

MENTAL CAPACITY ASSESSMENT

- A person is **assumed** to have capacity. Lack of capacity must be demonstrated
- **All** practicable steps must be made to help the person make a decision
- An unwise decision does **not** in itself indicate a lack of capacity
- If it is determined a person lacks capacity to make a specific decision, any decisions made on their behalf must be in their **Best Interests**
- Any Best Interest Decision made on behalf of a person who lacks capacity must show the **least restrictive** option is used

<p style="text-align: center;">Affix Patient ID Label</p>	<p>Ward:</p> <p>Date of Capacity Assessment:</p>
DIAGNOSTIC TEST	
<p>Is there an impairment of or disturbance in the functioning of the patients mind or brain?</p> <p>Yes <input type="checkbox"/></p> <p>Detail:</p> <p>Permanent Impairment <input type="checkbox"/> Temporary Impairment <input type="checkbox"/> Fluctuating Impairment <input type="checkbox"/></p> <p>No <input type="checkbox"/> If there is no disturbance, there is no reason to continue the capacity assessment</p>	
<p>What decision needs to be taken? (mental capacity assessment is decision and time specific)</p> 	
<p>Who is the Decision Maker? (is the person who is deciding whether to take decision specific action for the person lacking capacity)</p> <p>Name: Role: Contact No:</p>	

FUNCTIONAL TEST	
1. Is the person able to understand the information relevant to the decision?	Yes/ No Detail:
2. Can the person retain the information long enough to make the decision?	Yes/ No Detail:
3. Can the person weigh up the information as part of the decision making process?	Yes/ No Detail:
4. Can the person communicate their decision by any means?	Yes/ No Detail:
If the answer to any one of the 4 questions above is 'No', the person (at this time) lacks capacity to make this decision	
Can the decision be delayed because the person is likely to regain capacity in the near future?	
Yes <input type="checkbox"/> Unlikely to regain capacity <input type="checkbox"/> Not appropriate to delay <input type="checkbox"/>	
YOU NOW NEED TO DETERMINE A BEST INTEREST DECISION Use relevant form to support documentation	

Additional help can be accessed via Safeguarding Adults & MCA Lead Nurse on bleep 1211 and ICID