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|-------------------------|---------------------|------------------------------|
| <b>Name of auditor:</b> | <b>Designation:</b> | <b>Date audit completed:</b> |
|-------------------------|---------------------|------------------------------|

**MENTAL CAPACITY ACT/DEPRIVATION OF LIBERTY SAFEGUARDS AUDIT**

**File audit to test compliance with Mental Capacity Act 2005**

**Instructions for auditor:** Place a tick in whichever section most closely describes your findings, based on the criteria below each indicator. Explanation only required if "Not Applicable" box is ticked.

These standards should have been carried out when the individual entered the premises/hospital and at significant points thereafter eg significant changes in their health.

|                    |   |
|--------------------|---|
| <b>Section One</b> | Evidence that the person has been involved in any decision-making process and supported to make their own decisions about their care/treatment. |
|--------------------|---|

**There is documented evidence of the following in the person's records:**

| Number | Indicators   | N/A<br>(please give reason/s) | Not achieved | Needs Improvement | Fully Achieved |
|--------|--|-------------------------------|--------------|-------------------|----------------|
| 1.     | While communicating with the person about plans for their care/treatment, making them aware of all available options and eliciting their wishes and views, and obtaining consent to such care/treatment, have issues about capacity arisen from this and what was done about this? |                               |              |                   |                |

**Auditor Comments:**

Do not complete the rest of the form if the person has been supported to make their own decision.

|                    |  |
|--------------------|--|
| <b>Section Two</b> | Evidence that an assessment of the person's capacity (to make their own decision about their care/treatment) has been carried out in accordance with the Mental Capacity Act 2005 and its Code of Practice |
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There is documented evidence of the following in the person's records:

| Number | Indicators   | N/A<br>(please give reason/s) | Not achieved | Needs Improvement | Fully Achieved |
|--------|--|-------------------------------|--------------|-------------------|----------------|
| 2.     | <p><b>A formal two-stage test of the person's capacity regarding any significant decision about their care or treatment has been carried out, including:</b></p> <p><b>1. deciding if the person has a temporary or permanent impairment in the functioning of the mind or brain (e.g. dementia, learning disability, brain injury, under the influence of medication, substance misuse, illness etc.) and, if so:</b></p>   |                               |              |                   |                |
|        | <p><b>2. deciding if the person cannot make the specific decision because one or more of the following are true:</b></p> <p><b>a. They are unable to understand the information relevant to the decision</b></p> <p><b>b. They are unable to retain the information long enough to be able to make the decision</b></p> <p><b>c. They are unable to use and weigh the information to make the decision</b></p> <p><b>d. They are unable to communicate their decision</b></p> <p><b>Is the two-stage test re-done as required?</b></p> |                               |              |                   |                |

**Auditor Comments:**

Do not complete the rest of the form if the person has been assessed as having capacity

**Section Three**

Evidence that a determination of best interests has been carried out in accordance with the Mental Capacity Act 2005 and its Code of Practice

There is documented evidence of the following in the person's records:

| Number                   | Indicators  | N/A<br>(please give reason/s) | Not achieved | Needs Improvement | Fully Achieved |
|--------------------------|---|-------------------------------|--------------|-------------------|----------------|
| 3.                       | Appropriate checks have been made to the right bodies whether any formal decision-making authority for the person exists (e.g. an attorney under a lasting power of attorney, a court appointed deputy, an advance decision to refuse treatment), and this is clearly documented in the person's records. |                               |              |                   |                |
| <b>Auditor Comments:</b> |   |                               |              |                   |                |
| 4.                       | If the decision involves consideration of a change of accommodation or serious medical treatment and there was no-one other than paid/professional carers to be consulted, a referral to Independent Mental Capacity Advocate (IMCA) was made.  |                               |              |                   |                |
| <b>Auditor Comments:</b> |   |                               |              |                   |                |

| Number            | Indicators   | N/A<br>(please give reason/s) | Not achieved | Needs Improvement | Fully Achieved |
|-------------------|--|-------------------------------|--------------|-------------------|----------------|
| 5.                | <p>Professionals determining the person's best interests have:</p> <ul style="list-style-type: none"> <li>a. Encouraged the person to participate</li> <li>b. Identified all relevant circumstances (e.g. medical, social, welfare, emotional)</li> <li>c. Tried to find out the person's past and present views, wishes, values and beliefs</li> <li>d. Avoided discrimination</li> <li>e. Assessed whether the person might regain capacity</li> <li>f. Consulted with others, as appropriate</li> <li>g. Avoided restricting the person's rights</li> <li>h. Weighed up all relevant factors and considered the benefits and burdens, advantages and risks, of each option</li> </ul> |                               |              |                   |                |
| Auditor Comments: |  |                               |              |                   |                |
| 6.                | <p>If proposals for the person's care and treatment, and the setting it is provided in, includes restrictions on their freedom of movement or autonomy that might amount to a deprivation of liberty, the need for the responsible body (eg care home or hospital) to seek authorisation under the Deprivation of Liberty Safeguards or from the Court of Protection has been considered.</p>  |                               |              |                   |                |
| Auditor Comments: |  |                               |              |                   |                |

| Number                          | Indicators  | N/A<br>(please give reason/s) | Not achieved | Needs Improvement | Fully Achieved |
|---------------------------------|---|-------------------------------|--------------|-------------------|----------------|
| 7.                              | <p>What information is given to the person and any close relatives and carers about the implications of the Mental Capacity Act 2005 in their situation?</p> <p>What information is available generally if people are interested?</p> |                               |              |                   |                |
| <p><b>Auditor Comments:</b></p> |   |                               |              |                   |                |

**Not achieved:** There is no documented evidence or evidence is insufficient to indicate the standard has been met.

**Needs improvement:** There is some documented evidence of this standard, but insufficient detail to show that all aspects were carried out.

**Fully achieved:** There is clear documented evidence that all aspects of this standard were met..