**Welfare and Financial Guardianship in the Care Home**

The following is not an exclusive guide but can be used in most circumstances when a person who lacks some capacity is admitted to a residential unit or care home under guardianship. See the Codes of Practice for managers of authorised establishments under part 4 of the Act for guidance on how care establishments may manage the finances of residents themselves in certain circumstances.

**Record Keeping**

It would be good practice for the care home to keep certain additional records about the operation of the guardianship. These should always include a record of the specific powers the guardian has and delegates to staff, such as supervision when out, restricting access to alcohol, or certain people, or management of personal allowances.

The care home must ensure the guardian/attorney (as well as the social worker and Care Inspectorate) are informed of any accidents or incidents. The guardian/attorney must be involved in decisions, or changes to, the plan of care.

A record of contact between the care home and the guardian should be kept. Where the guardian is a private person, a record of contact between the care home and the supervising social worker also should be kept. If the SW is the guardian they must keep in regular contact with the person on guardianship.

**Agreement between guardian/s and the care provider**

|  |  |  |
| --- | --- | --- |
| **The authorised power** | **Record of the agreement between the guardian/s and the care provider** | **Date and sign** |
| ***Example for ‘Power to decide where the adult shall reside’*** | *Add how should staff respond if the adult tries to leave the care home? (This should be also in the care plan).*  *Is there an expectation that there is a locked door?*  *If the adult manages to leave, should care home staff contact the guardian, only during the day, or at night time too?*  *If it is necessary to put hands on the adult to stop him/her leaving - check the certificate - is force authorised?* | *Care home manager*  *Guardian*  *Date* |
| 1 **Power to decide where the adult shall reside** |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Continue on a separate sheet if necessary.

**Guardianship/POA Check List for Resident’s File**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of person with incapacity** | **DOB** | | **Date g’ship granted** | **Duration of guardianship** |
|  |  | |  |  |
| **Name and address of guardian/s attorney/s** | **Rel’ship to adult** | | **Tele Numbers/Contact Arrangements (inc. out of hours)** | |
| Circle whether – Welfare/Financial/Both |  | |  | |
| Circle whether – Welfare/Financial/Both |  | |  | |
| Powers of guardian/attorneys | Circle\* | Tick \* | Notes | |
| Decide where the adult should reside | Yes/No |  |  | |
| Provide social, cultural, or educational activities and holidays | Yes/No |  |  | |
| Access to be given to medical, social work or care staff when required | Yes/No |  |  | |
| Financial powers of any kind (usually as Financial Guardian/Attorney) | Yes/No |  |  | |
| Consent to medical treatments, research, or supervise medication | Yes/No |  | A section 47 Treatment Certificate1 to authorise treatment may be necessary. See GP or psychiatrist. | |
| Take legal action of any kind on behalf of the adult | Yes/No |  |  | |
| Access to any confidential records or data held on the adult | Yes/No |  |  | |
| Dress, diet, personal appearance or hygiene | Yes/No |  |  | |
| With whom the adult may consort, or restrict or control access to certain people | Yes/No |  |  | |
| Accompany the adult, or monitor or supervise the adult at all times | Yes/No |  |  | |
| Other, please specify | Yes/No |  | If there are more powers attach a separate sheet2. | |
| **\*Circle Yes if Guardian has this power2. Tick each of the powers the guardian has delegated to staff** | | | | |

|  |  |  |
| --- | --- | --- |
|  | **Name and address** | **Telephone number**  **(inc. out of hours)** |
| **Supervisor (for private guardians only)** | Local Authority: |  |
| **Person managing financial affairs – ie appointee** |  |  |
| **Person/s for whom access to adult is restricted**2 |  |  |

1 The Act requires a Treatment Certificate be completed even where there is a Guardian/Attorney with this power.

2 Attach details of any arrangements, and any other authorised restrictions, to this sheet.