**Mental Capacity Act Best Interest Decision**

To be completed where a capacity 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.

|  |  |  |
| --- | --- | --- |
| **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** |
|    |   |
| If the person is ‘unbefriended’ and the decision is about * Change of accommodation
* Serious medical treatment
* Safeguarding concerns

Then an IMCA (Independent Mental Capacity Advocate) **must** be appointed.  | Person ‘unbefriended’ **Yes / No** IMCA appointed **Yes / No**IMCA’s views recorded and report attached |
| **Is there a Lasting Power of Attorney (LPA)?**Health & Welfare Finance & Property | **Who is the LPA?** |

|  |
| --- |
| **Decision or Action that needs to be taken**Give full and precise details  |
|  |
| **Who is the Decision Maker?**This could be the LPA or a Professional |
| Name: |
| **Mental Capacity Assessment undertaken by**  |
| Name  |  |
| Designation  |  |
| Contact details AddressTelephone number Email address |  |
| Dated  |  |
| **Best Interest Checklist** |
| Will the person regain the capacity to make this decision? If yes can the decision be safely delayed until the person regains capacity?  | **Yes / No** Details  |
| Has the person been involved as practically as possible  | Details  |
| Consideration has been given to * 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.
 | Details  |
| Previous records have been consulted Identify which records and record relevant information.  | Details  |
| 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 AddressTelephone number Email address  |  |
| Date  |  |