**www.surreycc.gov.uk**

Surrey County Council

**Children’s Schools and Families Directorate**

Mental Capacity Act 2005

Record of Mental Capacity Assessment

(To be used in conjunction with the Mental Capacity Act Code of Practice)

|  |
| --- |
| Name of person being assessed:  |
| Location of assessment: (e.g. home, children’s home, hospital etc.)  |
| Date of Birth:  | LCS Number:  |
| Date:  | Time:  |

*Mental capacity assessments should be completed by the most appropriate person relevant to the decision in question, e.g. carer, care worker, social care practitioner, treating clinician, solicitor etc. The assessment should be carried out in an environment, at a time of day and in a way most conducive to the needs of the person being assessed.*

1. Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

Yes [ ]  No **[ ]**

*(Select box, right click on relevant box, click properties, click checked and then click ok)*

Please state the nature of the impairment (e.g. acquired brain injury, learning disability, acute confusional state, short-term memory loss, concussion, symptoms of drug / alcohol use):and the basis of this information (e.g. recent clinical assessments, established diagnosis, provision of specialist support (CTPLD, CAMHS, specialist health / therapeutic provision)

|  |
| --- |
|  |

*NB. If there is no impairment or disturbance, they cannot be assessed to lack mental capacity under the Act.*

2. What is the decision (or nature of, the decision) required (e.g. to move from their own home into specialist provision or care, to manage their financial affairs, consent to medical treatment etc):

|  |
| --- |
|  |

3. Do you consider that the person might regain or acquire capacity in the future in relation to the decision that needs to be made?

Yes [ ]  *Please state why and give an indication of when this might happen*

No [ ]

|  |
| --- |
|  |

4. If ’YES’, can this decision be delayed until they are able to make it themselves?

Yes [ ]  No **[ ]**

Please explain reasons:

|  |
| --- |
|  |

5. Describe what steps you (or any other person) have taken to enable the person to make the decision themselves – e.g. use of an interpreter or communication aids, ensuring they have all relevant information in an accessible form, treating a medical condition that may be affecting the persons capacity, considering times of day when their understanding is better, involving someone who knows them, and they trust to communicate information etc.

|  |
| --- |
|  |

**CAPACITY ASSESSMENT**

On the date given above and in relation to the decision described:

6. Is the person able to understand the information relevant to the decision?

*(i.e. were you satisfied that the person could understand the nature of the decision, why the decision needed to be made at the time and whether they could understand the likely effects of deciding one way or another or making no decision at all?)*

Yes [ ]  No **[ ]**

Please give reasons:

|  |
| --- |
|  |

7. Is the person able to retain the information long enough to use it to make the decision? *(i.e. long enough to complete the decision-making process, including making and communicating their decision. Consideration should be given to the use of notebooks, photographs, videos, voice recorders, posters etc. to help the person record and retain the information)*

Yes [ ]  No **[ ]**

Please give reasons:

|  |
| --- |
|  |

8. Is the person able to use or weigh up this information as part of the decision making process? *(e.g. to consider the consequences, benefits and risks, of making the decision one way or another or making no decision at all? Understand the pros and cons)*

Yes [ ]  No **[ ]**

Please give reasons:

|  |
| --- |
|  |

9. Is the person able to communicate their decision? *(Verbally, using sign language or by any other means?)*

Yes [ ]  No **[ ]**

Please explain how the decision was communicated or give reasons if answer is ‘NO’:

|  |
| --- |
|  |

*In order to establish that someone does not have the mental capacity to make a particular decision the assessor must have a* ***reasonable belief*** *(i.e. on the balance of probabilities) that they lack mental capacity.*

*An answer of ‘NO’ to* ***any one*** *of these four questions indicates that the person lacks mental capacity to make the decision in question. If the answer is ‘YES’ to* ***all*** *the above questions, the person must be assessed to have the mental capacity to make the decision themselves.*

**Assessment**

Based on the above information, my judgement is that,

(Name of person being assessed)

##### Has the mental capacity / Does not have the mental capacity **(delete as appropriate)** to make a decision regarding *(State decision / nature of decision here)*

##### Name of Assessor *(Print name)*

##### Signature

##### Job Title and Team name:

**Everyone who works with or provides support to those who may have compromised mental capacity must be familiar with, and apply, the five key principles of The Mental Capacity Act.**

1. *A person must be assumed to have capacity unless it is established that he lacks capacity.*
2. *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.*
3. *A person is not to be treated as unable to make a decision merely because he makes an unwise decision.*
4. *An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.*
5. *Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.*

**For further information or advice regarding the Mental Capacity Act or if you have any comments or questions about this form please contact Legal Services on 020 8541 9088.**

**Document last reviewed: February 2024**

**Reviewed by: Catherine Watkins**

**Next review date: February 2025**