

Mental Capacity Assessment Form

C4-127

1 Service User Details		
Name:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of where person resides:		
Post Code:	Phone number:	
Nature of this Address: <input type="checkbox"/> Residential Home <input type="checkbox"/> Nursing Home	<input type="checkbox"/> Supported Living <input type="checkbox"/> Own Home <input type="checkbox"/> Other <i>Please state:</i>	
Location, Date and Time of Assessment:		
2 Basis of Referral		
<input type="checkbox"/> Serious medical treatment <input type="checkbox"/> Care Review	<input type="checkbox"/> Change of accommodation <input type="checkbox"/> Adult Protection Procedures	<input type="checkbox"/> Other <i>Please state:</i>
Specific Detailed Reason for this Capacity Assessment Provide or explain here the precise details of proposed serious medical treatment; change of accommodation; adult protection concern; health, welfare, property or finance concerns, etc.		
3 Presenting Condition		
<input type="checkbox"/> Unconsciousness <input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Other Cognitive Impairment i.e. stroke <input type="checkbox"/> Serious Physical Illness <input type="checkbox"/> Dementia	<input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Combination <input type="checkbox"/> Other <i>Please state:</i>	
4 Other factors:		
<input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Lasting Power of Attorney (health & welfare) <input type="checkbox"/> Lasting Power of Attorney (property & finance)	<input type="checkbox"/> Court Appointed Deputy <input type="checkbox"/> Advocate already involved <input type="checkbox"/> Advance Decision <input type="checkbox"/> Advance Directive / Living Will	

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5 Capacity Assessment
<p>NOTE: All adults are presumed to have capacity. An assessment of capacity should only be conducted where professionals have concerns that a service user does not have capacity to make a specific decision. All assessments of capacity are issue specific. Assessments of capacity regarding significant decisions must be jointly conducted by 2 professionals with one professional having an established relationship with the service user. Refer to QP-20 Mental Capacity Act 2005 Code of Practice.</p>
<p>Every question in <u>this section</u> (i.e. i) to iv) below) must be answered YES before it can be determined that a Service User has capacity:</p>
<p>i) Have you explained to the Service User the purpose of this assessment?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No Add Comment:</p>
<p>ii) Does the Service User have the capacity to retain the necessary information on which to make a decision?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No Add Comment:</p>
<p>iii) Is the service user able to weigh up and discuss the potential advantages and disadvantages of any decision action with you?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No Add Comment:</p>
<p>iv) Is the Service User able to communicate a decision on the matter in question? NB This may be nonverbal – i.e. writing or through sign language, but it is important that there is consistency of response.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No Add Comment:</p>

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6 Outcome Of Capacity Assessment

Does the Service User have capacity in respect of the specific question detailed “Reason for Capacity Assessment above”?

- Yes No

If the Service User does not have capacity in relation to this specific issue, they cannot make a decision or consent, therefore decisions about proceeding will need to be made on the basis of the Service User’s best interests. Service Users may have the capacity to make some decisions but not others.

Add Comment:

7 Best Interests Checklist (To be completed where service user does *not* have capacity in relation to the specific action/ decision to be made)

If the Service User does not have capacity, they cannot consent. Decisions about proceeding therefore will need to be made on the basis of the Service User’s best interests. Consultation should occur where appropriate with any person holding Lasting Power of Attorney; Enduring Power of Attorney, Court Appointed Deputy, IMCA, Family & friends.

Decisions made in a Service User’s best interests must be the least restrictive possible.

The assessment and assessors have:

- a. Involved service user as far as practically possible
- b. Consulted records
- c. Consulted family as appropriate
- d. Used generic advocate as appropriate
- e. Consulted other staff as appropriate
- f. Considered past wishes and feelings (by retrieving any previously recorded wishes and feelings)

If any of the checklist is not ticked, please add comment.

Comments:

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<p>8 IMCA Checklist (To be completed where service user does not have capacity in relation to the specific action/ decision to be made)</p>
<p>If the answer to any of the questions in <u>this section</u> below is YES, you must consider involving an IMCA.</p> <p><input type="checkbox"/> Is the Service User without capacity the alleged victim in an adult protection investigation, where either the alleged abuser is friend or family?</p> <p><input type="checkbox"/> Is it thought that friends or family of the Service User may not act in the best interests of the Service User?</p> <p><input type="checkbox"/> Is the Service User unbefriended and the decision about a change of accommodation or serious medical treatment?</p> <p><input type="checkbox"/> Is the Service User unbefriended and the decision about a review of accommodation?</p> <p>Does service user require an IMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Where the Service user requires an IMCA, please provide information about <i>all</i> involved professionals with their contact details:</p>
<p>Where an IMCA is required, provide further information to assist the IMCA service:</p>
<p>a. Is the Service User aware of the advocacy referral?</p>
<p>b. Is the Service User able to make his/her wishes known on the referral issue?</p>
<p>c. Risks / Precautions to be taken when meeting service user:</p>
<p>d. Communication needs / Preferences:</p>

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9 Details of the two professionals conducting the assessment

(Indicate which professional is the decision maker. If neither is the decision maker, please also complete 9.3)

Assessor #1 Details		Is this the decision maker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name:		Signature:	
Designation:		Date:	
Address:		Phone:	
		Mobile:	
		Fax:	
		Email:	
Assessor #2 Details		Is this the decision maker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name:		Signature:	
Designation:		Date:	
Address:		Phone:	
		Mobile:	
		Fax:	
		Email:	
Decision Maker Details (if not included above)			
Name:		Signature:	
Designation:		Date:	
Address:		Phone:	
		Mobile:	
		Fax:	
		Email:	

NOTES: This form should be inserted into the Service User's file. If professionals are unable to agree on mental capacity, this should be discussed with a Mental Capacity Act Advisor.