



## SET Capacity Assessment Form (MCA2)

# THIS FORM MUST BE USED FOR SIGNIFICANT DECISIONS

All adults (16 and over) are presumed to have capacity.

Assessments of capacity must only be conducted where there are doubts about an individual's capacity to make a specific decision or consent to a specific action.

Assessments of capacity for significant decisions should be conducted by two people who jointly fulfil the following criteria:

- One must be the decision maker
- One must be a registered qualified professional
- Wherever possible one must have an established relationship with the individual.

If a decision needs to be made urgently then an assessment of capacity can be made solely by the decision maker.

No delay must occur in assessing capacity unless this is in the individual's best interests (The decision may be delayed whilst capacity improves, with evidence given why the delay would be in the individual's best interests). This form should be used to assist in the assessment of capacity. The Essex Multi-Agency Policy and MCA19 - Guidance on Completing an Assessment of Capacity provide further information.

MCA2 assessments of capacity are entirely separate to either discharge care planning or decisions that an adult is medically fit for discharge

**Assessments of capacity must be recorded immediately on the MCA2 form, signed and dated by both people who have jointly undertaken the assessment.**

### PART 1: Individual Details and Assessment of Capacity

1: INDIVIDUAL DETAILS	
First Name:	Surname:
Electronic Database No. (& system):	Date of Assessment:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2: ETHNICITY	
<b>If the individual's ethnicity has not been self defined, give details here on the source of this information:</b>	
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other White Background <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Asian	<input type="checkbox"/> Any other Mixed Background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Black Caribbean
	<input type="checkbox"/> Black African <input type="checkbox"/> Any other Black Background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/> Unknown <input type="checkbox"/> Not stated

Home Address:

Postcode:

Phone Number:

**Address of where the individual is at the moment (if not at home):**  
 (This information helps determine which IMCA provider is allocated)

Postcode:

Phone Number:

<b>Nature of this address:</b>		
<input type="checkbox"/> Residential Home	<input type="checkbox"/> Mental Health Hospital / Unit	<input type="checkbox"/> Prison
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Supported Living	<input type="checkbox"/> Other – Please State
<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> Own Home	

**Time and place of assessment:**

**3: FAMILY AND/OR FRIENDS**

Please give name, address and contact details and nature of relationship for known family or friends who may be appropriate to consult if a decision needs to be made in an individual's best interests. Information on determining whether an individual is appropriate to consult can be obtained in MCA19.

<p>1.</p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Phone Number:</p> <p>Nature of relationship:                  If not appropriate to consult, the decision-maker <b>MUST</b> record the reason <b>here</b>:</p>	<p>2.</p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Phone Number:</p> <p>Nature of relationship:                  If not appropriate to consult, the decision-maker <b>MUST</b> record the reason <b>here</b>:</p>
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**4: BASIS OF THIS ASSESSMENT** (this should be detailed further in section 7)

<input type="checkbox"/> Serious medical treatment	<input type="checkbox"/> Change of accommodation	<input type="checkbox"/> Other – please state
<input type="checkbox"/> Care Review	<input type="checkbox"/> Adult Protection Procedures	

**5: PRESENTING CONDITION**

<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Dementia
<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Learning Difficulties
<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Acquired Brain Injury
<input type="checkbox"/> Other Cognitive Impairment i.e. stroke	<input type="checkbox"/> Other (please state) .....

**6: GIVE FULL DETAILS OF THE DECISION OR ACTION THAT NEEDS TO BE TAKEN**  
 (include precise details of proposed serious medical treatment; change of accommodation; adult protection concern; health, welfare, property or finance concerns, requesting an IMCA for an accommodation or care review or other proposed action/decision that is being considered).

**7: NAME OF THE DECISION MAKER:**

**7a: RELATIONSHIP TO THE INDIVIDUAL:**

**8: CAPACITY ASSESSMENT**

All individuals aged 16 and over are presumed to have capacity. An assessment of capacity should only be conducted where a concern has been raised that an individual does not have capacity to make a specific decision or to consent to a specific action. All assessments of capacity are issue specific.

Assessments of capacity for significant decisions should be conducted by two people who jointly fulfil the following criteria:

- One must be the decision maker
- One must be a registered qualified professional
- Wherever possible one must have an established relationship with the individual.

If a decision needs to be made urgently then an assessment of capacity can be made solely by the decision maker.

Care should be taken to ensure that all practicable, do-able steps are taken to facilitate an individual's optimum performance in this assessment; including provision of communication aides. Where an interpreter is required, this should be a professional interpreter.

**EVERY** question\* in section 8 ( 8i,ii,iii, iv & v) must achieve a positive response before it can be determined that a individual has capacity. (Every box expands as it is typed into & detailed recording of assessments is required.)

**8.i) Have you explained to the individual the purpose of this assessment including the provision of all necessary information to help them to make a decision? Please record what practical steps have been taken to support the individual?**

Yes\*       No      **How has this been discussed? How has this conclusion been reached?**

**GIVE EVIDENCE:**

**8.ii) Does the individual understand the information given to them?**

Yes\*       No      **How has this been discussed? How has this conclusion has been reached?**

**GIVE EVIDENCE:**

**8.iii) Does the individual have the capacity to retain the necessary information on which to make a decision for the duration of the assessment ?**

Yes\*       No      **How has this been discussed? How has this conclusion has been reached?**

**GIVE EVIDENCE:**

**8.iv) Is the individual able to weigh up and discuss the potential advantages and disadvantages – the pros and cons of any decision action with you – in their own words?**

(The BMA provides useful guidance <http://www.bma.org.uk/ap.nsf/Content/Hubethicsconsentandcapacity> )

Yes\*       No      **How has this been discussed? How has this conclusion has been reached?**

**GIVE EVIDENCE:**

8.v) Is the individual able to communicate a decision on the matter in question? This may be non verbal – i.e. writing or through sign language, but it is important that there is consistency of response.

Yes\*       No      How has this been discussed? How has this conclusion has been reached?

GIVE EVIDENCE:

### 9: OUTCOME OF CAPACITY ASSESSMENT

It is legally the sole responsibility of the Decision Maker to determine if the individual has capacity in respect of the specific question detailed in section 6 “Reason for Capacity Assessment above” (*Note a positive answer must have been achieved for all parts of question 8*). If a conclusion about an individual’s capacity in respect of a specific decision can not be reached, assessors working within Essex Local Authority Boundaries can request a consultation (second opinion) through the Adult Safeguards Unit. Assessors from other Local Authorities should consult their line manager or seek legal advice

Does the individual have capacity in respect of the specific issue :

Yes       No

Any additional comments:

<b>10: NAMES AND SIGNATURES OF THE TWO PEOPLE CONDUCTING THIS JOINT ASSESSMENT OF CAPACITY.</b>	
<b>10.1: DECISION MAKER'S DETAILS</b>	
Name:	Signature: .....
Designation:	Date:
Address:	Phone:
	Mobile:
	Fax:
	Email:
Established relationship with individual?	
<b>10.2: ASSESSOR DETAILS</b>	
Name:	Signature: .....
Designation:	Date:
	Mobile:
	Fax:
	Email:
	Established relationship with individual?

## SET Capacity Assessment Form (MCA2)

### PART 2: Referral for an IMCA

This section **MUST** be completed & attached to Part 1 of the MCA2 form. It identifies whether an IMCA is required & records the decision-maker's instructions to the IMCA provider.

#### 11: CHECKLIST FOR IMCA REFERRAL

(to be completed where individual does **NOT** have capacity in relation to the specific action/decision to be made)

- (i)  Is the individual without capacity the alleged victim or alleged abuser in an *adult protection investigation*; where either the alleged abuser or alleged victim is a friend or family or it is thought that friend or family may not act in the best interests of the individual?  
*(if YES, may involve an IMCA)*
- (ii)  Is the individual unbefriended and is the decision either about a *change of accommodation* provided by NHS or Local Authority or *serious medical treatment* (if YES, **MUST** involve an IMCA)
- (iii)  Is the individual unbefriended and a *care review* or *accommodation review* being planned  
*(if YES, you may consider involving an IMCA)*

Does individual require an IMCA:

YES     NO

Where an IMCA is not required please proceed to Part 3.

Where the individual requires an IMCA, please provide information about **ALL** involved professionals **with their contact details: PLEASE PRINT THIS INFORMATION**

Date of Referral for an IMCA service

#### 11.1: WHERE AN IMCA IS REQUIRED, PLEASE PROVIDE WRITTEN INSTRUCTIONS TO ASSIST THE IMCA SERVICE

Is the individual aware of the advocacy referral?

<b>Is the individual able to make his/her wishes known on the referral issue?</b>	
<b>Risks/precautions to be taken when meeting individual:</b>	
<b>Communication needs/preferences:</b>	
<b>12: INFORMATION OF RELEVANCE TO THE IMCA</b>	
<input type="checkbox"/> Registered Enduring Power of Attorney <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Lasting Power of Attorney (health & welfare) <input type="checkbox"/> Lasting Power of Attorney (property & finance) <input type="checkbox"/> Other – such as Ordinary Power of Attorney or Appointeeship	<input type="checkbox"/> Court Appointed Deputy <input type="checkbox"/> Advocate already involved <input type="checkbox"/> Advance Decision <input type="checkbox"/> Advance Directive / Living Will
<b>13: PLEASE IDENTIFY &amp; PROVIDE FURTHER DETAILS OF ANY RELEVANT INFORMATION– SUCH AS CONTACT INFORMATION &amp; COPIES</b>	

This form should be inserted into the individual's case notes with copies placed on the relevant electronic database systems. Where there are concerns regarding capacity or where professionals are unable to agree on capacity, **staff should discuss this with their relevant Mental Capacity Act Advisor or Manager**. IMCA providers can also be contacted to provide advice, particularly if you are uncertain whether a referral to an IMCA provider is necessary.

In **Southend**, copies of *ALL* completed MCA2 assessments should be sent electronically to: Sarah Range sarahrange@southend.gov.uk Telephone: 01702 534404

In **Essex**, copies of *ALL* completed MCA2 should be sent to the Adults Safeguards Unit, County Hall, Chelmsford, (confidential fax number: 01245 550355) or within NEPFT (Consultant, Safeguarding Children & Adults) Fax number 01206 287281

In **Thurrock**, copies of *ALL* completed MCA2 assessments should be sent to: SafeguardingAdults@thurrock.gov.uk

## SET Capacity Assessment Form (MCA2)

### PART 3 – BEST INTERESTS

#### 14: BEST INTERESTS CHECKLIST

(to be completed where individual does **NOT** have capacity in relation to the specific action/decision to be made). If any area of the checklist is not complete, please add comment.

If the individual does not have capacity, they cannot consent, therefore decisions about proceeding will need to be made on the basis of the individual's best interests. Consultation must occur where appropriate with any person holding Lasting Power of Attorney; Enduring Power of Attorney, Court Appointed Deputy, IMCA, Family & friends.

Decisions made by the Decision Maker in an individual's **best interests** must be the **least restrictive** possible.

The best interests decision and the assessment as a whole should show that the decision maker has made a decision on the best available evidence and has taken into account conflicting views.

The MCA provides legal protection from liability for carrying out care if:

- The principles of the MCA have been observed
- The decision maker can demonstrate they assessed capacity
- The decision maker reasonably believes the person lacks capacity with regard to the decision
- The decision maker reasonably believes the action is in the best interests of the person

Ordinarily a person representing the interests of the person should be consulted before making a decision. However, in emergency situations it will be often in the best interests of the person to provide urgent care without delay.

If there is a dispute then it should be clearly identified. If there is a dispute then the following things can assist the decision maker:

- Involve an advocate who is independent of all parties involved
- Get a second opinion
- Hold a case conference
- Go to mediation
- An application can be made to the Court of Protection for a ruling

**In determining the least restrictive final decision in an individual's best interests, the following factors should be considered where possible:**

Involved individual as far as practically possible – please state how this has been achieved

**Consulted records – please identify which records and identify any relevant information**

**Consulted family and / or friends as appropriate – please identify who and records their views**

**Used generic advocate as appropriate – please identify who and record their views**

**Consulted other staff as appropriate – please identify who and record their views**

**Considered past wishes and feelings (retrieve evidence of any previously recorded wishes and feelings) – please detail and identify the source**

**Consulted with the IMCA – the IMCA's report should be recorded in the individual's case record and a copy of the record attached to the MCA2.**

**15: DECISION MADE BY THE DECISION-MAKER AFTER CONSIDERATION OF ALL RELEVANT FACTORS IN THE INDIVIDUAL'S BEST INTERESTS:**

**16: NAMES AND SIGNATURES OF THE TWO PEOPLE CONDUCTING THIS JOINT ASSESSMENT OF CAPACITY.**

One person must be the Decision Maker. One person must be a registered qualified professional. Please indicate which person has an established relationship with the individual.

**16.1: DECISION MAKER'S DETAILS**

Name:	Signature: .....
Designation:	Date:
Address:	Phone:
	Mobile:
Established relationship with individual?	Fax:
	Email:

**16.2: ASSESSOR DETAILS**

Name:	Signature: .....
Designation:	Date:
Address:	Phone:
	Mobile:
Established relationship with individual?	Fax:
	Email: