the primary basis for all care delivered. They must “leap off every page”.
* All staff must realise that they have to learn, understand, embrace and work in a way which reflects these principles
* Rights and consent are the basis of all social care work today.
* This is a different way of thinking, working and responding

**Human Rights are based on:**

* Fairness
* Respect
* Equality
* Dignity
* Autonomy
* Right to Life
* Staff rights and empowerment

**Equality and Diversity will be based on the protected characteristics**:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity
* Race
* Religion or belief
* Sex and sexual orientation

**Dignity and Respect will be based on the eight key concepts:**

* Choice and control
* Communication
* Eating and nutritional care
* Pain management
* Personal hygiene
* Practical assistance
* Privacy
* Social inclusion

**Six “C” values underpinning Compassion in Practice**

* Care
* Compassion
* Competence
* Communication
* Courage
* Commitment

**Six Safeguarding Principles**

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

**Some National Driving Forces:**

* MCA - Parliamentary Select Committee report (March 2014)
* Govt. response – Valuing Every Voice (June 2014)
* The Care Act 2014 – Guidance
* The Human Rights Act 1998
* Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
* CQC methodology – KLOE and Ratings
* CQC guidance on compliance with Regulations
* Local Authority policies and procedures
* SCIE (Social Care Institute for Excellence) – guidance and tools
* NICE
* Skills for Care – guidance and tools (Care Certificate)
* Other national good practice guidance

**Internal Driving Forces (within the service):**

* Management – attitude and commitment
* Internal policies and procedures
* Recruitment system – value based recruitment (Skills for Care)
	+ Application forms
	+ Interview questions
* Care Certificate – new induction methodology
* Care Planning system – integral – embedded
* Staff meetings and supervision – make it a standing agenda item
* Checks and auditing must be in place to ensure that the strategy is being implemented and the appropriate level of achievement being attained
* Senior Carers/team leaders – middle management – a full commitment is needed
	+ They must have a good knowledge and understanding
	+ Embrace it, own it
	+ Championing – each service should have a champion
	+ All seniors must take individual responsibilities and ownership
	+ Handovers – discussions to check whether principles have been applied, any issues, good examples of practice etc..
* All care staff must have a good basic understanding and know how the principles are applied
	+ All staff must take individual responsibilities and ownership
		- Where there is knowledge and understanding lacking – specific learning targets must be set to ensure achievement
	+ Each member of staff brings examples of when and how they have applied any aspects of then above principles to supervision (5-6 examples)
	+ The whole care file structure must start with MCA, LPA, establishing capacity, appropriate documentation etc.
	+ All care plans must have the appropriate consent evident

**In addition to the above principles and concepts all staff must as a base line understand and be able to discuss and apply the content of Appendix A.**

Director

**Appendix A - Mental Capacity Act 2005:**

**Lack of Capacity:**

Whenever the term ‘a person who lacks capacity’ is used, it **means a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken.**

**Time and decision specific…**

5 - Principles

4 – Questions (2nd stage of assessment)

3 – Ways which you can be authorised

2 – Stage capacity test

1 – Best interests checklist

**5. Five principles:**

**Principle 1:** *‘A person must be assumed to have capacity unless it is established that he lacks capacity.’ (Section 1(2))*

**Principle 2:** *‘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.’ Section 1(3))*

**Principle 3:** *‘A person is not to be treated as unable to make a decision merely because he makes an unwise decision.’ (Section 1(4))*

**Principle 4:** *‘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.’ Section 1(5))*

**Principle 5:** *‘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.’ (Section 1(6))*

**4. Four questions:**

**Stage 2:** Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

A person is unable to make a decision if they cannot:

1. Understand information about the decision to be made (the Act calls this ‘relevant information’)

2. Retain that information in their mind

3. Use or weigh that information as part of the decision-making process

4. Communicate their decision (by talking, using sign language or any other means). See section 3(1).

**3. Three forms of authorisation/consent**

* Service user
* Person lawfully authorised to consent
* Best Interests

**2 Two stage test:**

**Stage 1:** Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

**1. Best Interests**

One checklist

Deprivation of Liberty:

* Continuous supervision
* Continuous control
* Free to leave