Appendix 2

CAPACITY ASSESSMENT AND 'BEST INTERESTS' RECORD

The **Mental Capacity Act 2005** (MCA) assumes that persons can and will make decisions about their own lives and have the capacity to do so. Where there may be doubt, consider whether there is an **impairment**, or **disturbance** in **the functioning** of the person's mind or brain. If there is no such impairment or disturbance, then, the person has capacity as defined by the Mental Capacity Act 2005.

Name	
Address	
Addiess	
Date of Birth	
Decision to be made:	
Damana a a a a la da	
Persons consulted: Name	Delevior relative attaches and
name	Role: (e.g. relative, attorney – specify welfare and/or property)
	pacity take place (e.g. at the person's own
home, in a hospital ward):	
home, in a hospital ward): When did the assessment take p Persons present during the	place? (date/time)
home, in a hospital ward): When did the assessment take p Persons present during the	
home, in a hospital ward): When did the assessment take p Persons present during the	place? (date/time)
home, in a hospital ward): When did the assessment take persons present during the assessment:	place? (date/time)
Home, in a hospital ward): When did the assessment take present during the assessment:	in relation to the decision outlined above only. Does the ne mind or brain, or is there some sort of disturbance
Home, in a hospital ward): When did the assessment take presons present during the assessment:	in relation to the decision outlined above only. Does the ne mind or brain, or is there some sort of disturbance orain works? (It doesn't matter whether the impairment or
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2. Does the impairment or disturbance mean that the person is unable to make the particular decision detailed above at this time?

The MCA says a person is unable to make a particular decision if they cannot do one or more of the following four things (Please tick the appropriate box):

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Aneurin Bevan Health Board Assessment of Mental Capacity Procedure

Owner:	Medical	Director

Question	Yes []	No []
Does the individual		
understand the information		
relevant to the decision?		
[Explain and record		
evidence].		
-		
Question	Yes []	No []
Can the individual retain the		
information for long enough to		
enable him/her to make the		
decision? [Record evidence].		
Question	Yes []	No []
Can the individual use or	165[]	INO []
weigh up that information as		
part of the process of making		
the decision? [Record the		
basis for your decision].		
Sadio ioi your docionariji		
Question	Yes []	No []
Can the individual		
communicate the decision		
effectively? [Record how the		
decision was communicated].		
Outcome of the assessment,	in relation to t	he decision above
On the balance of probabilities,	there is a reas	onable belief that:
Of the balance of probabilities,	there is a read	onable belief that.
The person [has/ has not] got c	apacity in relati	on to this decision.
2. Details of Assessor		
Assessor:		
Role in agency		
Agency		
Assessor's Signature		
Date of Assessment		

3. 'Best Interests' - Factors to be considered

If the outcome of the assessment indicates that the individual lacks capacity to make this particular decision at this time, consider the following before making a decision in the person's best interests:

Could the person have capacity in the future and can the decision wait till then?

Should an IMCA be instructed (i.e. is the person unbefriended: and lacking capacity, and does the decision involve either serious medical treatment <u>or</u> long term care and health moves (more than 28 days in hospital /8 weeks in a care home)?

An IMCA may also be instructed to support someone who lacks capacity to make decisions concerning adult protection cases, (whether or not family, friends or others are involved). or care reviews, where there are no appropriate family or friends to represent the individual.

If yes, follow the guidance on referral to the IMCA service.

Date IMCA requested: .../.../

Has the individual	
made a valid and	
applicable Advance	
Decision that applies	
to the decision above?	
If yes, please provide	
details.	
Has the individual	
made any other	
statement, written or verbal, in relation to	
the decision above	
when they had	
capacity? If yes,	
please provide details.	
Who needs to be	
consulted in relation to	
this decision and what	
is their relationship to	
the person? (e.g.	
relative, carer, attorney	
specify type)	
Specify the outcome of	
the consultation with	
each individual named	
above.	

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Name of IMCA:

4. Details of 'Best Interests' Consultation

What are the issues which matter most to the person who lacks capacity?	
Record their past and present wishes, feelings and concerns in relation to this decision.	
What are the person's values and beliefs (e.g. religious, cultural, moral) in relation to this decision?	
Are there any other "relevant circumstances" that should be taken into account in this case?	

List the possible alternatives considered. Which is the 'least restrictive' option and Why?

Options	Best interest Y/N	Reasons (Please outline the rationale and how the best interest decision has taken into consideration the 'least restrictive' option)

Please highlight any particular issues that should be addressed in future review(s).						

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