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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** |  |
|  | | | |
| **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** | | | |
|  | | | |
| **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** | | | |
|  | | | |
| **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** | | | |
|  | | | |
| **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** | | | |
|  | | | |
| **Best interests decision. Please provide as much information as possible in your answer** | | | |
|  | | | |
| **Decision maker name** | |  | |
| **Decision maker role** | |  | |
| **Decision maker signature** | |  | |
| **Line manager name** | |  | |
| **Line manager signature** | |  | |
| **Date authorised** | |  | |
| **Review date** | |  | |