

Person Centred Care Policy


Care & Support
Adult Social Care

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Person Centred Care Policy

Directorate:	Adult Social Care and Housing		
Division & Service:	Adult Social Care		
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CQC Assurance Key Areas:

This policy document supports CQC Assurance Key Areas (detailed in section 14):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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1. Introduction

- 1.1. This policy outlines the approach to person-centred care within adult social care services provided by Central Bedfordshire Council. It is grounded in key legislation and guidance, ensuring that all people receiving care are treated as unique people with skills, strengths and goals, enabling them to live as they wish, with care plans tailored to meet their specific needs, preferences, and aspirations.
- 1.2. This policy applies to all staff, contractors, and volunteers involved in the provision of adult social care services, including care home (long or short-term), a person's own home, and other full time care environments, and day services, across Central Bedfordshire.

2. Purpose

2.1. The purpose of this policy is to:

- Ensure compliance with relevant legislation and guidance in delivering person-centred care.
- Ensure that all people receiving adult social care services from Central Bedfordshire Council are at the heart of all decisions concerning their care.
- Promote the principles of person-centred care, ensuring that people are empowered to make informed choices about their care and support.
- Establish a consistent approach to care that respects the rights, dignity, and independence of all people receiving care.

3. Legislation and Guidance

3.1. This policy has been reviewed with reference to the following key pieces of legislation and guidance:

- [Care Act 2014](#): The Care Act 2014 places a duty on local authorities to promote the well-being of people and ensure that their care is person-centred, considering their needs, preferences, and aspirations.
- [Mental Capacity Act 2005](#): This Act provides a framework for making decisions on behalf of people (where it has been proven through assessments including professional input, there is a lack of capacity to make complex decisions for themselves) who lack the mental capacity to make decisions for themselves. It emphasises the importance of considering the person's past and present wishes, feelings, beliefs, and values.
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#): These regulations, particularly Regulation 9, emphasize the importance of person-centred care, requiring that care providers ensure that each person's care and treatment is appropriate, meets their needs, and reflects their preferences.
- [Human Rights Act 1998](#): This Act underpins the principles of dignity and respect in care, protecting people's rights to privacy, family life, and freedom from inhuman or degrading treatment.

- [Equality Act 2010](#): This Act requires care providers to avoid discrimination and promote equality of opportunity, ensuring that all people receive care that respects their individual characteristics, including age, disability, gender, race, religion, and sexual orientation.
- [NICE Guidelines on Home Care \(NG21\)](#): These guidelines provide recommendations on the planning and delivery of home care services to ensure they are person-centred and promote independence, well-being, and quality of life.
- [CQC Fundamental Standards](#): The Care Quality Commission (CQC) sets out fundamental standards that all care providers must meet, including the requirement for person-centred care (Regulation 9). Providers must ensure that people's preferences and needs are central to their care planning and delivery.

4. Central Bedfordshire Council's Five-Year Plan for Adult Social Care (2024-2029)

4.1. Central Bedfordshire Council's Adult Social Care Strategy for 2024-2029 focuses on the following key priorities:

- **Promoting Independence and Wellbeing**: The Council is committed to supporting individuals in leading independent and fulfilling lives. This includes enhancing early intervention strategies and expanding Integrated Health and Care Hubs to ensure timely, personalised care.
- **Building Resilient Communities and Keeping Vulnerable People Safe**: The strategy emphasises the importance of community support, accessible information, and empowering people to remain connected and live safely. It also includes plans to involve the voices of people who use the services to assist in shaping the services.
- **Making Best Use of Available Resources**: The Council aims to optimise its resources by developing innovative care solutions, such as assistive technology, and modernising facilities to better integrate social care with other services, ensuring holistic care delivery.
- **Shaping and Supporting the Care Market and Workforce**: Recognising the importance of a sustainable care market, the Council will focus on workforce development, attracting more people to the social care profession, and collaborating with care providers to enhance service quality.

These priorities align with the Council's broader commitment to delivering high-quality, person-centred care that meets the diverse needs of all people in Central Bedfordshire ([Adult Social Care Strategy | Central Bedfordshire Council](#))

5. Principles of Person-Centred Care

5.1. Person-centred care in adult social care is guided by the following principles:

- **Individuality**: Recognising and respecting the unique identity, background, goals and needs of each person.

- **Choice and Control:** Empowering people to make choices about their care, including who provides it, how it is provided, and when it is provided.
- **Dignity and Respect:** Treating all people with dignity and respect, valuing their opinions and preferences, and ensuring they feel heard and respected.
- **Independence:** Supporting people to maintain and develop their independence as much as possible, encouraging them to take an active role in their care.
- **Partnership:** Working in partnership with people, their families, and other relevant stakeholders to co-produce care plans that reflect the person's wishes and goals.
- **Continuity:** Ensuring consistency in care delivery, minimising disruptions, and maintaining stable relationships between people and their care providers and when required a smooth transition of care in the event alternative placement or pathway is needed.

6. Implementation

6.1. To implement person-centred care effectively, the following steps must be taken:

- **Assessment:** Conduct thorough, holistic assessments of each person's needs, preferences, and circumstances. Assessments should involve the individual and, where appropriate, their family or advocates.
- **Care Planning:** Develop a personalised care plan for each person, co-produced with them and tailored to their unique needs and preferences. The care plan should be a living document, regularly reviewed and updated as needed.
- **Communication:** Encourage open, honest, and respectful communication with people receiving care, ensuring they fully understand their care options and are supported to express their wishes. This includes encouragement and enabling people to feedback about their care in ways that work for them, knowing how it was acted on.
- **Training:** Provide regular training for staff on the principles and practice of person-centred care, ensuring they have the skills and knowledge to deliver care that aligns with this policy and the relevant legislation.
- **Monitoring and Review:** Continuously monitor and review the care provided to ensure it remains person-centred. Regular feedback should be sought from individuals, their families, and staff to identify areas for improvement.

7. Care and Support Planning

7.1. Developing a care and support plan is essential to ensure that each individual receives care, support, and treatment that is person-centred, appropriate, and tailored to meet their needs while also reflecting their desires and personal preferences. These plans are also a key source of information for people, their families, and those involved in providing care.

7.2. When creating a care and support plan, our adult social care, care and support settings must comply with the principles set out in the Mental Capacity Act. These principles include:

- **Presumption of Capacity:** Assume the person has capacity unless there is evidence to the contrary. Capacity is specific to each decision, and consent must be obtained for

each element of the care plan. Refer to the section on consent below for further details.

- **Support in Decision-Making:** Do not consider a person as unable to make a decision unless all practical steps have been taken to assist them in reaching a decision. For example, advice should be communicated in a way the person can understand.
- **Respect for Unwise Decisions:** Making unwise or unconventional decisions does not, in itself, indicate a lack of capacity. Every individual has the right to make choices that others might consider unwise or risky.
- **Best Interests:** If a decision is made on behalf of someone who lacks capacity, it must be made in their best interests. The 'best interests' principle applies only to those unable to make decisions after receiving all necessary support.
- **Least Restrictive Option:** When making a best interest decision regarding a person's care and support plan, care staff must consider all options and select the one that meets the need while being the least restrictive.

7.3. To support the development of the care and support plan, every person beginning a new package of care—whether in a care home, a person's own home, or another care setting must undergo an assessment of their needs and preferences for care, treatment, and support. People should be given the opportunity and actively encouraged to manage as much of their care and treatment as they wish and are able to, for instance, manage their own medication.

7.4. The person, or someone acting on their behalf, must be involved in discussions about the care and support plan to the extent they choose or are able to participate. There may be elements of the care plan to which they can consent, such as personal care, and others where they have been assessed as lacking mental capacity, necessitating a best interest's decision, for instance with medication. The care and support plan should reflect this and clearly indicate which elements were developed with consent and which were developed in the person's best interests, following the principles of the Mental Capacity Act (MCA).

7.5. Involvement in developing the care and support plan must be meaningful. This can be achieved by supporting the person or the person acting on their behalf throughout the process and providing them with all relevant information in a manner that enables them to understand the available choices.

7.6. Meaningful involvement means:

- The person, and care and support staff work together as equals to co-produce the care and support plan.
- The plan belongs to the person, keeping them in control of its contents.
- The plan is only implemented or shared with others (excluding care staff) with the person's consent (if they have the capacity to provide it).
- Staff must have access to the care and support plan and collaborate with the person to implement and review the plan.

7.7. Relevant information includes:

- The condition or conditions affecting the person.

- All possible relevant or appropriate care and treatment options.
- The risks and benefits of each option.
- The implications of not pursuing any, or only some, of the care and treatment options.
- Reasonable expectations of the outcome of each care and treatment option.

7.8. Discussions must cover identifying the person's health, nutritional, hydration, personal, emotional, cultural, and spiritual needs and preferences, as well as other areas such as their likes and dislikes concerning daily activities, food, and drink. (For further information in Care Homes see the Admission, Assessment & Care Planning Procedure)

7.9. Details of advice sought from visiting professionals must be discussed with the person and recorded in the care and support plan. It should be clearly noted whether the person or their representative wishes to follow that advice.

7.10. The agreed outcomes from discussions with the person or the person acting on their behalf, or the best interest decision, must be documented in the care and support plan and signed off by the registered manager. This shared record informs the person and those they wish to involve what to expect, providing clear guidance for care workers on how to deliver care to that person.

7.11. Care and support plans must be reviewed at regular intervals on an agreed date. However, the person must be able to discuss their choices and be supported to make changes whenever they wish. Regular reviews should also ensure that the person's goals are being met and that the contents remain relevant.

7.12. Care and support plans must also be reviewed whenever there is a change in circumstances, such as re-admission to/from hospital, diagnosis of a new health condition, or changes to national best practice guidelines. They must also be flexible to accommodate changing abilities.

7.13. Care staff must regularly refer to the care and support plan to ensure they are up to date with the person's needs and preferences.

7.14. A care and support plan audit schedule should be in place to ensure regular monitoring and identify accuracy, any discrepancies, missing or conflicting information. These should be completed by members of the services management team and senior staff.

8. Consent

8.1. Where a person has capacity, care and support must only be provided with their consent.

8.2. To enable people to give informed consent, they must:

- Be provided with all relevant information about their care, treatment, and support in a way they can understand.
- Understand the different options available and the potential consequences of those options.
- Be free from any duress and understand that they have the right to refuse.

- Be able to weigh up the options and use this information to make and communicate a decision.

8.3. Consent is not a one-off event. It must be treated as an ongoing process throughout the person's care and support and must be sought and obtained every time a person is offered care and support.

8.4. All care workers should understand that consent may be communicated in various ways, including implied consent or non-verbal communication, such as sign language, holding up their arms to be helped to undress, or opening their mouth to accept food.

8.5. Consent can be withdrawn or withheld at any time. If a person or their representative, who has the capacity to understand the care plan, refuses or withdraws consent, their decision must be respected.

8.6. Where there is reason to believe that the person may lack capacity to consent to their care and support plan, an assessment of their capacity must be conducted in accordance with the framework set out in the Mental Capacity Act 2005.

9. Dignity, Respect and Privacy

Where care is provided in someone's own home, it is especially important to recognise the person as the host and ensure their personal space, choices, and household norms are fully respected.

9.1. All people must be treated with dignity and respect at all times. This includes:

- Ensuring privacy
- Supporting autonomy, independence, and involvement in the community, and
- Having due regard to any relevant protected characteristics.

9.2. Good communication is vital for supporting dignity, choice, and control. When communicating with people, all care workers must be respectful, treating each person as an individual. This includes:

- Addressing the person in the way they prefer
- Using or facilitating the most suitable means of communication for each person, and
- Respecting each person's right to engage with that communication or not.

9.3. All care workers must respect the personal preferences, care choices, and lifestyle choices of all people. This includes their preferences regarding who delivers their care, such as requesting a staff member of a particular gender.

9.4. The privacy of each person must be maintained at all times, including when they are asleep, unconscious, or lack capacity. This includes:

- Obtaining permission to enter someone's personal space
- Obtaining permission before accessing their possessions and documents
- Ensuring privacy when they receive care, treatment, and support
- Providing space for private conversations with friends, visitors, and telephone calls

- Choosing interpreters with the person's consent
- Ensuring that discussions about care and support take place where they cannot be overheard
- Ensuring they receive their mail unopened
- Enabling them to personalise their room

10. Roles and responsibilities

Care workers delivering services in a person's own home must ensure that the person maintains control over their household environment, daily routines, and care preferences.

- **Management:** Ensure the principles of person-centred care are embedded in all aspects of service delivery. Managers are responsible for overseeing the implementation of this policy and ensuring that all staff adhere to its principles and comply with relevant legislation.
- **Staff:** All staff are responsible for delivering care in accordance with this policy, treating each person as an individual and respecting their choices and preferences, in line with the Care Act 2014 and other relevant legislation.
- **People Receiving Care:** People are encouraged to actively participate in their care planning and decision-making processes, ensuring their voices are central to the care they receive.

11. Training

11.1. New members of staff to complete The Care Certificate as a part of their Induction which covers a range of subjects that directly impact on the delivery of high-quality person-centred care, including modules on:

- Working in a person-centred way
- Privacy and dignity
- Equality and Diversity, and
- Awareness of mental health, dementia and learning disabilities

11.2. The manager must ensure that all new members of staff are introduced to the Person-Centred Care Policy and related procedures as part of the induction process.

11.3. The manager will be responsible for monitoring the implementation of this policy by regularly auditing care and support plans and identifying any training needs.

12. Equality, Diversity and Culturally Appropriate Care

12.1. Central Bedfordshire Council is committed to promoting equality, diversity, and inclusion in all aspects of adult social care. All Adult Social Care policies are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.

12.2. The following principles and practices are integral to delivering person-centred care:

- **Equality:** Every person receiving care will be treated with fairness and without discrimination, in accordance with the Equality Act 2010. Care services will be accessible to all, regardless of age, disability, gender, race, religion, sexual orientation, or any other characteristic protected under the Act.
- **Diversity:** We recognise and celebrate the diversity of people receiving care, including their cultural, religious, and ethnic backgrounds. Care plans will reflect and respect these diverse identities, ensuring that everyone receives care that is meaningful and appropriate to their personal circumstances.

12.3. **Culturally Appropriate Care:** Care Quality Commission (CQC) states “Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual, and transgender people have a particular culture. So do Deaf people who use British Sign Language.”

12.4. Care and support services will be tailored to meet the cultural and religious needs of individuals. This includes:

- **Cultural Competence Training:** Staff will receive regular training on cultural awareness and competence to understand and respect the diverse backgrounds of those they care for.
- **Religious and Cultural Practices:** People receiving care will be supported to observe their religious and cultural practices, including dietary requirements, prayer times, and religious holidays.
- **Language and Communication:** Where necessary, interpretation and translation services will be provided to ensure that individuals can communicate effectively and are fully understood in their preferred language. Accessible Information Standards are to be implemented to suit each person with all interactions.
- **Personalised Care Plans:** Care plans will incorporate culturally specific preferences, such as traditional healing practices, family involvement, and culturally relevant activities and foods.
- **Inclusive Environment:** Central Bedfordshire Council will ensure that all care environments are welcoming and inclusive, with staff encouraged to embrace and support the cultural diversity of the people they serve.

12.5. We will treat each person with the assumption that they are best placed to judge their own situation, they can participate fully in decisions, are supported to stay in control of their lives and any restriction on their rights and freedoms are kept to the minimum necessary.

12.6. People will receive care that is based on person centred values which are inclusive of all protected characteristics.

12.7. The requests of people will be respected as far as possible. Where there are difficulties in meeting these requests, they will be discussed with the person and/or their representatives.

13. Complaints and Feedback

- 13.1. People receiving care, their families, and advocates have the right to provide feedback or make complaints about the care they receive. All feedback will be taken seriously, and complaints will be addressed promptly in line with Central Bedfordshire Council's complaints procedure.
- 13.2. Central Bedfordshire Council has established a clear procedure for handling complaints related to adult social care services, ensuring that people's concerns are addressed effectively and efficiently.
- 13.3. The council is committed to making the complaints process accessible to all, in line with the Equality Act 2010. They offer reasonable adjustments, such as alternative communication methods or advocacy support, to ensure everyone can participate fully in the process.
- 13.4. This process is part of the council's broader commitment to providing high-quality, person-centred care and ensuring that all people have a voice in their care services. ([Customer feedback | Central Bedfordshire Council](#))

14. Monitoring and Reporting Arrangements

- 14.1. The implementation of this policy and procedures will be monitored by managers via regular audits and supervision. The results of these audits will be reported to Operations Manager, the Head of Service and during managers meetings.
- 14.2. All Adult Social Care will implement the policy and review its on-going application in practice, staff to reflect on the requirements of people who use the service.
- 14.3. A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of people receive appropriate training and on-going support to meet these needs.
- 14.4. Induction training will be delivered when a member of staff joins the service. On-going training will be provided to meet the person needs of people.
- 14.5. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	Quality statements we will use to assess quality
Safe	<p>Learning culture: We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices.</p> <p>Safe systems, pathways, and transitions: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.</p> <p>Safeguarding: We collaborate with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from</p>

	<p>bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.</p> <p>Involving people to manage risks: We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.</p> <p>Safe and effective staffing: We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.</p>
Effective	<p>Assessing needs: We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>Delivering evidence-based care and treatment: We plan and deliver people's care and treatment with them, including what is important and matters to them and in line with legislation and current evidence-based good practice and standards.</p> <p>Supporting people to live healthier lives: We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce their future needs for care and support.</p> <p>Consent to care and treatment: We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.</p>
Caring	<p>Kindness, compassion, and dignity: We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisation's with kindness and respect.</p> <p>Treating people as individuals: We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Independence, choice and control: We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.</p> <p>Responding to people's immediate needs: We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.</p> <p>Workforce wellbeing and enablement: We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.</p>

Responsive	<p>Person-centred care: We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Providing information: We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.</p> <p>Listening to and involving people: We make it easy for people to share feedback and ideas or raise complaints about their care, treatment, and support. We involve them in decisions about their care and tell them what's changed as a result.</p> <p>Equity in access: We make sure that everyone can access the care, support, and treatment they need when they need it.</p> <p>Equity in experiences and outcomes: We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.</p> <p>Planning for the future: We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.</p>
Well-led	<p>Freedom to speak up: We foster a positive culture where people feel that they can speak up and that their voice will be heard.</p>

14.1. Information regarding CQC Assurance statements is available here: [Key questions and quality statements - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/key-questions-and-quality-statements)

15. Evaluation and Review

15.1. This policy will be reviewed 2 yearly or sooner if there are significant changes in legislation, best practice guidelines, or feedback from individuals and staff.

16. Reader Confirmation

Reader Confirmation

Please click the link below to complete the reader confirmation form. This form is to verify that you have read and understood the contents of this document:

[ASC Policy Reader Confirmation Form](#)