

GLOUCESTERSHIRE MULTI AGENCY MENTAL CAPACITY ACT POLICY

APPENDIX 1

Gloucestershire Mental Capacity Act Governance Group (MCAGG)

MCA1 Form - Day-to-Day Decisions

This form must be used to record the outcome of a Mental Capacity Assessment conducted with the service user in accordance with the MCA (2005).

Name of Service User		
Date of Assessment		
Has the Service User got an impairment of or a disturbance in the functioning of, the mind or brain?	Yes	No
If yes describe the impairment:		

Decision – please identify care plan(s) or specific proposed care provision

Check whether for any of the separate elements there might be a need for an individual capacity assessment. For example a person may not have capacity in one area (ie stoma care) but may have capacity in another area

Explain to the service user the purpose of this assessment and associated proposed care. Explain the available options and the pros and cons of each.

Can the service user.....

Understand the information relevant to the care plan(s)? Yes / No

Retain this information long enough to make a decision? Yes / No

Weigh up the information? Yes / No

Or, Communicate their decision? Yes / No / N/A

If the answer to one or more of the questions is 'no' then the person lacks capacity to make this decision. The first 3 (U,R,W) should be applied together. If a person cannot do any of these 3 things they will be treated as unable to make the decision. The fourth only applies in situations where people cannot communicate their decision in any way.

**Please give more detail – How did you support the person?
How did the person respond?**

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Overall Outcome of Assessment (tick one)

This person has capacity to make this specific decision for themselves	
This person lacks capacity to make this specific decision for themselves	

If the person lacks capacity, you will be making the decision for them in consultation with family / friends / other professionals, and by involving the service user as much as possible.

Detail below the action you will be taking, evidencing why this is in the person’s best interests. Also make a note of who else you have consulted, and what their feelings were.

<p>Please identify that where restrictions are being applied why they are necessary and proportionate to harm:</p>

If you decide that the person cannot make the decision for themselves, **you should review this assessment along with the associated care plan(s)**, or if anyone raises concerns that the person’s capacity may have changed.

Assessment/ to be reviewed on

Name of assessor

Signature of assessor

**Details of others involved:
(Include relatives / informal carers)**
