

|  |
| --- |
| **Mental Capacity Act 2005 – FORM MCA1**  **Record of a Mental Capacity Assessment** |

Guidance: you are completing this form because you have a reasonable doubt that the person named below has mental capacity to make a particular decision at this time.

|  |  |
| --- | --- |
| **Name of Service User:** |  |
| **Unique identifier (NHS no/Fwi/RWQ)** |  |
| **Name of Assessor:** |  |
| **Role/Job Title of Assessor:** |  |
| **Date assessment started:** |  |

**Please give the name and status of anyone who assisted with this assessment:**

|  |  |
| --- | --- |
| **Name** | **Role/Job Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**What prompted this assessment?** (*i.e. summary of relevant history*)

|  |
| --- |
| **Details:** |

**What is the specific decision to be made?**

|  |
| --- |
| **Details:** |

**Enduring Power of Attorney – EPA, Lasting Power of Attorney – LPA Court of Protection appointed Deputy – DEP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KEY ROLES** | **LPA or DEP (Health & Welfare decisions)** | **EPA/LPA or DEP (Property & Affairs decisions)** | **Independent Mental Capacity Advocate - IMCA** | **Relevant Person's Representative - DoLS** |
| **Name:** |  |  |  |  |
| **Contact Number:** |  |  |  |  |
| **Role:** |  |  |  |  |

|  |
| --- |
| **STAGE 1 – DETERMINING IMPAIRMENT OR DISBURBANCE OF MIND OR BRAIN**  **Guidance: every adult should be assumed to have the capacity to make a decision unless it is proved that they lack capacity. An assumption about a person's capacity cannot be made merely on the basis of a person's age, appearance, diagnosis or aspect of their behaviour.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **COMMENTS** |
| **Q1. Is there an impairment of, or disturbance in the functioning of the person's mind or brain?** *(symptoms of alcohol/drug use, delirium, concussion following head injury, conditions associated with dome forms of mental illness, dementia, learning disability, acquired brain injury, confusion, drowsiness or loss of consciousness due to a physical or mental condition)* |  |  | *Please detail:* |

|  |
| --- |
| If you have answered **NO** to Question 1 above, there is no such impairment or disturbance and thus **THE PERSON CANNOT LACK CAPACITY** within the meaning of the Mental Capacity Act 2005. Sign & Date this form, record the outcome within the person's records and **PROCEED NO FURTHER WITH THIS ASSESSMENT OF CAPACITY** |

|  |
| --- |
| If you have answered **YES** to Question 1 above, **PROCEED TO STAGE 2** |

|  |
| --- |
| **STAGE 2 – ASSESSMENT**  **Having determined impairment or disturbance (Stage 1) and given consideration to the ease, location and timing; relevance of information communicated; the communication method used; and others involvement, you now need to complete your assessment and form your opinion as to whether the impairment or disturbance is sufficient that the person lacks the capacity to make this particular decision at this moment in time.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **COMMENTS** |
| **Q2. Do you consider the person ABLE to UNDERSTAND the information relevant to the decision and that this information has been provided in a way that the person is most able to understand?** *(Assessor should understand the nature and effect of the decision. Present choices in a balanced way, allow the person time to clarify, ask questions and reflect. Be prepared to visit more than once.)* |  |  |  |
| **Q3. Do you consider the person ABLE to RETAIN the information for long enough to use it in order to make a choice or effective decision?** *(Retaining information for a short time does not automatically disqualify – the more major a decision, the longer the person should retain the information for. Use notebooks, videos, recording aids as appropriate).* |  |  |  |
| **Q4. Do you consider the person ABLE to USE or WEIGH that information as part of the process of making the decision?** *(Can the person use the information given to them to consider the risks, consequences, pros and cons of making a decision or not making a decision? Are they showing insight and awareness of their current situation? Do they recognise the impact of their behaviour on others?)* |  |  |  |
| **Q5. Do you consider the person ABLE to COMMUNICATE their decision?** *(Communication can be facilitated and assisted – use interpreter or skilled communication specialist where appropriate).* |  |  |  |

|  |
| --- |
| If you have answered **YES** consistently to **Q2 to Q5,** the person is considered on the balance of probability, **to have capacity to make this particular decision at this time.** Sign & Date this form and record the outcome within the person's records and **PROCEED NO FURTHER WITH THIS ASSESSMENT OF CAPACITY.**  **If you have answered NO to ANY of the questions Q2 to Q5, proceed to Question 6 below.** |

|  |  |
| --- | --- |
|  | **COMMENTS** |
| **Q6. Overall, do you consider on the balance of probability, that the impairment or disturbance as identified in STAGE 1 is sufficient that the person lacks the capacity to make this particular decision?** |  |

|  |
| --- |
| **IF YOU BELIEVE THAT THE PERSON LACKS MENTAL CAPACITY TO MAKE THIS DECISION YOU MUST NOW COMPLETE THE MCA 2 FORM – RECORD OF ACTIONS TAKEN TO MAKE A BEST INTERESTS DECISION.** |

|  |
| --- |
| **Date assessment completed:**  **Signature:** |