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| Covid 19 Mental Capacity AssessmentThis assessment was completed during the coronavirus crisis and as such there were limitations on how and when it was completed. Views of family and other interested parties were taken remotely via telephone or video calls. |

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| PERSONS NAME:  |  |
| Paris/ID Number: |  |
| Decision maker/assessor: *Usually the person who would be responsible for making the decision if the person you are assessing lacks mental capacity to make it for themselves.* | Name:Role: |
| 1. Is there an impairment or disturbance in the functioning of mind or brain? (permanent or temporary)- What is it?*If there is none, the person does not lack capacity within the meaning of the MCA 2005- this would be the end of the assessment* |  |
| 2. What is the decision that needs to be made?*Does the decision have to be made now or could you wait until the person is able to make the decision for themselves?* |  |
| 3. a) With all possible help given is the person able to understand the information relevant to the decision? *Think about the time of day you are asking the question- are they more able to make decisions at different times of the day?* *Are there communication barriers- what can you do to overcome them- social stories, Makaton, writing things down?* |  |
| 3. b) Are they able to retain the information long enough to make the decision?*If you ask them about the decision again later, can they recall it?* |  |
| 3. c) Are they able to weigh the information as part of the decision-making process?*Are they able to understand the consequences of making or not making the decision?* |  |
| 3. d) Are they able to communicate the decision?*How can you support them to be able to communicate?* |  |
| Does the person have fluctuating capacity?*Always consider whether the person has fluctuating capacity and whether the decision can wait until capacity returns. If this is the case, explain and enter reassessment date in outcome below.* |  |
| Date of assessment: |  |
| Outcome: |  |
| Decision maker/assessor signature: |  |
| Date of review: |  |

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| Best Interest DecisionThis decision was made during the coronavirus crisis and as such there were some limitations on the available options. Views of family and other interested parties were taken remotely via telephone or video calls. |
| PERSONS NAME:  |  |
| People consulted as part of the decision-making process: *The following people must be consulted (if available):**• Anyone named by the person lacking capacity as someone to be consulted -Relative/Friend**• Anyone engaged in caring for the person or interested in their welfare – Registered manager/staff of service**• Any attorney appointed under an Enduring/ Lasting Power of Attorney – Must have copy of POA and be relevant to decision**• Any deputy appointed by the Court of Protection- must have copy of COP order**• Any other professional concerned with the care or treatment of the person – GP/Social worker/Nurse etc* *In cases where the person lacking capacity**has nobody other than paid professionals or carers, and faces a decision about**serious medical treatment or a change of**residence, you will need to refer the person**to the IMCA service in the area where they**are currently residing.* | Date/time and method of conversation for each person consulted: |
| 1.Background information relating to decision- why you are making the decision- *Include identified risks and concerns* |  |
| 2. Persons past wishes and feelings:*What do you think person would want if they could make decision for themselves?* |  |
| 3. Any family concerns? |  |
| 4.Any safeguarding concerns? |  |
| 5. Any other relevant concerns*Does person have an advanced decision?* |  |

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| Best Interest Decision- balance sheet |

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| 1. What are the available options for the decision?*Record the views of everyone involved in making the decision- you need to record differing views if they occur* |  |
| Least restrictive Option 1: | Views for and against:  |
| Option 2: | Views for and against: |
| Option 3: | Views for and against: |
| Agreed option:*Explain which option was agreed and why* |  |
| Review date:*Consider risks when deciding how frequently to review the decision.* |  |
| Decision maker’s name and signature: |  |