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COURSE BROCHURE

Elderly Care Ethics, Capacity and Safeguarding Law Training Course

25 – 29 January 2027
Rome

Elderly Care Ethics, Capacity and Safeguarding Law Training Course

Ref: 949_35928 **Date:** 25 – 29 January 2027 **Location:** Rome **Fees:** 6200 GBP

Elderly Care Ethics, Capacity and Safeguarding Law is a 1-week training course for care home managers, senior nurses and social care leads who build a Resident Rights and Safeguarding Decision Record for their service. Rising dementia rates and closer scrutiny of providers mean every consent, restriction and end-of-life choice must be reasoned and recorded. Jupiter Prime Training presents Elderly Care Ethics, Capacity and Safeguarding Law as a core discipline for residential and home care.

Why Elderly Care Ethics, Capacity and Safeguarding Law Matter Now

Three forces shape this field today. Families expect a voice, yet the older person decides wherever capacity allows. Staff shortages raise the risk of neglect and undocumented restraint. Inspectors and courts now judge the reasoning behind each decision. Handled well, these duties keep resident trust; handled badly, they bring harm, complaints and negligence claims. The course rests on the four principles of biomedical ethics, the person-centred care model and a structured safeguarding enquiry cycle.

Who Gains Most from Elderly Care Ethics, Capacity and Safeguarding Law

- Leaders accountable for admission and care planning of older residents
- Nursing leads responsible for consent to treatment, medication and clinical escalation
- Safeguarding leads who receive concerns, open enquiries and liaise with external agencies
- Coordinators who arrange home visits, family meetings and hospital discharge
- Quality and records officers who manage care notes, incident logs and complaint files

A nursing home or home care agency gains most when its manager, a nursing lead and its safeguarding lead attend together.

Elderly Care Ethics, Capacity and Safeguarding Law Capabilities

Participants turn bedside judgement into reasoned, lawful and written decisions about autonomy, protection and dying.

- Assess decision-specific capacity with a functional test — consent to care and moving home
- Apply best-interests reasoning for residents lacking capacity — families and clinicians
- Weigh restrictive practices against the least restrictive option — resident liberty
- Design a safeguarding response from concern to outcome — external agencies
- Specify how advance directives are recorded and honoured — palliative teams
- Build care records that withstand scrutiny — inspectors and insurers

Key Elderly Care Ethics, Capacity and Safeguarding Law Terms

- Mental capacity — the ability to understand, retain, weigh and communicate a particular decision when it arises.
- Best interests — the standard for acting on behalf of a person without capacity based on their known wishes and values.
- Safeguarding — the duty to protect older adults from abuse and neglect while respecting their wishes.
- Advance directive — a statement made with capacity that refuses or requests specific treatment should capacity later be lost.
- Deprivation of liberty — continuous supervision and control where the person is not free to leave.
- Duty of candour — a provider's duty to be open with residents and families when care causes harm.

Elderly Care Ethics, Capacity and Safeguarding Law Day by Day

Day 1: Ethical Foundations of Older Adult Care

- Four Principles of Biomedical Ethics — Balancing Autonomy Against Protection
- Person-Centred Care Model — Shaping Daily Routines Around Resident Wishes
- Dignity and Ageism Audit — Spotting Paternalism in Everyday Care
- Ethical Dilemma Framework — Resolving Disputes Between Residents and Relatives
- Rights-Based Care Charter — Setting Service Values for Staff Conduct

Day 2: Capacity, Consent and Restrictive Practice

- Functional Capacity Test — Judging Decisions About Treatment and Residence
- Valid Consent Elements — Information, Voluntariness and Fluctuating Dementia
- Best-Interests Checklist — Acting for Residents Who Lack Capacity
- Least Restrictive Option Review — Using Bed Rails, Sensors and Locked Doors
- Covert Medication Protocol — Approving Hidden Medicines With Clinical Oversight

Day 3: Recognising and Responding to Abuse

- Categories of Elder Abuse — Identifying Physical, Financial and Psychological Harm
- Neglect and Self-Neglect Indicators — Deciding When to Escalate Concerns
- Safeguarding Enquiry Cycle — Moving From Alert to Protection Plan
- Whistleblowing and Disclosure Routes — Protecting Staff Who Raise Concerns
- Multi-Agency Referral Pathway — Sharing Information With Police and Social Services

Day 4: Confidentiality, End of Life and Provider Liability

- Confidentiality and Information Sharing Rules — Disclosing Without Breaching Trust
- Advance Care Planning Conversation — Recording Preferred Place and Manner of Death
- Do-Not-Attempt-Resuscitation Decisions — Involving Residents, Families and Clinicians
- Negligence and Duty of Care Analysis — Assessing Provider and Staff Exposure
- Complaints Handling Procedure — Investigating Grievances and Offering Candid Redress

Day 5: Practising the Resident Rights and Safeguarding Decision Record

- Capacity Assessment Write-Up — Documenting a Contested Move Into Nursing Care
- Safeguarding Case Simulation — Handling Suspected Financial Abuse by a Relative
- Defensible Care Notes Standard — Writing Entries That Survive Legal Scrutiny
- End-of-Life Wishes Register — Linking Advance Directives to Care Plans
- Resident Rights and Safeguarding Decision Record — Completing the Service Template

Applying Elderly Care Ethics, Capacity and Safeguarding Law After the Course

- Audit five recent care plans for decision-specific capacity and best-interests reasoning.
- Run a safeguarding case review with the home team using the enquiry cycle and refresh the referral pathway.

Elderly Care Ethics, Capacity and Safeguarding Law Questions FAQ

What are Elderly Care Ethics, Capacity and Safeguarding Law, and why do they matter now?

They are the principles and legal duties governing consent, abuse protection and end-of-life choices for older people. They matter now because more residents live with dementia and providers are judged on how each decision is recorded.

Which roles gain most from Elderly Care Ethics, Capacity and Safeguarding Law?

Care home managers, nursing leads, safeguarding leads and social care coordinators gain most. Each makes or records decisions about capacity, restriction and abuse concerns.

How does Elderly Care Ethics, Capacity and Safeguarding Law differ from a general healthcare law course?

It focuses on older adults in residential and home care rather than hospital medicine. You work on dementia, fluctuating capacity, restrictive practices and elder abuse.

What do you bring back from Elderly Care Ethics, Capacity and Safeguarding Law?

You bring back a completed decision record template for your service. It covers capacity assessments, best-interests decisions, safeguarding responses and end-of-life wishes.

Elderly Care Ethics, Capacity and Safeguarding Law: The Way Forward

The Resident Rights and Safeguarding Decision Record first informs how the next contested capacity decision is assessed and written. Managers, nursing leads and safeguarding officers use it during admissions and abuse enquiries. After its first use, revisit how far restrictive measures were truly the least restrictive option and whether the resident's own voice shaped the outcome.