Abc

**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
  + ***think interpreter, time of day, environment, hearing aids, glasses***
* 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

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| **Affix Patient ID Label** | **Ward:**  **Date of Capacity Assessment:** |
| **DIAGNOSTIC TEST** | |
| **Is there an impairment of or disturbance in the functioning of the patients mind or brain?**  **Yes**  Detail:  Permanent Impairment Temporary Impairment Fluctuating Impairment    **No** If there is **no** disturbance, there is no reason to continue the capacity assessment | |
| **What decision needs to be taken?**  (mental capacity assessment is decision and time specific) | |
| **Who is the Decision Maker?** (is the person who is deciding whether to take decision specific action for the person lacking capacity)  **Name: Role: Contact No:** | |
| **FUNCTIONAL TEST** | |
| 1. Is the person able to understand the information relevant to the decision? | Yes/ No  Detail: |
| 1. Can the person retain the information long enough to make the decision? | Yes/ No  Detail: |
| 1. Can the person weigh up the information as part of the decision making process? | Yes/ No  Detail: |
| 1. 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 Unlikely to regain capacity Not appropriate to delay | |
| **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 ext 2814

MCA Capacity Assessment Form v4Feb21