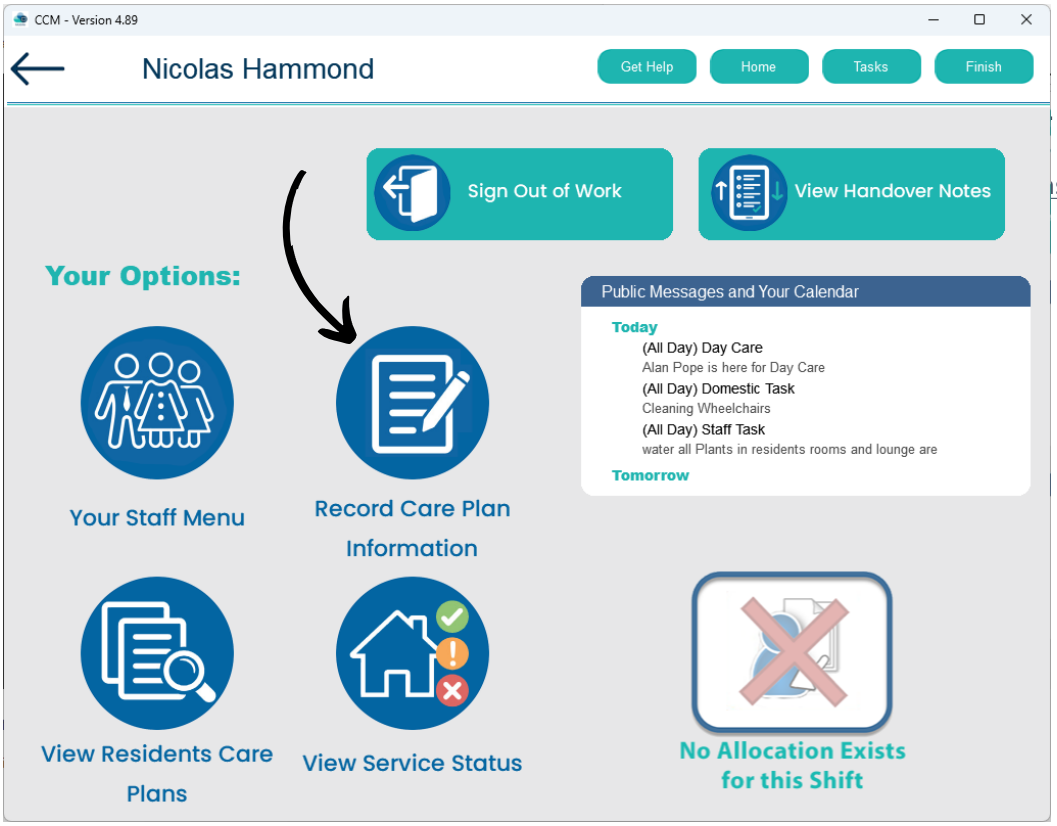
Recording a Consent on Mobile

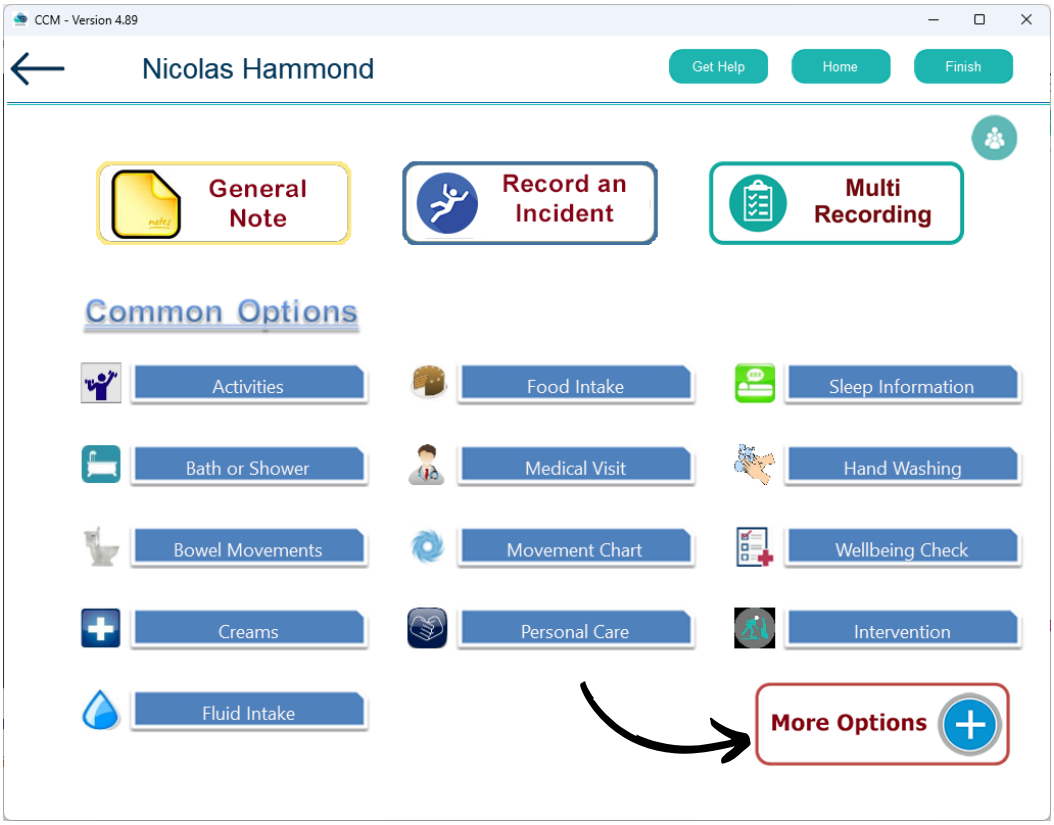
Care Control Mobile · https://cclearninghub.co.uk/docs/recording-a-consent-on-mobile/

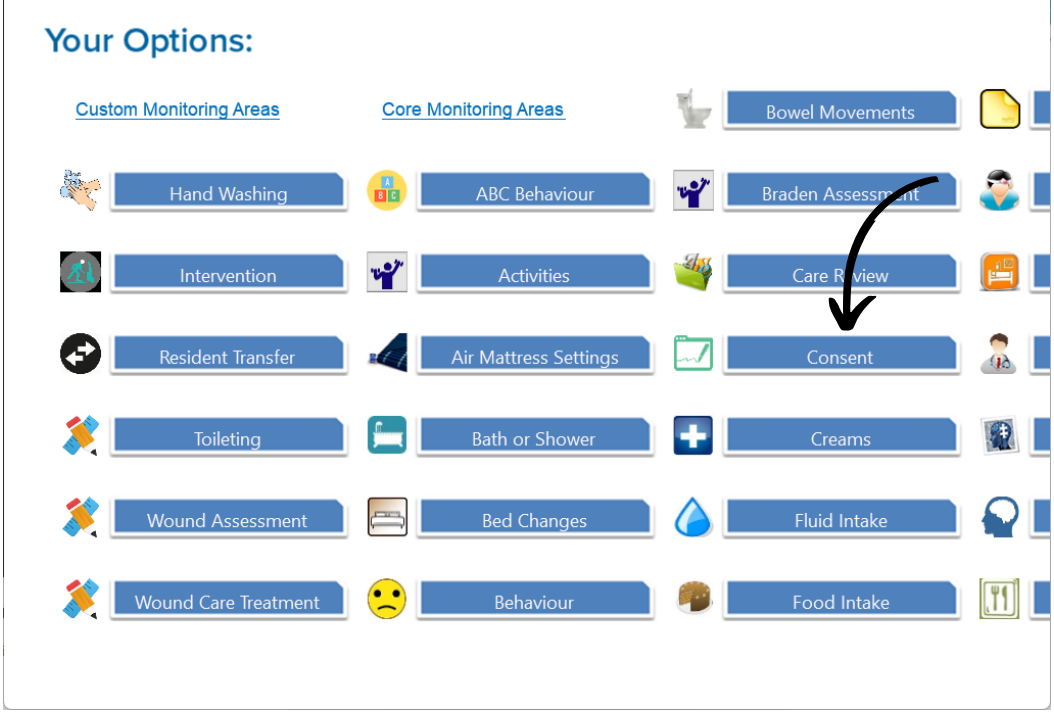


sent.mp4

1

From the main menu select **Record Care Plan Information.**


CCM - Version 4.89
Nicolas Hammond
Get Help
Home
Finish
General Note
Record an Incident
Multi Recording
Common Options
Activities
Food Intake
Sleep Information
Bath or Shower
Medical Visit
Hand Washing
Bowel Movements
Movement Chart
Wellbeing Check
Creams
Personal Care
Intervention
Fluid Intake
More Options



3

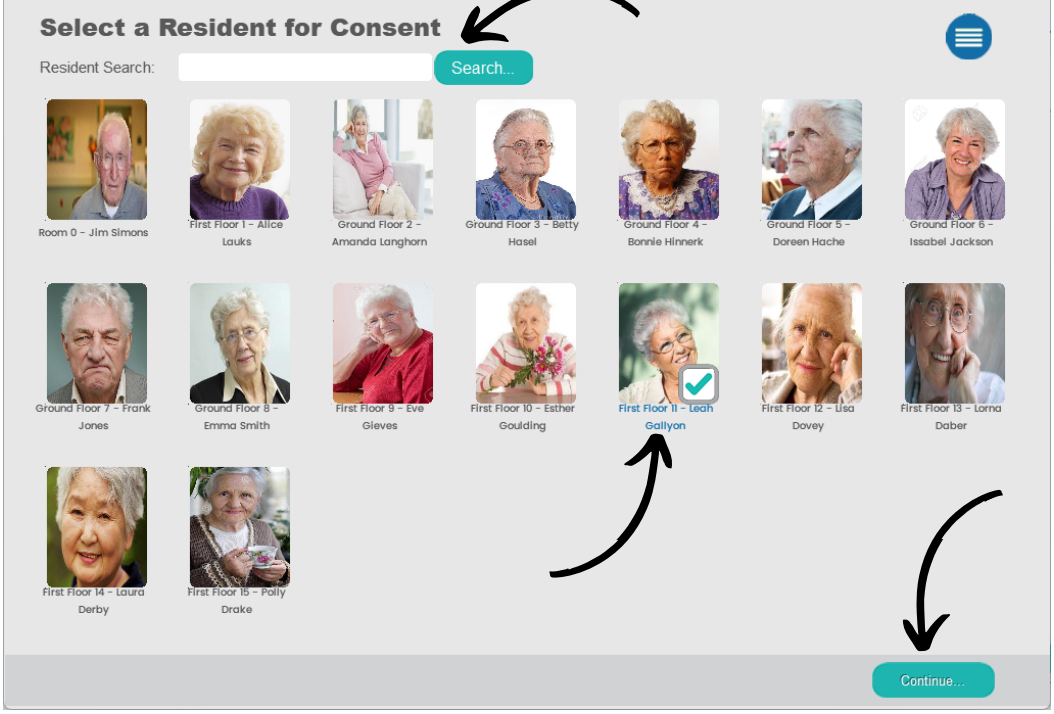
In the **More Options** area click the **Consent** box.

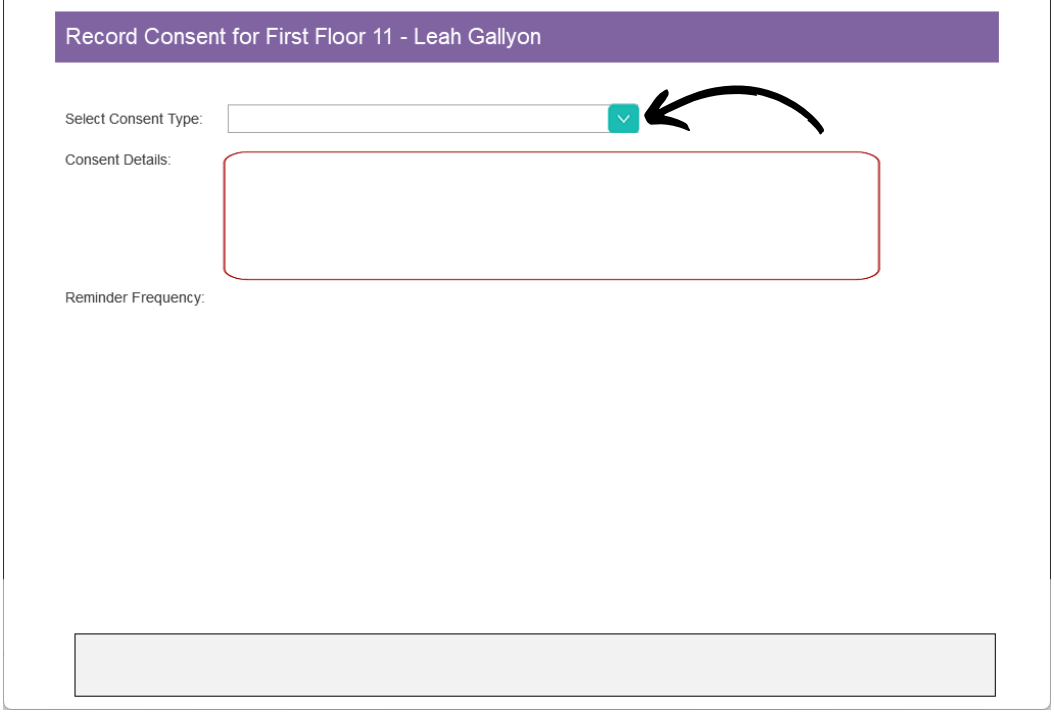
4

You can now select a **Resident for Consent.**

You can search for the resident at the top of the page.

Once the resident is selected there will be a tick next to their image. Once they are selected, tap **Continue.**


Select a Resident for Consent
Resident Search:
Search...
Room 0 - Jim Simons
First Floor 1 - Alice Lauks
Ground Floor 2 - Amanda Langhorn
Ground Floor 3 - Betty Hasel
Ground Floor 4 - Bonnie Hinnerk
Ground Floor 5 - Doreen Hache
Ground Floor 6 - Issabel Jackson
Ground Floor 7 - Frank Jones
Ground Floor 8 - Emma Smith
First Floor 9 - Eve Gleves
First Floor 10 - Esther Goulding
First Floor 11 - Leah Gallyon
First Floor 12 - Lisa Dovey
First Floor 13 - Lorna Daber
First Floor 14 - Laura Derby
First Floor 15 - Polly Drake
Continue...



5

Press the **arrow** to open a **drop-down** menu. The drop-down menu shows all of the consent types.

You can scroll down to see further consents.

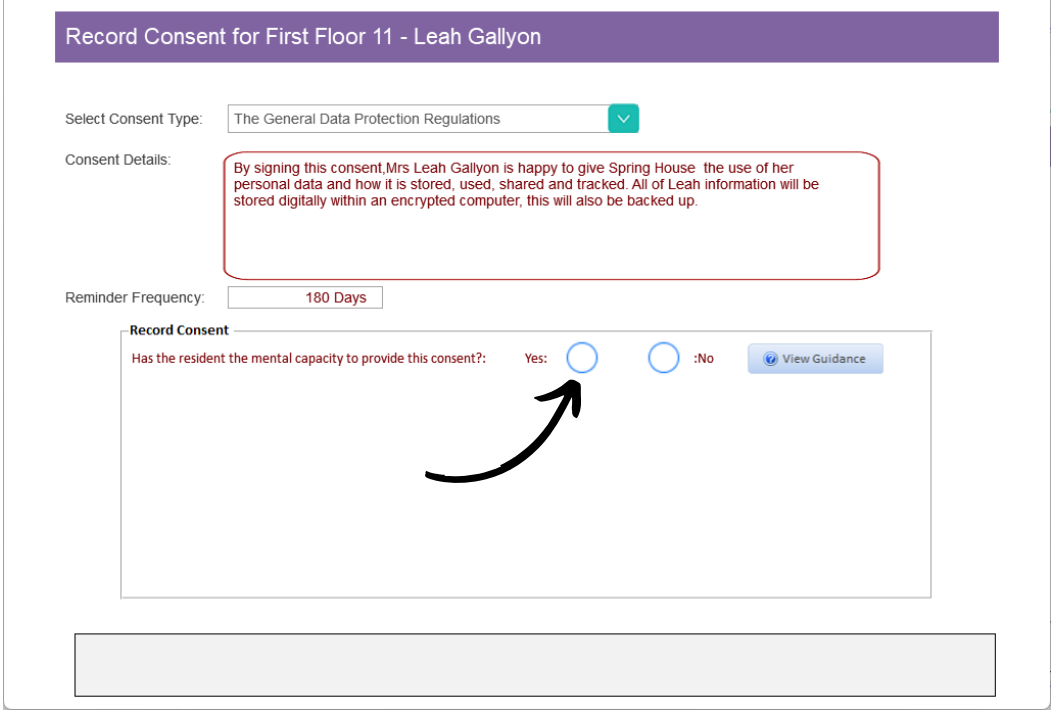
6

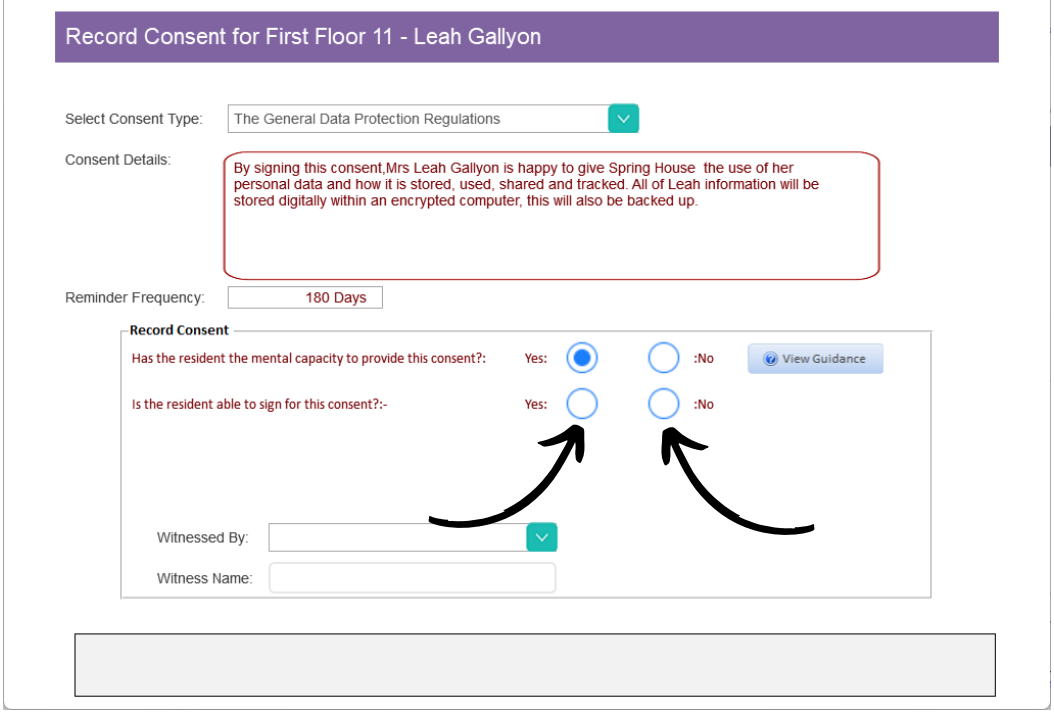
Once the **Consent Type** has been selected, the **Consent Details** will be populated.

The **Reminder Frequency** is also populated automatically.

To start recording consent select Yes on the **Has the resident the mental capacity to provide the consent.**

If **No** is selected, you will be indicated to complete a **Mental Capacity Assessment.**


Record Consent for First Floor 11 - Leah Gallyon
Select Consent Type:
The General Data Protection Regulations
Consent Details:
By signing this consent,Mrs Leah Gallyon is happy to give Spring House the use of her personal data and how it is stored, used, shared and tracked. All of Leah information will be stored digitally within an encrypted computer, this will also be backed up.
Reminder Frequency:
180 Days
Record Consent
Has the resident the mental capacity to provide this consent?:
Yes:
:No
View Guidance



7

The **Is the resident able to sign for this consent** will appear.

You can select **Yes** or **No** for different options.

Go to **8** if the selection is **Yes**.

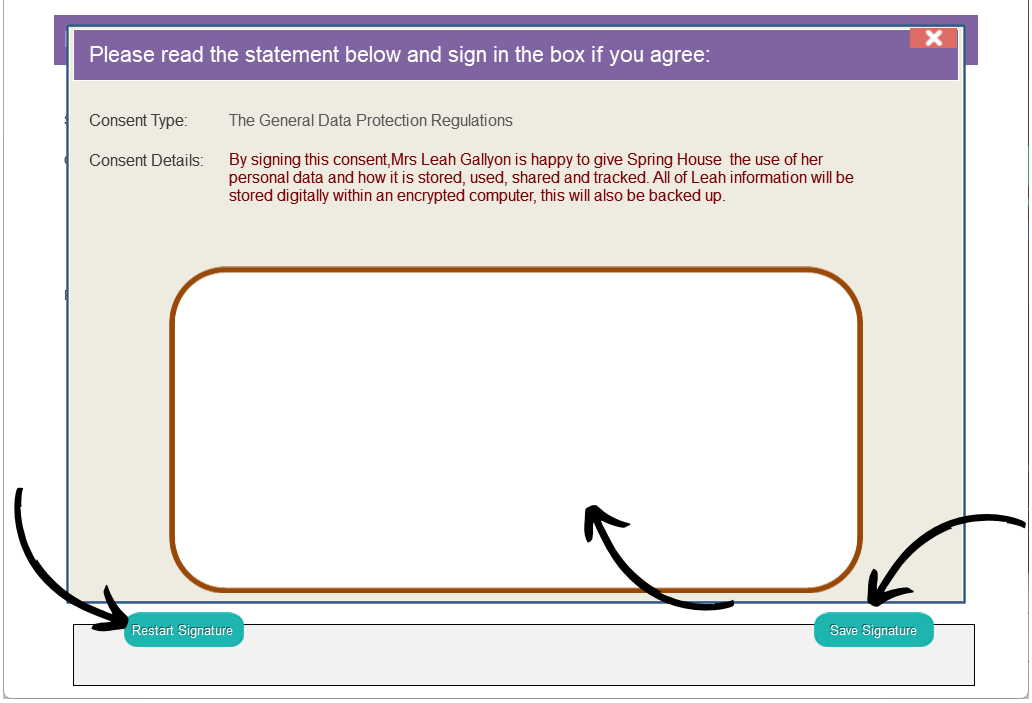
If the selection is **No** go to section **10**.

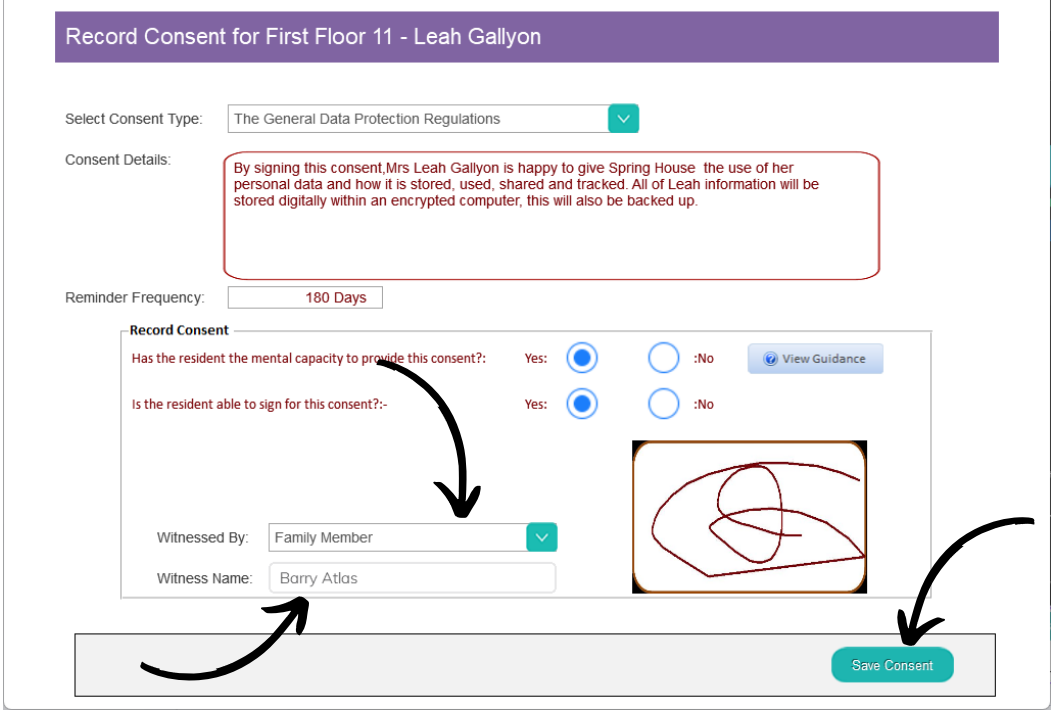
8

If you previously selected **Yes** you should allow the resident to input their signature into the box.

You can **Restart Signature** which will reset the box.

Once done, click **Save Signature**.


Please read the statement below and sign in the box if you agree:
Consent Type:
The General Data Protection Regulations
Consent Details:
By signing this consent,Mrs Leah Gallyon is happy to give Spring House the use of her personal data and how it is stored, used, shared and tracked. All of Leah information will be stored digitally within an encrypted computer, this will also be backed up.
Restart Signature
Save Signature



9

Once the signature is saved you will need to select a **witness.**

Select from the drop-down on **Witnessed By** to select what category the witness is in.

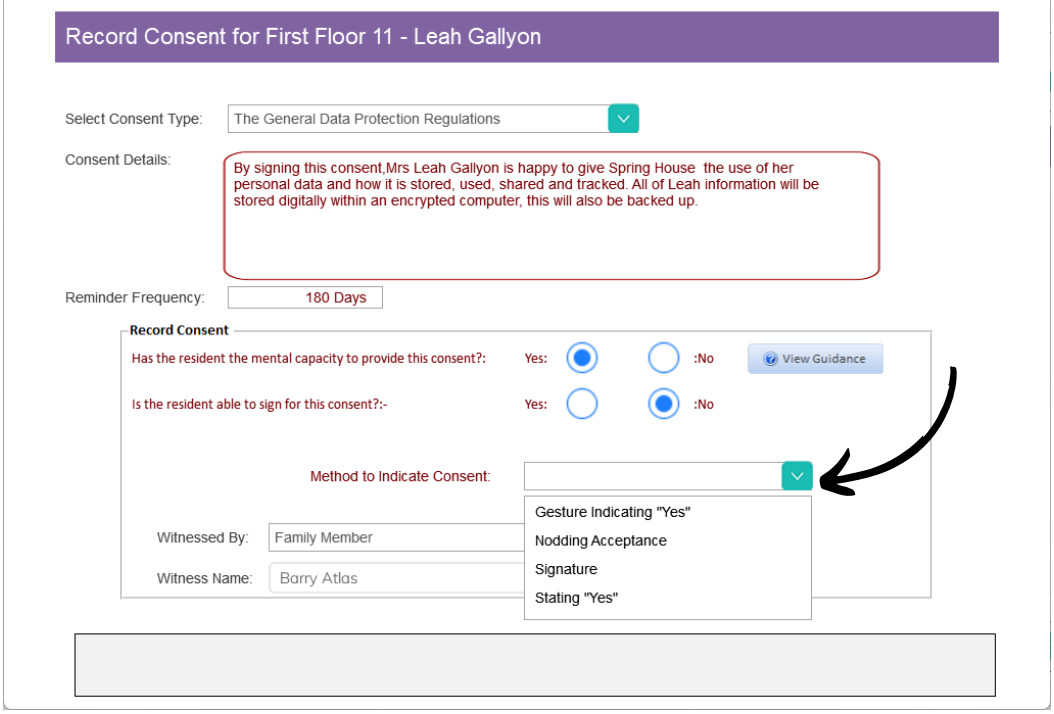
You can then enter the **Witness Name.**

Once all of the boxes have been filled you can **Save Consent**.

10

If the **Is the resident able to sign for this consent** is no you can select a **Method to indicate consent** via the drop-down menu.

You can then continue the rest of the consent form as usual.


Record Consent for First Floor 11 - Leah Gallyon
Select Consent Type:
The General Data Protection Regulations
Consent Details:
By signing this consent,Mrs Leah Gallyon is happy to give Spring House the use of her personal data and how it is stored, used, shared and tracked. All of Leah information will be stored digitally within an encrypted computer, this will also be backed up.
Reminder Frequency:
180 Days
Record Consent
Has the resident the mental capacity to provide this consent?:
Yes:
:No
View Guidance
Is the resident able to sign for this consent?:-
Yes:
:No
Method to Indicate Consent:
Gesture Indicating "Yes"
Nodding Acceptance
Signature
Stating "Yes"
Witnessed By:
Family Member
Witness Name:
Barry Atlas