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| **BEST INTERESTS TOOL****Please refer to the guidance in the Mental Capacity Act Code of Practice. A summary checklist is attached but should not be a substitute for the guidance** |
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| **My Details** |
| **PIN** |  | **NHS number** |  |
| **Name** |  | **Gender** |  |
| **Address** |  | **Date of Birth** |  |
| **Marital status** |  | **Lives alone** |  |
| **Ethnicity** |  | **Religion** |  |
| **Telephone number** |  | **Mobile number** |  |
| **GP** |  | **GP address** |  |
|  |
| **Date of completion** |  | **Time of completion** |  |
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| **Describe the specific decision for which the person has been assessed as lacking capacity, and to which this best interests process relates. Please complete a new tool for each decision if more than one** |
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| **Please indicate where this has been evidenced (for example Mental Capacity Act assessment, indexed document on ESCR)** |
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| **In order to record whether or not all relevant matters have been considered before making a best interests decision, it must be evidenced that the person has already been assessed as lacking capacity to make the relevant decision** |
| **Describe how you have tried to encourage the person to take part in the decision and to improve their ability to take part, including any Advocate involvement and reasonable adjustments/ support. Please provide as much information as possible in your answer****NB given that mental capacity is both decision and time specific, reasonable adjustments should be in place to support the person as identified and defined in the MCA Code of Practice** |
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| **What would the person take into account if they were making the decision? Please provide as much information as possible in your answer.** |
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| **Does the person have a Lasting Power of Attorney in place? Have you seen a copy of this (including the specifics of the document)?** |
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| **What are the person’s wishes and feelings, beliefs and values, both now and in the past? Please provide as much information as possible in your answer** |
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| **Is the person likely to regain capacity? If yes can the decision wait until then? Please provide as much information as possible in your answer** |
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| **Please list all of those consulted and detail contributions, any disagreements and identify significant outcomes. Was a best interests meeting held and decisions recorded? Please provide as much information as possible in your answer** |
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| **Please detail all other options considered including any possible less restrictive options and why those options were not chosen. Please provide a full explanation of your reasoning behind this** |
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| **How has information been shared with the person? If communication is an issue, how has this information been shared? Please state the date when information was shared and recorded** |
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| **Best interests decision. Please provide as much information as possible in your answer**  |
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| **Decision maker name** |  |
| **Decision maker role** |  |
| **Decision maker signature** |  |
| **Line manager name** |  |
| **Line manager signature** |  |
| **Date authorised** |  |
| **Review date** |  |