**Record of a Mental Capacity Assessment**

**Guidance:** You are completing this form either because you are uncertain if the person identified below has the mental capacity to make the specific decision at the time it needs to be made or because you have information that leads you to believe this person may not have the mental capacity to make the particular decision at the time it needs to be made. Please refer to Chapters 3 and 4 of the MCA Code of Practice for guidance on how to enable people to make decisions and assessing mental capacity. If the person’s mental capacity to make the decision may fluctuate, choose the time at which the person is most likely to be able to make the decision. Consider also the person who should be completing the assessment (MCA Code of Practice 4.38).

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| Name of the Person | |  | | | | | | | | | | | | | | | | | |
| Name and Occupation Of Assessing Officer: | |  | | | | | | | | | | | | | | | | | |
| Date(s) and time(s) assessments and conversations were undertaken.  (may be numerous visits and conversations) | |  | | | | | | | | | | | | | | | | | |
| Where and how did the assessment and conversations take place ? . | |  | | | | | | | | | | | | | | | | | |
| Please give the name, a status and contact detail of anyone who assisted with or was present during this assessment.  Did the individual ask for anyone else to be present? If so were they? | | | | | | | | | | | | | | | | | | | |
| Name | | Status and contact details | | | | | | | | | | | | | | | | | |
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| ***a)What is the specific decision to be made and what is the information that you consider to be relevant to that decision ?***  ***Nb – try not to be too complex or detailed but should include the salient details in the decision and the likely consequences of any decision/action and try to present this as a list of points***    **Decision** | | | | | | | | | | | | | | | | | | | |
| **Relevant Information** | | | | | | | | | | | | | | | | | | | |
| **Mental Capacity Act 2005 - Principles 1 to 3 of 5.**   1. **A Person must be assumed to have the mental capacity to make the decision unless it is established that they lack capacity to make the decision** 2. **A person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success** 3. **A person is not to be treated as unable to make a decision merely because they make an unwise decision.** | | | | | | | | | | | | | | | | | | | |
| ***Is the person able to make this decision for themselves ?***  ***( Functional Assessment)*** | | | | | | | | | | | | | | | | | | | |
| **The functional assessment**  **Q1** | | | | | | | | | **Response** | | | | | | | | | | |
| **Yes** | |  | | |  | | **No** | | |  |
| 1. **Can the person understand all of the information that you consider they would require to make the decision? – refer back to the list of salient points that you have outlined above.**   **W**h**at you have done to enable the person to understand the information?**  (*E.g. considering their sensory needs, using family members or people who know how best to enable communication, providing information in written form, using non-verbal communication techniques, picture cards, meeting the person when he or she is most able to make the decision. Consider documenting conversations verbatim to convey the person’s wishes and understanding of the decision to be made. Ask the person to explain in their own words their understanding of the deci* | | | | | | | | | | | | | | | | | | | |
| **Q1** | | | | | | **Response** | | | **Yes** | |  | | | |  | | | **No** |  |
| 1. **Can the person retain all of the relevant information long enough to make the decision?**   **What have you done to enable the person to retain the information long**  **enough to make the decision?**  *(e.g. Repeating information, putting things in writing, considering choice of language, using open and closed questions, returning at a different time if possible)* | | | | | | | | | | | | | | | | | | | |
| **Q1** | | | | | **Response** | | | | **Yes** | |  | | | |  | | | **No** |  |
| 1. **Can the person weigh up the information ?**   **What have you done to enable the person to weigh up the information**  **necessary to make their own decision?**  *(e.g. How have you supported the person to understand and balance the risks of making or not making the decision? How did you present the options for the person? Explain how the person assessed the risks of the options including not making the decision at all)* | | | | | | | | | | | | | | | | | | | |
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| **Q1** | | | | | **Response** | | | **Yes** | |  | |  | | | | | **No** | |  |
| 1. **Can the person communicate their decision?**   ( NB – this should be viewed as a separate issue – assuming the person were able to make a decision – are they able to communicate it ? Is the issue one of not being able to communicate – regardless of the other aspects of decision making or whether they are able to undertake the other parts of the decision making process?)  **What have you done to enable the person to communicate their own decision?**  *(e.g. Preferred Communication for the person could be verbal, non verbal through facial expressions or hand movements, or in the written form etc. Consider the person’s preferred language and need for interpreter)* | | | | | | | | | | | | | | | | | | | |
| **If you have answered YES for all of questions 1 ( a-d), then the person has, on a balance of probabilities, the mental capacity to make the specific decision at that time. Complete the final conclusion on this form .**  **If you have answered NO to any of the questions Q1( a-d) , then on a balance of probabilities the person did not have the ability to make this particular decision and consideration must now be given as to whether this is because of an impairment of, or a disturbance in the functioning of, their mind or brain in Q2.** | | | | | | | | | | | | | | | | | | | |
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| **The diagnostic assessment** | | | **Response** | | | |  | | | | | | | | | | | | |
| **Yes** | ***No*** | | | ***Please Describe Below.*** | | | | | | | | | | | | |
| Q2a). **Is there** **an impairment of, or disturbance in the functioning of the person’s mind or brain?**  (For example symptoms of alcohol or drug use, delirium, concussion following head injury, conditions associated with some forms of mental illness, dementia, significant learning disability, long term effects of brain damage, confusion etc) | | |  |  | | | *(Include sources of information, e.g. the medical diagnosis and where you read it or who advised you)* | | | | | | | | | | | | |
| Q2 b). **is the impairment of, or disturbance in the functioning of the person’s mind or brain linked to the reasons why they do not appear to be able to make the decision?** | | |  |  | | | *Please give reasons why* | | | | | | | | | | | | |
| **If you have answered Yes to Q 2a and 2b then you have sufficient evidence to conclude that the person lacks the mental capacity to make this decision, on the balance of probabilities.** | | | | | | | | | | | | | | | | | | | |
| Conclusion    **Based upon the evidence in this form, I conclude that *(insert individual’s name)* HAS/LACKS ( delete as appropriate) the mental capacity for this decision, given the information that I have outlined as relevant, because of the direct effects of an impairment of, or disturbance in the functioning of their mind or brain** | | | | | | | | | | | | | | | | | | | |
| **Signature and Print name, job title,** |  | | | | | | | | **Date assessment completed** | | | |  | | | | | | |