

# Regulation 9: Person-centred care

## Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9

The intention of this regulation is to make sure that people using a service have care or treatment that is personalised specifically for them. This regulation describes the action that providers must take to make sure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

Providers must work in partnership with the person, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves.

Providers must make sure that they take into account people's capacity and ability to consent, and that either they, or a person lawfully acting on their behalf, must be involved in the planning, management and review of their care and treatment. Providers must make sure that decisions are made by those with the legal authority or responsibility to do so, but they must work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families and/or advocates where appropriate.

Please see the [glossary](#) for important clarification of the terms "appropriate care and treatment"; "needs"; "preferences"; and "relevant person".

CQC cannot prosecute for a breach of this regulation or any of its parts, but we can take regulatory action. See the [offences section](#) for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

## The regulation in full

9.—

1. The care and treatment of service users must—
  - a. be appropriate,
  - b. meet their needs, and
  - c. reflect their preferences.
2. But paragraph (1) does not apply to the extent that the provision of care or treatment would result in a breach of regulation 11.

3. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—
- a. carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user;
  - b. designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met;
  - c. enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment;
  - d. enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible;
  - e. providing opportunities for relevant persons to manage the service user's care or treatment;
  - f. involving relevant persons in decisions relating to the way in which the regulated activity is carried on in so far as it relates to the service user's care or treatment;
  - g. providing relevant persons with the information they would reasonably need for the purposes of sub-paragraphs (c) to (f);
  - h. making reasonable adjustments to enable the service user to receive their care or treatment;
  - i. where meeting a service user's nutritional and hydration needs, having regard to the service user's well-being.
4. Paragraphs (1) and (3) apply subject to paragraphs (5) and (6).

5. If the service user is 16 or over and lacks capacity in relation to a matter to which this regulation applies, paragraphs (1) to (3) are subject to any duty on the registered person under the 2005 Act in relation to that matter.
6. But if Part 4 or 4A of the 1983 Act applies to a service user, care and treatment must be provided in accordance with the provisions of that Act.

## Guidance

This sets out the guidance providers must have regard to against the relevant component of the regulation.

**9(1)** The care and treatment of service users must – (a) be appropriate, (b) meet their needs and (c) reflect their preferences

### Guidance on 9(1)

- Providers must do everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.

**9(2)** But paragraph (1) does not apply to the extent that the provision of care or treatment would result in a breach of Regulation 11.

### Guidance on 9(2)

- Providers must make sure that they provide appropriate care and treatment that meets people's needs, but this does not mean that care and treatment should be given if it would act against the consent of the person using the service.
- In some cases, people's preferences for their care or treatment may not meet their needs. Where this is the case, and people lack mental capacity or are detained under mental health legislation, providers must act in accordance with the Mental Capacity Act 2005 and/or the Mental Health Act 1983.

**9(3)** Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include–

**9(3)(a)** carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user;

### Guidance on 9(3)(a)

- Each person using a service, and/or the person who is lawfully acting on their behalf, must be involved in an assessment of their needs and preferences as much or as little as they wish to be. Providers should give them relevant information and support when they need it to make sure they understand the choices available to them.
- Assessments must take into account current legislation and consider relevant nationally recognised evidence-based guidance.

- Where a person lacks the mental capacity to make specific decisions about their care and treatment, and no lawful representative has been appointed, their best interests must be established and acted on in accordance with the Mental Capacity Act 2005. Other forms of authority such as advance decisions must also be taken into account.
- Each person's care and treatment needs and preferences should be assessed by people with the required levels of skills and knowledge for the particular task.
- Assessments of people's care and treatment needs should include all their needs, including health, personal care, emotional, social, cultural, religious and spiritual needs.
- Assessments should take into account specific issues that are common in certain groups of people and can result in poor outcomes for them if not addressed. These include diseases or conditions such as continence support needs and dementia in older people, and diabetes in certain ethnic groups.
- Assessments should be reviewed regularly and whenever needed throughout the person's care and treatment. This includes when they transfer between services, use respite care or are re-admitted or discharged. Reviews should make sure that people's goals or plans are being met and are still relevant.
- Where providers share responsibility for providing care and treatment with other services through partnership working, integrated care and multidisciplinary assessments, they should also take into account information from all relevant teams, staff and services.

**9(3)(b)** designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met

## Guidance on 9(3)(b)

- A person's care and treatment must be designed to make sure it meets all their needs. There may be times when a person's needs and preferences can not be met. In these instances, providers must explain the impact of this to them and explore alternatives so that the person can make informed decisions about their care and treatment.
- Providers must make every reasonable effort to meet people's preferences. When any preferences about the choice of care and treatment can not be met, providers must fully explain why so that people using the service understand the reasons. The explanation should show how the provider has considered the impact of this on the person. This is so that they can make further informed decisions about their care and treatment. This includes where preferences can not be met because of restrictions under the Mental Health Act 1983.
- When planning how to meet a person's preferences, providers should take into account, and make provision for, any impact this may have on other people using the service.
- A clear care and/or treatment plan, which includes agreed goals, must be developed and made available to all staff and others involved in providing the care. Where relevant, the plan should include ways in which the person can maintain their independence.
- Plans should include an agreed review date.
- Providers should use nationally recognised evidence-based guidance when designing, delivering and reviewing care.
- Staff providing care must be kept up to date with any changes to a person's needs and preferences.

**9(3)(c)** enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment;

### Guidance on 9(3)(c)

- Each person, and/or person lawfully acting on their behalf, must have all the necessary information about their care and treatment. This information should be provided in a way that the person understands.
- Health care professionals or people with the required level of skills and knowledge must discuss care and treatment choices with the person and/or person lawfully acting on their behalf. They must provide support to make sure the person understands all the risks and benefits associated with those choices and enable them to make informed decisions about their care and treatment.
- The person using the service must be able to discuss care and treatment choices continually and have support to make any changes to those choices if they wish. They should be given information about the risks and benefits of any changes in a way they can understand.
- Even when the person using the service does not raise the issues themselves, discussions should include all health, care, social and emotional needs.

**9(3)(d)** enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible;

### Guidance on 9(3)(d)



- Providers must make every reasonable effort to provide opportunities to involve people in making decisions about their care and treatment, and support them to do this. This includes physical, psychological or emotional support, or support to get information in an accessible format or to understand the content. It may include involving people in discussions, inviting them to meetings and encouraging them to ask questions and providing suggestions.
- People using the service and/or those lawfully acting on their behalf must be actively encouraged and supported to be involved in making decisions about their care or treatment as much or as little as they wish to be. This includes taking all steps to maximise a person's mental capacity in different ways to make as many of their own choices as possible.
- A record must be kept of all assessments, care and treatment plans, and decisions made by people who use the service and/or those acting on their behalf. See Regulation 17 (Good governance).

**9(3)(e)** providing opportunities for relevant persons to manage the service user's care or treatment;

### Guidance on 9(3)(e)

- People using the service and/or those lawfully acting on their behalf must be given opportunities to manage as much of their care and treatment as they wish and are able to, and should be actively encouraged to do so. 'Manage' in this context may mean being actively involved, overseeing or making decisions about their care or treatment depending on how much they need or want to be involved. This may include managing their medicines, managing or supporting their personal care including eating and drinking, or using appropriate equipment and technology.
- People using the service and/or those lawfully acting on their behalf should be given suitable information, advice, instruction and/or emotional support to help manage any care and treatment safely.

**9(3)(f)** involving relevant persons in decisions relating to the way in which the regulated activity is carried on in so far as it relates to the service user's care or treatment;

#### Guidance on 9(3)(f)

- Providers must actively seek the views of people who use their service and those lawfully acting on their behalf, about how care and treatment meets their needs. Providers must be able to demonstrate that they took action in response to any feedback.

**9(3)(g)** providing relevant persons with the information they would reasonably need for the purposes of sub-paragraphs (c) to (f);

#### Guidance on 9(3)(g)

People using services and those lawfully acting on their behalf must be given relevant information in the most suitable way for them and in a way that they can understand. This includes information that describes:

- The condition or conditions affecting the person using the service.
- All possible relevant or appropriate care and treatment options.
- The risks and benefits of each option.
- The implications of not undertaking any, or only undertaking a part, of the care and treatment options.
- Costs/fees/tariffs associated with care and treatment.
- Reasonable expectations of the outcome of each care and treatment option.

**9(3)(i)** where meeting a service user's nutritional and hydration needs, having regard to the service user's well being

### Guidance on 9(3)(i)

- Where food and/or drink are provided for people who use services, they must have a choice that meets their needs and preferences as far as is reasonably practical.
- Providers must make sure that they assess each person's nutritional and hydration needs to support their wellbeing and quality of life. This includes when there is no expected cure for an illness.

