

Appendix 2: Best Interest Checklist

Mental Capacity Act Best Interest Decision

To be completed where an assessment has already been made that the person does **NOT** have capacity to make a specific decision or agree to a specific action.

If a person does not have capacity, they **cannot** consent and therefore decisions / actions will need to be made on the basis of the individual’s best interest.

Ensure that the following principles from the Mental Capacity Act are followed:

- Any decision made or action undertaken must be in the **person’s** best interest
- The **least** restrictive way must be used

Consultation must be undertaken with family and friends, anyone holding Lasting Power of Attorney (LPA) for Health & Welfare &/ or Finances, Enduring Power of Attorney, Court Appointed Deputy and an IMCA (Independent Mental Capacity Advocate) if appointed.

NB if an **LPA** has been made for **Health & Welfare** then the person (s) named as holding the power of attorney will be the Decision Maker for all decisions related to healthcare and welfare.

Best Interest Decision		Hospital Number	Date
Patient Details			
Name		Alias	
Address	Gender	Marital status	
	Age	DOB	
Telephone number	Ethnicity	Religion	
GP		Consultant	
Communication needs		First language	

<p>If the person is 'unbefriended' and the decision is about</p> <ul style="list-style-type: none"> • Change of accommodation • Serious medical treatment • Safeguarding concerns <p>Then an IMCA (Independent Mental Capacity Advocate) must be appointed.</p>	<p>Person 'unbefriended' Yes / No</p> <p>IMCA appointed Yes / No</p> <p>IMCA's views recorded and report attached</p>
<p>Decision or Action that needs to be taken</p> <p>Give full and precise details</p>	
<p>Mental Capacity Assessment undertaken by Form attached</p>	
Name	
Designation	
Contact details	
Address	
Telephone number	
Email address	
Dated	
<p>Best Interest Checklist</p>	
<p>Will the person regain the capacity to make this decision?</p> <p>If yes can the decision be safely delayed until the person regains capacity?</p>	<p>Yes / No</p> <p>Details</p>
<p>Has the person been involved as practically as possible?</p>	<p>Details</p>
<p>Consideration has been given to</p> <ul style="list-style-type: none"> • The person's past and present wishes and feelings (including any written statement previously made). • The beliefs and values that would have influenced the person if they had capacity. 	<p>Details</p>
<p>Previous records have been consulted</p> <p>Identify which records and record relevant</p>	<p>Details</p>

information.	
Family and friends have been consulted. Give details and record their views	Details
Consulted other staff as appropriate. Give details and record their views	Details

Decision made

Best Interest Decision made after consideration of all the relevant factors

Decision Maker

Name	
Signature	
Designation	
Contact details Address Telephone number Email address	
Date	