

Appendix 1a

Mental Capacity Act 2005 - Form MCA 2

Record of Actions Taken to Make a Best Interest Decision

Name of Service User:			
Name of Assessing Officer:			
Date assessment started:			
Please give the name and status of anyone who assisted with this assessment:			
Name	Status		
Description of the decision to be made by service user in relation to their care or treatment:			
<b><u>Part 1 - Determining Lack Of Capacity</u></b>			
<b><i>Every adult should be assumed to have the capacity to make a decision unless it is proved that they lack capacity. An assumption about someone's capacity cannot be made merely on the basis of a Service Users age or appearance, condition or aspect of his or her behaviour.</i></b>			
	<b>Response</b>		<b>Comments</b>
	<b>Yes</b>	<b>No</b>	
Has the Service User been determined as lacking capacity to make this particular decision at this moment in time?			Guidance: give date of capacity assessment (form MCA1)
<b><i>If you have answered Yes, Proceed To Part 2 of this document.</i></b>			
<b><i>If you have answered No, identify decision(s) to be made and Complete Capacity Assessment.</i></b>			

## Part 2 - Determining Best Interests

**All steps and decisions taken for someone who lacks capacity must be taken in their best interests.**

	Response		Comments
	Yes	No	
<b>Q1. Avoid Discrimination</b>			
<b><u>Guidance:</u></b> Have you avoided making assumptions merely on the basis of the Service Users age, appearance, condition or behaviour?			
<b>Q2. Relevant Circumstances</b>			
<b><u>Guidance:</u></b> Have you identified all the things the Service User would have taken into account when making the decision for themselves?			
<b>Q3. Regaining Capacity</b>			
<b><u>Guidance:</u></b> Have you considered if the Service User is likely to have capacity at some date in the future and if the decision can be delayed until that time?			
<b>Q4. Encourage Participation</b>			
<b><u>Guidance:</u></b> Have you done whatever is possible to permit and encourage the Service User to take part in making the decision?			
<b>Q5. Special Considerations</b>			
<b><u>Guidance:</u></b> Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?			
<b>Q6. The Persons Wishes</b>			
<b><u>Guidance:</u></b> Has consideration been given to the Service Users past and present wishes and feelings, beliefs and values, that would be likely to influence this decision?			

	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Q7. Written statements</b>			
<b><u>Guidance:</u></b> Have you considered any written statement made by the person when they had capacity?			
<b>Q8. Consult Others</b>			
<b><u>Guidance:</u></b> Have you where practicable and appropriate, consulted and taken into account the views of others including those engaged in caring for the Service User, relatives and friends, persons previously named by the Service User, Attorney under a Lasting or Enduring Power of Attorney or Deputy of the Court of Protection?			
<b>Q9. IMCA</b>			
<b><u>Guidance:</u></b> If the decision relates to serious medical treatment or changes to accommodation and there is no one identified in Q8, you must consider instructing an Independent Mental Capacity Advocate and receive a report from an IMCA. See IMCA referral document for relevant guidance regarding referral to the IMCA service			
<b>Q9. Avoid Restricting Rights</b>			
<b><u>Guidance:</u></b> Has consideration been given to the least restrictive option for the service user			
<b>Q10. Other Considerations</b>			
<b><u>Guidance:</u></b> have you considered factors such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?			
<b>Q11. Having considered all the relevant circumstances, what decision/action do you intend to take whilst acting in the Best Interests of the Service User?</b>			

*This document is unclassified when blank, but restricted on completion*

Signature:		Date:	