

Hertfordshire Multiagency Mental Capacity Assessment Form

A record of mental capacity assessment (for persons aged 16 years and over)

Based on the Mental Capacity Act (2005)			
A person must be assumed to have capacity unless it is established that they lack capacity to make a particular decision at the point in time the decision needs to be made. A person's capacity must not be judged simply on the basis of the age, appearance, condition or an aspect of their behaviour. It is important to take all possible steps to try to help the person to make the decision themselves and to give information or explanations in terms they can understand. A person can lack capacity if they have an impairment/disturbance affecting the mind or brain and that impairment/disturbance means that the person is unable to make a decision at the appropriate time. Capacity can vary over time and depending on the decision, so capacity should be reassessed appropriately. A decision may seem unwise does not mean that the person does not have capacity to make it.			
Name of Relevant Person		Name of person carrying out the mental capacity assessment (Print name)	
Date of birth		Job title of assessor	
Unique identifying		Date assessment started	
Address Or use patient ID sticker		Role	
As decision maker you are assessing the person's mental capacity to make this particular decision at this particular time. If there is more than one decision to be made, they must be assessed and recorded separately.			
Clearly state the decision to be made:			
Do you need to involve anyone to help you to communicate with the person? Do you need anyone else to provide information or give their opinion? Please give the name and status of anyone who assisted with this assessment (Please include Independent Mental Capacity Advocate (IMCA) details if one is involved)			
Name	Status	Contact Details	
STAGE 1 – DETERMINING IMPAIRMENT OR DISTURBANCE OF THE MIND OR BRAIN			
The MCA requires assessors to have "reasonable belief" that a person lacks capacity in relation to a decision. If there is an established diagnosis of mental illness, learning disability, or some other condition then it is sufficient to confirm an "impairment or disturbance of the mind or brain".			
1. Is there an impairment of, or disturbance in the functioning of the persons mind or brain? (e.g. symptoms of alcohol or drug use, delirium, concussion following head injury, conditions associated with some forms of mental illness, dementia, significant learning disability, long term effects of brain damage, confusion, drowsiness or loss of consciousness due to a physical or medical condition)	Response		Evidence
	Yes	No	If Yes record symptoms, behaviour and any relevant information
	<input type="checkbox"/>	<input type="checkbox"/>	
If you have answered Yes to Question 1, PROCEED TO STAGE 2			
If you have answered NO to Question 1, there is no such impairment or disturbance and thus <u>THE PERSON DOES NOT LACK CAPACITY</u> within the meaning of the Mental Capacity Act 2005 Sign/date form, record the outcome within the person's case records DO NOT PROCEED ANY FURTHER.			

Having determined impairment or disturbance (Stage 1), you now need to complete your assessment and form your opinion as to whether the impairment or disturbance means that the person is unable to make the decision at the time the decision needs to be made? Every effort must be made to provide the relevant information in a way that is most appropriate to help the person understand it.

Describe the practical actions and steps you have taken to assist the person to make this specific decision. Have you provided any aids to assist the person to understand (for example easy read leaflets, large print, enabled the person to be at ease, consider the location and timing; relevance of information communicated; the communication method used; and the involvement of others?)

	Response		<i>You must provide evidence of the steps you have taken and how you came to your opinion</i>
	Yes	No	
1. Is the person able to understand the information relevant to the decision to be made? Do they understand the nature of the decision? The reason why the decision is needed? The likely effects of deciding one way or another, or making no decision at all?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the person able to retain the information for long enough to make an effective decision? People who can only retain information for a short while must not be automatically assumed to lack the capacity to decide – it depends on what is necessary for the decision in question. Different methods may be needed to help someone retain information e.g., written information	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the person able to use or weigh up the information as part of the decision-making process? Sometimes people can understand information however they should be able to understand the advantages and disadvantages of the decision to be made.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the person able to communicate their decision? All steps must be taken to aid communication. Communication does not need to be verbal.	<input type="checkbox"/>	<input type="checkbox"/>	

If the person was found to have capacity, state their decision (in their own words)

If you have answered **Yes** to Q1to Q4, the person is considered, on the balance of probability, **to HAVE the mental capacity to make this particular decision at this point in time.**

Sign/date this form and record the outcome within the person’s case records.
DO NOT PROCEED TO MAKE A BEST INTERESTS DECISION

If you have answered **NO** to any of the questions, proceed to Q5

5. Overall, do you consider on the balance of probability, that there is sufficient evidence to indicate that the person lacks the capacity to make this particular decision at this point in time? You should now proceed to make a Best Interests Decision.	<i>Please provide details of the outcome of your assessment</i>

Signature		Date of assessment	
Date for review of Mental Capacity for this decision if required.			

Best Interests Decision

Describe the decision to be made:

<p>1. Has the person made an Advance Decision that may be valid and applicable to some or all of the treatment?</p> <p>*If Yes, is it valid and applicable to this decision?</p>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
<p>2. Does the person have appointed an attorney under a Lasting Power of Attorney for:</p> <p style="padding-left: 20px;">a) Health and welfare decisions?</p> <p style="padding-left: 20px;">b) Property and finances decisions?</p> <p>Is there a court appointed deputy?</p> <p><small>* If yes you will need to consult with the LPA/deputy as they may be the decision maker and take a copy for your records.</small></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
<p>3. Does the person have someone who is willing and able to support them? *If Yes, please state</p> <p>a) Name:</p> <p>b) Relationship :</p>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>

4. Has the person been referred to an IMCA?
 Yes* No **If no one is able or willing to support the person DO NOT PROCEED WITHOUT INSTRUCTING AN IMCA (refer to IMCA guidance)**

***If Yes What are the reasons for referral?** (Please tick all that apply)

Unbefriended *and*

- Serious medical treatment
- Change of accommodation
- Care Review
- Safeguarding Adults procedures
- Other - please explain

Date referred

Is any information available from the IMCA? Yes* No

***If yes, what is the information – please detail**

5. What practical steps have been made to ensure that the person is helped to participate as fully as possible in the decision making?

6. What are the person’s past and present wishes in relation to this decision?

7. What are the person’s beliefs and values that would be likely to influence this decision?

8. What other factors would they consider?

9. What are the views of significant others? State who was consulted and their relationship to the person

Best Interests Decision Summary

10. What is the decision that has been made in the person’s best interests (e.g., evidence using a balance sheet approach to consider and evidence the benefits and risks of each available option)?

11. Record the reasons why this decision is in the person’s best interests:

12. Document how this is the least restrictive option?

I have reached the “Best Interests Decision” in accordance with the principles and requirements of the Mental Capacity Act 2005

1. **ALL** questions must be answered fully, and **evidence given** to support the response.
2. Reference must be made to the Mental Capacity Act 2005 and to the MCA Code of Practice

Signature:	
Print Name:	
Date/time:	
Job title/Status:	
Contact:	
Date for review of Best Interests Decision if required	