

# Appendix 7 – Samples of completed documentation



## MCA 01 Mental Capacity Assessment Form for LESS complex decisions (November 2015)

1	<b>Name of Relevant Person</b> <i>Mr J Bloggs</i>	<b>Address of Relevant Person</b> <i>Rainbow Care Home, Anytown</i>			
2	<b>Preferred Name of Relevant Person</b>	<i>'Joe'</i>			
3	<b>Date of Birth</b>	<i>1/1/43</i>			
4	<b>NHS Number</b>	<i>1234567890</i>			
5	I am starting this assessment on (insert date and time) ..... <i>13/2/2020 at 2pm</i> ..... Although I presume capacity, I doubt the person is able to make this particular decision at this time.				
6	<b>What is the decision that needs to be made?</b> <i>Whether the patient has capacity to consent or refuse treatment and whether receiving treatment covertly is necessary and in their best interest</i>				
7	<b>Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
7a	<b>Details of Impairment:</b> (For example: symptoms of alcohol or drug use, delirium, concussion, head injury, conditions associated with mental illness, a dementia, significant learning disability, brain damage, confusion, drowsiness, or loss of consciousness due to a physical or medical condition) <i>Has Alzheimer's Dementia</i>				
8	<b>Can the decision be delayed because the person is likely to regain capacity in the near future? Give Reasons below:</b>	Yes	<input type="checkbox"/>	Not likely	<input checked="" type="checkbox"/>
				Not appropriate to delay	<input checked="" type="checkbox"/>
<i>Patient is unlikely to regain capacity in the near future as Alzheimer's dementia is advancing and it is not appropriate to delay treatment with medication, as it is essential to prevent seizures.</i>					
9	<b>Assessment (Please provide evidence for points 9a to 9d):</b>				
a.	<b>Person has ability to <u>understand</u> information related to the decision to be made? If answer is 'No' please provide evidence</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>Details:</b> <i>I asked Joe if he knew what his medication was for but due to his confusion (as a result of Alzheimer's disease) he was unable to answer the question and just replied 'I will have a cup of tea with sugar'. When asked how many tablets he was taking, he again replied 'just a cup of tea with sugar'. I then asked if the medication caused any side effects and he just pointed at another resident in the care home and said 'he's not very nice that man'</i>					
b.	<b>Person has ability to <u>retain</u> information long enough for the decision to be made? If answer is 'No' please provide evidence</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>Details:</b> <i>When I asked Joe if he knew who I was and the purpose of my visit, he just answered 'I'll have to be at work soon so you'll have to go'. He could not recall who I was or the purpose of my visit, even though I had introduced myself and explained my role a few minutes ago. Joe forgets the name of his main carer even if reminded frequently and sometimes refers to him as his dad. Joe was not orientated to time or place during assessment, which is usual for him according to main carer.</i>					
c.	<b>Person has the ability to <u>use or weigh up</u> the information in considering the decision? If answer is 'No' please provide evidence</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>Details:</b> <i>Joe was unable to comprehend very basic questions such as 'how are you?' To this he replied 'Is she bringing my clothes in today'. Joe was unable to demonstrate that he understands the consequences of the decision to be made. Subsequently I have concluded he would not have the ability to use or weigh up information related to his medication.</i>					
d.	<b>Person has ability to <u>communicate</u> their decision by any means? If answer is 'No' please provide evidence</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>Details:</b> (State what steps have been taken to achieve communication)					

Although Joe can speak English he is unable to communicate any decisions as he does not understand what decision is being made, cannot retain information for decision to be made and cannot weigh up the information provided, due to advanced Alzheimer's disease. Joe did not respond appropriately to any of the questions during the assessment, Alternative methods of communication (such as sign language) are not helpful in this case, due to level of confusion.

If you have answered YES to all of the questions 9a – 9d above, then on the balance of probability, the person is likely to have capacity to make this particular decision at this time. If you have answered NO to one or more of those questions then on the balance of probability the person is not likely to have capacity for this decision and you will be required to proceed.

**Details of any Advance Decisions to Refuse Treatment (ADRT):** (Does any ADRT relate to this particular decision. Reference and attach any relevant documents)

No ADRT in place

**Conclusion:**

<b>10</b>	<b>Person HAS the capacity to make this informed decision at this time?</b>	Yes		No	√
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Document and detail your evidence and give reasons for your conclusion:  
*It is evident following the assessment that Joe does not have the capacity to understand why it is important that he takes his medication. He was unable to answer very basic questions and has very poor short term memory.*

<b>11</b>	<p><b>What is the persons Preferences/Wishes?</b> N/A</p> <p>NB. If person has the capacity for this decision you must respect their preferences and wishes, document these here and sign and date below the completion of this capacity decision. If they DO NOT have capacity for this decision you must still respect the rights, will and preferences of the individual and give weight to their views when making a decision in their best interests.</p>
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<b>Signed:</b> <i>Dr Who</i>	<b>Date of Completion:</b> 13/2/20
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**If person is found to lack the capacity to make this decision for themselves please continue**

<b>12</b>	<p><b>Are there any known relatives or friends to consult with?</b> If they have Lasting Power of Attorney that covers this decision, i.e., Person Welfare to cover Health decisions) they may be able to make this decision in the best interests of the person, photocopy LPA docs and keep on person's file.</p>	Yes	√	No	
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Names of relatives/friends you have consulted <i>Daughter – Mrs Smith</i>	Contact/Email/ Telephone <i>Tel: 01234 456789</i>
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<b>13</b>	<p>Where there are NO relatives/friends to consult with, an Independent Mental Capacity Advocate (IMCA) <b>MUST be instructed</b> (by the decision maker, i.e., person completing this form) if the decision is about <b>Serious Medical Treatment, a permanent accommodation move</b> or you have identified that you are likely to be depriving the relevant person of their liberty; <b>Deprivation of Liberty Safeguards (DoLS)</b>. Call the local IMCA for further advice and to make a referral</p>
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Name of IMCA allocated	Referral sent (date)	Tel/Email of IMCA
N/A	N/A	N/A

<b>14</b>	<p><b>Detail any disputes or disagreements and who is disputing:</b> <i>No disputes</i>          (Include details of what steps were taken to resolve the disputes) Attach other sheets if required.</p>
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<b>15</b>	<p><b>State final decision made in the person's best interests:</b> (please refer to Section 4 of the MCA or Chapter 5 of the MCA Code of Practice)  <i>Agreed to administer essential medication in a covert manner</i></p>
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**Declarations:**

I confirm that the following decision has been made without assumption as to the age, appearance, condition or behaviour of the person.  
 I confirm that where the decision relates to life sustaining treatment, I am satisfied that the decision made has not been motivated in any way, by a desire to bring about the person's death.  
 I confirm that I have considered all relevant factors. I have taken reasonable steps to establish whether the person lacks capacity in this matter. I reasonably believe that the person does lack capacity (because of the impairment or disturbance in the functioning of their mind or brain), in relation to this matter and that it will be in the person's best interests' for the decision to be made or act to be done.  
 I confirm that where the decision or act is intended to restrain, I believe that the restraint used is necessary in order to prevent harm to the person and that it is a proportionate response to the likelihood and seriousness of that harm.

Name of Assessor/Decision maker/person completing this form:	Dr Who
Role/Job Title of the above:	GP
Signature:	<i>Dr Who</i>
Date of completion:	13.2.20
Date when decision will be reviewed:	13.5.20

## Sample – Best interest decision record form

Please provide a copy of this form to the carer(s) supporting the patient and scan into patient notes in surgery.

Name of patient	<i>Mr Joe Bloggs</i>		
Date of birth	<i>1/1/43</i>	Location	<i>Rainbow Care Home</i>
-What treatment is being considered for covert administration? ( <i>Consider inclusion of acute treatments for emergencies e.g., Antibiotics, Lorazepam</i> ) <b>It has been confirmed that no advanced decisions are in place concerning this treatment.</b>	<ul style="list-style-type: none"> <li>- <i>Sodium Valproate 100mg crushable tablets</i></li> <li>- <i>Antibiotics for acute treatment of infections</i></li> </ul> <p><i>There is no advanced decision in place</i></p>		
-Why is this treatment necessary? -How will the person benefit? -Could this treatment be stopped? Where appropriate, refer to clinical guidelines, e.g., NICE.	<ul style="list-style-type: none"> <li>- <i>To control seizures</i></li> <li>- <i>To treat acute infections when necessary</i></li> </ul> <p><i>Treatment is essential for the health and wellbeing of the patient and should not be stopped</i></p>		
-What alternatives did the team consider which were not successful? Examples - other ways to manage the person, other ways to administer treatment, different formulations such as liquids or dispersible tablets -Why were they not appropriate?	<p>State the options tried:</p> <p><i>Staff tried various persuasive techniques, change of administration time, different staff members administering medication, also tried switching from tablets to liquids.</i></p> <p><i>Joe continued to refuse or spat out his medication routinely for more than a week</i></p>		
Treatment may only be considered for a person who lacks capacity.	Date:	<i>13/2/2020</i>	
-When was Mental Capacity Assessment (MCA) for this issue completed?	Assessed by:	Name: <i>Dr Who</i> Signature: <i>Dr Who</i>	
-Who was involved in the decision? N.B. A pharmacist must give advice on administration if this involves crushing tablets or combining with food and drink as it may be unsuitable (see Appendix 5) <b>If there is any person with Lasting Power of Attorney to consent, then the treatment may only be administered covertly with that person's consent, unless this is impracticable.</b>	Name of health care professionals involved:	<i>Dr Who – GP</i> <i>Mrs White – Care Home Manager</i> <i>Mrs Brown – Senior Carer</i> <i>Ms Jones – Pharmacist</i>	
	Name of relatives, advocates or other carers involved:	<i>Mrs Smith – Daughter</i>	
-When will the need for covert treatment be reviewed? (This will be dependent on physical condition of each patient. Fluctuating capacity requires more frequent review - at least every three months)	Date of first planned review	<i>3 months – 13/5/2020</i>	
<b><i>Important – please note that covert administration usually involves altering medicines and this may be <u>unlicensed</u> (off-label) activity. By signing this form the prescriber is also authorising unlicensed (off-label) use of medication. At present this can only be done by an independent prescriber</i></b>			
Prescriber name:	<i>Dr Who</i>		
Signature:	<i>Dr Who</i>		
Date:	<i>13/2/2020</i>		

## Sample - Instructions for carers from pharmacist

This information should be included in the patient's care plan and with the medicines administration record (MAR) sheet.

- Instructions for administration must specify clearly how each medicine is to be administered.
- If possible, the prescriber should include additional instructions on directions on the prescription for community pharmacists to add to dispensing label
- Include any cautions such as temperature/types of food to avoid.

**Practical points for care staff:**

- ✓ *Before administering medication covertly the patient should be encouraged to take it in the normal way*
- ✓ *Care home staff should be aware of personal preferences for administration through the care plan*
- ✓ *In general, the medication(s) which are to be administered covertly should be mixed with the smallest volume of food or drink possible*
- ✓ *Try and add the medicine to the first mouthful of food so that the full dose is received*
- ✓ *The medication must be administered immediately after mixing it with food or drink.*
- ✓ *Consider the taste and other possible effects of the medicine, particularly if tablets are crushed or contents removed from capsules*
- ✓ *Different medicines should not be mixed together in food or drink as this cannot be quantified and also could be unsuitable to be mixed together*
- ✓ *Covert administration must be recorded on the MAR chart (e.g. sign and use a specific code if necessary)*

Name of patient			
Date of birth		Location	

Medication:	Advice from pharmacist:	Resource(s) used:	Date:	Pharmacist signature:
<i>Sodium Valproate 100mg crushable tablets</i>	<i>Tablet to be crushed (using tablet crusher or between two spoons), then dose to be added to small amount of soft food, e.g., yoghurt or jam. The tablets have a bitter taste. Please witness all the dose has been consumed by the service user</i>	<i>The NEWT Guidelines</i>	<i>13/2/2020</i>	<i>Ms Jones</i>

**Report to GP at next contact if:**

- Covert administration results in a refusal to eat or drink
- It appears that the full dose of medication has not been taken (make a note on MAR chart)
- There appears to be a deterioration in the patient's health and well being.

## Sample – Review form for Covert administration



Please provide a copy of this form to the carer(s) supporting the patient and scan into patient notes in surgery.

Name of patient	<i>Mr Joe Bloggs</i>	Date of birth	<i>1/1/43</i>
Date review performed	<i>13/5/2020</i>		

Is the medication still necessary? If so, explain why	Yes - <i>To control seizures</i>
Is covert administration still necessary? If so, explain why	Yes <i>If offered medication in non-covert manner, Joe continues to spit out medication</i>
Who was consulted as part of the review?	<i>Mrs White – Care Home Manager Dr Who – GP Ms Jones – Pharmacist Mrs Smith – Daughter</i>
Is legal documentation still place and valid? (MCA assessment and evidence of Best interests discussion)	Yes
Date of next review:	<i>6 months - 13/11/2020</i>

Name of prescriber or pharmacist:	<i>Ms Jones</i>
Job role/title	<i>Pharmacist</i>
Signature:	<i>Ms Jones</i>
Date:	<i>13/5/2020</i>