

**Primary Care - Mental Capacity Assessment**

Addressograph here or:

Surname Forename

NHS number

Date of Birth:

GP

**The Mental Capacity Act (2005) states: All adults are assumed to have capacity.**

 **Any assessment of capacity is time and decision specific.**

**Stage one:**

**Is there an impairment of or disturbance in the functioning of the persons mind or brain** *(Cognitive impairment/ delirium/ learning disability)*

**☐No ☐Yes.** Specify what that is here:

 If there is no impairment – no further action required

|  |
| --- |
|  Are there significant barriers to communication needing reasonable adjustments? *Such as sight, hearing, verbal communication, language, literacy* ☐No ☐Yes |
|  What have you done to maximise this person’s ability to make this decision?*Braille, interpreter, large print, pictures, enough time (as is possible relevant to the urgency of the decision)* |
|  What are the benefits you have explained to the pers*o*n? | What are the risks you have explained to the person? |
|  What is the person’s response regarding the decision they are being asked to make? |

**Stage two:**

**Is the impairment sufficient enough to impact on making this specific decision?**

|  |  |  |
| --- | --- | --- |
| **With support recorded above, can the person:** | **NO** | **YES** |
| 1.Understand the information you have described above? |  |  |
| 2. Retain that information in their mind **long enough** to make the decision? |  |  |
| 3. Use or weigh that information as part of the process of making the decision?*(Can they balance the risks and benefits as described above)* |  |  |
| 4. Communicate the decision **by any means?** *(e.g. talking, using sign language, writing, pictures)* |  |  |

* **Person has capacity to make the decision -** *must have Yes for all 4 questions*
* **Person does not have capacity due to the identified impairment in stage 1.**

|  |
| --- |
| Explain why the impairment or disturbance means the person cannot make this decision at this time. |

 ***A Best Interests Decision is now be required – this is not permanent but is for this decision now***

**Name of professional undertaking capacity Assessment:**

**Role professional undertaking capacity Assessment:**

**Signature:** **Date**

**Time:**



Advice for Practitioner following assessment of capacity for the specific decision recorded overleaf.

The person has capacity for this specific decision at the time of the Mental Capacity Assessment

* Continue to provide care with respect for the persons decision even if this decision is considered an "unwise one"
* Record Consent to care or refusals of care

The Person lacks capacity for this specific decision at this time as recorded in the Mental capacity Assessment overleaf

•Best interest Process must be followed in line with Mental Capacity Act (2005)

•Document all care decisions

Consider the 5 principles of the Mental Capacity Act (2005)

Presume Capacity

Take least restrictive option to secure the outcome

Provide support for decision-making

Act in the persons best interests

Person has a right to make an unwise decision

Support is available on Safeguarding Adults intranet page or by contact the safeguarding team at the CCG.