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| Worcestershire Safeguarding Adults Board |
| **Assessment of Mental Capacity****FORM MCA1** |
| **Name of the person being assessed**  |  |
| **Date of Birth** |  | **Reference (NHS/LAS)** |  |
| **Home address**  | **Current location (if different)** |
| **Please give your name and role, and the name and role of anyone who assisted with this assessment** |
| Name of person assisting |  Role/Job Title |
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| What concerns over decision-making capacity triggered this assessment?  |  |
| What is the specific decision to be made? |  |
| What the is relevant information for this decision? *Refer to guidance below where needed* |  |
| What practicable steps were taken to help the person make the decision, and why did these not succeed? *Refer to timing of contact, support given, education or information provided, any communication needs and aids used.*  |  |
| **Part 1: Is the person unable to make the decision? (The "functional" element.)** |
| **Q1.** In your opinion, is the person unable to understand the information relevant to the decision? *With reference to the relevant information please explain what the person could understand sufficiently, and what they could not.*  |  |
| **Q2.** In your opinion, is the person unable to retain the relevant information for long enough to make a decision? *Please explain, referring to the relevant information. Remember that some decisions can be made and acted on within a short space of time, others will need retention to be for longer, so that the person acts on their decision at a later time*.  |  |
| **Q3.** In your opinion, is the person unable to use or weigh that information in order to make a decision? *Please explain your finding. If the person's weighing of risks is a cause for concern, explain how this is, or is not evidence of incapacity.*  |  |
| **Q4.** Is the person unable to communicate their decision whether by talking, using sign language or any other means? *This question is intended only for people with rare conditions which only prevents them communicating a decision.* |  |

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| **Part 2: Is there an impairment of or disturbance in the functioning of the mind or brain? (The "diagnostic" element.)** |
| Is there an impairment of, or disturbance in the functioning of the person's mind or brain?Insert Yes / No and give details |   |
| **Part 3. Is the inability to decide caused by the impairment or disturbance in the functioning of the mind or brain? (The "causative nexus.")** |
| Insert Yes / No  |  |
| If yes, please explain how the inability identified in Part 1 is caused by the condition(s) stated in Part 2  |  |
| If no, and you have concluded that inability is caused by something else (such as coercion, undue influence or other abuse), please explain.*Action taken (e.g. referral to Adult Safeguarding Team)*  |  |
| Please comment on potential for regaining capacity, other factors that may change or recommendation for reassessment  |  |
| **Date Assessment Completed** |
| Date assessment completed  |  |
| Signature  |  |

For further guidance on the Mental Capacity Act and completing mental capacity assessments, see:

[Link to Essex Chamber Mental Capacity Assessment Guidance](https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/Mental-Capacity-Guidance-Note-Capacity-Assessment-May-2021.pdf)

[Link to Bournemouth mental capacity toolkit](https://mentalcapacitytoolkit.co.uk/)