

# Mental Capacity Act Assessment Decision Record



|   |              |                         |
|---|--------------|-------------------------|
| <b>Name:</b>  |              |                         |
| <b>NHS number:</b>  |              | <b>Hospital number:</b> |
| <b>DoB:</b>   | <b>Date:</b> | <b>Time:</b>            |
| <b>Address:</b>   |              |                         |
| <b>Details of the decision to be made:</b>  |              |                         |
| <b>The following steps have been taken to support the person to make the decision in question:</b>  |              |                         |
| <p>(Where you have made reasonable adjustments, please create a reasonable adjustments digital flag for the person or add them to an existing flag)</p> |              |                         |
| <b>The following people supported the person when their capacity was being assessed:</b>  |              |                         |
| <p>(Examples would be family carer, IMCA, learning disability liaison nurse)</p>  |              |                         |
| <b>Information relevant to the decision in question:</b>  |              |                         |
| <b>The relevant points for this decision are:</b>   |              |                         |

**Assessment criteria**

|  |            |           |
|--|------------|-----------|
| <b>A. Can the person understand the information relevant to the decision?</b>  | <b>Yes</b> | <b>No</b> |
| (Set out details of your discussion and findings)  |            |           |
| <b>B. Can the person retain that information?</b>  | <b>Yes</b> | <b>No</b> |
| (Set out details of your discussion and findings)  |            |           |
| <b>C. Can the person use or weigh that information as part of the decision-making process?</b>                             | <b>Yes</b> | <b>No</b> |
| (Set out details of your discussion and findings)  |            |           |
| <b>D. Can the person communicate their decision, whether verbally or using sign language, gestures or any other means?</b> | <b>Yes</b> | <b>No</b> |
| (Set out details of your discussion and findings)  |            |           |

**Assessment criteria**

|   |                    |                  |
|---|--------------------|------------------|
| <p><b>E. Does the person have an impairment or disturbance of the functioning of their mind or brain?</b></p>   | <p><b>Yes</b></p>  | <p><b>No</b></p> |
| <p>Please state the identified impairment or disturbance:</p>   |                    |                  |
| <p><b>F. If your assessment indicates the person cannot make the specific decision in question at this specific time because of impairment or disturbance of the functioning of the mind or brain, please give your findings and reasons.</b><br/>Is capacity to make this decision likely to return and could the decision be delayed until this time?</p>   |                    |                  |
|   |                    |                  |
| <p><b>In my opinion (name) *does / does not (*delete as appropriate) have the capacity to make the above decision at this time.</b></p> <p>(In the event that the answer to any of the questions in A to E above is 'no' due to an impairment or disturbance in the functioning of the mind or brain, the person should be considered to lack capacity to make the decision in question at the date and time stated.)</p> |                    |                  |
| <p><b>If the person is assessed as not having capacity to make this decision, you must make a best interests decision in respect of the decision in question and record this decision and the reasons for it.</b></p>   |                    |                  |
| <p><b>Signed</b></p>  | <p><b>Date</b></p> |                  |
| <p><b>Name (in capitals)</b></p>  |                    |                  |
| <p><b>Job title</b></p>   |                    |                  |