|  |
| --- |
| **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 |  |