

Record of Capacity and Best Interest (MCA 2005)

- Record of actions taken to make a best interest decision- (aged 16 & 17)

Name Of Decision Making Officer:	Designation:	
	Signed:	
Date process started:		
Who is Representing Patient (NOK, Friend, IMCA)	Level of Authority: (i.e. Power of Attorney)	
Please give the name and status of anyone who assisted with making this best interest decision:		
Name	Status	Contact Details

Details of the decision to be made on behalf of person who lacks capacity: e.g. medical intervention / DoLS

PART 1 DETERMINING LACK OF CAPACITY

	Response		Comments
	Yes	No	
1. Is there an impairment of, or disturbance in the functioning of the Patient mind or brain?			
2. Do you consider the Patient able to understand the information?			
3. Do you consider the Patient able to retain the information?			
4. Do you consider the Patient able to use or weigh that information?			
5. Do you consider the Patient able to communicate their decision?			
6. Has the Service User been determined as lacking capacity to make this particular decision at this moment in time?			

If you have answered **NO** to Q1 and consistently yes to Q2 to Q5, there is no such impairment or disturbance of the mind/brain and thus **THE PATIENT HAS CAPACITY** within the meaning of the Mental Capacity Act 2005. Sign/date this form above, record the outcome within the patient's records. **Do not proceed any further.**

If you have answered **Yes** to Q1 and **No** consistently to Q2 to Q5, the Patient is considered on the balance of probability, **NOT to have the capacity to make this particular decision at this time.** Please complete **Part 2** with a least one other individual who knows the person/circumstances best (this may not necessarily be NOK).

PART 2 – DETERMINING BEST INTERESTS

All steps and decisions taken for someone who lacks capacity must be taken in their best interests.

	Response		Details of Actions
	Yes	No	
Q1. Avoid Discrimination – Guidance Have you avoided making assumptions merely on the basis of the Patient's age, appearance, condition or behaviour?			
Q2. Relevant Circumstances – Guidance: Have you identified all the things the Patient would have taken into account when making the decision for themselves?			
Q3. Regaining Capacity – Guidance: Have you considered if the Patient is likely to have capacity at some date in the future and if the decision can be delayed until that time?			
Q4. Encourage Participation – Guidance: Have you done whatever is possible to permit and encourage the Patient to take part in making the decision?			
Q5. Special Considerations – Guidance: 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?			
Q6. The Persons Wishes – Guidance: Has consideration been given to the Patient past and present wishes and feelings, beliefs and values that would be likely to influence this decision including written statements?			
Q7. Consult Others – Guidance: Have you where practicable consulted and taken into account the views of others including those engaged in knowing or caring for the Patient, Attorney under a Lasting or Enduring Power of Attorney or Deputy of the Court of Protection? In cases of serious medical treatment including DNR decisions or changes to accommodation and there is no one identified here you must consider instructing an Independent Mental Capacity Advocate.			
Q8. Avoid Restricting Rights – Guidance: Has consideration been given to the least restrictive option for the Patient?			
Q9. Other Considerations – Guidance: have you considered factors such as emotional ties, family obligations that the Patient would be likely to consider if they were making the decision?			
Q10. Having considered all the relevant circumstances, what decision/action do you intend to take whilst acting in the Best Interests of the Patient?			
Signature:			Date: