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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.

**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.

**3**

A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

**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 undertaken without success.

**1**

A person must be assumed to have capacity unless it is established that they lack capacity.

# Hampshire Mental Capacity Toolkit

## Part A – Assessment of Capacity

## Tool to assess whether an individual lacks mental capacity in relation to a specific decision.

Person's name \_\_\_\_\_

Address \_\_\_\_\_

Client Ref - CareDirector/  
NHS number \_\_\_\_\_

**What is the decision that needs to be made?**

**What steps have been taken to help the person take the decision for themselves?**  
(Explain how you have followed statutory principles 1 & 2)

**What is the key information the person needs to understand in order to make this decision?**

## ASSESSMENT QUESTIONS

<p><b>1. Is there evidence of an impairment of or disturbance in the functioning of the mind or brain (permanent or temporary) that may affect the person's ability to make the above decision?</b></p>	<p><b>YES Impairment is present</b> — record symptoms /behaviours or any relevant diagnoses that lead to your belief <b>If YES Proceed to Q.2 below</b></p>	<p><b>NO Impairment is not present</b> — record evidence for this belief. <b>If NO the person is deemed to have capacity -assessment is ended now.</b></p>
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Questions (2a)-(2d) concern the impact of the above impairment/disturbance upon the individual and whether it prevents them from making this specific decision at the time of assessment.

<p><b>2a) With all possible help given is the person able to understand the information relevant to the decision?</b> E.g. What is their understanding of decision in question? Can they tell you why they think the decision needs to be made? What do they think the consequences of the decision will be?</p>	<p><b>YES - able to understand info.</b> Record views/evidence to show they understood it.</p>	<p><b>NO - unable to understand info.</b> Record steps taken to explain info and views/evidence why they did not understand it.</p>
<p><b>b) Are they able to retain the information long enough to make the decision?</b></p>	<p><b>YES - able to retain info.</b> record evidence.</p>	<p><b>NO - unable to retain information,</b> record any help given and evidence.</p>
<p><b>c) Are they able to weigh the information as part of the decision making process?</b> Are they able to understand the consequences of making or not making the decision?</p>	<p><b>YES - able to weigh information,</b> record evidence.</p>	<p><b>NO - unable to weigh info</b> record evidence.</p>
<p><b>d) Are they able to communicate the decision in any way?</b> There may be many methods to communicate and assistance may be required.</p>	<p><b>YES - able to communicate,</b> record evidence.</p>	<p><b>NO - unable to communicate,</b> record evidence.</p>

<b>Date of assessment</b>	
<b>How was the assessment completed?</b> Who was present, where did it happen?	

**What is your professional relationship to the person being assessed?**

**Please indicate professional qualifications and/or the reason why you are the appropriate person to assess capacity in this instance**

**Conclusion** - If the answer to question 1. is YES and the answer to any part of question 2. a) - d) is NO then the person lacks capacity under the Mental Capacity Act (2005).

**Fluctuating capacity:** Always consider whether the person has fluctuating capacity and whether the decision can wait until capacity returns. If this is the case, explain and enter reassessment date in outcome below.

**Outcome:**

**Decision maker/ assessor signature:**