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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: |

|  |  |
| --- | --- |
| 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| Withdrawn | Unanticipated circumstances | LPOA or EPOA granted regarding decision | Inconsistent behaviour regarding decision | Detained under Mental Health Act 1983 |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 |  |  |