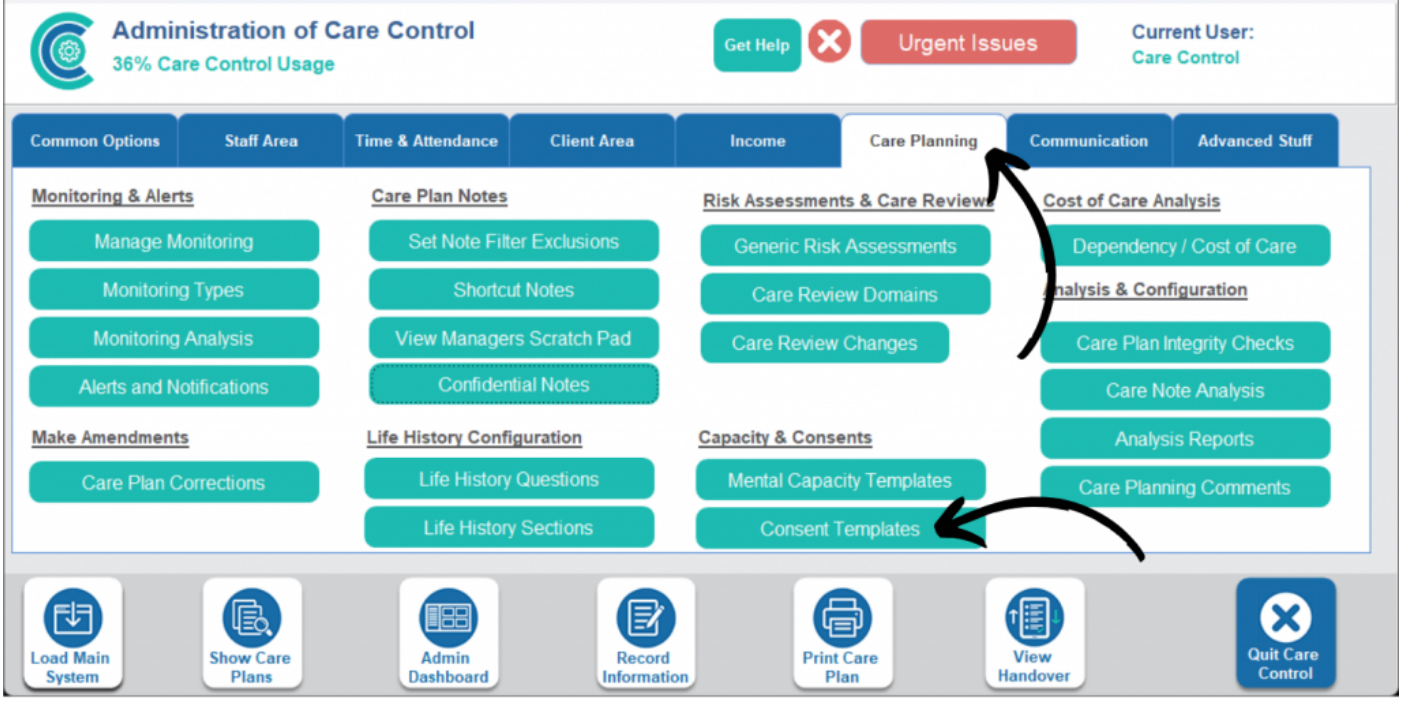
Consents on Care Control

Care Plans Windows · https://cclearninghub.co.uk/docs/consents-on-care-control/

Consents on Care Control

This guide will cover how to create and assign Consents on Care Control Windows





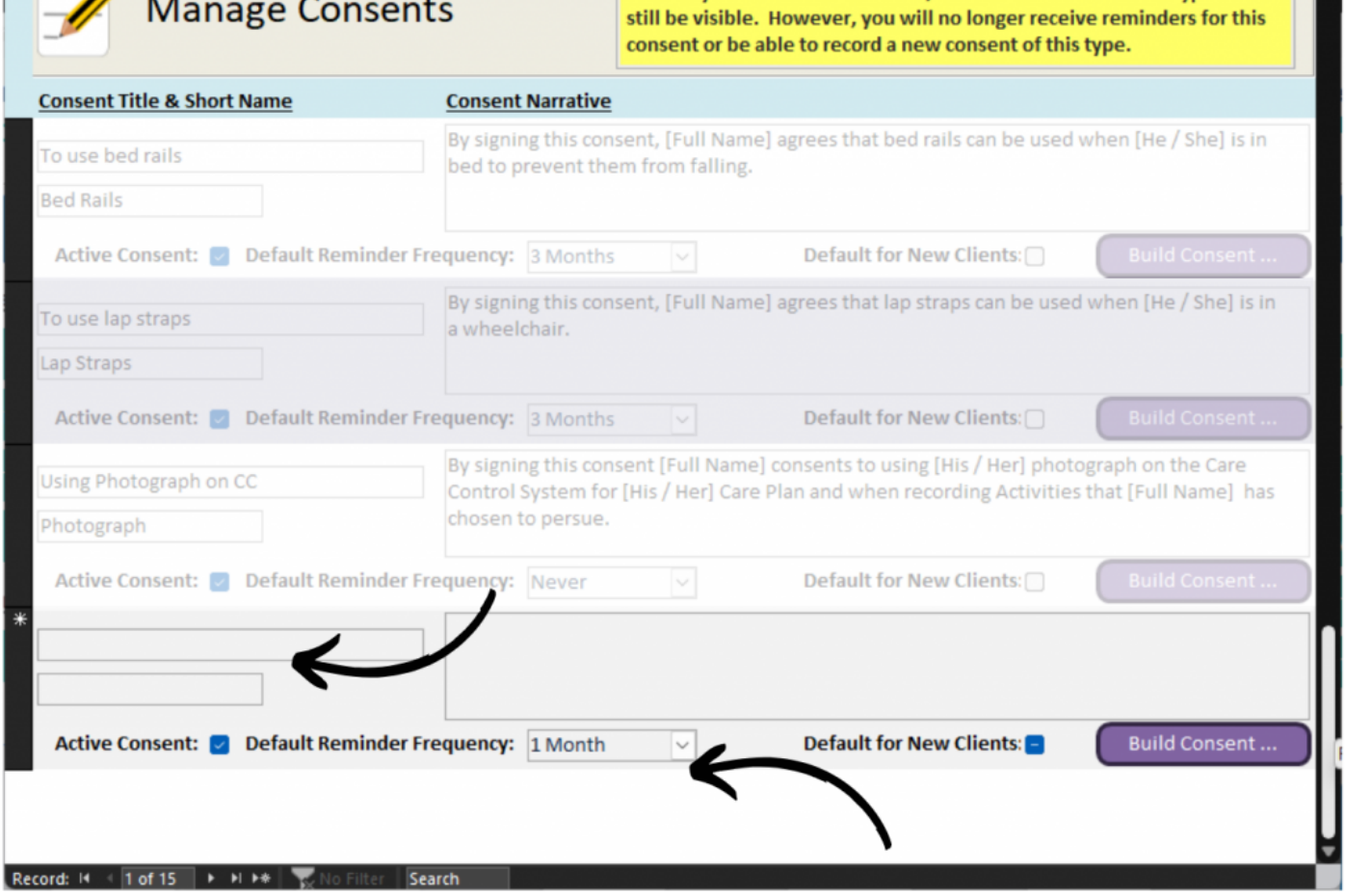
1

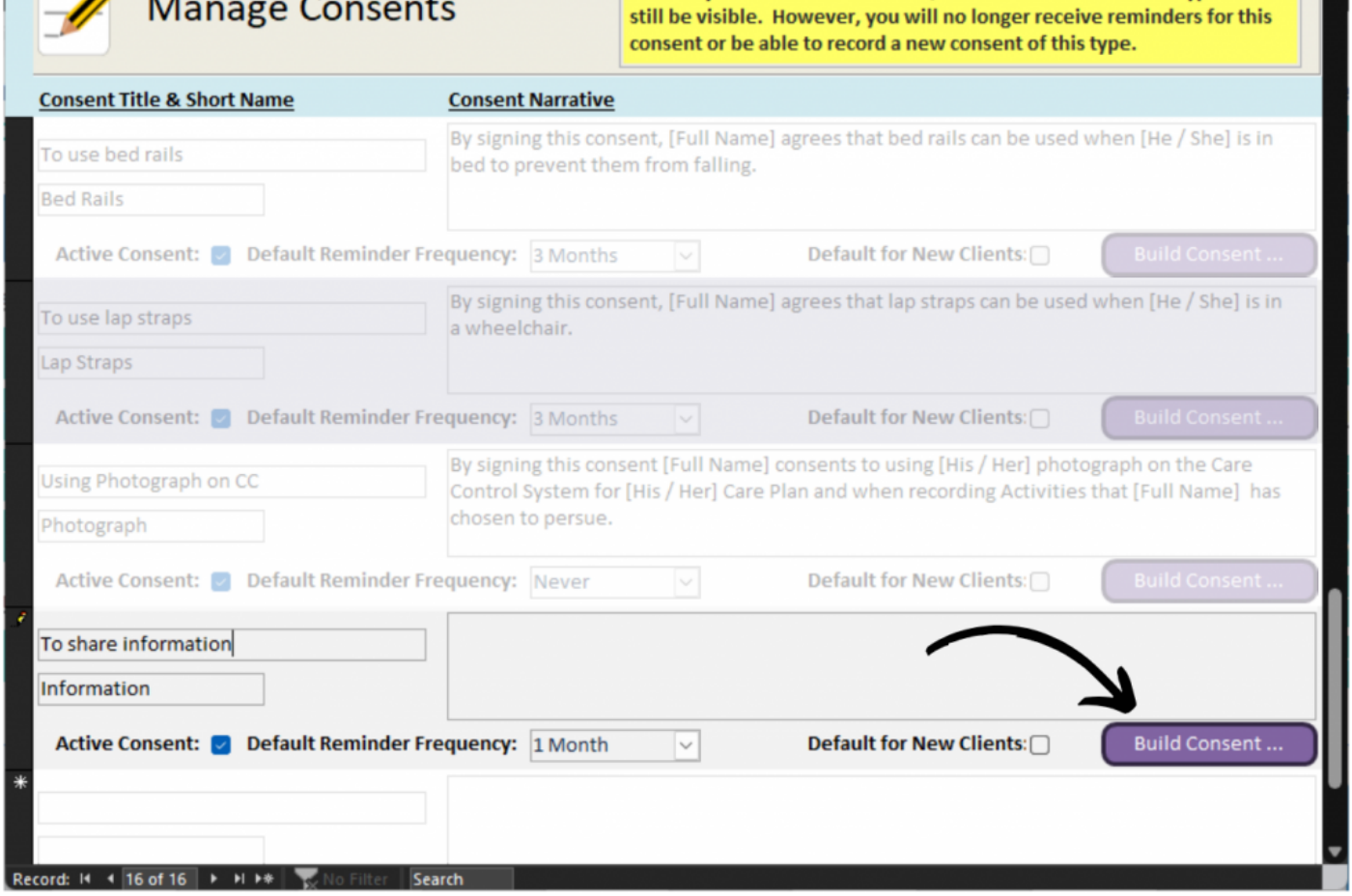
In the Administration of Care Control Windows, navigate to the **Consent Templates** tool, which can be found under the Care Planning tab.

2

A new window will open. Here, a list of the consents currently active on your system will be displayed. You can create a new one by scrolling to the bottom of the list.

There will be a blank row in which you can enter the **name** and **category** of the consent as well as set the **frequency** and **default** status.


Manage Consents
still be visible. However, you will no longer receive reminders for this consent or be able to record a new consent of this type.
Consent Title & Short Name
Consent Narrative
To use bed rails
Bed Rails
By signing this consent, [Full Name] agrees that bed rails can be used when [He / She] is in bed to prevent them from falling.
Active Consent:
Default Reminder Frequency:
3 Months
Default for New Clients:
Build Consent ...
To use lap straps
Lap Straps
By signing this consent, [Full Name] agrees that lap straps can be used when [He / She] is in a wheelchair.
Active Consent:
Default Reminder Frequency:
3 Months
Default for New Clients:
Build Consent ...
Using Photograph on CC
Photograph
By signing this consent [Full Name] consents to using [His / Her] photograph on the Care Control System for [His / Her] Care Plan and when recording Activities that [Full Name] has chosen to persue.
Active Consent:
Default Reminder Frequency:
Never
Default for New Clients:
Build Consent ...
Active Consent:
Default Reminder Frequency:
1 Month
Default for New Clients:
Build Consent ...
Record:
1 of 15
No Filter
Search



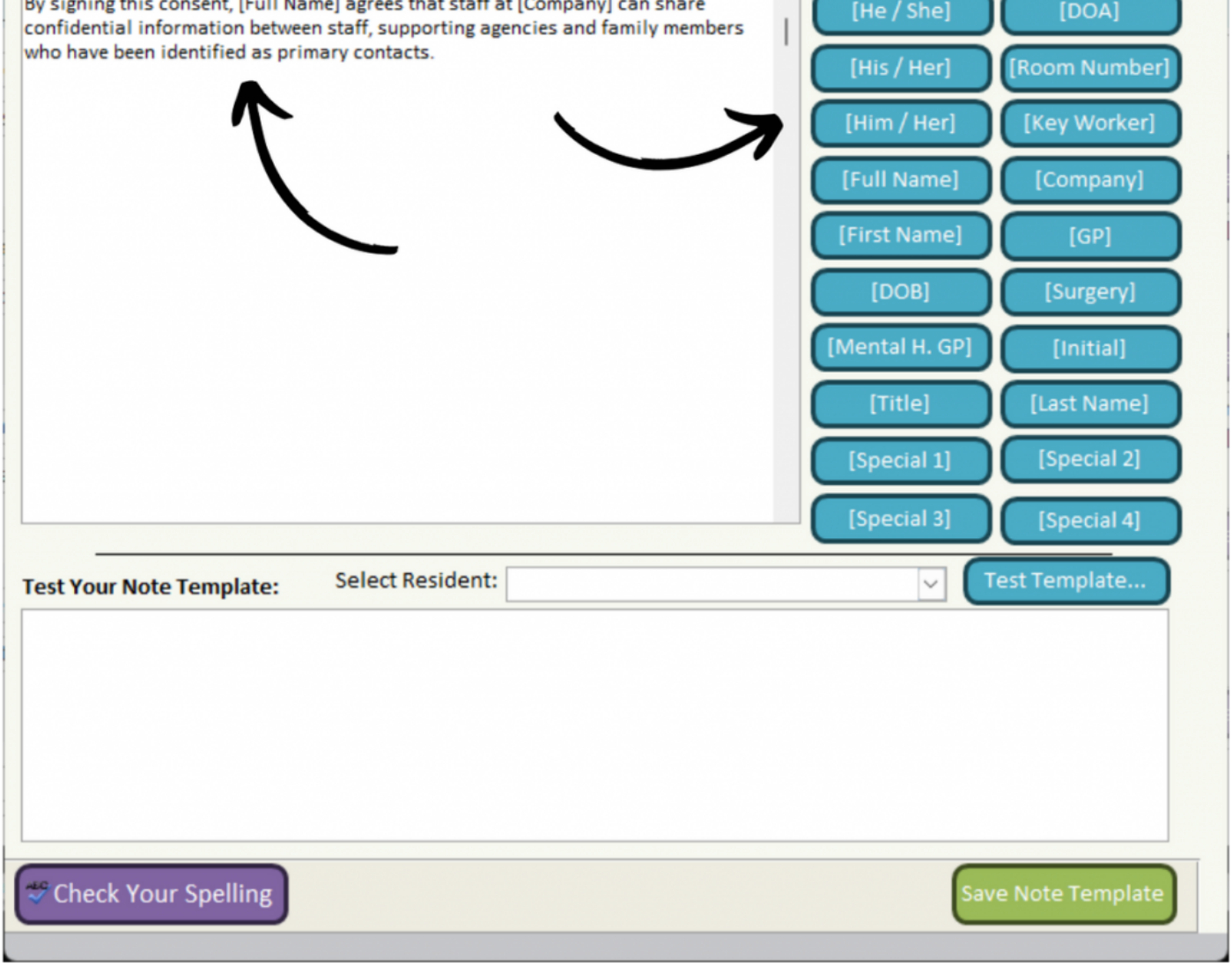
3

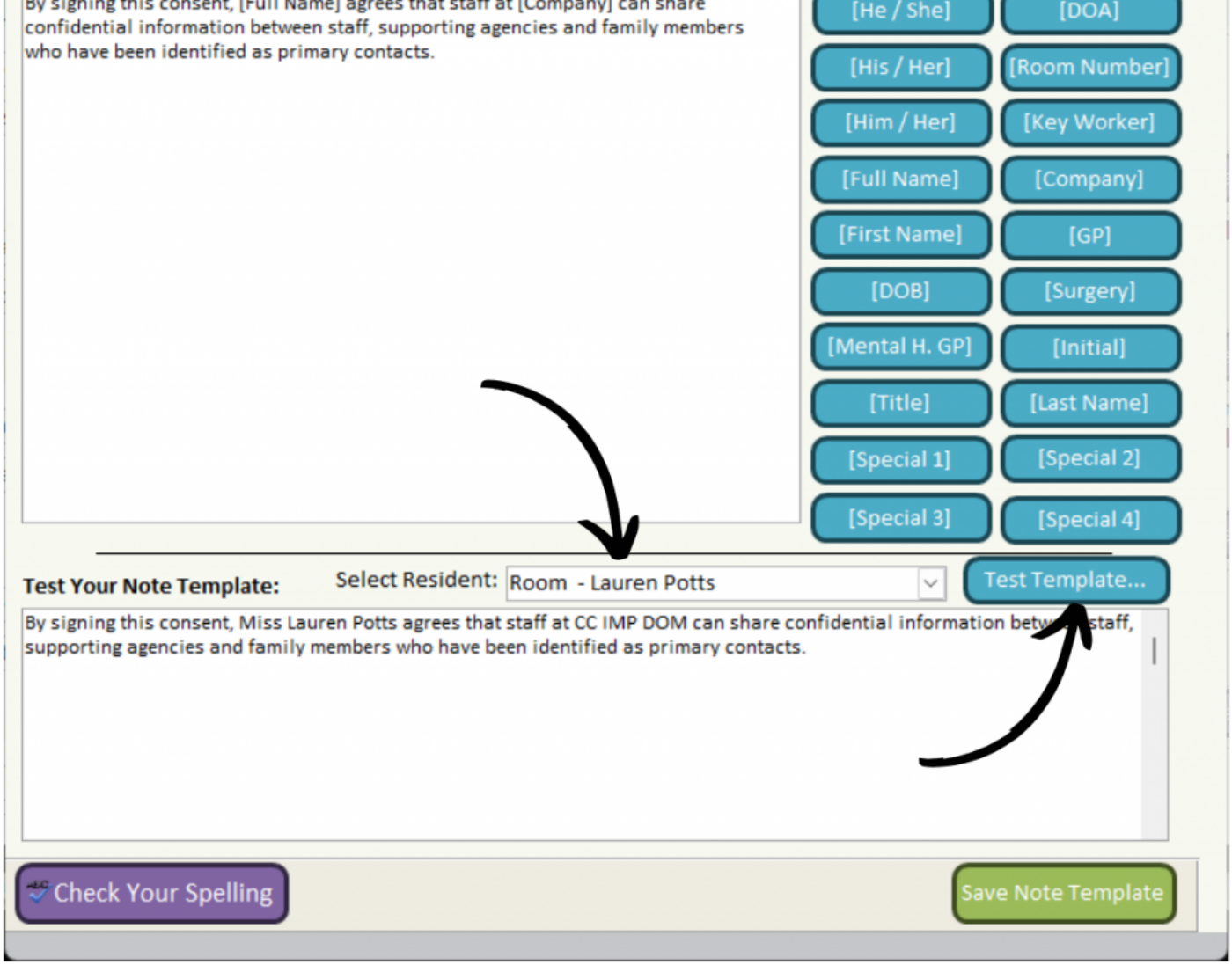
After completing the basic information, press **Build Consent** to configure the written body of it.

4

A note builder window will open. Here you can type in the large text box as well as use prompt fillers from the blue options on the right hand side.

These prompts appear as square brackets in the template, [x], but are replaced by specific information when the note is completed. For example, the prompt ‘[Full Name]’ is replaced by the service users full name when the consent is recorded.


By signing this consent, [Full Name] agrees that staff at [Company] can share confidential information between staff, supporting agencies and family members who have been identified as primary contacts.
[He / She]
[DOA]
[His / Her]
[Room Number]
[Him / Her]
[Key Worker]
[Full Name]
[Company]
[First Name]
[GP]
[DOB]
[Surgery]
[Mental H. GP]
[Initial]
[Title]
[Last Name]
[Special 1]
[Special 2]
[Special 3]
[Special 4]
Test Your Note Template:
Select Resident:
Test Template...
Check Your Spelling
Save Note Template



5

After building your note template, you can test it by selecting a service user from the drop-down list, then, press **Test Template**.

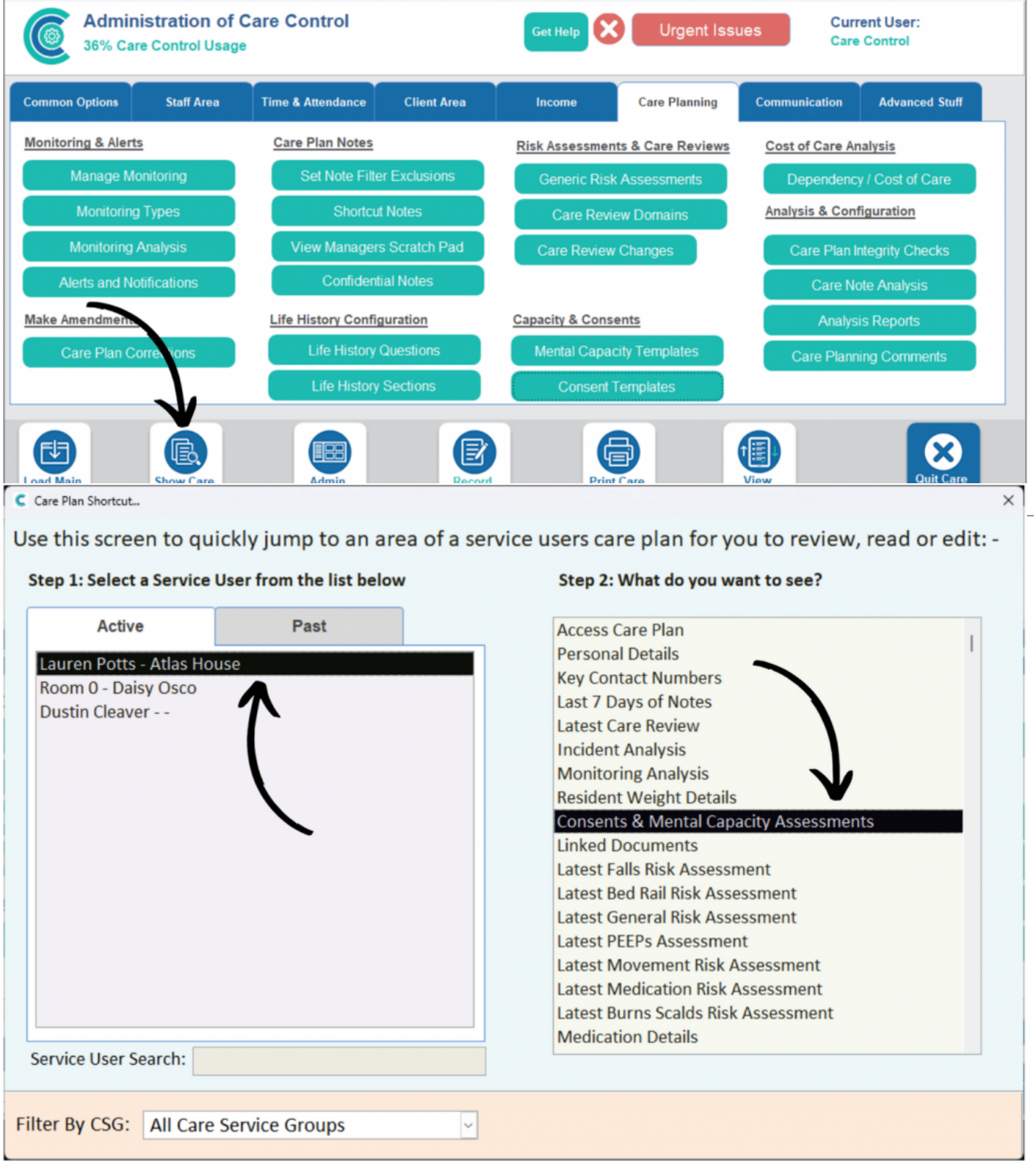
An example of the note will be displayed in the box below.

Press **Save Note Template** when you are happy with the set-up. The consent is now complete.

6

We can now complete a consent for a service user.

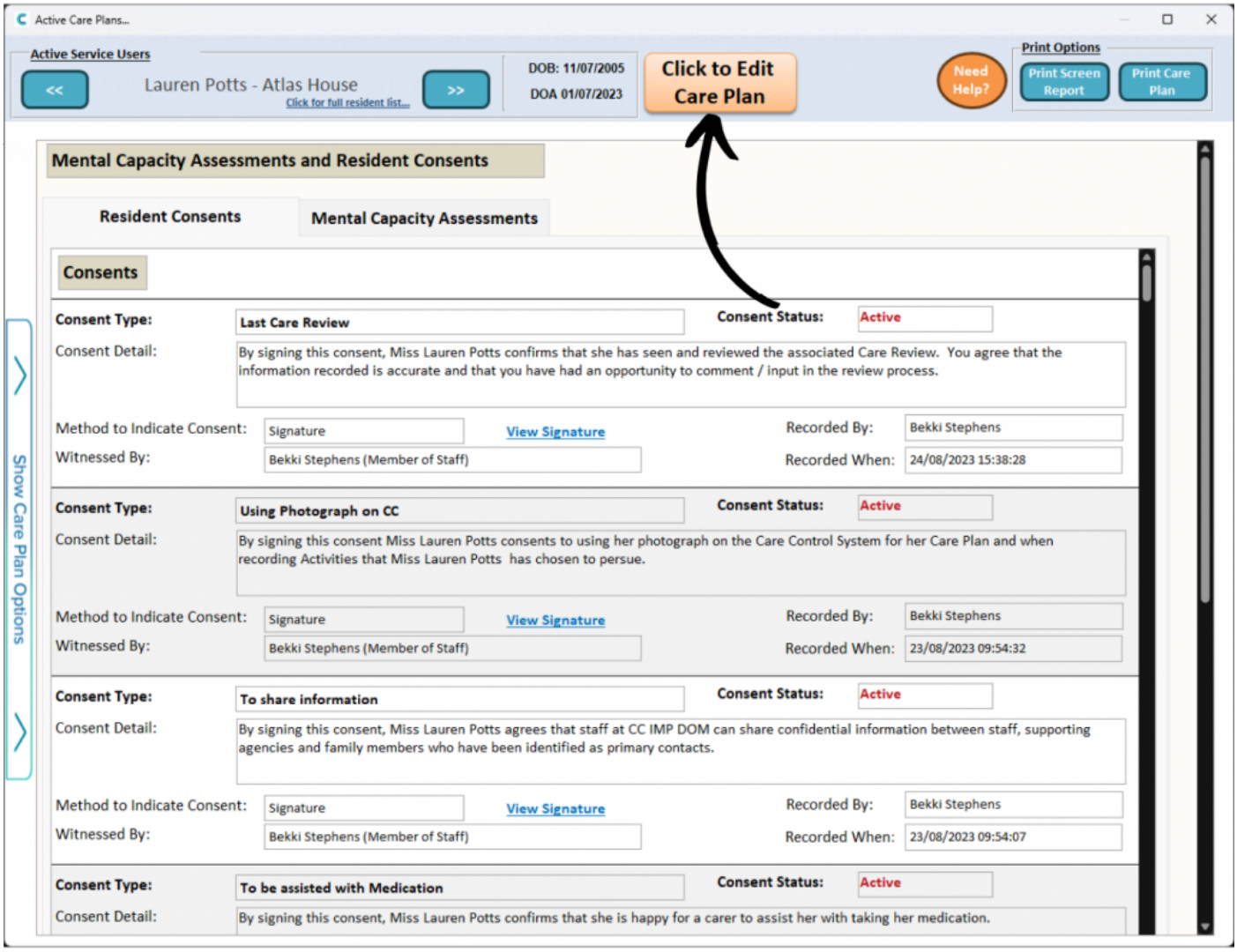
Begin by selecting **Show Care Plans** from the Administration of Care Control Windows screen.

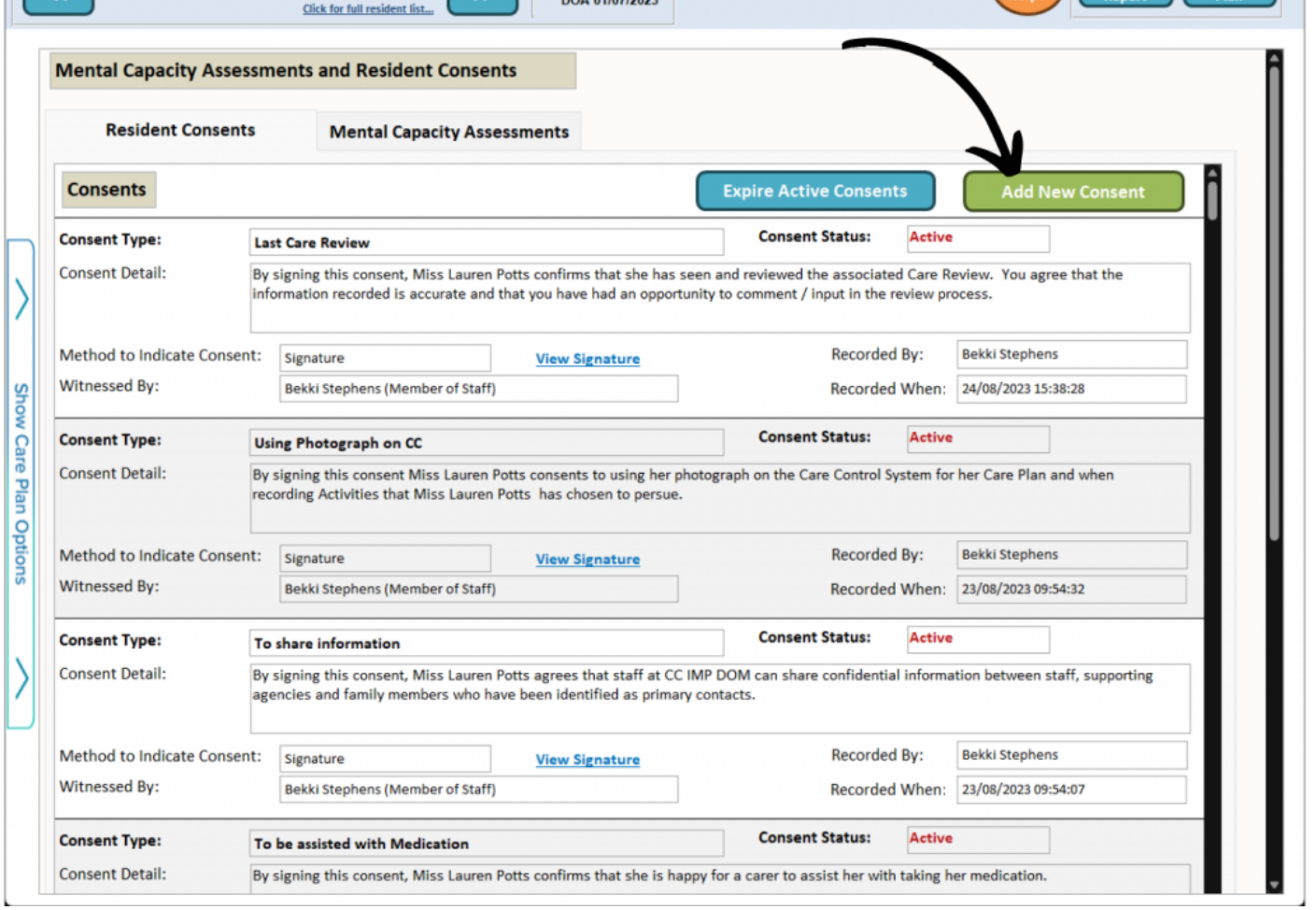


7

Select a **Service User** from the left-hand list, then choose **Consents & MCA**'s from the right-hand list.

8


Active Care Plans...
Active Service Users
<<
Lauren Potts - Atlas House
Click for full resident list...
>>
DOB: 11/07/2005
DOA 01/07/2023
Click to Edit Care Plan
Need Help?
Print Options
Print Screen Report
Print Care Plan
Mental Capacity Assessments and Resident Consents
Resident Consents
Mental Capacity Assessments
Consents
Consent Type: Last Care Review
Consent Status: Active
Consent Detail: By signing this consent, Miss Lauren Potts confirms that she has seen and reviewed the associated Care Review. You agree that the information recorded is accurate and that you have had an opportunity to comment / input in the review process.
Method to Indicate Consent: Signature
View Signature
Recorded By: Bekki Stephens
Witnessed By: Bekki Stephens (Member of Staff)
Recorded When: 24/08/2023 15:38:28
Consent Type: Using Photograph on CC
Consent Status: Active
Consent Detail: By signing this consent Miss Lauren Potts consents to using her photograph on the Care Control System for her Care Plan and when recording Activities that Miss Lauren Potts has chosen to persue.
Method to Indicate Consent: Signature
View Signature
Recorded By: Bekki Stephens
Witnessed By: Bekki Stephens (Member of Staff)
Recorded When: 23/08/2023 09:54:32
Consent Type: To share information
Consent Status: Active
Consent Detail: By signing this consent, Miss Lauren Potts agrees that staff at CC IMP DOM can share confidential information between staff, supporting agencies and family members who have been identified as primary contacts.
Method to Indicate Consent: Signature
View Signature
Recorded By: Bekki Stephens
Witnessed By: Bekki Stephens (Member of Staff)
Recorded When: 23/08/2023 09:54:07
Consent Type: To be assisted with Medication
Consent Status: Active
Consent Detail: By signing this consent, Miss Lauren Potts confirms that she is happy for a carer to assist her with taking her medication.
Show Care Plan Options



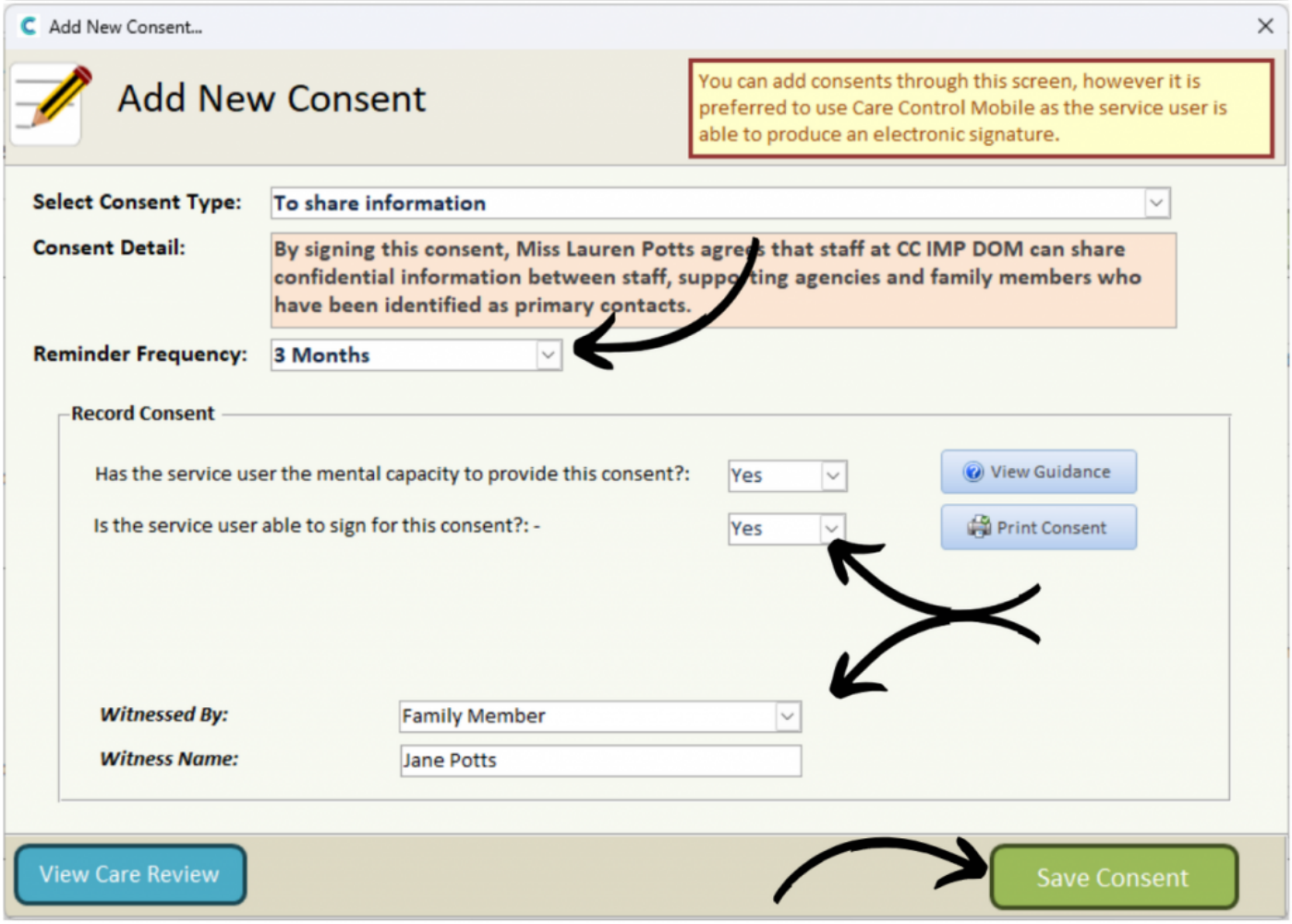
9

A new button should appear labelled '**Add New Consent**'. Press this to continue.

10

Select the **Consent** from the first drop-down list. This will load the consent detail in the orange box below, as well as reveal some further options.


Add New Consent
You can add consents through this screen, however it is preferred to use Care Control Mobile as the service user is able to produce an electronic signature.
Select Consent Type:
<< Please Select >>
Consent Detail:
Reminder Frequency:
View Care Review


Add New Consent...
Add New Consent
You can add consents through this screen, however it is preferred to use Care Control Mobile as the service user is able to produce an electronic signature.
Select Consent Type:
To share information
Consent Detail:
By signing this consent, Miss Lauren Potts agrees that staff at CC IMP DOM can share confidential information between staff, supporting agencies and family members who have been identified as primary contacts.
Reminder Frequency:
3 Months
Record Consent
Has the service user the mental capacity to provide this consent?:
Yes
View Guidance
Is the service user able to sign for this consent?: -
Yes
Print Consent
Witnessed By:
Family Member
Witness Name:
Jane Potts
View Care Review
Save Consent

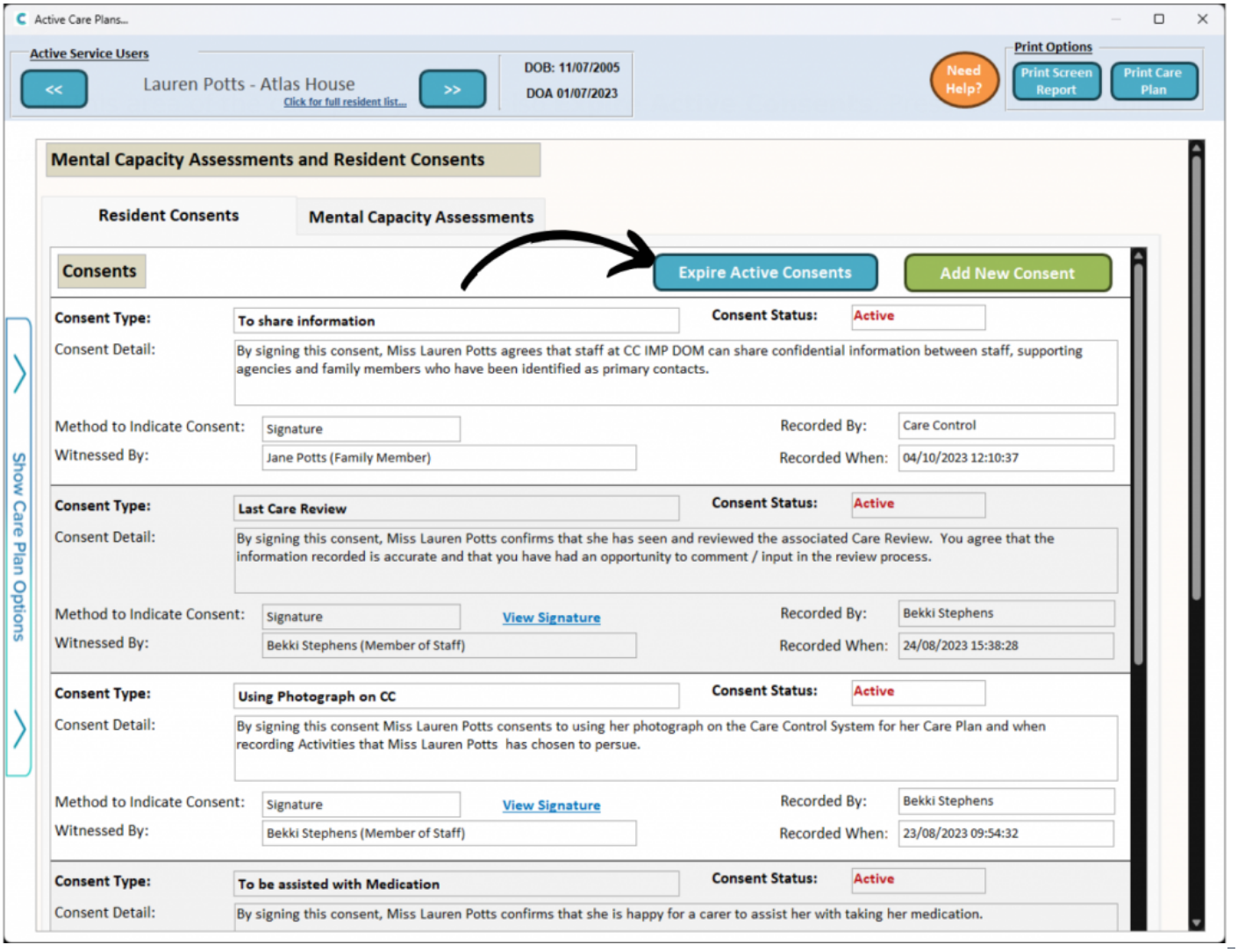
11

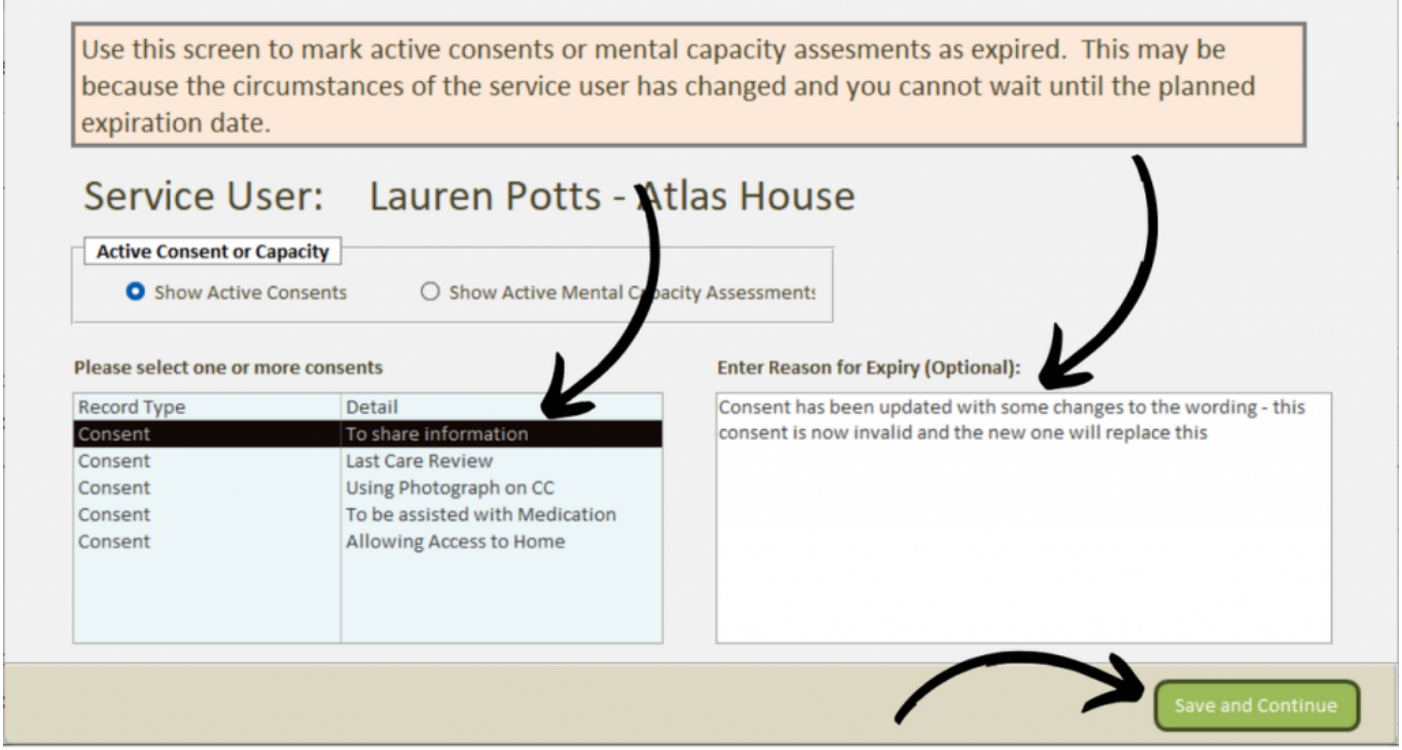
Next, select the **Reminder Frequency** – this is the period of time until the consent will need to be re-done.

Next, choose whether the service user has the **capacity** to provide the consent, and whether the service user can **sign** the consent.

Then, enter who **witnessed** the consent and press **Save Consent** to complete the process.

Please note – signatures can be recorded digitally when completing consents on Care Control Mobile.





13

Begin by selecting the **active consent** from the left hand list.

Then, enter a **reason** for expiry and press **Save & Continue**.