

Title	
Surname	
First name	
NHS No.	
Date of birth	

Mental capacity assessment tool for covert (disguised) administration of medicines

Date:	
What is the particular decision or action being assessed?	
REFUSAL of medication and if there is an understanding of the consequences.	
Potential action is to change to covert (disguised) administration of medicines	

Pre capacity assessment - Briefly note an answer to the three points below (clearly identifying any impairment in communication)

1. Communication - How does this person communicate?	
2. Communication - How does this person indicate yes/OK ?	
3. Communication - How does this person indicate no/stop ?	
Consider factors that may be relevant in the assessment of capacity, including:	
Suitable environment/ time of day	
Possible effects of medication	
Sensory/physical impairment	
Cultural factors	

Assessment of capacity using the 2-stage test of capacity - Lack of capacity requires demonstration of both stage 1 and stage 2.

First stage	Is there an impairment of, or disturbance in the functioning of the person's mind or brain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Give brief details if appropriate, e.g. cognitive impairment, mental disorder, dementia, delirium, intoxication, receptive dysphasia			

If no, the person will not lack capacity under the Act. If there are doubts refer for further opinion. **If yes**, continue with the second stage. **REMEMBER: Everyone has the right to make an irrational or illogical decision when they have capacity. Full documentation of capacity would be needed to support this.**

Second stage	Is the impairment or disturbance sufficient that the person lacks the capacity to make this particular decision?
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Hints and Tips - There is a need to be clear about the decision or decisions to be made and what the options may be. Consider carefully how best to put across relevant information to the person concerned. For example:

- The decision that needs to be made
- Why the decision needs to be made
- The likely effects of each option available in relation to the decision.

How information is given will affect the ability of the person to understand. Use broad terms and language that is appropriate to the person. It is not always necessary to explain everything in detail. Summarise evidence of discussion for each point below: It is not sufficient to state diagnosis such as 'has dementia'.

Does the person understand the information relevant to the decision? If no, give details of why not.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the person able to retain the information and process it? If no, give details of why not.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can person weigh up the pros and cons of a decision? If no, give details of why not.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can person communicate their decision by any means possible? If no, give details of why not.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

A "no" to any of the above questions will demonstrate lack of capacity for this decision.

Is capacity likely to improve or fluctuate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can decision be delayed? If yes , reassess.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of reassessment		

PLEASE COMPLETE THE BOX FOR THE APPROPRIATE EVIDENCED DECISION

This person LACKS the capacity to make the decision detailed above		This person HAS the capacity to make the decision detailed above	
Name of assessor		Name of assessor	
Signature		Signature	
Designation		Designation	
Expected review date		Expected review date	