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| **Mental Capacity Act 2005 – FORM MCA2****Record of actions taken to make a best interest decision** |

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| **Name of Service User:** |  |
| **Unique identifier (NHS no/Fwi/RWQ)** |  |
| **Name of Decision Making Officer:** |  |
| **Date best interest decision making** **process started:** |  |

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

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| **Name** | **Role/Job Title** |
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| **Description of the decision to be made regarding the person:** |

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| **PART 1 – DETERMINING LACK OF MENTAL CAPACITY****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.** |

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|  | **YES** | **NO** | **COMMENTS** |
| Has the person been determined as lacking capacity to make this particular decision at this moment in time? |  |  | *Please record when the mental capacity assessment was undertaken:* |

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| If you have answered **YES, PROCEED TO PART 2** **of this document.**If you have answered **NO**, identify decision(s) to be made and complete capacity assessment using MCA 1 Form. |

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| **PART 2 – DETERMINING BEST INTERESTS****All steps and decisions taken for a person who lacks mental capacity must be taken in their best interests.** |

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|  | **Yes** | **No** | **Comments** |
| **Q1. Avoid Discrimination –** *Guidance:**Have* *you avoided making assumptions merely on the basis of the person's age, appearance, condition or behaviour?* |  |  |  |
| **Q2. Relevant Circumstances –** *Guidance:**Have* *you identified all the things the person would have taken into account when making the decision for themselves?* |  |  |  |
| **Q3. Regaining Capacity –** *Guidance: Have you considered if the person is likely to regain capacity at some time in the future and if the decision can be delayed until then?* |  |  |  |
| **Q4. Encourage Participation –** *Guidance: Have you done whatever is possible to enable and encourage the person to take part in making the decision?* |  |  |  |
| **Q5. Special Considerations –** *Guidance: Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?* |  |  |  |
| **Q6. The Persons Wishes –** *Guidance: Has consideration been given to the persons past and present wishes and feelings, beliefs and values, that would be likely to influence this decision?* |  |  |  |
| **Q7. Written Statements –***Guidance: Have you considered any written statement made by the person when they had mental capacity?* |  |  |  |
| **Q8. Consult Others –** *Guidance: Have you, where practicable and appropriate, consulted and taken into account the views of others including those engaged in caring for the person – relatives, friends, persons previously named by the person, Enduring or Lasting Power of Attorney holders or Deputy of the Court of Protection?*  |  |  |  |
| **Q9. IMCA –** *Guidance: If the decision relates to serious medical treatment or changes to accommodation and there is no one identified in Q8, you must consider instructing an Independent Mental Capacity Advocate and receive a report from the IMCA.*  |  |  |  |
| **Q10. Avoid Restricting Rights –** *Guidance: Has consideration been given to the least restrictive option for the person?* |  |  |  |
| **Q11. Other considerations –** *Guidance: Have you considered factors such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?* |  |  |  |

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| **Having considered all the relevant circumstances, what decision/action do you now intend to take whilst acting in the best interests of the person?****Signed:****Date:** |