

Mental Capacity Act 2005 audit tool

COMPLETE FOR EACH PATIENT LACKING CAPACITY

Date of completion of audit:	
Name of person completing the audit:	

Please tick the Column for 'Yes' or 'No' and fill in any questions which require a written answer where indicated.

1. How was mental capacity determined?		YES	NO
1.a	Does the patient have an impairment of, or disturbance in the functioning of, the mind or brain? Whether temporary or permanent?		
	What diagnosis has the patient been given? Please enter below:		
	Dementia		
	Head Injury		
	Learning Disability		
	Severe Mental Health Problem		
	Stroke		
	Other (please specify)		
1.b	Was the patient able to understand the relevant matter which required a decision?		
1.c	Could the patient retain this information for a short period?		
1.d	Was the patient able to use the relevant information to make a decision?		
1.e	Was the patient able to provide a clear and unambiguous answer about what they wanted to happen?		

2. Supporting the person to make their own decision		YES	NO
2.a	Was the patient given help to understand the issue which required a decision?		
2.b	Was the patient helped to communicate the answer he/she wished to make?		
2c	How was the patient supported to make and communicate their decision?		

3. Permanent or fluctuating capacity		YES	NO

3.a	Is the patient likely to regain their capacity?		
3.b	If temporary, can the decision which needs to be taken be delayed until capacity has returned?		

4. Advance decisions and power of attorney		YES	NO
4.a	Have steps been taken to discover if the patient has made any of the following:		
	An Advance Decision to Refuse Treatment?		
	A Lasting Power of Attorney for health and welfare?		

5. Best interests decision making		YES	NO
5.a	How did you determine what was in the best interests of the patient?		
	Did the decision take account of the patient's past and present wishes		
	Did the decision take account of their beliefs and values?		
	Who was consulted in determining what was in the best interest of the patient who lacked capacity?		
	Was the decision excluded under the Mental Health Act (section 28)		

6. The type of decision		YES	NO
6.a	Did the decision involve the patient having to decide about whether or not to have serious medical treatment?		

7. Recording the decision and next steps		YES	NO
7.a	Was the capacity assessment recorded in the patient notes?		
7.b	If applicable, is the best interests decision process clearly recorded in the notes?		
7.c	Is the patient still in your care?		
7.d	Has the capacity assessment and best interests decision been shared with others involved in the treatment and care of the patient?		