FINEDON DENTAL PRACTICE

Mental Capacity Assessment Form

The following documentation provides a structured approach to recording whether or not someone has the mental capacity to make a particular decision.

Assessing mental capacity is always decision-specific and therefore capacity has to be assessed for each decision or type of decision at the time the decision has to be made. Anyone assessing someone's capacity to make a decision should use the two-stage test of capacity outlined in the Mental Capacity Act (MCA). (See Mental Capacity Decision Making Guidance & Assessment Checklist)

MENTAL CAPACITY ASSESSMENT	
Date:	
Patient Name:	
Date of Birth:	
Address:	
Details of Decision to be made:	
Details of Decision Maker(s):	

It is important to record clearly why you are making a particular decision or judgement. Please record clearly in the person's healthcare records your reason for answering **"yes" or "no"** to the next questions.

MENTAL CAPACITY ASSESSMENT – Stage 1

Does the person have an impairment or disturbance in the functioning of their mind or brain? (It does not matter whether the impairment or disturbance is temporary of permanent) e.g. learning disability, dementia, acquired brain injury, drug or alcohol misuse mental illness or other cognitive impairment.

YES ☐   **NO ☐**

If **'YES'** record what the impairment is and what information you used to support this judgement then go to Stage 2. If **'NO'** the provisions of the MCA do not apply

MENTAL CAPACITY ASSESSMENT – Stage 2
To be answered if 'yes' at stage 1

Is the patient able to:

Understand the information relevant to the decision?

YES ☐   **NO ☐**

Please provide details:

And

Retain that information in their mind long enough to make an effective decision?

YES ☐ **NO** ☐

Please provide details:

And

Use or weigh that information as part of the process of making the decision?

YES ☐ **NO** ☐

Please provide details:

And

Is the patient unable to communicate their decision, whether by talking, using sign language or any other means?

YES ☐ **NO** ☐

Please provide details:

NOTE: The first three points should be applied together. If the person cannot do any of these three things, they are unable to make the decision.

The fourth point only applies in situations where people cannot communicate their decision in any way at all. If this is the case then they should be treated as if they are unable to make that decision.

If the answer is **'no'** to any of these questions, this is an indication that the person lacks capacity to make the decision.

Before making this judgement, you should ensure that every effort has been made to encourage and support the person to make the decision themselves. It is important to then ask the following

questions:

1   Does the person have all the relevant information to make a decision?

2   If they are making a decision which means choosing between alternatives, do they have information on the different options?

3   Would the person have a better understanding if the information was explained or presented in a different way?

4   Are there times of the day when the person's understanding is better?

5   Are there locations where they may feel more at ease?

6   Can the decision be put off until the circumstances are different, and the person concerned may be able to make a decision?

7   Can anyone else help the person to make a choice or express a view? (e.g. family members or carer, an advocate or someone to help with communication)

You should record in the space above that you have considered these issues and the actions you have taken.

If your judgement is that the person lacks capacity and you are the decision-maker then you need to make a "best interests" decision. You must consider the best interests checklist before deciding what is in the patient's best interests. You must complete the Best Interests Decision form.

Record the outcome of your assessment in the patient's healthcare records (along with a copy of this form) and sign and date your entry.

I consider the patient <u>has   /   does not have</u>* capacity to make this decision.

* delete as appropriate

SIGNED	
NAME IN CAPITALS	
JOB TITLE	
DATE	