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| **MENTAL CAPACITY ASSESSMENT** | |
| **Details of the Mental Capacity Assessment** | |
| A Mental Capacity Assessment determines if at a particular time, for a particular decision, the person has capacity or not. According the Mental Capacity Act 2005, a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for himself/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. | |
| **What triggered the need for this assessment?** (Describe the context and mention any referrals if applicable) |  |
| **Details of the decision to be made.** |  |

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| **MENTAL CAPACITY ASSESSMENT** | | |
| What practicable steps have been taken to enable and support the person to participate in the process. ***Please describe these steps:*** | | |
| **Stage One:** What is the impairment of, or disturbance in the functioning of the mind or brain? *(for example Dementia, Psychotic illness, Learning Disability, Depression, Stroke, Acquired brain injury, Alcohol/ drug problem, Other(s))* | | |
| **Stage Two:** | | |
| 1. **The person is unable to understand the information relevant to the decision:**   *(Record how you have identified if the person can understand the information about the specific decision, the questions used, how you presented the information and your findings. Remember the person only needs to understand the salient factors relevant to the decision. Relevant information includes the likely consequences of a decision)* | |  |
| b**. The person is unable to retain the information relevant to the decision:**  *(Record how you identified if the person could retain the information about the specific decision and your findings. The person needs to be able to retain enough information for a sufficient amount of time in order to make a decision Note that the person’s ability to retain information only for a short period does not prevent from being able to make a decision)* | |  |
| c. **The person is unable to use or weigh that information as part of the process of**  **making the decision:**  *(Record how you have identified if the person could use and weigh the information about the specific decision and your findings. The person needs to understand the reasonable foreseeable consequences of reaching a decision or not)* | |  |
| d. **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 specific decision. It is your responsibility to provide the necessary tools and aids or a person who can assist with communication)* | |  |
| **Assessor’s Decision** | | |
| **We have assessed capacity in accordance with the principles and requirements of the Mental Capacity Act 2005.** | | |
| **Place a cross in EITHER box below** | | |
| **In our opinion the person HAS capacity to make the specific decision.** |  | |
| **In our opinion the person LACKS capacity to make the specific decision.**  *(Proceed to arrange a Best Interest decision meeting. If decision relates to covert medication, involve views of the G.P, Pharmacist, Representative, Family, LPA for Health and Welfare and if necessary a Speech and Language Therapist))* |  | |
| **Is it likely that the person may regain/develop their capacity at a future date and the decision can wait until this happens?** */any circumstances/condition that could affect the person's capacity temporarily?/* |  | |
| **Stage Three:***(Explain why the person is unable to make the specific decision, this has to be as a result of the impairment of or disturbance in the functioning of, the mind or brain for example: Dementia, Psychotic illness, Learning disability, Depression, Stroke, Acquired brain injury, Alcohol/ drug problem, other(s))* | | |

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| **Assessment Completed by:** | | | |
| **Full Name & Job Title:**  **Full Name & Job Title:**  **Full Name & Job Title:** |  | **Signature** | **Date** |
| **Consent to Information Sharing** | | | |
| Please note that if an adult is determined to lack capacity regarding a decision specific issue this does not mean they also lack capacity to consent to the consent below. If there are issues regarding their capacity to do this, then another capacity assessment should be made.  I agree that information may be used for the purpose described in the Fair Processing Statement:  **Signature:**  **Date:** | | | |
| If the person does not have the capacity to consent, then please tick this box **Assessor’s Initials:** | | | |