

# Mental Capacity Assessment/Best Interest Decision



## IS THERE A REQUIREMENT FOR THIS ASSESSMENT (MANDATORY)

IS THIS MENTAL  
CAPACITY  
ASSESSMENT/BEST  
INTEREST DECISION  
REQUIRED?

Practitioner Name

Date

Note:

## Personal Details

Name

Person current  
address

Postcode

Date of birth

Fwi ID

NHS ID

## Information and Preparation of the Assessment

### What prompted this assessment?

- Care review
- Change of accommodation
- Safeguarding Adults Procedures
- Serious Medical Treatment
- Finances
- Other

If Other, please state:-

### What is the specific decision to be made?

Details:

Are there any  
documents relating

to key roles? i.e.  
Copies of LPA/EPA/  
CPD, professional  
reports/assessments

*(If the answer is yes, please ensure copies of relevant documents are uploaded)*

### What assessments have taken place to inform the information giving process?

Details:

### What general and personal points are considered essential for the person to understand to make this decision?

Details:

### Have all reasonable steps been taken to maximise the person's capacity to make the decision?

Details:

## Determination of Capacity

### Is there an impairment of or disturbance in the functioning of the persons mind or brain?

- Yes (Permanent Impairment)
- Yes (Fluctuating Impairment)
- Yes (Temporary Impairment)
- No

Evidenced by:

### Is the person able to understand the information relevant to the decision?

Details:

### Is the person able to retain the information relevant to the decision?

Details:

### Is the person able to use and weigh up the information relevant to this decision?

Details:

**Is this person able to communicate the decision by any means?**

Details:

**Does this person lack capacity at this time to make this specific decision?**

*If there is a NO answer in any of the 4 domains this means that the person concerned lacks capacity for this specific decision. If all domains are YES go straight to the assessment summary page.)*

Details:

**Who has been consulted regarding the assessment outcome?**

Details:

**Best Interest Decision (Compulsory if the person lacks capacity)**

**Advanced Decisions**

Has the person made any advanced decisions relevant to the decision?

Details:

*(Include form of decision i.e. written/verbal, details of the decision and date it was made)*

Is the decision still applicable?

Details:

*If the decision is deemed to no longer be applicable, please details the reasons and refer to guidance*

**Independent Mental Capacity Advocacy**

Is an Independent Mental Capacity

**Advocate Required  
(IMCA)?**

If not please give reasons

Date of referral to the  
IMCA service**How will the decision be made?**

- Best Interest Meeting (Upload Minutes and go to assessment summary page)
- Informal Decision/Review of previous decision (completed within this assessment document)

**Record of Informal/Review of the Previous Best Interest Decision Record****Can the decision be delayed until the person regains capacity (consider if the person will regain capacity before the decision needs to be made)?**

- Yes (Best Interest process ends)
- No (please provide details below)

Details:

**What is important to the person concerned in relation to this decision?***(Past or current views, wishes and feelings, religious beliefs?)*

Details:

**Has the person concerned expressed what they would like in relation to the decision?**

Details:

**Views of all family/interested parties**

Details:

**Views of involved professionals**

Details:

**What option has been decided?***You must give an analysis of the option chosen and why you have decided not to choose each of the alternative options)*

Details:

**Is the least restrictive option?**

Details:

**Are there any conflicts/disagreements regarding this decision?** Yes (If Yes, give details) No

Details:

**Assessment and Best Interest Decision Summary****Specific decision to be made**

Details:

**Has the person been assessed as lacking capacity to make this decision?**

Details:

**Has a Best Interest Decision been reached?**

Details:

Additional  
Information:**Deprivation of Liberty Safeguards**

*(If a decision is being made regarding change of accommodation, a DOLS request must be made by the home prior to the person concerned moving.)*

Is a Deprivation of  
Liberty Authorisation  
required?Yes (Please give  
details regarding if  
an authorisation has  
been requested or  
made.)No (If the person lacks  
capacity give reasons  
why an authorisation  
is not being sought?)**Does the decision require arbitration, independent mediation or Court of Protection application?**

Details:

**Signatures**