



Mental Capacity Act

Learning and Development Framework

January 2019

To be reviewed: January 2020



lancashire
safeguarding
adults board

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Background

A Task and Finish Group comprising of Mental Capacity Act (MCA) leads representing Clinical Commissioning Groups, Local Authority, and Lancashire Care Foundation Trust have developed a Learning and Development Framework for the Mental Capacity Act 2005 to support the Health and Social Care Economy. The group used the Bournemouth University Mental Capacity Act Competency Framework which identifies and divides staff groups, and focusses on what different groups need to demonstrate under each of the 5 principle areas.

Target Audience

This document is aimed at:

- Those responsible for developing and implementing a Learning and Development plan as set out in their Agencies Learning and Development Framework
- Unqualified health and social care staff, provider managers, Professional health and social care staff, for senior managers; service leads; senior practitioners; strategic planners; commissioners/contractors of services and best interests assessors
- Informal carers

The Learning and Development Framework

The MCA Learning and Development Framework is a forward looking document setting out a suite of training packages which will support the achievement of Mental Capacity Act implementation across the Health and Social Care Economy and contribute to agency effectiveness over the coming years. The suite of packages will be hosted on the Lancashire Safeguarding Adults Board's (LSAB) website.

The framework has been presented to the Lancashire MCA sub group of the LSAB for ratification.

The participation of key stakeholders was essential in securing support and buy-in for the implementation of the MCA learning and development plan, and therefore acknowledgements go out to these stakeholders for their support and commitment.

Relationship to other Relevant/Related Frameworks

These competencies are designed to build on existing professional standards and requirements across the full range of delivery and professional settings. Where directly relevant these have been cross-referenced and/or incorporated in the relevant staff group, these include:

- Knowledge and Skills Statement for Adult Social Workers (DH, 2014)
- National Safeguarding Adults Competence Framework (BU, 2016)
- Best Interests Assessor Capabilities (TCSW, 2014)
- Professional Capabilities Framework (PCF) (TCSW, 2012, updated BASW, 2015).
- Forensic Social Work Capability Framework (DH, 2016)
- PACE Code of Practice C (MoJ, 2012)

Mental Capacity Act Training and Competencies: Requirements and accessibility within Lancashire

All health and social care staff have statutory responsibilities to adhere to when acting or making decisions on behalf of individuals who lack the capacity to make those decisions for them. Those responsibilities are outlined in the Mental Capacity Act 2005 (MCA) supported by a Code of Practice which provides guidance and information about how the Act works in practice. In addition to initial training, ongoing MCA and DoLS learning is essential for all health and social care staff. The list of individuals to whom this guidance applies includes Unqualified health and social care staff, provider managers, Professional health and social care staff, for senior managers; service leads; senior practitioners; strategic planners; commissioners/contractors of services, best interests assessors and any other staff engaged in regulated activity, including on a voluntary basis.

The responsibility for ensuring staff are properly trained rests with their employers.

This document aims to clarify the requirements and resources available for health and social care staff within Lancashire, and draws on national guidance found in:-

- The Care Act (2014)
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (Code of Practice to supplement the MCA)
- House of Lords Select Committee on the Mental Capacity Act 2005 (2014)
- The Law Society, Deprivation of liberty: a practical guide. (2015)
- National Mental Capacity Act Competency Framework, Bournemouth University (2017)
- Lancashire Safeguarding Adults Board pan-Lancashire policy and procedures

In conjunction with this guidance all staff need to be compliant with their own agencies training and development requirements and any Continual Professional Development plan that is in situ.

MCA competencies are grouped into levels A-E plus a Best interests Assessors group. Different staff groups require different levels of competence depending on their roles, degree of contact with individuals, nature of their work and level of responsibility. The MCA competency framework is clear that all staff require at least Group A training and staff who regularly contribute to supporting adults at risk should all be between Groups B-C. The decision as to the level of training required of other clinical, managerial, or specialist staff is one for each agency to

take dependent upon individual employee roles but the MCA competency framework alongside this training plan will offer guidance and a suite of packages to meet those training needs.

Recommended Training

The following table provides detail of the recommended training options to achieve required levels of competency.

TYPE OF TRAINING RECOMMENDED TO ACHIEVE REQUIRED LEVELS OF COMPETENCY					
Training Level	Multi Agency Training e.g. via LSAB	Single Agency Training e.g. via national/local events	E-Learning	Reading/Reflective Practice	Accredited package or BIA refresher
Informal Carers – those with caring responsibilities for family members and/or spouse	NO	NO	YES	NO	NO
Group A: Care Assistants, unqualified health and social care staff, personal assistants, volunteers, receptionists, adult placement workers, community policing staff, and fire service officers (not an exhaustive list)	NO	NO	YES	NO	NO
Groups B and C: Care and nursing home managers, ward managers, newly qualified Social workers, children and family social workers, OT's, general and physical health nurses, GP's, surgical staff, dieticians, physiotherapists, pharmacists, radiologists, dentists and dental nurses, phlebotomists, team managers and senior practitioners (not an exhaustive list)	NO	YES	YES	NO	NO
Group D: Dementia nurses, Learning disability nurses, mental health nurses, Approved Mental Health professionals, Adult	YES	YES	YES	YES	NO

social workers (inc mental Health and learning disability social workers), forensic social workers, psychologist, other therapist, psychiatrist (inc section 12 doctors) – not an exhaustive list					
Group E: Local authority DoLs Authorisers, MCA/DoLS leads in LA and NHS organisations, Board and senior management MCA/DoL's portfolio holders, strategic planners; commissioners/contractors of services, designated professionals	YES	YES	YES	YES	YES
Best Interests Assessors: Social workers, Nurses, OT's, Psychologists who have completed an accredited Best Interests Assessor qualification programme	YES	YES	YES	YES	YES

Target Group	Level/Group and competencies to be reached	Training opportunities available
Informal Carers		
Informal Carers – A jargon free e learning package with optional test with certificate is available for those with caring responsibilities for family members and/or spouse. Carers Package available here .		

Target Group	Level/Group and competencies to be reached	Training opportunities available
Group A MCA Training		
Group A: Care Assistants, unqualified health and social care staff, personal assistants, volunteers, receptionists, adult placement workers, community policing	Function: Public service workers in all settings, who may have day-to-day contact with individuals for whom mental capacity in all, or certain, areas of their lives may be an issue or concern. ADASS MCA (DoLS) improvement tool	Practitioners requiring Group A competency should access the multi-agency training below Mental Capacity Act eLearning

<p>staff, and fire service officers (<i>not an exhaustive list</i>)</p> <p>To access training within 6 weeks of taking up post</p>	<p>Theme A (1) – Promote public awareness of MCA/DoLS and the rights of those lacking capacity and significant roles such as LPA and RPR.</p> <p>Theme C (6) – Policies and procedures are understood and followed by all professionals and by all staff at all levels.</p> <p>Theme C (6) – Providers, the voluntary sector, all council and partner staff are clear about the limitations of their ability to intervene in people’s lives, and be able to seek legal advice where needed.</p> <p>Theme C (6) – People who fund their own services are enabled to understand and work within MCA</p>	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> • To identify the 5 principles which underpin everyday practice. • How to evidence and document an assessment of capacity. • To be able to implement the process of making best interest decisions. • To understand the role and responsibilities of an Independent Mental Capacity Advocate (IMCA), and when and how to involve them. • To have an awareness of the legal powers within the Mental Capacity Act such as Advance Decisions to Refuse Treatment, Lasting Powers of Attorney and the Court of Protection. • To have an awareness of Deprivation of Liberty Safeguards and understand the limits to restraint and restriction within the Mental Capacity Act. <p><u>Agency’s own Mental Capacity Act policy:</u></p> <ul style="list-style-type: none"> • must be accessible to all staff • must include the name of the practice’s MCA lead • must outline roles and responsibilities of staff utilising the Mental Capacity Act
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Target Group	Level/Group and competencies to be reached	Training opportunities available
Groups B and C MCA Training		
<p>Groups B and C: Care and nursing home managers, ward managers, newly qualified Social workers, children and family social workers, OT's, general and physical health nurses, GP's. surgical staff, dieticians, physiotherapists, pharmacists, radiologists, dentists and dental nurses, phlebotomists, team managers and senior practitioners (<i>not an exhaustive list</i>)</p> <p>Training should be undertaken within six months of coming into post.</p> <p>NB:</p> <p>Group B and C would be expected to demonstrate the competencies set out for staff group A, plus the specific ones for group B.</p>	<p>Function: Responsible for the operational delivery of health, care or other services providing treatment, personal care or other social support packages.</p> <p style="text-align: center;"><i>And/or</i></p> <p>Providing professional health or social care treatment or support to people who may have difficulties with mental capacity and ability to consent to assessment or intervention.</p> <p>ADASS MCA (DoLS) improvement tool</p> <p>As above plus:</p> <p>Theme A (2) – Best interests assessments take full account of the range of peoples circumstances via consultation with relevant others</p> <p>Theme A (1) – Partners and providers are able to demonstrate that they use MCA and DoLS to safeguard people's rights</p> <p>Theme A (2) – People who are supported to make decisions using MCA and DoLS are treated sensitively and with dignity and respect.</p> <p>Theme A (2) – There is evidence that people who lack capacity experience fair treatment with dignity and respect in the assessment of their needs, in care planning, service provision and in reviews.</p> <p>Theme A (2) – The duty to instruct IMCA's is widely understood and practiced.</p> <p>Theme A (2) – Outcomes and the person's wishes and</p>	<p>Practitioners requiring Groups B&C competency should access the multi-agency training below.</p> <p>Lancashire Safeguarding Adults Board: Group B and C PowerPoint package</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To obtain a working knowledge of the Mental Capacity Act. • Understanding Consent • To understand the process of completing a capacity assessment. • To understand process of assessing best interest. • To have awareness of decision making authorities, advance decisions and criminal offences. • Deprivation of Liberty safeguards within MCA <p><u>Additional resources to support Practitioners can be found:</u></p> <ul style="list-style-type: none"> • Mental Capacity Act Resource Social Care Institute for Excellence http://www.scie.org.uk/mca/e-learning/ • Mental Capacity Act pan Lancashire E book and

	<p>feelings are clearly defined by the individuals concerned or via the best interests' decision making process.</p> <p>Theme A(2) – Each organisation has procedures in place to promote autonomy and to ensure that all interventions are proportionate and least restrictive of people's rights</p> <p>Theme A (2) – Best interests assessments take full account of the range of peoples circumstances via consultation with relevant others</p> <p>Theme B (3) – All staff are familiar with the 5 guiding principles of MCA, compliance around MCA and know when decisions need to be referred to the Court of Protection</p> <p>Theme B (3) – Partners actively champions the key principles as set out in the public sector equality duties on age, race, gender, and disability.</p> <p>Theme B (3) – Leaders are supported by appropriate training and have arrangements for regular briefing on case law from Court of Protection.</p> <p>Theme C (6) – Professionals understand and respond to people whose capacity fluctuates</p> <p>Theme C (6) – professionals demonstrate the ability to make sound decision and time specific assessments of capacity in order to support decisions that are in the individuals' best interests.</p> <p>Theme C (6) – Safeguarding staff are aware of and respond to people in circumstances where their ability to make a decision is compromised because of the undue influence of an individual or environment.</p> <p>Theme C (6) – Safeguarding is MCA compliant; all staff involved in safeguarding are MCA trained and</p>	<p>Media Resources.</p> <p>http://pub.lucidpress.com/MCABLBNetwork/</p> <p>https://youtu.be/6mQIN6Yw03E</p> <p><u>Agencies own Mental Capacity Act policy</u></p> <ul style="list-style-type: none"> • must be accessible to all staff • must include the name of the agency MCA lead • must outline roles and responsibilities of staff in utilising the Mental Capacity Act • staff at level 2 should be aware of the contents of the Agency policy and be able to recognise and describe a significant event in Mental Capacity and know how to manage or refer on to the most appropriate professional or local team <p><u>Safeguarding Champion events</u></p> <p>Available quarterly for the Care home Sector, LCFT, and LTH incorporating local themes, issues and identified learning needs</p>
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	<p>understand what ‘intervention that is less restrictive of peoples rights’ mean.</p> <p>Theme C (6) – Care and protection plans are clearly based on MCA principles and incorporate requirements for monitoring and review and that regular reviews take place identifying potential MCA and DoLS concerns</p> <p>Theme C (6) – Staff are clear about the MCA and MHA interface and know when to seek further specialist advice</p> <p>Theme C (6) – staff are aware of the limits of the MCA and when an application to the court of protection may be needed and use the Office of Public Guardian appropriately to safeguard people’s rights.</p> <p>Theme C (6) – Where people self-neglect, appropriate consideration is given to their capacity in decision making and staff are aware of both the range of and the limitations of the legal powers available to them</p> <p>Theme C (6) – Professionals are able to challenge risk averse practice particularly in relation to DoLS in order to promote dignity, autonomy and choice.</p>	
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Target Group	Level/Group and competencies to be reached	Training opportunities available
Group D MCA Training		
<p>Group D: Dementia nurses, Learning disability nurses, mental health nurses, Approved Mental Health professionals, Adult social workers (inc mental Health and learning disability social workers), forensic social workers, psychologist, other therapist, psychiatrist (inc section 12 doctors) – <i>not an exhaustive list</i></p> <p>NB: Group D would be expected to demonstrate the competencies set out for staff group A, B and C plus the specific ones for group D.</p>	<p>Function: Providing care, treatment, assessment or other intervention – medical, psychological and social, or responsible for commissioning such services</p> <p>ADASS MCA (DoLS) improvement tool</p> <p>As above</p>	<p>Practitioners requiring Group D competency should access the multi-agency training below.</p> <p>The Lancashire Safeguarding Adults Board run a training programme for staff working with adults at risk, who need to access training at Group D, details of which can be obtained via the following link: http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/learning-development.aspx</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To be able to establish the causal link between mental capacity and impaired decision making. • To ensure practice and recording evidences decisions reached on behalf of someone are compliant with the legal framework of MCA and DoLS. • To understand how the process of assessment links diagnosis and impact of the condition on ability to make specific decisions. • To understand and analyse defensible decision making evidencing the links between risk and proportionality demonstrating how the practitioner has arrived at the decision. • To understand what decisions can be made in Best

		<p>Interests</p> <ul style="list-style-type: none"> • To understand the requirements for a complex capacity assessment in respect of a complex decision about health care, mental health or social care. • To understand the links between safeguarding and MCA / DoL • To understand when a case requires escalation to the courts for a decision • To understand the requirements in relation to records for court reports. <p><u>Additional resources to support Practitioners can be found:</u></p> <p><i>Please note this list is not exhaustive and will change over time. All information and links are correct at time of writing.</i></p> <ul style="list-style-type: none"> • Mental Capacity Act Resource Social Care Institute for Excellence http://www.scie.org.uk/mca/e-learning/ • Mental Capacity Act pan Lancashire E book and Media Resources. http://pub.lucidpress.com/MCABLBNetwork/ • The Safeguarding Alerts team can be contacted on 0300 123 6720 <p><u>Agencies own MCA policy</u></p>
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		<ul style="list-style-type: none"> • must be accessible to all staff • must include the name of the practice's MCA lead • staff at level 3 must be aware of the contents of the Agency policy • must outline roles and responsibilities of staff utilising the Mental Capacity Act • staff at level 2 should be aware of the contents of the Agency policy and be able to recognise and describe a significant event in Mental Capacity and know how to manage or refer on to the most appropriate professional or local team <p>NHS England MCA Website</p> <p>https://www.england.nhs.uk/ourwork/safeguarding/our-work/mca/</p> <p>Reflective learning – particularly if showing multi-agency working (with acute/community services district nursing /allied health professionals) can be used <i>(delete any patient identifying information)</i></p> <ul style="list-style-type: none"> • Case reviews / Significant Event Analyses • Involvement in MCA proceedings <p>Local and National MCA Training Events</p> <ul style="list-style-type: none"> • look out for e-mails advertising these
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Target Group	Level/Group and competencies to be reached	Training opportunities available
Group E MCA Training		
<p>Group E: Local authority DoL's Authorisers, MCA/DoLS leads in LA and NHS organisations, Board and senior management MCA/DoL's portfolio holders, strategic planners; commissioners/contractors of services, designated professionals</p> <p>NB: Group E would be expected to demonstrate the competencies set out for staff group A, B, C and D plus the specific ones for them.</p>	<p>Function: to provide leadership, management and/or appropriate governance within organisations and ensure organisational policies and procedures are legally compliant and promote best MCA practice</p> <p>ADASS MCA (DoLS) improvement tool</p> <p>As above plus:</p> <p>Theme A (1) - The LA is able to demonstrate its actions in relation to those who may be deprived of liberty in settings other than hospitals or care homes.</p> <p>Theme A (2) – DoLS are applied where appropriate and applications made to Court of Protection for those in settings other than hospitals or care homes.</p> <p>Theme A (2) – The council and its partners are able to demonstrate that the use of DoLS results in less restrictive care arrangements for people</p> <p>Theme B (3) – Senior councillors, non-executives, and senior managers and officers communicate how MCA and DoLS principles and duties contribute to the wellbeing of individuals and communities.</p> <p>Theme B (3) – There is clear leadership of the process for applications to the court of Protection for 'Community DoLS'</p> <p>Theme B (4) – There is a strategic needs assessment with robust information about the full range of vulnerable adults and NHS and Council know the views of people</p>	<p>The Lancashire Safeguarding Adults Board, in partnership with UCLAN, is developing an extensive training programme for staff working with adults at risk, who need to access training at Group E, details of which will become available in due course.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • legal obligations and the role of court of protection • interface between Safeguarding and MCA • MCA compliance required by CQC • liabilities of the agency/service if not MCA compliant • planning to provide and maintain an MCA compliant workforce • interface between Mental Health Acct and MCA <p><u>Additional resources to support Practitioners can be found:</u></p> <p><i>Please note this list is not exhaustive and will change over time. All information and links are correct at time of writing.</i></p> <ul style="list-style-type: none"> • Mental Capacity Act Resource Social Care Institute for Excellence <p>http://www.scie.org.uk/mca/e-learning/</p>

	<p>who have used services and lack capacity are incorporated into its vision.</p> <p>Theme B (5) – Commissioning and contracting (by the council and NHS) sets out quality assurance and service standards that build on MCA. Clear expectations and reporting requirements are placed on providers.</p> <p>Theme B (5) – The duties of commissioners and providers are clear and evidenced and the court of protection is used in settling disputes and includes CQC registration guidance in relation to MCA and DoLS.</p> <p>Theme B (5) – IMCA services are commissioned with a clear focus on quality as well as cost and consideration is given to commissioning them outside of the statutory role</p> <p>Theme B (5) – DoLS referrals are tracked across providers and possible under/over reporting patterns are addressed.</p> <p>Theme B (5) – Contract monitoring has a focus on MCA and DoLS compliance, addressing any shortfalls</p> <p>Theme C (6) – The council, NHS, Police and other partners can clearly demonstrate good policies, practices and procedures in the delivery of MCA, which embed the 5 principles into practice, further to DoLS implementation.</p> <p>Theme C (6) – Providers have clear access to information and advice and are responded to effectively</p> <p>Theme C (6) – Providers receive regular updates in relation to the DoLS and are clear about the implications of any changes to case law</p> <p>Themes C (6) – information sharing protocols are clear so that information is shared appropriately across</p>	<ul style="list-style-type: none"> • Mental Capacity Act pan Lancashire E book and Media Resources. http://pub.lucidpress.com/MCABLBNetwork/ • The Safeguarding Alerts team can be contacted on 0300 123 6720 <p><u>Agencies own MCA policy</u></p> <ul style="list-style-type: none"> • must be accessible to all staff • must include the name of the practice’s MCA lead • staff at level 3 must be aware of the contents of the Agency policy • must outline roles and responsibilities of staff utilising the Mental Capacity Act <p>Reflective learning - particularly if showing multi-agency working (with acute/community services district nursing /allied health professionals) can be used (<i>delete any patient identifying information</i>)</p> <ul style="list-style-type: none"> • Case reviews/ Significant Event Analyses • Involvement in MCA proceedings <p>Local and National MCA Training Events</p> <ul style="list-style-type: none"> • look out for e-mails advertising these
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agencies. Information sharing behaviour is consistent with the protocols.

Theme C (7) – There is practice and performance management framework that runs across council and partner agency functions which looks at regional variations in practice in relation to MCA implementation.

Theme C (7) – Quality assurance systems incorporate MCA and risk management, together with improved outcomes for people

Theme C (7) – local workforce and training plans provide sufficient people with the right skills for MCA

Theme C (7) – There are mechanisms to enable staff to share risk and difficult decision making on a professional basis and to consider risk in the contexts of autonomy, liberty and right to family life

Theme C (7) – all staff have regular supervision that facilitates good decision making support and an appraisal scheme that operates at all levels and which addresses development and performance (includes working with people who lack capacity)

Theme C (7) – there is cross sector training and development including equality awareness training

Theme C (7) – There is a range of systems that improve quality of services on the front line, including through quality assurance, performance reporting mechanisms

Theme C (7) – A learning culture is evident. Partners learn from both best practice and from things that don't go well. Case law from the court of protection is used as the basis of learning and improvement

Theme D (8) – Partners provide challenge and support on the outcomes for and experiences of people needing

	<p>services and the impact and effectiveness of service delivery to its member organisations</p> <p>Theme D (8) – Work has taken place across public and commercial sector bodies to raise awareness of the abuse of people who lack capacity and to safeguard their financial and health and welfare interests</p> <p>Theme D (8) – Partners work in an atmosphere and culture of cooperation</p> <p>Theme D (8) – There is multi agency analysis of trends and data in relation to the use of DoLS</p>	
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Target Group	Level/Group and competencies to be reached	Training opportunities available
Best Interests Assessor MCA Training		
<p>Best Interests Assessors: Social workers, Nurses, OT's, Psychologists who have completed an accredited Best Interests Assessor qualification programme</p> <p>NB: Best Interest Assessors would be expected to demonstrate the competencies set for staff group A, B, C and D plus the BIA capabilities 1-6.</p>	<p>Function: Best Interests Assessors undertaking assessments within the Local Authority Deprivation of Liberty Safeguards (DoLS) procedures</p> <p>ADASS MCA (DoLS) improvement tool</p> <p>As above</p>	<p>Practitioners requiring BIA competency should access the multi-agency training below.</p> <p>The Lancashire Safeguarding Adults Board in partnership with Neil Allan Training consultants run an extensive training programme for staff who need to access training at Best Interest Assessor levels, details of costs and how to book can be obtained via Lancashire County Council's Skills Learning and Development Team: skillslearninganddevelopment@lancashire.gov.uk</p> <p>Evidence for this staff group should include appropriate qualification documents, ongoing CPD and continuing professional registration as per regulations governing</p>

		<p>the BIA role -</p> <ul style="list-style-type: none">• The Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008 (in England)• The Mental Capacity (Deprivation of Liberty: Assessments, Standard Authorisations & Disputes about Residence) (Wales) Regulations 2009 (in Wales)• The Mental Capacity (Deprivation of Liberty: Appointment of Relevant Person's Representative) Regulations 2008. <p><u>Neil Allan Training Consultants</u></p> <ul style="list-style-type: none">• MCA the Legal Framework• Mental Capacity and Best Interests• Court of Protection
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Acknowledgements

Acknowledgement is given to the task and finish group members in the development of this tool:

- Deputy Designated Professional Safeguarding Adults and MCA, *NHS Chorley South Ribble, Greater Preston and West Lancashire Clinical Commissioning Groups*
- Lead Nurse Adult Safeguarding & MCA/DoLS , *Lancashire North Clinical Commissioning Group*
- Safeguarding Adults and Mental Capacity Act Practitioner, *East Lancashire & Blackburn with Darwen Clinical Commissioning Groups*
- Lead Nurse Safeguarding Adults, *Fylde and Wyre Clinical Commissioning Group*
- Mental Capacity Act Co-ordinator, *Lancashire County Council*
- Safeguarding Adults and MCA named professional , *Lancashire Care Foundation Trust (LCFT)*