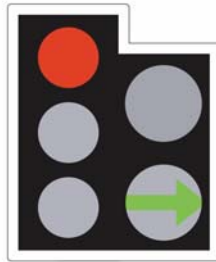


## The Mental Capacity Act 2005



## Mental Capacity Act Policy

### Devon County Council and Torbay Care Trust

Devon County Council & Torbay Care Trust have also developed a Deprivation of Liberty Safeguards policy which can be found at

[http://www.devon.gov.uk/print/dls\\_policy.pdf](http://www.devon.gov.uk/print/dls_policy.pdf)



Working together to stop abuse

# Mental Capacity Act Policy

## Document Control

Revision Date	Summary of Changes	Version Issued	Issued To Devon	Issued To Torbay
	First draft	Feb 2011	Sharon O'Reilly	Nicky Griffin
			Paul Grimsey	Aaron Standon
			Safeguarding Adult Team	Safeguarding Adult Team
			Linda Bellshaw	
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			Angela O'Reilly	Jon Anthony
			MCA Sub-group members	Systems,policy and Processes Sub-group members
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## 1. SCOPE

This overarching policy supports the Mental Capacity Act 2005, Regulations and Code of Practice. It is issued to ensure organisations implement this legislation to protect vulnerable adults, and **offer protection to staff in relation to acts in connection with care and treatment**. MCA s5. (Code of Practice 6.4)

The policy will be updated and reviewed every 3 years. Case law is anticipated and should inform your practice.

In April of 2009 the government introduced new provisions to the Mental Capacity Act 2005 called 'The Deprivation of Liberty Safeguards' (DoLS) The safeguards focus on the most vulnerable people in society, those who for their own safety and in their own best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack capacity to consent. Reference to DoLS can be found in the MCA s4A and 4B, and Schedules A1 and 1A

A Separate DoLS Code of Practice has been developed which should be read in conjunction to the main MCA 2005 Code of Practice.

MCA 2005 Code of Practice

<http://www.publicguardian.gov.uk/docs/mca-code-practice-0509.pdf>

DoLS Code of Practice:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_087309.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf)

Devon County Council and Torbay Care Trust have developed a joint DoLS Practice Guidance tool. This Practice Guidance should also be read in conjunction with the 'Deprivation of Liberty Safeguards Code of Practice.

Where there is concern that a person lacking capacity may be at risk of harm, abuse or exploitation staff have a duty to implement the 'Safeguarding Adults from Abuse Multi Agency Policy', and where appropriate implement the MCA 2005 and DoLS policy.

In Torbay all of these policies can be found at

<http://icare/Operations/SafeguardingAdults/Pages/default.aspx>

In Devon all of these policies can be found at

<http://www.devon.gov.uk/index/socialcarehealth/adult-protection/mentalcapacityact.htm>

## 1.1 Purpose

There could be up to 6 million people every year who are caring for a person who lacks capacity and around 2 million requiring the Mental Capacity Act's protections.

The Act will generally only affect people aged 16 and over, and provides a statutory framework for the protection of people who may lack capacity to make some decisions themselves, based on current best practice and common law principles. It also makes it clear who can take decisions in which situations and enables people to plan ahead (Advance Decisions & Lasting Powers of Attorney) for a time when they may lack capacity.

From April 2007, the Act introduced a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

A national Code of Practice has been drawn up and forms the basis for this guidance. All staff should ensure they have access to the Mental Capacity Act Code of Practice either in hard copy or electronically via

<http://www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf>

**Everyone who has a duty of care to a person who lacks mental capacity must have regard to the Mental Capacity Act and Code of Practice.** If they have not followed the Code of Practice they will be expected to give cogent reasons why they have departed from it.

## 1.2 Legal rights, duties, and sanctions

The Mental Capacity Act 2005 must be applied by all staff, volunteers and legally appointed representatives involved with people aged 16 years or older, and it should be adhered to by the public.

This means considering the following:

- **Completing an assessment of whether an adult is unable to make a specific informed decision or give consent at the time a decision is needed.**
- People with capacity have the right to accept or reject health treatment and care; some exceptions apply to detained patients under the Mental Health Act or under other criminal and civil law. Please seek advice from relevant professionals at these times.

- **The only people legally able to sign a consent form for someone else are those with relevant legal powers under a Lasting Power of Attorney or Deputyship.**

Formal decision makers will need to record a best interest decision made in consultation with relevant others

- **Legal protection is provided for all acts in connection with care and treatment for those who implement the statutory framework as set out in the Mental Capacity Act. (MCA s5)**

There are new duties for everyone involved in providing acts in relation to Care and Treatment. These being:

- **to help a person participate in and communicate decisions or views, even when they may lack capacity;**
- **to act in the person's 'best interests'**
- **to protect and safeguard the rights and interests of vulnerable people over 16 years of age when they are unable to make both daily and specific decisions concerning:**
  - **Financial/property affairs**
  - **Health treatment**
  - **Social care/welfare**

### **1.3 Application of the 5 Key Principles Mental Capacity Act Code of Practice - Chapter 2**

Whenever anyone becomes aware that a person over 16 is having difficulty making a decision, or there is reason to doubt their mental capacity to make the decision required

**The following principles must be applied:**

- **Assume capacity** – incapacity is decision, time and context specific.
- **All practical steps must be taken to help someone make or communicate** a freely informed decision. Consider if the decision can be safely delayed until the person regains capacity to choose.

- **Unwise decisions by themselves are not to be taken to indicate incapacity.**
- **All decisions must be made in the best interests of the person who lacks capacity**
- **Best Interest Decisions must be proportionate and least restrictive of rights or freedom of action.**

## **2. THE ASSESSMENT**

### **Mental Capacity Act Code of Practice - Chapter 4**

The Mental Capacity Act requires that specific consideration be given to the assessment process

#### **2.1 Defining a lack of capacity (4.3 CoP)**

- A person lacks capacity in relation to a matter if at the material time s/he is unable to make a decision for him/herself in relation to the matter because of an impairment, or a disturbance in the functioning, of the mind or brain.
- It does not matter whether the impairment or disturbance is permanent or temporary.
- A lack of capacity cannot be established merely by reference to:
  - (a) a person's age or appearance, or
  - (b) a condition, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity.

Any question as to whether a person lacks capacity must be decided on the balance of probabilities.

#### **2.2 How is Capacity Assessed?**

Capacity is the ability to make an informed decision. Consequently, there are two basic questions for staff to consider:

Is there an impairment of or disturbance in the person's mind or brain?  
(Code of Practice 4.11)

Examples of an impairment or disturbance include Brain Injury, Learning Disability, Dementia, Physical or Medical conditions that cause confusion, drowsiness, or loss of consciousness etc. (Please see Code of Practice 4.12)

**If so:**

Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision? (Code of Practice 4.13)

A person is unable to make a decision if they cannot:-

- understand information relevant to the decision.
- retain information related to the decision to be made.
- use or weigh up that information as part of the process of making the decision. Or
- communicate the decision, whether by talking, using sign language or any other means.  
(Code of Practice 4.14)

Day to day assessments of capacity may be relatively informal and may be documented within the person's case notes. Depending on the level and seriousness of the decision, specialist or expert opinion may be requested where the decision is major or complex. Please see Mental Capacity Act Code of Practice 4.60 – 4.62.

Any assessment of capacity is decision specific e.g. an individual may have the capacity to choose where they live, but not have the capacity to make a decision regarding serious medical treatment.

An individual's capacity may fluctuate during the day or over the course of time. It is important to allow for this in any assessment.

**Each professional group has responsibility to plan and undertake their own MCA assessments, if they are responsible for providing the necessary treatment or action.**

### **2.3 Best Interest Mental Capacity Act Code of Practice - Chapter 5**

The Mental Capacity Act sets out a checklist of factors to be considered by the decision maker whilst considering the best interests of the person.

If an individual is assessed as lacking capacity in a specific area, one of the key principles of the Act is that any act done for, or any decision made on behalf of that person, must be done or made in the person's *best interest*. (**Mental Capacity Act s4**).

Factors to be considered: (Mental Capacity Code of Practice 5.13)

- i) No decision is made solely on the basis of a person's age, appearance or other aspect of behaviour that might lead others to make unjustified assumptions.
- ii) All relevant circumstances should be considered.
- iii) Likelihood of regaining capacity – if possible could the decision be delayed?
- iv) As far as possible encourage the person to participate.
- v) If life-sustaining treatment then the decision must not be motivated by a desire to bring about their death.
- vi) Is it possible to ascertain the person's past and present wishes and feelings?
- vii) Is it possible to ascertain their beliefs and values?
- viii) The views of other people, in particular anyone formerly named by the person to be consulted, those involved in caring for the person, those interested in their welfare, donees of a lasting Power of Attorney or any Court Deputy.
- ix) Consultation with Independent Mental Capacity Advocate (IMCA) if one is required.

Decisions must be clearly recorded in the relevant agency case notes or designated forms.

## 2.4 Recording

Full recording of mental capacity will not be needed for all decisions and actions. The Code of Practice gives guidance on when professionals should be involved and when, by implication, there is a need for a clearly documented assessment i.e. where –

- i) A decision has major consequences, (e.g. decision to move accommodation, decision to accept or decline support at home, decision whether to report a criminal or abusive act).
- ii) There may be a dispute with the person, their family or the care team, as to the capacity of the individual.
- iii) The person's capacity may be subject to challenge.
- iv) There may be legal consequences of a finding of capacity (e.g. as a result of a claim for personal injury).
- v) The person is making decisions that put him/herself or others at risk or that result in preventable suffering or damage.

These examples are not exhaustive, and each circumstance needs to be judged on its merit, using professional judgement with support from the line-manager or relevant leads as appropriate.

The anticipation is that staff members will use their organisation's recording methods to document clearly when Mental Capacity Assessments and associated Best Interest Decisions are being made.

### 3. **Independent Mental Capacity Advocate (IMCA)** **Mental Capacity Act Code of Practice - Chapter 10**

The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the same time as such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted.

An IMCA *must* be instructed, by the Local Authority or an NHS body, and then consulted, for people lacking capacity who are unbefriended (i.e. have no-one else other than paid staff to support them) whenever:

- An NHS body is proposing to provide serious medical treatment, or
- An NHS body or Local Authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and
- The person will stay in hospital longer than 28 days or
- They will stay in the care home for more than eight weeks.

See Mental Capacity Act Code of Practice 10.3 for further guidance.

Within the Devon and Torbay Health and Social Care community, practitioners are advised to consider instructing an IMCA to support someone who lacks capacity

- in adult protection cases, whether or not family, friends or others are involved.
- for care reviews when no-one else is available to be consulted.

The IMCA's role is to support and represent the person who lacks capacity. Because of this, IMCAs have the right to be provided with access to relevant healthcare and social care records.

(Mental Capacity Act Code of Practice 10.20)

Any information or reports provided by an IMCA must be taken into account as part of the process of determining whether a proposed decision is in the person's best interests. **A written copy of the final decision, and the decision maker's reasons for it, must be sent to the IMCA Service as soon as possible after the decision is made.**

It is vital that clear, accurate and timely identification of the need for an IMCA is made in all cases. Delay in identifying the need for an IMCA is likely to cause delays in medical treatment, discharge from hospital and placement in care homes.

**Proceeding with the relevant interventions when the qualifying criteria for IMCA involvement are met, but without instructing an IMCA, will place the Health Trust or Local Authority at risk of legal action, including Judicial Review.**

Within Devon and Torbay, the respective Local Authorities have jointly commissioned a partnership from Living Options Devon and Age Concern Devon to provide the IMCA service. Referral Guidance for the Devon and Torbay IMCA service is available at the Devon Mental Capacity Act website: [www.devon.gov.uk/mentalcapacityact.htm](http://www.devon.gov.uk/mentalcapacityact.htm)

The IMCA contract will be jointly monitored by Devon and Torbay at regular quarterly periods throughout the life of the contract.

### **Challenging Decisions**

The decision maker must take the IMCA report into account but doesn't necessarily have to accept the proposed suggestion or conclusion. If the decision maker's final decision rejects the IMCA's conclusion then the written response to the IMCA service should include; a statement indicating how the information had been considered and giving cogent reasons to support why it was being disregarded.

The IMCA must give supporting evidence in their final report that underpins their suggestions. The Good Practice Guidance provided in the Social Care Institute for Excellence (SCIE) document *Independent Mental Capacity Advocate involvement in accommodation decisions and care reviews* (Guide 39) would be adopted to offer additional guidance.

To ensure appropriate consultation has occurred in the event of a challenge the following stages will be followed to achieve a satisfactory outcome.

- Informal discussion with the Decision Maker.
- Request and attend a Best Interest meeting with relevant people invited to contribute.
- Write a letter of concern to the decision maker highlighting the concerns. Copy the relevant Assistant Director and IMCA Contract Manager into the communication.
- Senior Managers to discuss and respond
- Official Complaint process initiated
- Approach Court of Protection

## **4. Training**

Torbay and Devon provide appropriate Mental Capacity Act and Deprivation of Liberty training which is accessible via the following links. This training is regularly reviewed within Work Force Development procedures for Devon and within the Focus on Practice sub group within Torbay.

In Devon:

<http://www.devon.gov.uk/index/socialcarehealth/scwd/scwd-safeguarding-adults.htm>

In Torbay:

<http://icare/hr/training/Pages/default.aspx>

## 5. Powers of the Court

Please refer to Chapter 15 Mental Capacity Act Code of Practice.

The Court of Protection has powers to:

- decide whether a person has capacity to make a particular decision for themselves,
- make declarations, decisions or orders on financial or welfare matters affecting people who lack capacity to make such decisions,
- appoint deputies to make decisions for people lacking capacity to make those decisions,
- decide whether an LPA or EPA is valid, and
- remove deputies or attorneys who fail to carry out their duties.

An application to the Court of Protection may be necessary for:

- particularly difficult decisions,
- disagreements that cannot be resolved in any other way (see Chapter 15 Mental Capacity Act Code of Practice), or
- situations where ongoing decisions may need to be made about the personal welfare of a person who lacks capacity to make decisions for themselves.

In these circumstances advice will need to be sought via the Safeguarding Adult Team who may recommend discussion with the legal department.

## 6. Office of the Public Guardian Mental Capacity Act Code of Practice – Chapter 14 (14.8)

Section 57 of the Act creates a new Public Guardian, supported by staff of the Office of the Public Guardian (OPG). The Public Guardian helps protect people who lack capacity by:

- setting up and managing a register of LPAs,
- setting up and managing a register of EPAs,

- setting up and managing a register of court orders that appoint deputies,
- supervising deputies, working with other relevant organisations (for example, Social Services, if the person who lacks capacity is receiving social care),
- sending Court of Protection Visitors to visit people who may lack capacity to make particular decisions and those who have formal powers to act on their behalf (see paragraphs 14.10–14.11 below),
- receiving reports from attorneys acting under LPAs and from deputies,
- providing reports to the Court of Protection, as requested, and
- dealing with representations (including complaints)

## 7. **Advanced Decisions and Statements** **Mental Capacity Code of Practice - Chapter 9**

An **advance decision** enables someone aged 18 and over, while still capable, to refuse specified medical treatment for a time in the future when they may lack the capacity to consent to or refuse that treatment. An advance decision to refuse treatment must be valid and applicable to current circumstances. If it is, it has the same effect as a decision that is made by a person with capacity: healthcare professionals must follow the decision.

An **advance statement** enables someone to make a request or state their wishes and preferences in relation to care and treatment. This will be considered by decision-makers but is not a legally binding agreement.

## 8. **Lasting Power of Attorney** **Mental Capacity Code of Practice-Chapter 7**

Lasting Power of Attorney (LPA) and Enduring Power of Attorney (EPA)  
Please refer to Chapter 7 of the Mental Capacity Act Code of Practice.

Sometimes one person will want to give another person authority to make a decision on their behalf. A power of attorney is a legal document that allows them to do so. Under a power of attorney, the chosen person (the attorney or donee) can make decisions that are as valid as one made by the person (the donor).

The Enduring Powers of Attorney Act 1985, Act introduced the Enduring Power of Attorney (EPA). An EPA allows an attorney to make decisions about property and financial affairs even if the donor lacks capacity to manage their own affairs. The provision to make new EPA's ceased on 30th September 2007, however those already in place remain as valid legal documents.

The Mental Capacity Act replaces the EPA with the Lasting Power of Attorney (LPA). It also increases the range of different types of decisions that people can authorise others to make on their behalf. As well as property and affairs (including financial matters), LPAs can also cover personal welfare (including healthcare and consent to medical treatment) for people who lack capacity to make such decisions for themselves.

All staff should ensure they have checked to see whether the person has created any of the above to manage situations when they no longer have capacity to act in their own best interests. The people who have been nominated to undertake decisions should be consulted throughout appropriate decision making.

## **9. Research**

### **Mental Capacity Act Code of Practice - Chapter 11**

The Mental Capacity Act's rules for research that includes people who lack capacity to consent to their involvement cover:

- when research can be carried out,
- the ethical approval process,
- respecting the wishes and feelings of people who lack capacity,
- other safeguards to protect people who lack capacity,
- how to engage with a person who lacks capacity,
- how to engage with carers and other relevant people,
- the specific rules that apply to research involving human tissue,
- what to do if research projects have already been given the go-ahead.

The Act applies to all research that is intrusive. 'Intrusive' means research that would be unlawful if it involved a person who had capacity but had not consented to take part. The Act does not apply to research involving clinical trials (testing new drugs).

Devon's Research Governance Framework:

<http://www.devon.gov.uk/index/socialcarehealth/policies:procedures:guidance/organisational:processes/research:governance.htm>

In Torbay contact the Public Health Team : tel 01803 210550 for further information relating to Research Governance.

## 10. Children and Young People Mental Capacity Act Code of Practice - Chapter 12

The Act does not generally apply to people under the age of 16.

There are two exceptions:

- The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions within section 2(1) of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18 (section 18(3)).
- Offences of ill treatment or wilful neglect of a person who lacks capacity within section 2(1) can also apply to victims younger than 16 (section 44).

*Young people aged 16–17 years:*

Most of the Act applies to young people aged 16–17 years, who may lack capacity within section 2(1) to make specific decisions.

There are three exceptions:

- Only people aged 18 and over can make a Lasting Power of Attorney (LPA).
- Only people aged 18 and over can make an advance decision to refuse medical treatment.
- The Court of Protection may only make a statutory will for a person aged 18 and over.

### **How does the Act apply to**

*Care or treatment for young people aged 16–17?*

People carrying out acts in connection with the care or treatment of a young person aged 16–17 who lacks capacity to consent within section 2(1) will generally have protection from liability (section 5), as long as the person carrying out the act:

- has taken reasonable steps to establish that the young person lacks capacity,
- reasonably believes that the young person lacks capacity and that the act is in the young person's best interests, and
- follows the Act's principles.

## **11. Relationship between the Mental Capacity Act and Mental Health Act. Mental Capacity Act Code of Practice - Chapter 13**

Professionals may need to think about using the MHA to detain and treat somebody who lacks capacity to consent to treatment (rather than use the MCA), if:

- it is not possible to give the person the care or treatment they need without doing something that might deprive them of their liberty,
- the person needs treatment that cannot be given under the MCA (for example, because the person has made a valid and applicable advance decision to refuse an essential part of treatment),
- the person may need to be restrained in a way that is not allowed under the MCA,
- it is not possible to assess or treat the person safely or effectively without treatment being compulsory (perhaps because the person is expected to regain capacity to consent, but might then refuse to give consent),
- the person lacks capacity to decide on some elements of the treatment but has capacity to refuse a vital part of it – and they have done so, or
- there is some other reason why the person might not get treatment, and they or somebody else might suffer harm as a result.

If the Person is resident anywhere other than in a Psychiatric Ward, before making an application under the MHA, decision-makers should consider whether they could achieve their aims safely and effectively by using the MCA instead.

## **12. Information Governance Mental Capacity Act Code of Practice - Chapter 16**

People caring for, or managing the finances of, someone who lacks capacity may need information to:

- assess the person's capacity to make a specific decision,
- determine the person's best interests, and
- make appropriate decisions on the person's behalf.

When receiving requests for personal information about someone who may lack capacity, practitioners must have regard to the Data Protection Act and relevant local policy. In addition the Mental Capacity Act Code of Practice will provide guidance.

It is only lawful to reveal someone's personal information if:

- there is a legitimate aim in doing so,
  - a democratic society would think it necessary to do so, and
  - the kind and amount of information disclosed is in relation to the need.
- For further advice contact should be made with the relevant Information Governance Team.

In Torbay :

<http://icare/corporate/InformationGovernance/Pages/default.aspx>

In Devon:

<http://staff.devon.gov.uk/acs/acsbuststructure/asbrfs/acsinftmantechology/acs-informationgovernance.htm>

### **13. Safeguarding Concerns Mental Capacity Act Code of Practice - Chapter 14**

There may be occasions when a practitioner believes a person is misappropriating their powers under the Mental Capacity Act. This may be in relation to managing a person's finances or making inappropriate decision in relation to Care and Treatment of a person who lacks capacity. In these circumstances the practitioner should consult with their Line Manager and refer to the Safeguarding Adult policy and procedures.

In Torbay:

[http://www.torbaycaretrust.nhs.uk/publications/Publications/MultiAgencyPolicy\\_S1.pdf](http://www.torbaycaretrust.nhs.uk/publications/Publications/MultiAgencyPolicy_S1.pdf)

In Devon:

<http://www.devon.gov.uk/index/socialcarehealth/adult-protection.htm>

### **14. Overlap with other Relevant Policies**

Reference should be made to other relevant local policies which may overlap with this Mental Capacity Act policy.

Relevant Policy will include the following (not exhaustive list)

Governance policy  
Consent policy  
End of Life policy  
Physical Intervention policy

Risk Management  
Information sharing  
Recording Policy  
Covert medication

## **Local information and contact details**

### **Devon**

#### **Care Direct**

0845 1551 007

Contact this number to make a referral for any social care or assessment in Devon, including all safeguarding referrals.

### **Torbay**

#### **Customer Service Centre**

01803 219700

[csc.torbaycaretrust@nhs.net](mailto:csc.torbaycaretrust@nhs.net)

Contact this number for Health and Social Care assessments in Torbay

### **Mental Capacity Act Lead**

Devon – contact the Safeguarding Adults Team

Torbay – contact the Safeguarding Adults Team

### **Safeguarding Adults Teams**

Devon – 01392 382339

[safeguardingadultsmailbox@devon.gov.uk](mailto:safeguardingadultsmailbox@devon.gov.uk)

Torbay single point of contact for all Safeguarding referrals

01803 219888

[safeguarding.alertstct@nhs.net](mailto:safeguarding.alertstct@nhs.net)

### **Deprivation of Liberty Safeguards Leads**

Devon: - 01392 391676

[dols@devon.gov.uk](mailto:dols@devon.gov.uk)

Torbay

01803 219888

[nicky.griffin@nhs.net](mailto:nicky.griffin@nhs.net)

Royal Devon and Exeter Hospital Trust

Safeguarding Lead /MCA Lead – Jackie Perry

01392 406058 / 406058

[jackie.perry@rdefnhs.uk](mailto:jackie.perry@rdefnhs.uk)

North Devon District Hospital

Safeguarding Lead/MCA Lead – Debbie Sanders

01271 322495

[debbie.sanders@devon.gov.uk](mailto:debbie.sanders@devon.gov.uk)

Torbay Hospital

Safeguarding Lead/MCA Lead - Tanya Drew/Louise Stephens

01803 655857 / 07827980734

[tanya.drew@nhs.net](mailto:tanya.drew@nhs.net)

NHS Devon

Safeguarding Lead/MCA Lead – Linda Bellshaw for Provider Services

01392 384548 / 07515396388

[linda.bellshaw@nhs.net](mailto:linda.bellshaw@nhs.net)

**Devon Partnership Trust**

Safeguarding Lead – Chris Burford  
01392 208866

**Complaints**

Devon County Council

[acscomplaintsandcompliments-mailbox@devon.gov.uk](mailto:acscomplaintsandcompliments-mailbox@devon.gov.uk)

0800 212783

Torbay Care Trust

[frs.tct@nhs.net](mailto:frs.tct@nhs.net)

01803 217397

Royal Devon and Exeter Hospital

[complaints.department@rdefh.nhs.uk](mailto:complaints.department@rdefh.nhs.uk)

01392 403915

North Devon District Hospital

[pals@ndevon.swest.nhs.uk](mailto:pals@ndevon.swest.nhs.uk)

01272 314090

Torbay Hospital

[pals.sdhc@nhs.net](mailto:pals.sdhc@nhs.net)

0800 0280037 / 01803 655838

NHS Devon

[d-pc.complaintsdevonproviderservices@nhs.net](mailto:d-pc.complaintsdevonproviderservices@nhs.net)

01392 356920

Devon Partnership Trust

[dpn-tr.pals@nhs.net](mailto:dpn-tr.pals@nhs.net)

01392 356920

**Independent Mental Capacity Advocates**

[Imca.devon@nhs.net](mailto:Imca.devon@nhs.net)

0845 2311900

**Office of the Public Guardian**

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

0300 4560300

**National Mediation Helpline**

0845 6030809

[www.nationalmediationhelpline.com](http://www.nationalmediationhelpline.com)

**Family Mediation Helpline**

0845 602627

[www.familymediationhelpline.com](http://www.familymediationhelpline.com)