



Cambridgeshire
County Council

Mental Capacity Act : Capacity Assessment Form

Before completing this form check whether there are substitute decision making arrangements in place that would make an assessment of capacity unnecessary ~ see guidance section 7

Part 1 : Capacity Assessment

User of Service: Helen Moore		Date of Birth 5-7-1928
Details of decision required: The ability to make a decision about the risks involved in leaving her property and often not being able to return unaided.		
Decision Maker:		
Name: Lucy Church		Role: Senior Social Worker
Contact: Cambs OP Cambridge		
Capacity Assessment : Stage 1 : Diagnostic Threshold : (Guidance Section 9)		
Is there an impairment in or a disturbance of the functioning of the mind or brain?		
No If no, person cannot be deemed to lack capacity under the Mental Capacity Act Assessment is ended	Yes Evidence recorded in: Mrs Moore has dementia. She scored 26 out of 30 in a mini mental on 5-2-08 by CPN Annie Richards Complete stage 2	
Capacity Assessment : Stage 2 : Functional Test		
Can the person understand the information relevant to the decision?		

Specify Support Given (Refer to Guidance 10.5-7):	
I visited Mrs Moore at home and her husband was present which I feel made her more at ease. It was lunchtime and she was orientated to the day, as she was cooking sausages when I first arrived. She recognised the warden who called.	
Yes (Give reasons)	No (Give reasons)
	Mrs Moore dose not believe she leaves the house and gets lost. She believes she returns unaided. The warden arrived on my visit and confirmed Mrs Moore had been out that day and been brought back by herself. Mrs Moore could not recall this. I tried a 'thought experiment' with Mrs Moore. Asking her to imagine I was describing her mother or her husband. She was unable to make a decision as she got caught up with the emotions of why her husband might go off and not come back, i.e. that he doesn't love me anymore.
Can the person retain the information for long enough to make the decision?	
Specify Support Given (Refer to Guidance 10.8-9):	
Mrs Moore was able to retain the information as she would tell me that she doesn't leave the property and not come back, she knows where she lives.	
Yes (Give reasons)	No (Give reasons)
Yes. Mrs Moore could remember what I was saying for the duration of my visit. She just denies it happens to her.	
Can the person weigh the information as part of the decision making process?	
Specify Support Given (Refer to Guidance 10.10-13):	
I asked Mrs Moore what some of the problems might be for her by not coming back and used a third person, such as husband mother and tried an anonymous person. Each time she came back to the fact that she doesn't get lost. With her husband she had the emotion of feeling he didn't love her if he didn't come back.	
Yes (Give reasons)	No (Give reasons)
	Mrs Moore couldn't list or illustrate any potential risks. Her husband labelled these risks to her but she couldn't weigh this information as she just felt it was incompatible to her situation, as she believes she never gets lost. I tried again to ask her how she would feel it was her husband or mother who was doing this but she couldn't transfer the relevant information to make a decision.

Can the person communicate the decision?	
Specify Support Given (Refer to Guidance 10.14-15):	
Yes (Give reasons) Yes. Mrs Moore is very able to express her feels and thoughts. She was also able to express her desires and wishes about her future.	No (Give reasons)
Conclusion : Does the person have capacity to make the decision? YES : If 'yes' to ALL of the elements of Stage 2 NO : If 'no' to ANY of the elements of Stage 2	
YES Person has capacity to make decision. Assessment process ended.	NO Person lacks capacity (give reason) Mrs Moore doesn't have capacity for this decision due to lacking 2 out of the 4 requirements Complete best interests
Signature of Decision Maker : Date:	

Part 2: IMCA Service

Independent Mental Capacity Advocate (IMCA) Service	
<p>Does the decision relate to</p> <ul style="list-style-type: none"> • Serious medical treatment OR • Long term accommodation change OR • Vulnerable Adult Protection (POVA) Process <p>AND</p> <p>Does the person</p> <ul style="list-style-type: none"> • Lack capacity AND • Have no one else appropriate to consult (see IMCA guidance) <p>If the answer is YES to both parts a referral MUST be made to the IMCA service.</p> <p>Referral to be made to IMCA service?</p> <p style="text-align: center;"> YES NO </p> <p>Date referral made:</p> <p>Name & role of person making referral (if not decision maker):</p>	

Part 3: Best Interests (See Guidance Sections 12-15)

3.1 Relevant Party Best Interests Consultations (Guidance Section 13)

Anyone engaged in caring for person or interested in her / his welfare

Specify person(s) with date and summary of consultation:

We had a case conference on the 5-2-08 which included-Mr Elizabeth Moore-daughter. Mr Clive Moore-son

Annie Richards-CPN
Erica Walsh-sheltered Housing officer
Seema Adewale-Meadowhall care agency
Sarah Knight – Assitive technology
Susan Gerrard- Assitive Technology

We discussed the current situation and risks faced by Mrs Moore. See mins from meeting. Elizabeth and Clive are worried about Mrs Moore's safety and feel residential care would offer a safety and improve quality of life if they went together. Annie Richards and myself felt that Mr and Mrs Moore are not suited to residential care as they are still very independent and dislike the formal care they have at present. We discussed ways of reducing the risk with assistive technology, which Elizabeth Moore, who lives locally, will respond to when able.

Is there someone who has the legal authority to make the decision? (Guidance Section 7)

Specify person holding legal authority:

None.

Individuals named by person lacking capacity as someone to be consulted

Specify person(s) with date and summary of consultation:

Mrs Moore is supported by her family, her daughter and son were consulted. Mr Moore was consulted about future plans.

Mr Moore also has dementia. Mr Moore whilst recognising his wife is at risk didn't wish to leave the property /Newton, although his daughter reports that his wishes change. Mr Moore feels the 'set up' they have presently is very good and feel they benefit of being well known in the village and having a good warden.

Other relevant people to be consulted on Best Interests

Specify person(s) with date and summary of consultation:

Mrs Moore's GP has been written to by the CPN and myself, before and after the case conference.

The GP did not think any review of her medication would assist in the situation.

3.2 Best Interests Considerations (Guidance Section 14)

Is there a substitute Decision-Making arrangement for the decision? (See Guidance Section 7)

No

What is known of the person's past and present wishes, feelings and concerns in relation to the decision?

On my visit Mrs Moore was very clear that she wished to stay with her husband. Initially she thought she wouldn't mind where that was but later changed her mind to wishing stay in Newton. She didn't like the idea of leaving the village given that she knows so many people there and that her daughter Elizabeth lives there.

She didn't think she'd like a residential home as she likes to be independent such as her cooking. The idea of things being provided to her did not appeal.

Mrs Moore was also aware of her husband's feelings and he was also reluctant to leave there present home and feels everything is catered for where they are. She is strongly influenced by her husband's wishes.

A further case conference was planned for 8 weeks time to see if the above strategies have helped.

What is known of the person's values, beliefs and cultural identity in relation to the decision?

Mrs Moore feels very involved in her local church. She believed she still was involved in the organising of events and visited most days. Elizabeth explained that she now usually on attends on a Sunday with the support of a neighbour.

Are there any other circumstances or factors that are relevant to the decision?

Mr Moore has dementia also and this limits his abilities in keeping his wife safe at home. He wasn't previously able to stop her leaving when the doorbell operated when opened. Mr Moore isn't keen about having carers enter his property, as he feels it isn't required.

What are the findings of the IMCA report (if appointed)?

N/A

3.3 Decision considered to be most in person's best interests (Guidance Section 15)

To remain in present accommodation with further assistive technology to minimise the risk and a change of care plan.

Assistive technology-a door mat sensor with Mr Moore's voice on it, which was felt to be most likely for her to respond to.

Sensors on the door. During the day to have a longer gap of about an hour for the warden to respond to and in the evening an immediate alarm. If Elizabeth Moore is available she will respond if not then Meadowhall are available in the area from 9.300 –10.00.

Care plan. To try and develop trust to enable care staff to assist with personal care. A longer morning call and then a shopping call once a week. This enables a dedicated time to go out for shopping with the hope that Mrs Moore may feel less desire to go out.

Reasons for considering this option to be most in person's best interests (refer to Best Interests consultation and considerations in Parts 3.1 & 3.2)

Mr and Mrs Moore are a devoted and happy couple. They retain many independent skills and are unsuited to the other options as listed below. It is hoped that her quality of life is retained whilst trying to minimise the risk.

Other options considered and reasons for discounting them

Option	Reasons
1. To apply for residential care for Mrs Moore	She would be very distressed being separated from her husband. She would be aware he wasn't present and would try and find him, which would put her at greater risk, as the home would be in an unfamiliar area. Elizabeth and Clive do not want their parents separated.
2. To apply for Mr and Mrs Moore to be in residential care.	The son and daughter felt this was the option that ensured the best safety for their mother. However <ol style="list-style-type: none">1) It's unlikely that Mr Moore would meet eligibility criteria and wouldn't on his needs alone.2) Both the CPN and myself felt the couple were unsuited to residential care and would not be happy in this type of accommodation.3) Mr Moore varies in his desire to enter residential care.

<p>3. Part 2.5 housing</p>	<p>1) This would provide another 'door' before being outside. However Elizabeth feels this isn't a good option. There is no such housing in Newton, which is where the informal support is. 2) Mr and Mrs Moore did not like this option as it wasn't in Newton</p>
<p>4. Locking the door.</p>	<p>Whilst this raises ethical concerns, practically it would not work. Mr Moore could hold keys to the house to reduce the fire risk but he is forever losing items. It was felt it would increase resentment and feelings of frustration from Mr Moore.</p>

What is the response of the person who lacks capacity to the decision?
Is there a disagreement over the final decision with anyone who was consulted?

Signature of Decision Maker:	Date:
Signature of Senior / Line Manager:	Date:

Relevant Party Best Interests Consultation Record Sheet

Decision to be made:

In relation to(person deemed to lack capacity)

Person being consulted

Name:

Role / relationship to the person

What do you know of the person's wishes, beliefs, feelings, or values that would be relevant to this decision?

Views:

What do you consider to be in the person's best interests in relation to this decision?

Views:

Date:

Signature of person consulted:

Signature of Decision Maker:

