

Tool to assess whether an individual lacks mental capacity in relation to a specific decision.

Person's name:

Address:

What is the decision that needs to be made?

Can ** consent to changing his/her care package to comply with self-isolation?

Can ** consent to changing his care package to comply with self-isolation?

Or

Can ** consent to changing his care package which means he will be prevented from seeing his family members temporarily (30 days)?

Or

Can ** consent to changing his care package which will result in him being prevented from social gatherings?

Or

Can ** consent to not going to Church on Sunday's due to risk of contracting virus?

Or

Can ** consent to changing their care package which will prevent them from going shopping?

Decision maker/assessor – usually the person who would be responsible for making the decision if the client lacks mental capacity to make it for themselves.

Name:

Position:

Assessment questions

1. Is there an impairment or disturbance in the functioning of mind or brain?
(Permanent or temporary.)

<p>Yes Impairment is present – record symptoms /behaviours or any relevant diagnoses that lead to your beliefs</p>	<p>No Impairment is not present – record evidence for this belief.</p> <p>If NO the person is deemed to have capacity -assessment is ended now.</p>
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If the answer to Q.1 was 'Yes', proceed to Q.2

2a) With all possible help given is the person able to understand the information relevant to the decision?

E.g. What is their understanding of decision in question? Can they tell you why they think the decision needs to be made? What do they think the consequences of the decision will be?

<p>Yes – able to understand info. Record views/evidence to show they understood it.</p> <p>(Detail any materials you have provided/ supported the person to understand)</p> <p>The following practicable steps have been taken to enable and support the person to participate in the decision making process:</p> <p>The assessor has attempted to talk to ** about a current global pandemic which can cause serious illness to people if they contract the virus (please use easy read guidance). The assessor has involved ** in a discussion surrounding their health conditions and that without taking certain actions to reduce the risk of them becoming infected; it may have a detrimental impact on their health, and also of fellow residents/families etc.</p> <p>The assessor has consulted with those involved with the person to enable as full participation as possible</p>	<p>No – unable to understand info. Record steps taken to explain info and views/evidence why they did not understand it</p>
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b) Are they able to retain the information long enough to make the decision?

<p>YES – able to retain info, record evidence.</p> <p>Questions may be: How often do you need to wash your hands? When do you need to wash your hands?</p> <p>Why is it important to have hygiene measures for staff, visitors and residents?</p>	<p>NO – unable to retain information, record any help given and evidence</p>
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<p>What are the hygiene measures?</p> <p>Show / tell me how to wash your hands properly to help reduce the risk of passing the virus?</p> <p>What does isolation mean? Why will staff need to assess isolation measures for any resident who becomes infected with the virus?</p> <p>How long would we need to exclude you from the rest of the house if you have any type of cough or fever?</p>	
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c) Are they able to weigh the information as part of the decision making process? Are they able to understand the consequences of making or not making the decision? For this section we would wish to see how the person was able to consider the options of continuing with their existing care plan versus amending their care plan due to the risk of infection. Were they able to weigh up the pros and cons.

<p>YES – able to weigh information, record evidence</p> <p>Questions could be:</p> <p>Why is it important to follow the COVID-19 hygiene procedures? Why is it important to self-isolate when you get infected? What could happen if you caught the virus? What could happen to other people if you caught the virus? How would you feel if you passed on the virus? What can you do to protect yourself? Do you know why it important that you do not go out/ only go out for necessary trips? What is a necessary trip?</p>	<p>NO – unable to weigh info, record evidence.</p>
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d) Are they able to communicate the decision in any way? There may be many methods to communicate and assistance may be required

<p>YES – able to communicate, record evidence.</p>	<p>NO – unable to communicate, record evidence.</p>
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Date of assessment _____

<p>How was the assessment completed? Who was present, where did it happen, how did you enable the person to make their own decision?</p>	
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Conclusion - If the answer to 1. is YES and the answer to any of 2. a) - d) is NO then the person lacks capacity under the Mental Capacity Act 2005.

Fluctuating capacity: Always consider whether the person has fluctuating capacity and whether the decision can wait until capacity returns. If this is the case, explain and enter reassessment date in outcome below.

<p>Outcome:</p>

Decision maker / assessor signature:

If a person Does Not have capacity to make a particular decision, then a decision must be taken on their behalf in their best interests

NB: Working out what is in a person’s best interests cannot be based simply on their age, appearance, condition or behaviour.

Reasons for moving Toward a Best Interests decision.

Person has been assessed as lacking capacity to make this decision.

Relevant sources of information have been consulted including:

Person concerned

Carers

Advocates

Any official substitute decision makers

Any existing Advance statement

Best interests consultation –

Consultation with the person lacking capacity	Supporting evidence (record here or note here where the information is recorded within their records/plan)
What are the issues that are most relevant to the person who lacks capacity?	
Specify their past and present wishes, feelings and concerns in relation to this decision.	
What are the person's values and beliefs (eg. religious, cultural, moral) in relation to this decision?	
Does the person have any previously held instructions (eg. advance decisions) relevant to this decision? Give details	
Are there any other "relevant circumstances" that should be taken into account in this case?	

Use this page to record who is involved in the consultation.

Decision / action being consulted upon.	
In relation to: (person deemed to lack capacity)	

Checklist of persons	Dates consultations were undertaken
Anyone named by the person lacking capacity as someone to be consulted (specify person/s)	
Anyone engaged in caring for the person or interested in their welfare (specify person/s)	
Any attorney appointed under an Enduring/Lasting Power of Attorney: specify person/s and type/s of authority. Always see documentary evidence as proof of authority. If the attorney has the authority to make this decision, a Best Interests Decision is not required and the attorney should make the decision. If the attorney does not have authority over this specific decision, they should be consulted with as an interested party, but not asked to decide.	
Any deputy appointed by the Court of Protection	
<p>In cases where the person lacking capacity has nobody in the above 4 categories other than paid carers, and faces a decision about serious medical treatment or a change of residence, you will need to refer the person to the IMCA service in the area where they are currently residing.</p> <p>You may also refer the person to IMCA if this decision relates to a safeguarding concern and it would not be in the person's best interests to consult their family members or friends.</p>	

Best interests consultation - Relevant parties

1. What do you consider to be in the person's best interests on the matter in question?

(list names, with views opposite)

2. Do you have any information about the person's wishes, feelings, values or beliefs in relation to this matter?

(list names, with views opposite)

ADDITIONAL INFORMATION considered by the decision maker in making the best interests decision specified.

Best Interests decision

Specify the different options that are being considered	Is this in the person's best interests Y/N	Reasons
1		
2		
3		
If your final decision is at odds with anybody who was consulted - please highlight the reasons for your decision		

Name	Signature	Position	Date