CT7 PERSON-CENTERED CARE, MENTAL CAPACITY AND CONSENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which statement would be incorrect as an example of when a Care & Support plan would need to be reviewed or changed?

A. After a new diagnosis is received.

B. If the person\'s circumstances change.

C. When the care team\'s recommendations change.

D. Prior to an admission to hospital.

2. Which of the following is NOT an example of person-centred care?

A. Assumption of care needs.

B. Personalised care.

C. Involvement in decisions.

D. Respect for preferences.

3. Which of the following would be an appropriate policy-related consequence of breaches?

A. Formal reprimand in staff meeting.

B. Suspension from duties.

C. Dismissal from duty.

D. Criminal prosecution for breaches of NWAS Dress Code & Uniform Policy.

4. Which item is typically used to indicate a cognitive or neurological issue rather than functional capacity?

A. The patient can change the TV channel over.

B. An inability to walk in a straight line.

C. The patient can narrate the events of the day.

D. The patient can identify emergency services.

5. In an ambulance service applying person-centred care, which statement is true?

A. Carers' views are the only factor.

B. Decisions are made without any input.

C. We do not rely solely on carers' views; patient input is also considered.

D. Policy overrides patient preferences.

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6. Which of the following would be not part of the functional test during capacity assessment?

A. The patient can read a medical label.

B. The patient can use a telephone to call for help.

C. The patient can follow simple instructions.

D. The patient can change the TV channel over.

7. Which scenario would most likely require an assessment of capacity before making a medical decision?

A. A patient who previously expressed a preference for treatment.

B. A patient with acute confusion.

C. A patient who is visiting for a minor checkup.

D. A patient with stable chronic illness.

8. Which would be an inappropriate method of supporting someone to make an informed choice?

A. Providing information tailored to the person.

B. Encouraging questions.

C. Using what others have done in similar circumstances.

D. Allowing time for decision.

9. Which would always be classed as a temporary lack of capacity?

A. Delirium.

B. Dementia.

C. Chronic fatigue.

D. Post ictal.

10. If a patient has capacity and you act without valid consent, which of the following is correct?

A. You may be liable under criminal or civil acts.

B. They cannot be touched or treated.

C. The patient will be informed after the event.

D. Consent is not required if life is at risk.

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Answers

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1. D
2. A
3. D
4. B
5. C
6. D
7. B
8. C
9. D
10. A

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Explanations

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1. Which statement would be incorrect as an example of when a Care & Support plan would need to be reviewed or changed?

A. After a new diagnosis is received.

B. If the person\'s circumstances change.

C. When the care team\'s recommendations change.

D. Prior to an admission to hospital.

The main idea is that a Care & Support plan should be reviewed or changed whenever the person's needs, circumstances, or the care team's recommendations change, so the plan stays appropriate and supports the person effectively. Being told that an admission to hospital is planned does not by itself require a review of the community Care & Support plan. Hospital admission is a different care pathway, and a review would be driven by actual changes in the person's needs or in the guidance from professionals, not simply by the timing of a hospital stay. In contrast, a new diagnosis or changes in circumstances or updated recommendations are clear reasons to revisit and update the plan, because these events can alter what support the person needs or how consent and decisions should be handled.

2. Which of the following is NOT an example of person-centred care?

A. Assumption of care needs.

B. Personalised care.

C. Involvement in decisions.

D. Respect for preferences.

Person-centred care focuses on the person as an active partner, shaping care around their own preferences, values, and goals, and ensuring they are involved in decisions about what happens to them. The idea of assuming care needs clashes with that approach because it presumes what the person requires without asking or confirming with them, which can undermine autonomy and dignity. Personalised care, by contrast, tailors support to the individual's unique circumstances. Involvement in decisions means the person helps choose their care path, and respect for preferences means honoring how they want things done. So the option that does not fit person-centred care is the one that assumes needs without engaging the person.

3. Which of the following would be an appropriate policy-related consequence of breaches?

A. Formal reprimand in staff meeting.

B. Suspension from duties.

C. Dismissal from duty.

D. Criminal prosecution for breaches of NWAS Dress Code & Uniform Policy.

When a policy breach is about dress code, the usual response is internal discipline (like a formal reprimand, a suspension, or even dismissal). But some breaches cross into criminal territory—for example, impersonating staff, deceiving patients, or using a uniform to gain unauthorised access or privileges. In those cases, the issue isn't just a workplace rule violation; it involves illegal activity that could harm patients or undermine trust. The NWAS Dress Code & Uniform Policy is tied to safety, accountability, and public confidence, so when a breach includes a criminal element, prosecution by the authorities becomes an appropriate step. That's why criminal prosecution can be the correct consequence in serious, legally actionable breaches, even though more routine breaches would normally be handled internally.

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4. Which item is typically used to indicate a cognitive or neurological issue rather than functional capacity?

A. The patient can change the TV channel over.

B. An inability to walk in a straight line.

C. The patient can narrate the events of the day.

D. The patient can identify emergency services.

The sign being tested is a neurological indicator. An inability to walk in a straight line points to problems with coordination, balance, or motor control—functions housed in the nervous system (brain, cerebellum, nerves). These are classic neurologic signs rather than simply a reflection of daily functioning or knowledge. In contrast, being able to change the TV channel shows basic functional task ability, narrating the day taps memory and language skills (cognition), and identifying emergency services assesses knowledge or orientation. None of those directly indicate a disruption in neurological function like gait and coordination do.

5. In an ambulance service applying person-centred care, which statement is true?

A. Carers' views are the only factor.

B. Decisions are made without any input.

C. We do not rely solely on carers' views; patient input is also considered.

D. Policy overrides patient preferences.

In person-centred care, the patient's own preferences and values are central, and carers' insights matter but they're not the sole basis for decisions. In ambulance practice, you should involve the patient as much as possible, check whether they have the capacity to decide, explain options, and respect their choices or refusals. If a patient can't provide informed consent, you follow appropriate capacity and best-interests processes while still seeking input from carers or other consultees, but you don't base decisions only on carers' views. That's why the correct statement is that we do not rely solely on carers' views; patient input is also considered. The other options conflict with person-centred care: relying only on carers' views ignores the patient's autonomy; making decisions with no input ignores the patient entirely; and letting policy completely override patient preferences undermines the person-centered approach.

6. Which of the following would be not part of the functional test during capacity assessment?

A. The patient can read a medical label.

B. The patient can use a telephone to call for help.

C. The patient can follow simple instructions.

D. The patient can change the TV channel over.

In capacity assessments, a functional test focuses on whether a person can understand, retain, use or weigh information, and communicate a decision. Reading a medical label shows understanding of information about a medical choice. Using a telephone to call for help demonstrates both understanding and the ability to communicate in a safety context. Following simple instructions shows the capacity to understand and apply information. Changing the TV channel is a basic motor task that doesn't address understanding, retaining information, weighing choices, or communicating a decision, so it wouldn't be part of the functional test for capacity.

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7. Which scenario would most likely require an assessment of capacity before making a medical decision?

A. A patient who previously expressed a preference for treatment.

B. A patient with acute confusion.

C. A patient who is visiting for a minor checkup.

D. A patient with stable chronic illness.

Understanding capacity means recognizing whether a person can understand information about a medical option, retain that information long enough to use it, weigh the benefits and risks, and communicate a clear choice. In this scenario, acute confusion is the situation most likely to impair those abilities. When someone is acutely confused, their attention, memory, and judgment can be seriously affected, making it hard to grasp what the treatment involves and what could happen as a result. Because of that, you would assess their capacity before making a medical decision to ensure any consent or decisions truly reflect their current understanding and wishes. Capacity is time- and decision-specific, so a person may have capacity for some decisions and not for others, and it can change from moment to moment. A person who has previously expressed a treatment preference might still have capacity now, but you can't assume that without checking current understanding. A minor checkup or a person with stable chronic illness typically involves straightforward decisions and does not by itself indicate a lack of capacity; unless there's a new concern or change in mental status, capacity is usually assumed. If capacity is lacking, a substitute decision-maker or best-interests approach would come into play.

8. Which would be an inappropriate method of supporting someone to make an informed choice?

A. Providing information tailored to the person.

B. Encouraging questions.

C. Using what others have done in similar circumstances.

D. Allowing time for decision.

Helping someone make an informed choice means supporting their understanding and decision in a way that respects their personal values and preferences. When information is tailored to the person, it's presented in language and examples they can relate to, which helps them grasp what matters to them and what the risks and benefits are. Encouraging questions invites active participation, clarifies uncertainties, and shows the person that their input is valued. Allowing time for decision prevents pressure and gives space to think through options and how they align with their own goals. Relying on what others have done in similar circumstances is not appropriate because it can bias the person's judgment. It nudges them to conform to someone else's choice rather than expressing their own preferences, and it may overlook the individual's unique values, needs, and context. This approach can undermine autonomy and lead to decisions that aren't truly theirs. So, the inappropriate method is using others' actions as a guide for the person's decision.

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9. Which would always be classed as a temporary lack of capacity?

A. Delirium.

B. Dementia.

C. Chronic fatigue.

D. Post ictal.

Temporary lack of capacity comes from acute, reversible states that momentarily impair decision-making abilities. After a seizure, the person can be in a post-ictal state characterized by confusion, slowed thinking, and impaired judgment. This situation is inherently temporary and expected to improve as recovery occurs, so capacity should return. In contrast, dementia is a long-term, progressive decline in cognition, so the impairment isn't temporary. Delirium is also an acute disturbance and can be temporary, but it can fluctuate or persist depending on the underlying cause, so it isn't guaranteed to be only temporary. Chronic fatigue doesn't inherently equate to a guaranteed temporary loss of capacity either. Therefore, the post-ictal state is the scenario that would always be considered a temporary lack of capacity.

10. If a patient has capacity and you act without valid consent, which of the following is correct?

A. You may be liable under criminal or civil acts.

B. They cannot be touched or treated.

C. The patient will be informed after the event.

D. Consent is not required if life is at risk.

When a patient has capacity, they control what happens to their body, and any medical intervention requires their valid, informed consent. Acting without that consent breaches their autonomy and can expose a clinician to criminal or civil liability for assault or battery and for negligence or breach of duty. So, the correct idea is that you may be liable under criminal or civil acts. The other statements don't fit because capacity means you can't treat someone without their consent unless there's a specific, rare exception (such as lacking capacity or a genuine emergency where consent cannot be obtained). Informing the patient after the event doesn't substitute for consent beforehand, and simply assuming consent is not appropriate when life might be at stake if the patient is capable of making their own decision.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://ct7personcenteredcare.examzify.com

We wish you the very best on your exam journey. You've got this!

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