**APPENDIX 4**

**Mental Capacity Act 2005**

**Record of Best Interest Meeting and Decision**

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| --- | --- | --- | --- |
| Name of person Best Interest decision needs to be made for |   | Date best interest decision making process started |  |
| Details of the decision to be made on behalf of the person who lacks the mental capacity to make this decision at the time it needs to be made.  |
| Please advise all parties of the MCA Code of Practice Chapter 5 regarding best interests and Chapter 15 regarding settling disagreements. Before considering what is in the person’s best interests it should first be determined that there is no valid Lasting Power of Attorney or Enduring Power of Attorney or a Court Appointed Deputy relevant to the decision to be made.  |
| **Record of meeting to determining Best Interests** |
| Date of Meeting  |  |
| Name of Chair of Meeting  |  |
| Name and Role of Best Interest Decision Maker  | Name  |
| Role |
| Name of Minute taker  |  |
| Purpose of the Meeting **:**The Best Interest Principle underpins the Mental Capacity Act 2005 as set out in Section 1 (5)***“An act done or decision made under the Act or on behalf of a person who lacks capacity must be done or made in his/her best interests”***This meeting should be an objective discussion to identify the needs and try to reach a decisions that are in the ‘Best Interests’ of the above named person |
| Attendees: | Apologies: |
| Name |  Relationship | Name | Relationship |
| 1. Has the person been **assessed as lacking capacity** to make this particular decision at this moment in time? | **Yes** | **No.** Proceed no further, the person will make the decision. | **Date** | **Name of Assessor**  |
| 2. **Regaining Capacity** If yes is the person likely to regain mental capacity to be able to make this decision? | **Yes** | **No**  | **Reasons for your opinion** |
| 3. Was the **person** who the decision is being made for present at the meeting? | **Yes** | **No**  | **If no give reasons why**  |
| 4. Has an **IMCA** been appointed in relation to this decision?  | **Yes** | **No**  | **Name of IMCA** |  |
| 5 If Yes were the invited and are they present at the meeting | **Yes** | **No**  | **If No give reasons why** |  |
| **Record of Discussions which took place in the meeting** |
| 6. What are all the **relevant circumstances** and complex issues relating to the decision that needs to be made? |
| 7. Are there any **additional factors** such as family relationships which need to be taken into account?  |
| 8. What are the person’s wishes, past and present views and feelings? (information from the person or interested parties)  |
| 9. Does the person have any particular belief and values which need to be considered?  |
| 10.Views of interested parties’ present at the meeting - Family members, professional, care staff, attorneys and deputies, IMCAs, which need to be taken into account. You should ask all interested parties what they consider to be in the persons best interest and record any information they have about the person wishes and feelings beliefs and values |
| **Name** | **Role/Relationship** | **Views of interested parties**  |
|  |  |  |
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|  |  |  |
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|  |  |  |
| 11. Details of any previous meetings with interested parties that may have taken place before this meeting including the outcome of the discussions  |
| 12. Considering the Options: **Ensure you have carried out the necessary risk assessments and this is reflected in the best interest option chosen. Ensure wherever possible the least restrictive option is chosen, whilst being in the best interests of the person.** |
| **Option 1 :-** |
| **Advantages /Benefits** | **Disadvantages/ Risks** |
| **Option 2:-** |
| **Advantages/ Benefits** | **Disadvantages/ Risks** |
| **Option 3 :-** |
| **Advantages/ Benefits** | **Disadvantages/ Risks** |
| 13. Record of Discussions regarding the impact of the decision on other people, relationships etc.  |
| 14. Summary of discussion (Chair)  |
| **FINAL DECISION**It is the responsibility of the decision maker to reach a final decision. As Decision Maker you must always avoid restricting the person’s rights and provide care and treatment in the least restrictive way**.** |
| **15. What is your decision?** (Record how you have come to your opinion and why other options were rules out) |
| 16. Record of discussion regarding how the person is likely to react/respond to this decision being made for them? |
| 17. Do all parties agree with the decision?  |
| Yes |  | No |  |
| 18. Details of any objections to the decision (list any objections and who they were made by)  |
| **Name/s of person/s objecting**  | **Details of objection** |
|  |  |
| 19. Is a further meeting required?  | **Yes**  |  | **No**  |  |
| If yes date, time and venue of proposed next meeting  |  |
| 20. Is Legal Advice needed? | **Yes** |  | **No** |  |
| 21. Do the Deprivation of Liberty Safeguards need to be considered? | **Yes** |  | **No** |  |
| 22. Are there any safeguarding issues to consider?If yes has a referral been made?  | **Yes** |  | **No** |  |
| **Further actions to be taken (list any action, name of person to take action and timeframe)** |
| **Action** | **Name** | **Date to be completed**  |
| **1** | Always need a notification of the decision to person for whom the decision is being made.  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **Signature of Decision Maker**  |  |
| **Date final decision**  |  |
| **Date copy of decision record sent to Chair for approval** |  |
| **Date decision record approved by Chair** |  |
| **Name of person responsible for circulation of decision record**  |  |
| **Date copy of decision record sent to all relevant parties**  |  |
| **Details of Decision entered on Case Records** | **Yes** | **No** |