Addressograph

**Mental Capacity Act 2005**

**MENTAL CAPACITY ASSESSMENT (TWO STAGE TEST)**

This assessment is designed to record the process followed when assessing a person’s consent to (or refusal of) a proposed treatment or management plan and should be used to record the assessment of any specific decisions required.

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| Patient Name: (please print)  Unit No: Ward  Name of Assessor Role/Title |

What prompted this capacity assessment (Brief summary of relevant history)

What is the specific decision to be taken?

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| **Below is the decision you are assessing on:**  ***Can the person consent to being accommodated at GWH for the purpose of receiving care and treatment*** |

**STAGE ONE**

Is there an impairment of, or disturbance in the functioning of the person’s mind or brain? Yes  No

Please give details including diagnosis:

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***NB: IF THERE IS A NO ANSWER DO NOT PROCEED TO STAGE 2, RECORD SUMMARY, SIGN, DATE AND PLACE ON PATIENT’S FILE.***

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**STAGE TWO**

Is the person able to understand the information relevant to the decision? Yes No

Please record details (Ensure you have provided the person with sufficient relevant information and that this is included in your consideration of the person’s understanding. Ensure you have presented the information in ways which can enhance the person’s likelihood of understanding)

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| **The Patient’s current Treatment and Care Plan was discussed with them.**  The Patient demonstrated the ability to understand this information  The Patient did not understand this information  **Please add any additional comments re the Patient’s understanding of the information about the decisions being assessed** |

Can the person retain the information for long enough to reach a decision? Yes No

(Ensure you have presented the information in ways which can enhance the person’s

likelihood of retaining the information)

Please record details

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| **The Patient’s current Treatment and Care Plan was discussed with them.**  The Patient demonstrated the ability to retain this information for a sufficient period  The Patient was not able to retain this information for a sufficient period  **Please add any additional comments re the Patient’s understanding of the information about the decisions being assessed** |

Can the person use or weigh the information as part of the process of reaching   
a decision? Yes No

Please record details

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| **The Patient’s current Treatment and Care Plan was discussed with them. This should detail the advantages and disadvantages of the proposed care and treatment plan.**  The Patient demonstrated the ability to use and weigh this information to enable decision making  The Patient was not able to use and weigh this information to enable decision making  **Please add any additional comments re the Patient’s understanding of the information about the decisions being assessed** |

Can the person communicate their decision by any means? Yes No

Please record details

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| **The Patient was able to communicate their decision**  **The Patient was not able to communicate their decision**  **Please add any additional comments re the Patient’s communication** |

***NB IF THE PERSON IS ASSESSED AS ‘NO’ FOR ANY OF THE SECOND STAGE DOMAINS THEY WILL LACK CAPACITY FOR THE SPECIFIC DECISION AND THE BEST INTEREST DECISION RECORD SHOULD BE COMPLETED. IF ALL THE DOMAINS ARE ASSESSED AS YES THE PERSON IS CAPACITATED RE THE DECISION AND THE ASSESSOR SHOULD COMPLETE THE ASSESSMENT SUMMARY ONLY, SIGN AND DATE AND PLACE ON PATIENT’S FILE.***

**Capacity assessment summary *(Please tick the below applicable assessment summary as documented below)***

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| **It is the reasonable belief of the assessor that the Patient has capacity to consent to be accommodated at the Great Western Hospital for the purpose of receiving care and**  **treatment.**  **It is the reasonable belief of the assessor that the Patient lacks the mental capacity to consent**  **to be accommodated at the Great Western Hospital for the purpose of receiving**  **care and treatment.**  **Please add any additional comments:** |

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| Signature: ....................................................................... Date: ..............................................  Name: (Please print).......................................................  Role/Title: (please print).................................................... |