

Mental Capacity Assessment: Standard

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This assessment is in accordance with The Mental Capacity Act (2005)

Prior to taking the Assessment, I have reviewed the five principles of the Mental Capacity Act (2005);

- 1) A presumption of capacity has been held, acknowledging a medical diagnosis or disability does not lead to the assumption of lacking capacity.
- 2) The Individual has been provided with all reasonable adjustments to support their own decision making,
- 3) The Individual has a right to make an unwise decision,
- 4) If lacking capacity, the decision maker for the individual will act in their Best Interest,
- 5) If lacking capacity, the decision maker for the individual will ensure the least restrictive option

Based on these core principles, there must be reasonable grounds to complete this assessment. Either there is doubt that the individual has capacity to make a specific decision, or to safeguard their right to make a particular decision that may be contested.

Name of Assessor: Mathew James

Signature:

Date: 20.09.2021

Date of Assessment: 20.09.2021

Time of assessment: 13:00

Assessor name and role: Mathew James

Name of individual being assessed and address: Luke Barton, Mountain Residential Home

D.O.B.: 15.06.1974

NHS number: 441 390 7610

Specific Decision being addressed: Use of a lap strap when Luke is in his wheel chair to support his safety, reducing risk of falls.

How has the individual been supported? The assessor, Mathew James, sat down with Luke in the garden, which was quiet to complete the assessment with his key worker Rosie Parker present. We used PEC visual aids to support focus, as well as his wheel chair which Luke was sat in, as an object of reference to help understanding. Questions were graded to Luke's ability with time to process.

Mental Capacity Assessment – Two Staged Test

**Can the individual understand information surrounding the specific decision?
Please give examples.**

Luke was able to tell us why and when he used his wheel chair to support him to “get around” as his “legs are bad”. Luke knew he had to put his lap strap on to “keep safe” but was unable to share how it keeps him safe myself and Rosie explained to which Luke said “yes, keep safe”. I asked Luke if he took his lap strap off at any times, Luke said “when I stop”.

Luke has a short attention span, needing regular refocusing onto the topic of his wheel chair's lap strap and safety, this was supported through the visual aids and calm clear information.

**Can the individual retain information surrounding the specific decision?
Please give examples.**

Luke was able to freely recall that his lap strap helps keep him safe, but was unable to recall how, why or if he takes off his lap strap at any times. When information was provided and re-asked immediately after, Luke laughed and pulled at his lap strap saying “keep safe”. He was unable to express how in his own words.

When in his wheel chair, Luke can require regular prompts to leave his lap strap on when moving, redirecting his attention to other topics such as music or what he can see.

**Can the individual weigh up information surrounding the specific decision?
Please give examples.**

When out in his wheel chair, Luke cannot weigh up the decision to wear his lap strap, needing regular information provided and reassurance given, before refocusing his attention. Luke cannot identify the pros or cons to using the lap strap even with the support of staff or the PEC visual aids to prompt.

Can the individual communicate, in any format, information surrounding the specific decision? Please give examples.

Luke is able to communicate information surrounding the decision of using the lap strap; Luke speaks in short sentences of 1-8 words that can be unclear at times, using simple Makaton or PEC visual aids to support at times. Luke uses a rehearsed repetitive script with others, asking about their favourite music and when the next music group is. Luke requires staff support to help him focus and actively use his PEC tools to engage in decision making throughout the day, as well as supporting his structure to the day.

Based upon this, if decision making is impaired, does the individual have an impairment or disturbance in the functioning of their brain or mind that impacts the individual's ability to make this specific decision? This can include but is not limited to, a Urine Tract Infection, Dementia, influence of alcohol or drugs, Cerebral Vascular Accident or Learning disability. How does this present for the individual, i.e. does it impact their concentration, short term or long term memory, orientation etc.

Luke has a diagnosis cerebral palsy and Autism Spectrum Disorder, which he has had since birth. There are no other known diagnosis at this time, being free from UTIs or other infections.

Luke's diagnosis of ASD affects his cognitive processing; reducing concentration, affecting retention, delaying speech, affecting sequencing and impacting his social communication skills.

Therefore Luke's conditions directly affect his ability to make this decision.

If any of the two stage test is negative, i.e. they cannot understand/retain/weigh up/communicate information surrounding the specific decision, then the individual lacks capacity.

Based on this, it is the assessor's opinion that in the balance of probabilities the individual ~~can~~/cannot make the decision in question.

If lacking capacity for this specific decision, is it likely that the person will regain capacity?

No, Luke has had this condition since birth and has ongoing 24 hour support to manage all aspects of daily living.

Therefore this will be recorded within appropriate support plans and appropriate steps will be taken.

This assessment will be reviewed every ~~6 months~~/**12 months** or sooner if there is any significant change in cognitive functioning.

Signature of assessor: Mathew James
Date completed: 20.09.2021