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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MENTAL CAPACITY ASSESSMENT**  **(*remember assessment of Mental capacity must be decision specific)***  ***Please circle as appropriate*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **Completed by:** | | | | | | | | | | | | | | | | | | | | | | |
| What is the need for this assessment? *(Have all reasonable steps been exhausted and shown not to work)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is the nature of the decision?** *(if a review, what was previous decision about capacity)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Key roles** | Next of Kin | **None** | | | Lasting or Enduring Power of Attorney  *(LPAO/EPOA)* | | | | | **None** | | | | Independent Mental capacity Advocate  *(IMCA)* | | | | | **None** | | | | Court of Protection Deputy *(CPD)* | | | | | | **None** | | |
| Name |  | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Role |  | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Tel. No. |  | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Who has been consulted about decision? *(Gives names and roles. In addition, if case conference held detail attendees.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Determination of Capacity** *(This is specific, not general determination. Note any documentation referenced)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there an impairment of, a disturbance in, the functioning of the person’s mind or brain? | | | | | | | | | | | Permanent impairment | | | | | **Yes** | | | | **No** | | | | Temporary impairment | | | **Yes** | | | **No** | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person has the ability to understand information related to the decision to be made? | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person has ability to retain information related to the decision to be made? | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person has the ability to use or assess the information whilst considering the decision? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | **No** |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person has the ability to communicate their decision by any means? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | **No** |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Can the decision be delayed because the person is likely to regain capacity in the near future? | | | | | | | | | | | | | | | Yes | | Not likely to regain capacity | | | | | | | | √ | Not appropriate to delay | | | | | √ |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Advance Decisions** *(Note any documentation referenced)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there an advanced decision relevant to the decision? | | | | Yes | | No | | If yes why? | | | | Similar treatment | | | | | | Yes | | | No | Similar circumstances | | | | | | Yes | | | No |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advance decision type | | | Written | | | | Verbal | | | | | | Date of advance decision: | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | Completed by: | | | | | | | | |
| What was the decision? *(Give details. If advance decision was verbal, detail to whom, in what circumstances)* | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | |
| Is the advance decision still applicable? | | | | | | Yes | | No | *If no select reason and give details* | | | | | | | |
| Withdrawn | Unanticipated circumstances | | LPOA or EPOA granted regarding decision | | | | | | Inconsistent behaviour regarding decision | | | Detained under Mental Health Act 1983 | | | | |
| Details: | | | | | | | | | | | | | | | | |
| **Determination of Best Interest** *(Note any documentation referenced)* | | | | | | | | | | | | | | | | |
| **Views of lead professional? (Include name and role)** | | | | | | | | | | | | | | | | |
| **Details:** | | | | | | | | | | | | | | | | |
| **Views of other professionals? (Include names and roles)** | | | | | | | | | | | | | | | | |
| **Details:** | | | | | | | | | | | | | | | | |
| **What is most important to the person as regards this decision? (current and past views, e.g. advance statement)** | | | | | | | | | | | | | | | | |
| **Details:** | | | | | | | | | | | | | | | | |
| **Views of advocates (e.g. family, friends, carers, LPOA, IMCA. Give names and roles. If no advocate justify.)** | | | | | | | | | | | | | | | | |
| **Details:** | | | | | | | | | | | | | | | | |
| **Describe any possible conflicts of interest with regard to this decision?** | | | | | | | | | | | | | | | | |
| **Details:** | | | | | | | | | | | | | | | | |
| **Assessment Summary** | | | | | | | | | | | | | | | | |
| Decision requires arbitration? | | | | Yes | No | | Independent mediation | | | | Court of Protection | | | | | |
| Considering all the factors what final decision has been reached? *(If arbitration required give detail)* | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | |
| *Tick as appropriate* | | | | | | | | | | | | | | √ | | √ |
| This decision is the least restrictive option or intervention possible | | | | | | | | | | | | | |  | |  |
| Special considerations for life sustaining treatment have been considered or are not applicable | | | | | | | | | | | | | |  | |  |
| This decision has not been biased by age, appearance, condition, gender or race | | | | | | | | | | | | | |  | |  |
| Every effort has been made to communicate with the person concerned | | | | | | | | | | | | | |  |  | |
| Decision - maker | |  | | | | | Role | | |  | | | | | | |
| Organisation | |  | | | | | Telephone no. | | |  | | | | | | |
| Signature | |  | | | | | Decision date | | |  | | |  | | | |