

Recipient of the  
Workforce Development  
Innovation Fund 2015/16



learn  
from others

## Optimum Workforce Leadership (OWL)

# To improve understanding and develop best working practices in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards

Optimum Workforce Leadership (OWL) developed a programme for managers and senior care workers to learn how to apply the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The idea was to benefit the delegates' own professional development, and for them to learn how to transfer skills and knowledge within their teams. The aim was for delegates to teach their care staff how to apply the MCA and DoLS when preparing and delivering care and support plans.

Optimum Workforce Leadership (OWL) developed a programme for managers and senior care workers to learn how to apply the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to learn how to teach others to apply the codes of practice

Under the Mental Capacity Act 2005, you are assumed to be able to make your own decisions – unless an assessment shows you are not capable. People have the right to be helped to make their own decisions when possible, and to decide things that others may consider unwise. If you are judged to lack capacity, your freedom may be taken away from you in specific situations.

This deprivation of liberty is safeguarded by the Mental Capacity Act, it may only happen when it's the least restrictive way of keeping a person safe. Understanding how and when to make capacity assessments, and how to ensure people's best interests are protected is a challenging area for many care providers.

CQC's State of Care report 2015-16 showed not enough providers are applying assessments effectively. Many providers made assumptions that individuals lacked capacity without having carried out or documented assessments. Other providers used a 'blanket approach' to capacity assessments, which suggested that their focus was more on managing organisational risk than delivering person-centred care.

OWL was established as a workforce planning and development partnership organisation for owners and managers of health and social care organisations across Nottinghamshire in March 2014. We work with independent sector health and social care providers who deliver care through residential settings, nursing homes, domiciliary care agencies, and supported living organisations for older people and younger adults.

The most popular learning event we commissioned in 2014-15 was on the Mental Capacity Act (MCA). However it was felt that the one-day courses had not fully addressed the learning needs. Local authority quality audits identified there was a lack of evidence to show that appropriate processes were in place to assess mental capacity, and also that Deprivation of Liberty Safeguards (DoLS) referrals were not being made appropriately. It was also noted as an area of concern in Care Quality Commission (CQC) reports both nationally and locally.

OWL wanted to develop a learning event that would deliver in-depth knowledge and understanding of the MCA, the code of practice and DoLS. The overarching aim was that this would enable providers to make fundamental and lasting changes to their ways of working that would contribute to an improvement in the provision of personalised care for people who need care and support.

## What we wanted to achieve

The individual aims of the project were to support managers and senior staff members to:

- understand the MCA code of practice
- understand how to apply the code of practice and relevant case law
- review and rewrite policy and procedures on MCA and DoLSs
- identify best practice through example forms and capacity assessments
- put the learning into practice with the support of specialists
- learn how to teach others
- access on-line learning materials to support the MCA and DoLS.

The idea was to benefit the delegates' own

professional development, and for them to learn how to transfer skills and knowledge within their teams. The idea was for delegates to teach their care staff how to apply the MCA and DoLS when preparing and delivering care and support plans.

Our overall aim was to improve the quality of life and personalisation of service to people who receive care and support.

## What we did

The programme was open to all to apply. It was promoted as being especially useful for organisations caring for younger adults in transition. Invitations were sent to encourage applications from those care providers who were identified in the local authority quality audits as requiring support to meet the standards. Applications were welcomed from residential and nursing care providers and organisations providing supported living for both younger adults and older people.

All organisations who expressed an interest were invited to a launch event where the main requirements of the subsidised programme were set out. Attendance was a key factor, as well as committing to complete work in between sessions and completing evaluation reports as requested. Initially the course was oversubscribed and participating organisations were selected to ensure that as wide a range as possible were included.



The workshops really helped me to understand the MCA and when we need to test capacity. This helped us to review our MCA and DoLSs policy and put a new MCA best interests assessment in place.

Rebecca Key, Deputy  
Manager, Hatzfeld House



We accepted 12 organisations to participate in the project, with a requirement that the following two members of staff attend all sessions:

- a manager with a hands-on responsibility for the quality of care and
- a senior support worker with passion for

championing residents' rights and who leads on this area of work.

The successful applicants were divided into two parallel groups of 12 participants (12 organisations in total) for ten three-hour sessions over a six-month period of time. The specialist facilitators used a range of materials within these sessions to teach delegates about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and to share information and ideas about how these two pieces of legislation can and should be used in care home and supported living settings.

Learning methods included:

- PowerPoint presentations and related discussion
- case studies
- 'radio plays' of relevant case law judgements
- quizzes
- participants' formal feedback from Code of Practice reading.

Delegates contributed:

- anonymised materials including communication aids, capacity assessments, best interests decisions, and DoLS requests for a Standard Authorisation from their care settings to aid discussion and learning
- tasks that they completed away from the group sessions, including reading chapters 1-6 and summaries of chapters 7, 9 and 10 of the MCA 2005 Code of Practice and reading relevant sections of the Law Society's guidance on identifying deprivations of liberty
- presentations on particular aspects of the MCA and DoLS at the final session.

## What we achieved

The course increased delegates' knowledge and confidence in using the MCA and DoLS in their care settings. During the sessions the groups worked to analyse and assess a range of mental capacity assessment forms. This provided them with an opportunity to review their learning, critically assess what the forms should include, and the language they should use so staff understood how to complete them accurately. The groups were successful in creating one standard template for use by all.



The MCA project has been excellent. The depth of knowledge and practical involvement has made it something which has been worthwhile both in knowledge base and in applying it directly to the workplace.

Ros Heath, Owner Manager,  
Landermeads



Optimum will share this with Nottinghamshire County Council and suggest it is used as a model template across the county. They also benefitted from the opportunity to establish supportive links with other organisations, and a contact list was established to help them stay in touch. Some of the organisations shared and adapted relevant paperwork to improve their ways of working. After the final session, attendees were asked to complete an overall evaluation of the project. Their positive feedback on these forms regarding what they found helpful included completing capacity assessment templates and determining what information was relevant, gaining knowledge about the best interests' process, and learning about deprivations of liberty.

## What we learnt

The main challenge for the project was the short timescale. It was necessary to leave sufficient time between each workshop for the assimilation of the learning to take place. The facilitators faced a further challenge in the different levels of knowledge the delegates had at the outset. Progress was slowed to accommodate those with less knowledge, but this had a knock on effect on what could be covered and how soon in the project. It was the flexibility of the facilitators and their ability to work across the levels, making the necessary adjustments to the workshops as they were happening that added to the successful outcomes.

OWL felt organisations did not make the best use of the learning tools provided for the assessment of the learning, nor the online learning resources designed to assist with the delegates' knowledge transfer sessions within

their organisations. Despite the phone support that was made available to each of the care settings, they were unsure how to access the online tools. Had there been more time we would have visited each of the organisations and worked through it with them in person.

If this project were to run again, our recommendations would be:

1. The project should run over ten to 12 months.
2. There should be at least 12 workshops.
3. Strong emphasis should be placed on the role of the whole workforce in relation to the implementation of MCA and DoLS in the workplace.
4. Organisations should receive more guidance on who should be released to attend to ensure the right people are on the course.
5. A pre-assessment workbook should be a requirement so that the initial level of knowledge and understanding can be identified.
6. Each of the participating organisations should have a visit to ensure they are signposted to all supporting resources, they know how to access all the learning tools provided and understand how they should be used for their own benefit and for evaluation purposes.
7. Terms and conditions will be reviewed to include financial penalties for non-attendance and non-completion of work required by the project, including evaluations.

**This project addressed the 2015/16 priority on:**

**Projects which identify what learning and development is required to ensure that those carrying out care needs assessments take an asset (rather than a deficit) approach, thereby focussing on the skills and abilities of the person who needs support. Projects should align with the Care Act 2014 requirement that local authorities consider the person's own strengths and capabilities, and support available from their wider support network or within the community when making assessment of care and support needs.**

**For more information please visit**

[www.nottinghamshire.gov.uk/owl](http://www.nottinghamshire.gov.uk/owl)

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## Skills for Care recommends

Skills for Care produces a wide range of products and services related to learning and development and practical tools for employers, including those related to the Mental Capacity Act 2005.

### Mental Capacity Act 2005

Our Finding and Keeping workers online resource groups resources to help employers recruit and retain the right staff.

[www.skillsforcare.org.uk/mca](http://www.skillsforcare.org.uk/mca)

### Learning and Development

From initial induction through to continuing professional development, this section helps understand what is available.

[www.skillsforcare.org.uk/learning](http://www.skillsforcare.org.uk/learning)

### Topics

The topics section of the Skills for Care website includes practical tools and guidance on a wide range of subjects, including autism, dementia, end of life care, etc.

[www.skillsforcare.org.uk/topics](http://www.skillsforcare.org.uk/topics)

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