

Consent Policy and Procedure

SpiroSense - Independent Respiratory Diagnostics

Person responsible - Catherine Bridges

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Purpose

This policy sets out how consent is obtained, recorded, reviewed, and respected for people using our respiratory diagnostics service. It ensures compliance with:

- Regulation 9: Person-centred care
- Regulation 11: Need for consent
- Regulation 13: Safeguarding service users from abuse and improper treatment
- The Mental Capacity Act 2005
- Relevant equality, accessibility, and data protection legislation

Consent Processes

How and When Consent Is Sought

- Consent is sought **before any assessment, test, or intervention**
- Consent is obtained:
 - At the point of booking (initial explanation of the service)
 - Immediately prior to the appointment (verbal confirmation)
- Written consent is obtained where appropriate and documented in clinical records
- Consent is **specific, informed, and time-limited**

Ensuring Informed Consent

We ensure informed consent by:

- Explaining:
 - The nature and purpose of the assessment
 - What the test involves
 - Any risks or limitations
 - How results will be used and shared (e.g. with GPs)
- Using clear, non-technical language
- Checking understanding by asking the person to explain back key points
- Providing information in accessible formats where required

Refusal or Withdrawal of Consent

- Service users have the right to **refuse or withdraw consent at any time**
- If consent is withdrawn:
 - The assessment will stop immediately
 - This will be documented in the clinical record
- Refusal or withdrawal of consent will not result in:
 - Discrimination
 - Reduced quality of care
 - Pressure to proceed

Advocacy Services

Advocacy support may be used when:

- A person has difficulty understanding or communicating information
- There is doubt about the person's ability to make an informed decision
- A person lacks capacity and has no appropriate representative

Where required, we will support access to an **independent advocate** in line with the Mental Capacity Act.

Deprivation of Liberty Safeguards (DoLS) and Community DoLS

Our service provides **diagnostic assessments only** and does not restrict liberty.

- DoLS or Community Deprivation of Liberty safeguards are **not routinely applicable**
- If concerns arise that a person may be deprived of liberty in another care setting, appropriate safeguarding procedures will be followed
- Any concerns will be escalated to the relevant authority in line with safeguarding responsibilities

Legal Representatives

Powers of Attorney and Deputies

Where a person lacks capacity:

- A **Health and Welfare Lasting Power of Attorney (LPA)** will be consulted
- A **Court-appointed Deputy** will be involved where applicable
- Evidence of legal authority will be requested and recorded
- Decisions will be made in the person's **best interests**

Mental Capacity Act 2005

Meeting Responsibilities Under the MCA

We comply with the Mental Capacity Act 2005 by:

- Presuming capacity unless proven otherwise
- Supporting people to make their own decisions
- Making best-interest decisions when capacity is lacking
- Using the least restrictive option at all times

The Five Principles of the MCA

1. A person is assumed to have capacity
2. All practicable steps are taken to support decision-making
3. Unwise decisions do not indicate lack of capacity
4. Any act done must be in the person's best interests
5. Any intervention must be the least restrictive option

Mental Capacity Assessment

- Capacity assessments are carried out when there is **reasonable doubt**
- Assessments are undertaken by the **Registered Manager**
- Capacity is assessed:
 1. At the time a specific decision needs to be made
 2. In relation to that specific decision
- Assessments follow the two-stage test:
 1. Is there an impairment of the mind or brain?
 2. Does this impairment affect decision-making ability?

All assessments and outcomes are clearly documented.

Safeguarding

In line with **Regulation 13**, consent procedures are designed to protect people from:

- Coercion
- Pressure
- Improper treatment
- Unauthorised interventions

Any safeguarding concerns identified during consent discussions will be reported and managed in accordance with the Safeguarding Policy.

Equality, Accessibility, and Data Protection

Accessible Information Standard

- Communication needs are identified and recorded
- Information is provided in accessible formats
- Adjustments are made to support understanding and consent

Equality Act 2010

- No person is discriminated against
- Reasonable adjustments are made to ensure fair access and participation

UK GDPR & Data Protection Act 2018

- Consent records are stored securely
- Personal data is processed lawfully and confidentially
- Information is shared only with appropriate consent or legal authority

Compliance With Regulations

Regulation 9 – Person-Centred Care

Consent is tailored to individual needs, preferences, and circumstances.

Regulation 11 – Need for Consent

Care and assessments are not carried out without valid consent or lawful authority.

Regulation 13 – Safeguarding

Consent procedures reduce risk of abuse and improper treatment.

Relevant Legislation and Guidance

- Mental Capacity Act 2005
<https://www.legislation.gov.uk/ukpga/2005/9/contents>
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulation 9
<https://www.legislation.gov.uk/uksi/2014/2936/regulation/9>
- Regulation 11 – Need for Consent
<https://www.legislation.gov.uk/uksi/2014/2936/regulation/11>
- Regulation 13 – Safeguarding
<https://www.legislation.gov.uk/uksi/2014/2936/regulation/13>
- Accessible Information Standard
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
- Equality Act 2010
<https://www.legislation.gov.uk/ukpga/2010/15/contents>
- UK GDPR
<https://www.legislation.gov.uk/eur/2016/679/contents>
- Data Protection Act 2018
<https://www.legislation.gov.uk/ukpga/2018/12/contents>

Policy Review

This policy is reviewed annually or following changes to legislation or guidance. Legislation and guidance links are checked and updated as part of the annual policy review.

Last review date: 04/02/26

Next review date: 03/02/27

