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| **South Tyneside logoSouth Tyneside Council****SystemTel:Fax:** |

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| **MCA 1** |

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| **Details** |
| Title |  |
| Surname |  |
| Forename |  |
| Preferred Name |   |
| Gender |  |
| Marital Status |   |

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| **Dates** |
| Actual DOB |  |
| Age |  |
| NHS Number |  |
| NI Number |  |

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| **Key Identifiers** |
| Person ID |  |

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| **NHS Number** |
| NHS Number |  |

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|  |
| National Insurance Number |  |

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| **Address** |
| Primary Address |  |

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| **Contact Methods** |
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| **Accommodation Details** |
| Type |   |
| Other |   |
| Floor |   |
| Tenure |   |
| Lives Alone |   |
| Household Composition |   |

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| **GP Details** |
| **General Practitioner** |  |
| **Contact Methods** |
| Work |  |
| Address |  |

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| **Legal** |
| Legal Representation |   |
| Legal Status |   |
| CPA |   |

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| **Advocacy** |
| Advocacy Support |   |
| Service User Groups |  |
| Long-Term Support Reason |  |
| Short-Term Support Reason |  |
| Eligibility |   |
| Learning Disability |   |

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| **Mental Capacity** |
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| **Identity** |
| Religion |  |
| Ethnicity |  |
| Nationality |   |
| Language |   |
| Current Employment |   |

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| **Factors & Risks** |
| **Special Factors** |
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| **Risks to the Service User** |
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| **Risks from the Service User** |
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| **Other Risks** |
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| **Allergies** |
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| **Record of a Mental Capacity Assessment under the Mental Capacity Act 2005** |

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| **For further guidance, please refer to the Mental Capacity Act 2005 Code of Practice.** |

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| **This assessment *must* adhere to the principles of the Mental Capacity Act:-*** A person must be assumed to have capacity unless it is established that he lacks capacity.
* A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
* A person is not to be treated as unable to make a decision merely because he makes an unwise decision
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| **What is the decision that the person needs to make?****Be specific, relate it to the person and try to capture it in one sentence** |   |

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| **Does this decision need to be taken now?****Can it be delayed? Is there a likelihood of the person regaining capacity? What is the timescale for making this decision?** |   |

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| **What is the information relevant to this decision?****What is the nature of the decision? Why is the decision needed? Who requires it? What choices are available? What are the likely consequences of or risks involved in in deciding one way or another, or making no decision at all?** |   |

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| **How have you planned this assessment?****Summarise what consideration you have given to the timing of your assessment – you may need to visit more than once, at different times of the day or at different venues. The person's communication needs – verbal, non- verbal, is a translator needed? Will photographs, cue cards etc be helpful and if so are they available? The involvement of others in the assessment – professionals, family, friends, advocates etc. The best way to present the relevant information – e.g. without unnecessary complication; supported by written materials if appropriate; on more than one occasion.** |   |

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| **1. Do you consider the person able to understand the information relevant to the decision to be made?****Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.** |   |

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| **2. Do you consider the person able to retain the information for long enough to use it in order to make this choice or an effective decision.****Most decisions require a person to be able to retain the information for a short time only. Significant or more difficult decisions may require the person to retain the information over several days.****Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.** |   |

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| **3. Do you consider the person able to use or weigh that information as part of the decision-making process?****Was the person able to consider the advantages and disadvantages of possible outcomes? Were they able to adjust their position in the light of new information?****Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.** |   |

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| **4. Do you consider the person able to communicate – verbally or non-verbally – their decision?****Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.** |   |

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| **5. Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?****E.g. dementia, delirium, acquired brain injury, mental illness, dementia, learning disability, confusion, drowsiness or loss of consciousness due to a physical or medical condition or treatment. Summarise how you have reached your conclusion. Give the source of the information e.g. medical reports, social work records, info from family or carers, your own observations or professional judgement etc. Indicate whether the impairment is temporary or permanent.** |   |

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| **6. Do you believe that the person cannot make the relevant decision BECAUSE OF the impairment of, or disturbance in, the functioning of the person's mind or brain?****Summarise how you have reached your conclusion by reference to the person's assessed abilities in questions 1 -4 and how these are directly linked to the impairment or disturbance in the functioning of their mind or brain identified in question 5.** |   |

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| **Outcome** |

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| **Outcome of Assessment****Select the relevant statement** | **I do not believe that the person has the capacity to make this particular decision at this particular time.***Unless there is a valid and applicable advance decision or another person has the authority to make this decision - for example a Lasting Power of Attorney or a Court Appointed Deputy - a decision will now be made following the best interests process (use form MCA2).***I believe that this person has the capacity to make this particular decision at this particular time.***The decision that the person has made is recorded below* |

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| **Please record decision made** |   |

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| **Details of those consulted/ involved in this assessment** |
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| --- | --- | --- |
| Name | Role/Relationship | Views |
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| **Signature** |

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| Signature of Assessor |

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|     | Date: |     |

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| **Name:** |

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| **Job Title:** |   |

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| **Contact Details:** |   |