MENTAL CAPACITY ASSESSMENT TOOL

This tool is to be used when

There is reason to believe that the person lacks capacity to make a decision about any one of the issues below

- Changes in accommodation / review and/ or
- Serious medical treatment and / or
- Serious safeguarding concerns

AND

There are no family or friends to represent their best interests

OR

There is dispute between those involved in making best interest decisions.
**PATIENT DETAILS**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Consultant</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>Hospital Number</td>
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<tr>
<td>Gender</td>
<td>Ward / Department</td>
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**KEY ROLES DETAILS**

<table>
<thead>
<tr>
<th>Key Roles</th>
<th>Next of Kin</th>
<th>N/A</th>
<th>Lasting/Enduring Power of Attorney (LPA or EPA)</th>
<th>N/A</th>
<th>Independent Mental Capacity Advocate (IMCA)</th>
<th>N/A</th>
<th>Court of Protection Deputy (CPD)</th>
<th>N/A</th>
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**ASSESSOR DETAILS**

<table>
<thead>
<tr>
<th>Key Roles</th>
<th>Person Conducting Assessment</th>
<th>Supporting Clinician</th>
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</thead>
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<td>Name</td>
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<td>Role</td>
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<td>Signature</td>
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<tr>
<td>Contact Details</td>
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ASSESSMENT OF CAPACITY

Examples of Impairment Conditions that are associated with Mental Capacity are: Dementia, Learning Disabilities, long term affects of brain damage, physical or mental conditions that cause confusion, drowsiness or loss of consciousness, delirium, confusion, symptoms of drug or alcohol abuse, which although temporary, can all affect capacity.

Basis of this Assessment

- Serious medical treatment
- Care Review
- Resuscitation
- Adult Protection Procedures
- Change of accommodation
- Other – please state

Presenting Condition

- Unconsciousness
- Dementia
- Autistic Spectrum Disorder
- Learning Disabilities
- Mental Health Issues
- Acquired Brain Injury
- Other Cognitive Impairment i.e. stroke
- Other (please state)…………………………

Details of the specific decisions to be made: (include precise details of proposed serious medical treatment; change of accommodation; adult protection concern; health, welfare, property or finance concerns, requesting an IMCA for an accommodation or care review or other proposed action/decision that is being considered).

Have all known advance decisions been considered? YES ☐ NO ☐ ☐  
Comment:

Name of the Decision Maker:

Relationship to the Individual:

Date:
## QUESTION 1

| Is there an impairment or disturbance in the functioning of mind or brain? (permanent or temporary) | YES ☐ NO ☐  
Record symptoms and / or behaviours , any relevant diagnosis |
| --- | --- |

If NO – **The person is deemed to have capacity therefore Assessment has been completed and no further action is needed**

If YES – **Please proceed to Question 2**

## QUESTION 2

| The person is able to understand the information relevant to the decision being made. Have steps been taken to maximise understanding(E.G. Easy Read / Pictures / BSL). | YES ☐ NO ☐  
Record views / evidence to show they understand it. |
| --- | --- |
| The person is able to retain the information long enough to make a decision. | YES ☐ NO ☐  
Record views / evidence to show they understand it. |
| Does the person have the ability to weigh the information as part of the decision making process? Do they understand the consequences of making or not making the decision including the risks? | YES ☐ NO ☐  
Record views / evidence to show they understand it. |
| The person is able to communicate the decision. | YES ☐ NO ☐  
Record views / evidence to show they understand it. |
FLUCTUATING CAPACITY – Always consider whether the person has fluctuating capacity and if the decision can wait until capacity returns. If this is the case, explain and enter reassessment date in the outcome below.

CONCLUSION: If the answer to Question 1 is Yes and the answer to any parts of Question 2 is NO then the person being assessed LACKS capacity under the Mental Capacity Act 2005

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>HAS CAPACITY</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LACKS CAPACITY</td>
<td>□</td>
</tr>
</tbody>
</table>

ASSESSOR’S SIGNATURE

DATE:

OTHER COMMENTS OR CONSIDERATIONS