

Mental Capacity Assessment

This form has been developed to support your compliance with the Mental Capacity Act 2005. There is a statutory requirement for anyone undertaking an assessment to have regard to the Code of Practice for the Mental Capacity Act which can be accessed via this link to the Adult Social Care Manual.

http://www.proceduresonline.com/lincolnshire/adultsc/chapters/g_legislation.html#code_practice

References given below refer to the relevant paragraphs of the MCA Code.

1.1 Service user details

Name:

Date of Birth:

Case/Ref:

Present Address/Location:

Home Address (if Different):

1.2 What is the specific decision relevant to this capacity assessment?

The MCA Code paragraph 4.4 states 'An assessment of a person's capacity must be based on their ability to make a specific decision at the time it needs to be made, and not their ability to make decisions in general.'

Details:

1.3 Who should carry out the capacity assessment? See 4.38 to 4.43 of the Code.

Where the service user is subject to multi-disciplinary care, the professional with greatest responsibility for the specific decision is known as the 'decision-maker' and should ideally assess capacity. Where this is in doubt agreement should be sought within the multidisciplinary team. If it is evidenced that a specialist capacity assessment (such as by a psychologist) is needed and which is being relied on for this decision the decision-maker must be satisfied that this assessment is fit for purpose.

Person undertaking / or who has undertaken this assessment of capacity.

Name:

Role:

Organisation:

Tel:

Email:

Address:

1.4 Have you been supported to carry out the capacity assessment by another person or professional?

Yes

No

(If yes, give details of person/s below)

Name	Profession	Relationship to Person	Contact details
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
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1.5 Identify the Decision Maker. See 5.8 of the Code.

The decision maker will be the person or professional who is responsible for making the decision you have identified, or undertaking the action on behalf of the person if it established that they lack capacity unless there is a valid and applicable Enduring Power of Attorney, Lasting Power of Attorney or Court Appointed Deputy then the Attorney or Deputy will be the decision-maker for the decision if it is within the scope of their authority.

Note: You must verify the authority before the Attorney or Deputy can be permitted to act as decision-maker.

Is there an Enduring Power of Attorney (EPA) under previous legislation? Yes No

EPAs only cover property and finance and not personal welfare decisions or Continuing Health Care decisions. EPA has been replaced by Lasting Powers of Attorney. They can still be used if they were made and signed before October 2007. The EPA must be registered with the Office of the Public Guardian if the donor is losing, or has lost the capacity to make decisions.

Is there a registered Property & Affairs Lasting Power of Attorney? Yes No

This covers property and finance and not personal welfare or Continuing Health Care decisions. An LPA cannot be used until it has been registered by the Office of the Public Guardian. Once registered it can be used both before and after the donor loses capacity.

Is there a registered Personal Welfare Lasting Power of Attorney? Yes No

This covers personal welfare decisions, which includes Continuing Health Care decisions. An LPA cannot be used until it has been registered by the Office of the Public Guardian. Unlike an LPA for finances, a welfare LPA can only be used once the donor has lost capacity.

Is there a Court Appointed Deputy for Property and Affairs? Yes No

This covers property and finance and not personal welfare or Continuing Health Care decisions.

Is there a Court Appointed Deputy for Health and Welfare? Yes No

This covers personal welfare decisions, which includes Continuing Health Care decisions.

Does the Attorney/Deputy have the authority to make this decision?

You must check the paperwork to verify that the authority of the Attorney or Deputy has not been restricted by the person or the Court of Protection that it covers this decision and is valid and applicable.

Yes No

Give details and verify you have seen the original:

In the absence of verification you can contact the Office of the Public Guardian who will confirm if there is an existing EPA / LPA / Deputy.

Contact details of named Attorney/Deputy:

Record here any unsuccessful attempts to contact Attorney/Deputy, or if you have been unable to verify existence of these powers at time of assessment:

For more information on Lasting Powers of Attorney and Court Appointed Deputies see chapters 7 and 8 of the Code.

Clearly identify who is the named decision maker for this decision if the person is assessed as lacking capacity.

Name:

Role: **Organisation:**

Tel: **Email:**

Address:

1.6 What concerns/triggers have given rise to this assessment of capacity? See MCA Code 4.35

There are a number of reasons why people may question a person's capacity to make a specific decision:

- The person's behaviour or circumstances cause doubt as to whether they have the capacity to make a Decision.

Describe your concerns: [Click here to enter text.](#)

1.7 This section evidences your compliance with Statutory Principle 2: 'A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.' See MCA Code 2.6 to 2.9. Consider first what kind of help and support you can give the person to help them understand, retain, weigh up information and communicate their decision. Record your evidence here of the actions you have taken to support the person.

See MCA Code 3.13. Have you discussed with the person and/or appropriate others the most suitable venue for the assessment? For example: Does the person feel more comfortable in their own room? Does it need to be quiet?

Describe: [Click here to enter text.](#)

See MCA Code 3.14. Have you discussed with the person and/or appropriate others to establish timing of assessment? For example: Is there a time of day that is better for the person? Would it help to have a particular person present?

Describe: [Click here to enter text.](#)

See MCA Code 3.11. Does the person have any language/communication issues? For example: Is the person hard of hearing? Do they have speech difficulties? Do you need an interpreter? Do they communicate using special equipment e.g. a light talker communication device?

Describe: [Click here to enter text.](#)

How have you addressed these (including non-verbal communication and other specialist resources)?

Describe: [Click here to enter text.](#)

What other steps have you taken to help communication?

Describe: [Click here to enter text.](#)

See MCA Code 3.7 Have you provided all the information the person needs to make an informed decision?

The assessor must ensure that the person has:

- Sufficiently detailed alternative plans explained to them to allow them to weigh up the alternatives and make an informed choice where possible.
- Discussion facilitated by the assessor to explore the reasonably foreseeable consequences of deciding one way or another, or failing to make the decision.

Summarise details of the options you have discussed: [Click here to enter text.](#)

1.8 Two Stage Capacity Assessment. See MCA Code - Chapter 4

If the service user does not meet Stage 1 the assessment should immediately stop.

Each question should have a factual answer. Importantly, none of these questions can be answered with a simple "yes" or "no" and you are asked to describe the assessment process.

Stage 1. Is there an impairment or disturbance in the functioning of the person's mind or brain? The service user may not have a diagnosis but you should record here your reasons for believing this to be the case. See 4.11 4.12 of the Code. This could be because of, for example, a head injury, a suspected infection or stroke, a diagnosed dementia, mental illness, or learning disability.

Yes

No

Describe: [Click here to enter text.](#)

If the decision is not urgent can it be delayed because the person is likely to regain or develop the capacity to make it for themselves?

The decision can be delayed

Not appropriate to delay the decision

Person not likely to gain or develop capacity

Stage 2. Record here how the identified impairment or disturbance in Stage 1 is affecting the service user's ability to make the decision. See 4.13 to 4.30 of the Code.

Can the person understand the information relevant to the decision? See 4.16 to 4.19 of the Code.

Yes

No

Describe how you assessed this: [Click here to enter text.](#)

Can they retain that information long enough to make the decision? See 4.20 to 4.22 of the Code.

Yes

No

Describe how you assessed this: [Click here to enter text.](#)

Can they use or weigh up that information as part of the process of making the decision? See 4.21 to 4.22 of the Code.

Yes

No

Describe how you assessed this: [Click here to enter text.](#)

Can they communicate their decision, by any means available to them? See 4.23 to 4.25 of the Code.

Yes

No

Describe the reasons for your conclusion: [Click here to enter text.](#)

If the answer to any of these 4 questions is NO, the person lacks the capacity to make the decision.

1.9 Impaired decisions based on duress and undue influence

A person who has mental capacity to make decisions may have their ability to give free and true consent impaired if they are under constraint, coercion or undue influence. Duress and undue influence may be affected by eroded confidence due to fear of reprisal or abandonment, sense of obligation, cultural factors, power relationships.

Describe any concerns and any action you intend to take:

1.10 Determination of Capacity

I have assessed this person's capacity to make the specific decision and determined that they have the capacity to make this decision at this time.

Name

Signature

Date

I have assessed this person's capacity to make the specific decision and determined that they do not have the capacity to make this decision at this time.

Name

Signature

Date

I have assessed this person's capacity to make the specific decision and have not been able to determine if they do or do not have the capacity to make this decision at this time.

Name

Signature

Date

Record here the action you now intended to take:

1.11 If you have been supported to carry out the capacity assessment by another person or professional do they agree with the decision you have reached about the person's capacity?

Name	Profession	Indicate Yes / No	Signature
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
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Describe reasons for any difference of opinion and intended action:

What to do now.

If on completing Form 1 - Mental Capacity Assessment it is concluded that the person does not have capacity and the decision cannot be delayed, the decision maker will proceed to make a best interests decision. This should be recorded on Form 2 - Best Interest Decision Making Checklist.

Form 1

Version 1 (20.03.2014)