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| **MENTAL CAPACITY ASSESSMENT TOOL**  **Individuals should always refer to the guidance in the Mental Capacity Act Code of Practice** | | | | |
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| **Subject of assessment** | | | | |
| **PIN** |  | **NHS number** |  | |
| **Name** |  | **Gender** |  | |
| **Address** |  | **Date of Birth** |  | |
| **Marital status** |  | **Lives alone** |  | |
| **Ethnicity** |  | **Religion** |  | |
| **Telephone number** |  | **Mobile number** |  | |
| **GP** |  | **GP address** |  | |
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| **Date of assessment** |  | **Time of assessment** |  | |
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| **Describe the specific decision for which capacity is being assessed (please complete a new assessment for each decision if more than one)** | | | | |
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| **Stage one – diagnostic test** | | | | |
| **The Mental Capacity Act directs that capacity should be assumed. Why do you suspect that this person lacks the capacity to make this particular decision? Please explain your reasoning** | | | | |
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| **Does the person have an impairment or disturbance of the brain? Is there a formal diagnosis and, if so, when and by whom was this made? Please include evidence to support this**  **NB if the person does not have an impairment or disturbance in the functioning of their mind or brain then they DO have capacity. You should always consult a doctor if there is any doubt** | | | | |
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| **The MCA requires that a person receives all practical and appropriate support to help them make the decision themselves. Please describe the person centred support that person has received including communication strategies which were used, timing, location, who else was involved etc** | | | | |
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| **Stage two – functional test**  **Please tick as appropriate then record your reasoning below. If you tick any of the options, and the person has an impairment or disturbance of the brain, then they lack capacity** | | | | |
| **The person is unable to understand the information relevant to the decision**  Record what information is relevant to the decision and the salient factors the person needs to understand. Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings | | |  | |
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| **The person is unable to retain the information relevant to the decision**  Record how you tested whether the person could retain the information and your findings. Note that a person’s ability to retain the information for only a short period does not prevent them from being able to make the decision | | |  | |
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| **The person is unable to use or weigh up that information as part of the process of making the decision**  Record how you tested whether the person could use and weigh up the information | | |  | |
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| **The person is unable to communicate their decision (whether by talking, using sign language or any other means)**  Record the methods of communication which were attempted | | |  | |
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| **Stage three – causative nexus** | | | | |
| **Explain why the person is unable to make the specific decision directly because of the impairment of, or disturbance in the functioning of, the mind or brain, and for no other reason** | | | | |
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| **Outcome** | | | | |
| **In my opinion the person LACKS capacity to make the decision detailed in stage one**  Proceed to Best Interests Tool | | |  | |
| **In my opinion the person HAS capacity to make the decision detailed in stage one** | | |  | |
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| **Other considerations** | | | **Yes** | **No** |
| **Has the person given a Lasting Power of Attorney for welfare decisions?** | | |  |  |
| **If yes, does the LPA for welfare give authority for this particular decision?**  The LPA can therefore make the decision and a best interests decision does not need to be made | | |  |  |
| **If so, does it affect the specific decision which needs to be made?** | | |  |  |
| **Name(s) of person(s) with authority and whether they have to act jointly or severally**  Take a copy of the document and index to ESCR, checking that it has been registered and covers the decision to be made | | |  | |
| **Has the person made an advance decision?** | | |  |  |
| **Is there a friend or family member who can be involved in the best interests decision making process?**  If the answer is yes and there is a conflict of interests regarding safeguarding, an IMCA will need to be appointed  If the answer is no and the decision is about a change of accommodation, an IMCA will need to be appointed | | |  |  |
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| **Assessor name** | |  | | |
| **Assessor role** | |  | | |
| **Assessor signature** | |  | | |
| **Line manager name** | |  | | |
| **Line manager signature** | |  | | |
| **Date authorised** | |  | | |
| **Date of review** | |  | | |