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| **MENTAL CAPACITY ASSESSMENT** | | | | |
| The following practicable steps have been taken to enable and support the person to participate in the decision making process: | | | | |
| In my opinion the person **LACKS** capacity to decide whether or not they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment, and the person is unable to make this decision because of an impairment of, or a disturbance in the functioning of, the mind or brain. | | | |  |
| In my opinion the person **HAS** capacity to decide whether or not they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment | | | |  |
| **Stage One:** What is the impairment of, or disturbance in the functioning of the mind or brain? | | | | |
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| **Stage Two:** Functional test | | | | |
| 1. **The person is unable to understand the information relevant to the decision**   *Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings.* | | | |  |
| 1. **The person is unable to retain the information relevant to the decision**   *Record how you tested whether the person could retain the information and your findings. Note that a person’s ability to retain the information for only a short period does not prevent them from being able to make the decision.* | | | |  |
| 1. **The person is unable to use or weigh that information as part of the process of**   **making the decision**  *Record how you tested whether the person could use and weigh the information and your findings.* | | | |  |
| 1. **The person is unable to communicate their decision (whether by talking, using**   **sign language or any other means)**  *Record your findings about whether the person can communicate the decision.* | | | |  |
| **Stage Three:** *Explain why the person is unable to make the specific decision because of the impairment of, or disturbance in the functioning of, the mind or brain.* | | | | |
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| **PLEASE NOW SIGN AND DATE THE CAPACITY ASSESMENT** | | | | |
| Signed |  | Date |  | |
| Print Name |  | Time |  | |

**Preparation for making a decision on behalf of someone else, when they are unable to make the decision themselves:**

What decision am I being supported to make?

How have I been involved in this decision?

Who would act on the decision made? E.g. a doctor if it is a medical decision? (This would determine who is the ‘decision maker’).

Is this the right time to make this decision? Will I be able to make this decision another time?

Who is important in my life? Who do I contact the most?

Do I have an ‘Independent Mental Capacity Advocate’ to help me make the decision if I need one?

Does anyone have a ‘Lasting Power of Attorney for Health and Welfare or Property and Affairs’ for me? Does anyone have a ‘deputyship’ in place for me?

Please make sure that the decision made has not made any assumptions based on my age, disability (if I have one), or behaviour.

What are my views on the decision? Or what would they have been?

Are there things during my care that I don’t like and I prefer things in a different way?

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| **This is in the person’s best interests.**  **Note:** *you should consider section 4 of the Mental Capacity Act 2005, You must consider whether any care or treatment can be provided effectively in a way that is less restrictive of their rights and freedom of action. You should provide evidence of the options considered. In line with best practice this should consider not just health related matters but also emotional, social and psychological wellbeing.* | **YES** |  |
| **NO** |  |
| The reasons for my opinion are:  After giving your reasons above you should now carry out analysis of the benefits and burdens or each option identified**.**  **Option 1:**  Benefits:  Burdens:  **Option 2:**  Benefits:  Burdens:  *(Repeat process if there are more options)*  *Date Decision made:*  *Signed:* | | |