

North Somerset - Capacity Assessment

Name of service user / patient -

DoB of service user / patient -

Name / Profession of Capacity Assessor(s) –

A) Why is a capacity assessment being completed ?

B) What is the *specific* decision to be made ?

C) Does the service user / patient have a suspected or diagnosed *Mental Impairment* ?

If the answer is NO then move to Part G

D) What *relevant information* does the service user / patient need to understand in order to make this decision ?

E) Record how you gave this *relevant information* to the service user / patient and steps you took to help them understand the issue.



F) Interview - Assessment

<p>F1. Does the person <u>understand</u> the relevant information detailed above?</p> <p><i>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 ?</i></p>	<p>Assessor's Judgement</p>
<p>Assessors observations & person's response -</p>	<p>Yes / No</p>
<p>F2. Can the person <u>retain</u> the relevant information detailed above ?</p> <p><i>Can the person give an account of the salient details at the end of the assessment. The person only needs to retain the information for the duration of the discussion (Please see guidance notes for fluctuating capacity if person is unlikely to retain information over a longer period.)</i></p>	<p>Assessor's Judgement</p>
<p>Assessors observations & person's response -</p>	<p>Yes / No</p>
<p>F3. Can the person <u>use and weigh</u> the relevant information detailed above ?</p> <p><i>Can the person weigh up the pro's and con's of the decision 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?</i></p>	<p>Assessor's Judgement</p>
<p>Assessors observations & person's response -</p>	<p>Yes / No</p>
<p>F4. Can the person <u>Communicate</u> their decision ?</p> <p><i>Only if the person has no verbal or non verbal communication will they fail this element of the test (e.g. the person is unconscious or in a permanent vegetative state, minimally conscious state)</i></p>	<p>Assessor's Judgement</p>
<p>Assessors observations & person's response -</p>	<p>Yes / No</p>



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G) Capacity Assessment Decision

Only one element must be ticked from the 3 choices below

{ } - There is no evidence, diagnosis, or 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.

H) Follow on work

Any elements that apply should be ticked from below.

{ } - 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*

{ } – As the person lacks capacity I am now going to organise a Best Interests meeting discussion.

{ } – As the person lacks capacity I am going to prompt a fellow professional to organise a Best Interests meeting / discussion.

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

{ } – I will refer on to a relevant health professional to establish or not the existence of a mental impairment.

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

If necessary please provide further detail on the boxes ticked above. 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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