

Learning Together from Safeguarding Audits Advance Care Planning

This briefing is designed for all staff who provide care and support to people who are at risk of losing mental capacity, for example through progressive illness.

Staff in nursing and care homes including end of life care settings may find this particularly useful and all staff working with adults with care and support needs are encouraged to read the briefing and share it with colleagues.

Brighton & Hove Safeguarding Adults Board (SAB) conducted a multi-agency audit to assess how well staff in all agencies apply the Mental Capacity Act Code of Practice. You can read a learning briefing summarising the main findings and learning outcomes from the audit [here](#).

The audit highlighted a need to raise awareness among staff of the value of advance care planning in cases where degenerative disease progression might affect mental capacity in the future. We have produced this additional briefing to provide more information about advance care planning. The briefing includes recent guidance issued by SCIE (Social Care institute for Excellence) as well as links to other resources available. It is best read electronically to access the hyperlinks and it is also available on the [SAB website](#).

What is Advance Care Planning?

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. Managers and care home staff have an important role to play in supporting people to consider advance care planning and should receive training to enable them to do so. If you have not received training and you support adults who are at risk of losing capacity, ask your manager or safeguarding lead about what is available.

Providing information

Give people written information about advance care planning in a way that they can understand, and explain how it is relevant to them. If someone has recently been diagnosed with a long-term or life-limiting condition that may affect their ability to make decisions in the future, make sure they have information about:

- ✓ their condition. Support them to ask healthcare staff for more information if needed
- ✓ 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.

Some points to remember

- 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.

SCIE has produced a [guide for registered managers of care homes and home care services](#)

The guide explains how 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. It covers:

- Providing information
- Helping people decide
- Developing advance care plans
- Recording and sharing advance care plans



Other useful resources

[Planning for Your Future Care](#)

This NHS guidance provides an explanation about advance care planning and the different options available to adults planning end of life care. The guidance is available in languages other than English.

[My Future Wishes - Advance care planning for people with dementia](#)

This guidance from NHS England aims to assist practitioners, providers and health and social care commissioners create opportunities for people living with dementia to develop an Advance Care Plan (ACP).

[National Institute for Health and Care Excellence \(NICE\) guideline NG 108 on decision making and mental capacity](#)

This guideline covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process.

Advance Decisions

[Age UK Factsheet 72: Advance decisions, advance statements and living wills](#)

This factsheet from Age UK includes helpful explanations of an advance decision to refuse treatment (often called an advance decision or a *'living will'*) and an advance statement. The factsheet explains the implications of each option, why an adult might want to prepare one or both of them, requirements for drawing them up and ways to ensure other people know they exist.

[Compassion in dying - Advance decision and living will pack](#)

This Advance Decision (Living Will) pack contains an Advance Decision form and comprehensive guidance notes explaining how to complete it. The pack also includes link to a website where an advance decision can be created online.

[ReSPECT Process: Recommended Summary Plan for Emergency Care and Treatment](#)

ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

The ReSPECT process has been developed following national debate over the use and design of DNACPR (Do not attempt cardio-pulmonary resuscitation) forms, and recognition of their limitations. However, people should not expect to use the ReSPECT process until it has been established in their locality.

ReSPECT is currently being piloted in the Sussex area. For more advice and information about the process and training that may be available you should contact the safeguarding lead in your organisation.

