GLOUCESTERSHIRE MULTI AGENCY MENTAL CAPACITY ACT POLICY

APPENDIX 2

Gloucestershire COUNTY COUNCIL

Name:
PRN:
DOB:

MCA2 - ASSESSMENT OF MENTAL CAPACITY FOR SIGNIFICANT DECISIONS.

Name:	Completed by:	Date of assessment:
Mental Capacity Assessment V4		**Confidential**

What is the specific decision to be taken? *(if this is a review, detail previous decision about capacity)*

What prompted this assessment and what made you think they lacked capacity? *(i.e. summary of situation/circumstances that led to the person's capacity being considered)*

Details:

Considerations for this assessment

Were all reasonable (practicable) steps taken to maximise the person's capacity to make the decision? *(please provide all evidence and documentation)*	Yes ☐	No ☐

Details:

Assessment of capacity

Is there an impairment of or disturbance in the functioning of the person's mind or brain?	Yes (Permanent impairment) ☐	Yes (Fluctuating impairment) ☐	Yes (Temporary impairment) ☐	No ☐

Details:

If the answer is Yes to the above question, then complete the next section to determine capacity and that the inability to make the decision is because of the impairment or disturbance		
Is the person able to understand the information related to the decision?	Yes ☐	No ☐
Details: :		
Are they able to retain the information related to the decision?	Yes ☐	No ☐
Details:		
Are they able to use or weigh the information whilst making the decision?	Yes ☐	No ☐
Details:		
Are they able to communicate their decision by any means? *(e.g. use of pictures, gestures facial expressions, objects of reference, etc.)*	Yes ☐	No ☐
Details:		
*If the answer is **No** to **any** of these questions then the person does lack capacity and a Best Interest decision will ne needed. If **Yes** the assessment indicates the person has the mental capacity to make this decision and the assessment is complete.*		
Does the person lack capacity to make this specific decision?	Yes ☐	No ☐
Who was consulted about the assessment of capacity to make this decision? *(give names and roles; if LPA/Deputy has the paperwork been checked?)*		
Details:		
Can the decision be delayed because the person is likely to regain capacity in the near future?		
Yes ☐	No – the person is not likely to regain capacity ☐	No – not appropriate to delay ☐
Details:		

Assessor:		Role:		
Organisation:		Telephone no:		
Signature:		Electronic:	☐	