



Name: _____ Date of Birth: _____ Room Number: _____

Mental Capacity Assessment

The decision to be made

Date: _____ Time: _____ Details of decision to be made: _____

Mental capacity assessment

The Mental Capacity Act (2005) says a service user is unable to make a particular decision if after all appropriate help and support to make the decision has been given to them they cannot.....

..... understand the information being given to them?	Details: _____
..... retain the information?	Details: _____
..... weigh up the information available to make the decision?	Details: _____
..... communicate a decision?	Details: _____

Record how the decision was communicated (it can be written down or expressed in non verbal ways): _____

Impairment of the brain

Does the service user have an impairment of, or a disturbance in, the functioning of the mind or brain (permanent or temporary)? Details: _____

Outcome of the Mental Capacity Assessment

On the balance of probabilities, there is a reasonable belief that the service user **has / has not** got the capacity in relation to this decision (please delete as applicable)

Name of assessor (and print): _____ Signature of assessor: _____

Consent from Lasting Power of Attorney/Deputy

I have written Lasting Power of Attorney/Deputy for health and welfare for and I give my consent for the proposed examination, care, treatment or support, taking into account any relevant Advance Decision To Refuse Treatment

Print name of person with written LPA: _____ Signature: _____ Date/Time: _____

Best Interests Checklist

If the service user does not have capacity, consider: * consider all relevant circumstances * past and present wishes/statements/beliefs/values (including any advance decisions) * consulting others (e.g. carers, relatives, attorneys) * can the same result be achieved in a less restrictive way * can the decision wait until the service user can make it themselves * has the service user been encouraged to participate in the decision * the decision should not be made based solely on age, appearance, behaviour or condition * if the decision is about life sustaining treatment, do not be motivated by a desire to bring about the service user's death

Detail any restrictions in the action taken and whether a deprivation of liberty application may (or may not) be required: _____

Deprivation of Liberty form completed (if appropriate)

If the service user does not have a written Lasting Power of Attorney then the responsible healthcare professional must sign below once a best interests decision has been made.
I am confirming that I am in agreement with the examination, care, treatment or support proposed and that a decision has been made in the service user's best interests

Signature: _____ Print Name: _____ Job title: _____ Date/Time: _____

The Mental Capacity Act 2005 (MCA) contains 5 principles: 1. Assume the service user has capacity unless proven otherwise 2. Do not treat the service user as incapable of making a decision unless all practicable steps have been taken to help them 3. The service user should not be treated as incapable of making a decision because their decision may seem unwise 4. Always do things, or take decisions for the service user without capacity, in their best interests 5. Before making a decision on the service user's behalf, consider whether the outcome could be achieved in a less restrictive way
 An assessment should be carried out if there are concerns that a service user does not have capacity to make a decision at this present time. This form should be used to assist in the assessment of capacity; it should not detract from the use of professional expertise. If in doubt about mental capacity please seek further professional advice. For information regarding the Mental Capacity Act 2005: http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf