***North Somerset - Capacity Assessment***

Person's name:

Person’s DoB:

Name / Profession of Capacity Assessor(s):

**Please ensure that it is identified to the person that a capacity assessment in relation to the specific decision is being completed and why this is being done.**

A) What is the *specific* decision in question and why does it need to be made?

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B) Why is a capacity assessment being completed? (**1st stage of 2 stage capacity** **test: Functional -** *Is the person functionally able to make the decision being asked of them? Have they been offered all required support to assist them in making the decision for themselves?*)

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C) Does the person have a suspected (evidenced) or diagnosed *Mental Impairment?* (**2nd stage of 2 stage capacity test – Diagnostic**)

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D) Is the person’s inability (functional aspect) to make the specific decision because of the identified impairment or disturbance (diagnostic aspect)? Or to put it another way, is the mental impairment causing the person to be unable to make the decision in question? OR is there another reason they are unable to make the decision?

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E) What *relevant information* does the person need to understand in order to make this decision? (Note, the person must be told what the decision is and why they are being asked to make it)

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F) Record how you gave this *relevant information* to the person and steps you took to help them understand the issue (have you taken all practicable steps to do this? Is there something you could do to support the person to have the capacity to make this decision?)

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G) Interview - Assessment

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| G1. Does the person ***understand*** the relevant information detailed above?  *Does the person understand the purpose of the assessment and what the decision is to be made? Do they understand the individual elements of the ‘relevant information’ as they are discussed with them? Have you presented the different available options if there is a choice to be made? (Ensure the bar is not set too high. Remember there are case law frameworks for some key decisions)* | Assessor’s  Judgement |
| Assessor’s observations & person’s response – | Yes / No |

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| G2. Can the person ***retain*** the relevant information detailed above?  *The person only needs to be able to retain the information* *in order to make the decision at the material time – meaning when they are being asked to make the decision. If they can only make the decision in a short timeframe but cannot recall it over a longer period, that may be sufficient for them to HAVE capacity, although it this may be dependent on the specific decision in question (Please see guidance notes for fluctuating capacity if person is unlikely to retain information over a longer period.)* | Assessor’s  Judgement |
| Assessor’s observations & person’s response – | Yes / No |

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| G3. Can the person ***use or weigh*** the relevant information detailed above as part of the process of making the decision?  *Can the person weigh up the pros and cons of the decision (making the decision, or NOT making it), OR can they give an account of professional’s concerns and forward reasons why they disagree with them? Is there evidence of ‘reasoning’ being used to guide the person’s decision? Note – not agreeing with professional's concerns does not necessarily equate to a lack of capacity, also ensure that your own views / values are not influencing your assessment of their reasoning.* | Assessor’s  Judgement |
|  | Yes / No |

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| G4. Can the person ***Communicate*** their decision?  *Usually only if the person has* ***no*** *verbal or nonverbal communication will they fail this element of the test (e.g., the person is unconscious or in a permanent vegetative state, minimally conscious state). If you have assessed that they are unable to understand, use or weigh or retain the information BUT they are able to communicate their wishes / feelings in some way, this should be recorded.* | Assessor’s  Judgement |
| Assessor’s observations & person’s response – | Yes / No |

H) Capacity Assessment Decision

Only one element must be ticked from the 3 choices below

{ } – 2 stage test of capacity: There is no evidence that they are functionally unable to make this specific decision due to a diagnosis or evidenced suspicion of a Mental Impairment. Therefore, the person **HAS** capacity to make the decision.

{ } - The 4 elements above are *all marked YES*therefore the person **HAS** capacity to make the decision.

{ } - *One or more* of the 4 elements above are marked NO therefore the person **LACKS** capacity to make the decision.

I) Follow on work

Any elements that apply should be ticked from below. If the person has been assessed to lack capacity for the specific decision in question, then the best interest process **MUST** now be followed.

{ } – As the person lacks capacity, a Best Interests meeting/discussion will take place ASAP

{ } – As the person lacks capacity, I am going to refer to an appropriate professional to organise a Best Interests meeting / discussion ASAP

{ } – The person has capacity and is subject to restrictions upon their choices that require urgent review.

{  } – I will seek a 2nd opinion on this individual’s capacity.

{ } - The person’s cognitive state is stable or deteriorating and, in my view, they are unlikely to regain capacity in relation to this matter in the near future.

{ } - The person’s cognitive state is improving, and I believe capacity should be re-assessed shortly.

{ } - I believe the person could regain capacity to make the decision with support and advice from others.

{ } - The person’s cognitive state is fluctuating on an hourly / daily / weekly \* basis. In my view there is a reasonable possibility they will have capacity in relation to the decision shortly. *\* Delete as applicable*

Please provide further detail on the boxes ticked above including pending actions. Please also use this space to record any other thoughts or recommendations you have regarding the issue.

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H) Signature(s) & date

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