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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mental Capacity Assessment &**  **Determination of Best Interests**  Image result for portsmouth city council  ***'Help me, when I need it, to live the life I want to live.'*** | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Date of birth** | | | | | **Social Care ID** | | | | **NHS number** |
|  | | | | | |  | | | | |  | | | |  |
| **Assessment Details** | | | | | | | | | | | | | | | |
| Date of assessment | |  | | | | Location of assessment | | | | | | |  | | |
| **Is there an impairment or disturbance in the functioning of the person's mind or brain?** *(please specify)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Brief summary of circumstances that led to this person's capacity being considered** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **What is the specific decision to be taken?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Assessment of Capacity** | | | | | | | | | | | | | | | |
| **Is the person able to understand the information related to the decision?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Are they able to retain the information related to the decision?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Are they able to use or weigh the information whilst making the decision?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Are they able to communicate their decision by any means?** *(e.g. use of pictures, gestures, facial expressions, objects of reference, etc.)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Does the person lack capacity to make this specific decision?** *(please provide rationale)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Who was consulted about the assessment of capacity to make this decision?** *(please provide names and roles)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Were all reasonable steps taken to maximise this person's capacity to make the decision?** *(please provide all evidence and documentation)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Can the decision be delayed because the person is likely to regain capacity in the near future?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Are there any advance decisions relevant to this assessment?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Determination of Best Interests** | | | | | | | | | | | | | | | |
| **Is an IMCA required?** | | | Yes | No | Name | |  | | | | | | Tel. no: |  | |
| If a person lacks capacity and a decision has to be made on their behalf, please record the benefits and disbenefits for each option below *(please consider all options)* | | | | | | | | | | | | | | | |
| **Option 1:** | | | | | | | | | | | | | | | |
| Benefits | | | | | | | | Disbenefits | | | | | | | |
| **Option 2:** | | | | | | | | | | | | | | | |
| Benefits | | | | | | | | Disbenefits | | | | | | | |
| **Option 3:** | | | | | | | | | | | | | | | |
| Benefits | | | | | | | | Disbenefits | | | | | | | |
| ***\*Please insert more options if required\**** | | | | | | | | | | | | | | | |
| **What is most important to the person regarding this decision?** *(include their involvement in the decision, current and past views, wishes, feelings and values of the person relevant to this decision, e.g. written statement)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Views of others** *(include their involvement in the decision, current and past views, wishes, feelings and values of the person relevant to this decision, e.g. written statement)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Which option has been decided?** | | | | | |  | | | | | | | | | |
| **Is this the least restrictive option?** | | | | | | Yes | | | | | | No | | | |
| **Details of why the decision for chosen option was taken and why other options have been disregarded** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Are there any conflicts or disagreements with regard to this decision?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Does the decision require arbitration?** | | | | | No | | | | Independent mediation | | | | | | Court of Protection |
| Completed by |  | | | | | | | | Role |  | | | | | |
| Signature |  | | | | | | | | Date |  | | | | | |