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| **Mental Capacity Assessment** |  |

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| --- | --- |
| Person’s name: | **DOB:** |
| Name of assessor: | **Job role:** |
| Date(s) and time(s) of assessment: | |

**SECTION 1 - THE DECISION IN QUESTION**

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| Describe the decision that the person is making:  Be as specific and accurate as you can. If there is more than one decision that requires assessment, record them on separate forms. |

**SECTION 2 – PEOPLE CONSULTED**

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| List who has been consulted for the purpose of this assessment and why:  This might include information about why the person is believed to lack capacity if in doubt about their ability to decide has been raised or information from a specialist about the person's impairment or communication skills. |

**SECTION 3 – SUPPORT GIVEN TO MAKE THE DECISION / MAXIMISE CAPACITY**

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| What support has been provided?  The MCA Code of Practice states that the level of support depends on personal circumstances, the type of decision to be made and the time available to make the decision. One important way of supporting someone can be to delay the decision, where appropriate, in order that the person is given the maximum opportunity to make the decision for themselves. Other types of support might include using picture cards, an interpreter or providing information in a simplified format in order to reduce the impact of any cognitive / language problems on the outcome of the assessment. Please read the associated guidance for more detail on how to complete this section. If the support provided demonstrates that the person has a sufficient level of capacity to make the decision proceed to the conclusion section. |

**The following sections (including the two-stage test) should only be undertaken once all practicable support to help the person make the decision has failed – in that there is still doubt about the person’s ability to make the decision.**

**SECTION 4 – THE DIAGNOSTIC TEST OF CAPACITY (STAGE ONE)**

|  |  |  |
| --- | --- | --- |
| Does the person have an impairment of, or disturbance in the functioning of the mind or brain? | Yes | No |
| If yes, then record the nature of the impairment or disturbance: | | |
| Neurological disorder | |  |
| Mental disorder | |  |
| Stroke | |  |
| Delirium / unconsciousness | |  |
| Learning disability | |  |
| Dementia | |  |
| Head injury | |  |
| Substance use | |  |
| Other | |  |

|  |
| --- |
| If other, please specify: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The impairment is: | | | | |
| Permanent | Temporary | Fluctuating | | |
| Please provide details: | | | | |
| If the impairment is fluctuating or temporary would it be appropriate to delay the assessment?  If yes, go to the conclusion section | | | Yes | No |

**SECTION 5 – ADDITIONAL FACTORS BEYOND THE SKILLS OF THE PERSON**

|  |  |  |
| --- | --- | --- |
| Are there any other factors beyond the cognitive and communication skills of the individual that you believe are affecting the person’s ability to make a free and balanced decision?  This may include internal factors like low mood or external influences such as coercion or threats from others. The influence of any factors identified should also be considered as part of your decision making in the next section (6). | | |
|  | Yes | No |
| If yes, please describe: | | |

**SECTION 6 – THE FUNCTIONAL TEST OF CAPACITY (STAGE TWO)**

See associated guidance

|  |  |  |
| --- | --- | --- |
| Do you consider the person able to understand the information relevant to the decision?  This includes the person’s understanding of how the decision arose and the options available to them | Yes | No |
| Evidence:  E.g. The questions you asked and the answers given | | |

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| Do you consider the person able to retain the information?  The question of how long a person need retain information will vary as they need only remember the relevant important information long enough to make an effective decision | Yes | No |
| Evidence:  E.g. The questions you asked and the answers given | | |

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| Do you consider the person able to use or weigh up the information as part of the decision making process? | Yes | No |
| Evidence:  E.g. The questions you asked and the answers given | | |

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| Do you consider the person able to communicate their decision? | Yes | No |
| Evidence:  E.g. The questions you asked and the answers given | | |

If you have answered '***yes'*** to **all** of the questions in section 6 then the person is considered to have capacity about the specific decision at the time.

If you have answered '***no'*** to **any** of the questions in section 6 then the person does not have the capacity to make this specific decision at the time.

The influence of any factors identified in section 5 (additional factors) should also be considered as part of your conclusion.

**SECTION 7 – CONCLUSION**

Tick just **ONE** of the following three options:

|  |  |
| --- | --- |
| I consider the person **does** have the capacity to make the decision  \*You should be able to show that, on the balance of probabilities, that the person has capacity |  |
| The decision that the person has made is recorded below: | |

|  |  |
| --- | --- |
| I consider that the person **does not** have the capacity to make the decision  \*A best interest decision should now be made |  |

|  |  |
| --- | --- |
| I consider that it is appropriate to delay this assessment until such time that the person is better able to demonstrate their capacity. |  |
| Explain your reasons below: | |

**Review**

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| For ongoing decisions it will usually be important to review the person’s capacity given that capacity is rarely static and can improve or decline. Where this applies, please indicate when the assessment should be reviewed below: |

**This assessment is valid for the decision indicated at the time of completion.**

Signature …………………………………………

Date ……………......................