

## MCA1 Record of a Mental Capacity Assessment v6

This form must be completed by a healthcare professional involved in the decision to be made.

Patient Name: dob: MRN

Assessor: Name: Status:

Observer: Name: Status:

Description of the decision to be made by the individual in relation to their care or treatment:

Date of assessment:

### STAGE 1 - DETERMINING IMPAIRMENT OR DISTURBANCE OF MIND OR BRAIN

Q1. Is there an impairment or disturbance in the functioning of the individual's mind or brain? YES NO

If you have answered YES to Question 1, proceed to stage 2

If you have answered NO to the above then the individual has capacity for the above decision within the meaning of the Mental Capacity Act and must give valid consent.

### STAGE 2 – ASSESSMENT

Q2. Do you consider the individual able to understand the information relevant to the decision and that this information has been provided in a way that they can understand? YES NO

Q3. Do you consider the individual able to retain the information for long enough to use it in order to make a choice or an effective decision? YES NO

Q4. Do you consider the individual able to use or weigh that information as part of the process of making the decision? YES NO

Q5. Do you consider the individual able to communicate their decision? YES NO

If you have answered YES to ALL questions 2-5, the individual is considered on the balance of probability, to have the capacity to make the decision above.

If you have answered NO to ANY of the questions, on the balance of probability, the impairment or disturbance as identified in STAGE 1 is sufficient that the patient lacks the capacity to make this particular decision.

Outcome (cross out statement that does not apply)

Individual has the capacity to make the decision above

Individual lacks the capacity to make the decision above

Signature:		Date:	
Summary added to patients notes on:		Date:	

**MCA2 Record of actions taken to make a best interest decision v6**



<b>Patient name:</b> Encourage patient to take part	<b>Dob:</b>	<b>MRN</b>
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Senior clinician:	Name:	Status:
Observer:	Name:	Status:
<u>At least</u> one person who knows the individual well	Name:	Status:
<b>NB. If no such person exists see Q1 below *</b>	Name:	Status:

<b>Description of the decision to be made by the individual in relation to their care or treatment:</b>   <p style="text-align: right;">Date of assessment:</p>
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**PART 1 Confirming a lack of capacity**  
MCA 1 overleaf must have confirmed a lack of capacity before proceeding further

**PART 2 – Determining best interests**

<b>Q1.</b> Is an IMCA needed? If there is no one who knows the patient well, you must consider instructing an Independent Mental Capacity Advocate (IMCA) and receive a report from an IMCA. However this must not delay urgent treatment.	YES	NO
<b>Q2.</b> Have you avoided making assumptions merely on the basis of the individual's age, appearance, condition or behaviour?	YES	NO
<b>Q3.</b> Have you identified all the things the individual would have taken into account when making the decision for them?	YES	NO
<b>Q4.</b> Have you considered if the individual is likely to have capacity at some date in the future and if the decision can be delayed until that time?	YES	NO
<b>Q5.</b> Have you done whatever is possible to permit and encourage the individual to take part in making the decision?	YES	NO
<b>Q6.</b> Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?	YES	NO
<b>Q7.</b> Has consideration been given to the least restrictive option for the individual?	YES	NO
<b>Q8.</b> Have you considered factors such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?	YES	NO

**Q9. Having considered all the relevant circumstances, what is the decision/action to be taken in the best interests of the individual?**

Please record summary in the patient's notes how and why you came to this best interests decision (eg. risks, benefits) Entry in patients notes dated: .....

**Signature:** **Date**

## Guidance notes on MCA 1 and MCA 2

### MCA 1

Every individual should be assumed to have the capacity to make a decision unless it is proved that they lack capacity. An assumption about someone's capacity cannot be made merely on the basis of a patient's age or appearance, condition or aspect of his or her behaviour. You are completing this form because you are uncertain if the person identified below has mental capacity to make a particular decision

**Stage 1:** Assessment of capacity should only proceed if an impairment or disturbance of mind or brain is suspected.

**Stage 2:** You now need to complete your assessment and form your opinion as to whether the impairment or disturbance is sufficient to indicate that the patient lacks the capacity to make this particular decision at this moment in time.

**Signature:** the person completing the assessment should sign.

### MCA 2

Any act done for, or any decision made on behalf of a person who lacks capacity must be done, or made, in that person's best interests. To do this, use this checklist.

**The intention is not to decide for the individual, but to estimate what decision they would have made if they still had capacity for this decision.**

**People taking part:** encourage the person to take part if they are able and wish to do so. Apart from the clinical staff, if there are no other carers, partners, relatives or LPA who know the individual, you must consider instructing an Independent Mental Capacity Advocate (IMCA) and receive a report from an IMCA. The meeting may have to be deferred until the IMCA is arranged. If the treatment is urgent the decision must be made by the clinicians present at the time.

**Signature:** the senior clinician responsible for the individual's care (and who was present at the best interests meeting) should sign this section.

### Additional information for MCA2

Present:

## **Additional NOTES for MCA2 (best interests meeting)**

**Q1.** Is an IMCA needed for a young person?

**Q2.** Have you avoided making assumptions merely on the basis of the individual's age, appearance, condition or behaviour?

**Q3.** Have you identified all the things the individual would have taken into account when making the decision for them?

**Q4.** Have you considered if the individual is likely to have capacity at some date in the future and if the decision can be delayed until that time?

**Q5.** Have you done whatever is possible to permit and encourage the individual to take part in making the decision?

**Q6.** Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?

**Q7.** Has consideration been given to the least restrictive option for the individual?

**Q8.** Have you considered factors such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?