

MCA 01 Mental Capacity Assessment Form for LESS complex decisions (2024) V2

1	Name of Relevant Person <i>Mr J Bloggs</i>	Address of Relevant Person <i>Rainbow Care Home, Anytown</i>			
2	Preferred Name of Relevant Person	<i>'Joe'</i>			
3	Date of Birth	<i>1/1/43</i>			
4	NHS Number	<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	What is the decision that needs to be made? <i>Whether the patient has capacity to consent or refuse treatment with medication and whether receiving treatment covertly with medication is necessary and in their best interests</i>				
7	Can the decision be delayed because the person is likely to regain capacity in the near future? Give Reasons below:	Yes	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>					
8	Assessment (Please provide evidence for points 8a to 8d):				
a. Person has ability to <u>understand</u> information related to the decision to be made? If answer is 'No' please provide evidence				Yes	No <input checked="" type="checkbox"/>
Details: <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. Person has ability to <u>retain</u> information long enough for the decision to be made? If answer is 'No' please provide evidence				Yes	No <input checked="" type="checkbox"/>
Details: <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. Person has the ability to <u>use or weigh up</u> the information in considering the decision? If answer is 'No' please provide evidence				Yes	No <input checked="" type="checkbox"/>
Details: <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. Person has ability to <u>communicate</u> their decision by any means? If answer is 'No' please provide evidence				Yes	No <input checked="" type="checkbox"/>
Details: (State what steps have been taken to achieve communication) <i>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.</i>					
9	Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?	Yes	<input checked="" type="checkbox"/>	No	

9a	Details of Impairment: (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>			
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) <i>No ADRT in place</i>				
Conclusion:				
10	Person HAS the capacity to make this informed decision at this time?	Yes	No	√
Document and detail your evidence and give reasons for your conclusion: <i>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.</i>				
11	What is the persons Preferences/Wishes? <i>N/A</i> 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.			
If person is found to lack the capacity to make this decision for themselves please continue				
12	Are there any known relatives or friends to consult with? 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.	Yes	√	No
Names of relatives/friends you have consulted <i>Daughter – Mrs Smith</i>		Contact/Email/ Telephone <i>Tel: 07777 123456</i>		
13	Where there are NO relatives/friends to consult with, an Independent Mental Capacity Advocate (IMCA) MUST be instructed (by the decision maker, i.e., person completing this form) if the decision is about Serious Medical Treatment, a permanent accommodation move or you have identified that you are likely to be depriving the relevant person of their liberty; Deprivation of Liberty Safeguards (DoLS) . Call the local IMCA for further advice and to make a referral			
Name of IMCA allocated		Referral sent (date)		Tel/Email of IMCA
N/A		N/A		N/A
14	Detail any disputes or disagreements and who is disputing: <i>No disputes</i> (Include details of what steps were taken to resolve the disputes) Attach other sheets if required.			
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 a best interests meeting will be convened to discuss administering essential medication in a covert manner.				
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 interests decision record 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	Mr Joe Bloggs		
Date of birth	1/1/43	Location	Rainbow Care Home
-What treatment is being considered for covert administration? (<i>Consider inclusion of acute treatments for emergencies e.g., Antibiotics, Lorazepam</i>)	<ul style="list-style-type: none"> - Sodium Valproate 100mg crushable tablets - Antibiotics for acute treatment of infections 		
Are there any advance decisions in place for this person concerning this treatment?	There are no advance decisions in place for this treatment		
-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"> - To control seizures - To treat acute infections when necessary <p>Treatment is essential for the health and wellbeing of the patient and should not be stopped</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: Staff tried various persuasive techniques, change of administration time, different staff members administering medication, also tried switching from tablets to liquids.</p> <p>Joe continued to refuse or spat out his medication routinely for more than a week</p>		
Treatment may only be considered for a person who lacks capacity.	Date:	13/2/2020	
-When was Mental Capacity Assessment (MCA) for this issue completed?	Assessed by:	Name: Dr Who Role: GP at surgery Contact details: tel.01234 567890	
-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 4) 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.	Name of health care professionals involved with role and contact details:	Dr Who – GP (tel.01234 567890) Mrs White – Care Home Manager (tel: 09876 543210) Mrs Brown – Senior Carer at the home Ms Jones – Pharmacist (tel: 01234 098765)	
	Name of relatives, advocates or carers involved and contact details:	Mrs Smith – Daughter (tel: 07777 123456)	
-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	3 months – 13/5/2020	
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			
Prescriber name:	Dr Who		
Signature:	<i>Dr Who</i>		
Date:	13/2/2020		

Sample – Covert instructions for carers from pharmacist



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

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
- ✓ Pay particular attention to the pharmacist's advice with regards to specific instructions for how each medicine should be given, including cautions such as temperature/types of food to avoid.
- ✓ 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	Mr Joe Bloggs		
Date of birth	1/1/43	Location	Rainbow Care Home

Medication:	Advice from pharmacist:	Resource(s) used:	Date:	Pharmacist signature:
Sodium Valproate 100mg crushable tablets	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	The NEWT Guidelines	13/2/2020	Ms Jones

Report to GP or an appropriate healthcare professional 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	<i>Yes – covert administration is required on some days</i> <i>Administration depends on Joe's mood on the day, some days he will accept his medication when offered in the normal way (non-covert manner), but on other days he will refuse or push your hand away. In this instance staff may have to resort to administering his medication covertly.</i>
Have there been any changes since last review? (e.g., changes in medical condition, new medication etc). If no, please state 'all aspects remain the same' For any changes, was legal process repeated with new MCA assessment and Best Interests discussion? If no, then to be conducted	<i>No changes to medical condition or medication, all aspects remain the same since covert administration plan was implemented on 13/2/2020</i> N/A
Where there have been no changes, is legal documentation still place and valid? (MCA assessment and evidence of Best interests discussion)	Yes <i>MCA assessment conducted 13/2/2020</i> <i>Best Interests discussion held on same day 13/2/2020 and decision documented</i>
Are the covert administration instructions (from pharmacist) up to date?	<i>Yes – no changes</i>
Who was consulted as part of the review? Include roles and contact details	<i>Mrs White – Care Home Manager (tel: 09876 543210)</i> <i>Dr Who – GP (tel.01234 567890)</i> <i>Ms Jones – Pharmacist (tel: 01234 098765)</i> <i>Mrs Smith – Daughter (tel: 07777 123456)</i>
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>