



## MCA14 – MCA2 Sample 2 (Change of Accommodation)

This form must be used for **significant** decisions

### PART 1: Individual's Details and Assessment of Capacity (Compulsory)

#### 1.1 Details of the Individual

First Name:	Ena	Surname:	Sharples
Electronic Database No. (& System)	100002222 (SWIFT)	Date and Time of Assessment	9 <sup>th</sup> February 2010 – 10.30am
Date of Birth	14.07.1930	Gender:	Female
Permanent Address (incl post code)	164 Happy Avenue Love Lane Averley, Essex CM5 7KM		
Home Phone Number	01223 120120		

Temporary Address (incl. post code) if not at home	Basildon Hospital Gloucester Ward Netherlands Road Basildon, Essex SB2 6HH		
Name of Contact Person	Dr Sethi	Phone Number	01223 10001
Nature of this Address	Mental Health Hospital		

**Ethnicity: If the individual's ethnicity has not been self defined, detail here on the source of this information:**

- |                                                     |                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> White British   | <input type="checkbox"/> Any other Mixed Background | <input type="checkbox"/> Black African              |
| <input type="checkbox"/> White Irish                | <input type="checkbox"/> Indian                     | <input type="checkbox"/> Any other Black Background |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Chinese                    |
| <input type="checkbox"/> White and Black Caribbean  | <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Any other Ethnic Group     |
| <input type="checkbox"/> White and Black African    | <input type="checkbox"/> Any other Asian Background | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> White and Black Asian      | <input type="checkbox"/> Black Caribbean            | <input type="checkbox"/> Not stated                 |

## 1.2 Family and / or Friends

Please give names, addresses, contact details and nature of relationship for known family or friends who *may* be appropriate to consult if the individual is found to lack capacity, and a decision needs to be made in their best interests.

1		2	
Name	Anna Smith	Name	Paul Sharples
Address incl. post code	21 Luck Lane Pullfeet, Essex SB10 200	Address incl. post code	236 Kindness Avenue South London WE 4PL
Phone Number	01226 121212	Phone Number	07777 123789
Relationship with Individual	Daughter	Relationship with Individual	Son
Appropriate to Consult? If not, you MUST record the reason here	Yes	Appropriate to Consult? If not, you MUST record the reason here	Yes

If this is a SOVA Investigation, Give the name of the Safeguarding Lead	NO
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## 1.3 Decision Maker and Assessor Details

Assessor 1: The Decision Maker		Assessor 2	
Name	Laura Milan	Name	Danielle Minefield
Sign below to confirm that you have read and understood the five key principles of the Mental Capacity Act (written above) and will adhere to them whilst carrying out this assessment			
Signature	<i>L Milan</i>	Signature	<i>Minefield</i>
Designation	Social Worker	Designation	Nurse
Address incl. post code	LTMOA Team Chesterland Street Basildon, Essex SB3 5ML	Address incl. post code	Basildon Hospital Gloucester Ward Netherlands Road Basildon, Essex SB2 6HH
Phone Number	01226 789654	Phone Number	01226 369258
Mobile	N/A	Mobile	N/A
Fax	01236 456123	Fax	01236 852741

Email	L.milan@yahuu.com	Email	Dminefield@septtessex.co.uk
Established Relationship with Individual?	Yes, Dr Bashir has known Ena for 2 years	Established Relationship with Individual?	Yes, Danielle has known Jimmy for 6 months

**1.4 This MCA assessment must adhere to the Act's 5 key principles:**

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Does the Service user have an impairment of, or a disturbance in the functioning of, their mind or brain?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>What is the individual's presenting condition?</b>		
<input type="checkbox"/> Unconsciousness <input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Other Cognitive Impairment e.g. stroke	<input checked="" type="checkbox"/> Dementia <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Other (please state)

**1.5 The Capacity Assessment**

<b>What prompted this assessment?</b>		
<input type="checkbox"/> Serious medical treatment <input type="checkbox"/> Care Review	<input checked="" type="checkbox"/> Change of accommodation <input type="checkbox"/> Safeguarding Adults Procedures	<input type="checkbox"/> Finances <input type="checkbox"/> Other – please state

<b>What is the exact decision to be made, or action to be taken?</b>
Mrs Sharples has a diagnosis of dementia. Attempts were made to manage her care in the community but she would not allow the carers into her home believing that she did not need support. Mrs Sharples was sectioned on S.2 MHA and placed on Gloucester Ward. A care home has subsequently been found that can offer Mrs Sharples a place but before this can happen I need to undertake a MCA 2 to formally decide whether Mrs Sharples has capacity to decide for herself whether this is the best option for her.

Explain to the individual the purpose of this assessment, including all necessary information and all available options to help them make a decision (for example the pro's and con's, the consequences of taking, or not taking an action).

Do they understand the information given to them?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Can they retain the information long enough to make a decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Can they weigh up and discuss the pros and cons of the decision or action?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Can they communicate a decision (by any means)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Does the individual have capacity in respect of the specific issue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p style="text-align: center;">Write below the details of the discussion  <b>YOU MUST PROVIDE SUFFICIENT EVIDENCE TO EXPLAIN YOUR ANSWERS TO THE ABOVE QUESTIONS</b>          (continue on a blank sheet of paper if necessary)</p>	
<p>I met with Mrs Sharples at around 10.30am on Gloucester Ward. We were able to find a quite room where Mrs Sharples could be away from other distractions. I asked if Mrs Sharples recognised me and she nodded yes. I was aware this might have been an automatic response so I explained who I was and that I had been acting as her social worker for the past year. The accompanying nurse Danielle Minefield also asked if she recognised her and offered her name, her role, and the fact that she looked after Mrs Sharples needs. Mrs Sharples appeared relaxed and settled and repeated, 'I see' to our introductions.</p> <p>Initially after introductions I explained to Mrs Sharples the reasons for us meeting with her which was to discuss the option of going into a care home and to see what she thought about this idea. Mrs Sharples stated 'yes I see'. I showed Mrs Sharples a picture of a care home environment to help her understand the type of environment I was talking about. I asked if Mrs Sharples liked the look of the care home, to which she did not answer. I suggested that we could look at a few care homes together to find one that she liked. Mrs Sharples did not respond. I asked Mrs Sharples if she would like me to include her children in looking at various care homes as this might be helpful. Mrs Sharples was not responding and appeared confused and I felt it was difficult for Mrs Sharples to understand the information given. I went over the subject again looking at the same pictures suggesting that it might be really nice to settle somewhere and to feel safe. Mrs Sharples did not comment. I asked Mrs Sharples if she felt she would like to move to the care home. Mrs Sharples stated she thought that she should go back to her home and care for her family. I asked Mrs Sharples where she was at this current time. She appeared thought disordered and struggled to respond. She then stated 'is it a hospital' we agreed that it was. I asked if she knew why she was in hospital and she replied 'it's me legs' (Mrs Sharples had a varicose vein operations around 10 years ago). When I asked how old she was Mrs Sharples was slow to respond and then after a long pause said '50' but didn't seem sure. When I asked how old her children were she responded saying 10 and 11yrs old.</p> <p>Mrs Sharples was given her glasses and the date on a newspaper was shown to her. Mrs Sharples did not say anything to this. I informed Mrs Sharples that she was much older than she thought, around 80yrs, I waited for a response to this but this was not forthcoming. I showed her the picture of her children which I had brought and said that her children were now all grown up. Mrs Sharples did not respond and appeared a little confused, shifting in her seat and seemingly slightly agitated about this information.</p> <p>I again approached the subject about moving to the care home and spoke about how she now needed a caring supportive environment. Mrs Sharples said that she thought she would go home as she was needed by her family. I told Mrs Sharples that she had not been able to manage at home before and would not allow her carers in to help her wash dress and prepare food. Mrs Sharples took a while to respond and then said that she did not need help she looked after herself and her family.</p> <p>I concluded the assessment as Mrs Sharples was becoming a little agitated by the questions put to her and I did not want to distress Mrs Sharples any further.</p> <p>I conclude Mrs Sharples is not able to take on fully the information given to her and consider this information with reason, nor can she retain the information well enough to make an informed decision. She evidences that she has memory loss believing herself to be younger and with young children, although her family are now grown and visit her regularly. She believes herself to be capable of managing alone but it is clearly evidenced that she is unable to do this. Mrs Sharples was made aware of the date and informed of her age but Mrs Sharples was unable to make any sense of this for herself and returned to stating she was needed at home.</p> <p>I therefore believe that Mrs Sharples is unable to take on information provided or to be able to weigh up the pro's and con's of her situation with any understanding of her current needs. Although Mrs Sharples is able to communicate that she wants to go home she is unable to consider the risks or the difficulties she would encounter in doing so. Therefore I conclude that at this time, Mrs Sharples does not have the capacity to make a decision concerning 'a change of accommodation'.</p>	

If the answer to ONE OR MORE of the above questions is 'No' then the person lacks capacity in regard to this issue. If the answer to all of the questions is 'Yes', then the person has capacity.

**1.6. Does the Individual Require an IMCA?**

- If the individual is unbefriended and the decision is about a change of accommodation, or serious medical treatment, you **MUST** involve an IMCA.
- If a friend or family member exists, but they may not act in the individual’s best interests (for example because they are the alleged victim or abuser in a Safeguarding Adults investigation) you **MAY** involve an IMCA.
- If the individual is unbefriended and a health or social care review is being carried out, you **MAY** CONSIDER involving an IMCA as good practice.

Does the individual require an IMCA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If not, please give reasons	Mrs Sharples has two adult children who are both actively involved in her life. They are prepared to attend reviews and meetings and feel that can advocate on behalf of their mother, Mrs Sharples, without the need of the involvement of a IMCA.
Date of referral to the IMCA service	N/A

***If the individual requires an IMCA, use Part 3 to make the referral and STOP HERE until the IMCA report has been received. If not, complete part 2.***

**PART 2 – Best Interests (compulsory if the person lacks capacity)**

**2.1** In order to make sure that the final decision is the least restrictive option, and is in the person’s best interests, consider the following factors. Have you:

Involved the individual as far as is practically possible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted all relevant records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted all appropriate friends / family?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted with the person’s generic advocate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Consulted with other staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Considered evidence of the person’s past wishes and feelings (including advance decisions/directives)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take into account the IMCA’s report (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulted with any legal representatives (e.g. Donees of LPA, Court of Protection Deputies)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>What is your best interests decision, after consideration of all the relevant factors?</b>  <b>YOU MUST PROVIDE SUFFICIENT EVIDENCE TO EXPLAIN YOUR ANSWERS TO THE ABOVE QUESTIONS</b></p> <p>I have attempted to engage Mrs Sharples in the decision as to whether her needs would now be better met within a care home environment. Mrs Sharples was unable to evidence that she had an ability to weigh up the pros and cons of her situation, to retain the information, or to conclude with reason her decision.</p> <p>I have consulted with, Anna Smith and Paul Sharples (Mrs Sharples’ children), Dr Sethi (Mrs Sharples’</p>
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consultant), and Staff on Gloucester ward for the purpose of making a best interest decision regarding Mrs Sharples' future accommodation needs. I have also considered the nursing notes, and the notes provided by the home care team.

Mrs Sharples is supported by both her son and daughter who are actively involved in her life and do not feel at this stage that they need the involvement of an IMCA.

I have spoken with the nursing staff on Gloucester ward who think that Mrs Sharples has enjoyed her stay on Gloucester ward and although reluctant, believe she will be able to settle quite quickly once she has been admitted to a care home. I checked the hospital records and confirmed that Mrs Sharples was a little disorientated and confused on admission to Gloucester ward and reluctant to accept care but this has since changed and she enjoys the company of staff and eats well. She has made no attempt to leave and does not mention wanting to go home, the nursing notes evidence this. The nursing staff believe that Mrs Sharples needs 24hrs care and supervision and that it would be in her best interest to be moved onto a residential care home.

Both Anna Smith and Paul Sharples feel that Mrs Sharples does not have the capacity to manage at home and feel that it is now in her best interests to place her into a care home that will provide for her support and care on a 24hr basis.

I have also consulted Mrs Sharples' consultant, Dr Sethi, who advises that her dementia is vascular in origin and therefore untreatable. She states that Mrs Sharples will continue to deteriorate possibly losing physical capacity as well as mental capacity and that it would be in her best interest to be moved to a residential care home where her care needs will be fully met now and in the future.

I have spoken with the nursing staff on Gloucester ward who think that Mrs Sharples has enjoyed her stay on Gloucester ward and although reluctant, believe she will be able to settle quite quickly once she has been admitted to a care home. I checked the hospital records and confirmed that Mrs Sharples was a little disorientated and confused on admission to Gloucester ward and reluctant to accept care but this has since changed and she enjoys the company of staff and eats well. She has made no attempt to leave and does not mention wanting to go home, the nursing notes evidence this. The nursing staff believe that Mrs Sharples needs 24hrs care and supervision and that it would be in her best interest to be moved onto a residential care home.

Mrs Sharples has no one appointed to Act as Lasting Power of Attorney or Deputies appointed through the Court of Protection.

Mrs Sharples has not made an advance decision/directive.

Mrs Sharples does not have an IMCA as her adult children wish to advocate on her behalf.

It has been conclusively, agreed between those I have consulted with and myself, that Mrs Sharples' needs would be better met by moving her to a care home. She will not be able to return to her home as she lacks the capacity to understand how to live safely or that she needs help and assistance. I therefore propose that Mrs Sharples now be found an appropriate care home as soon as possible. I propose that Mrs Sharples' children should be involved in considering care homes within the vicinity. I believe this to be in Mrs Sharples' best interests.

I conclude below some of Mrs Sharples' past wishes and feelings.

In discussion with Mrs Sharples' adult children I found that she was a home loving person, she liked to visit her family and enjoyed the days her family visited her. She loved caring for her grandchildren. Both her Children visit her frequently and wish to continue to do so. Both have expressed a wish that she be allowed to spend the occasional Sunday at home with them.

Mrs Sharples has a lot of memorabilia in her home such as photo's and ornaments that have a strong sentimental value to her and Anna Smith feels that she would like these to be in her room. Mrs Sharples was also known to enjoy conversation and was a clean and tidy person who liked to have her hair done fairly frequently. Her daughter will arrange for her favourite clothes to be bought to the care home and has also asked to include in her care plan an opportunity to have mother to have her hair styled on a monthly basis.

I believe by considering Mrs Sharples' past wishes and feelings will help make the transition from hospital to care home easier for her.

ASSESSOR 1: DECISION MAKER		ASSESSOR 2	
Name (print)	Laura Milan	Name (print)	Danielle Minefield
Signature	<i>LMilan</i>	Signature	<i>Minefield</i>
Date	09.02.2010	Date	09.02.2010

### **PART 3: Referral for an IMCA (Compulsory if IMCA is required)**

This section must be attached to Part 1 of the MCA2 form. It identifies whether an IMCA is required & records the decision-maker's instructions to the IMCA provider.

Why is an IMCA required?	This is a safeguarding adults investigation	<input type="checkbox"/>
	The decision is about a change of accommodation (provided by NHS or local authority)	<input type="checkbox"/>
	A health or social care review is being planned	<input type="checkbox"/>
	The decision is about serious medical treatment	<input type="checkbox"/>

Is the individual aware of the advocacy referral?	
Is the individual able to make his/her wishes known on the referral issue?	
Risks/precautions to be taken when meeting individual:	
Communication needs/preferences:	

Does the individual have:	<input type="checkbox"/> Registered Enduring Power of Attorney <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Lasting Power of Attorney (health & welfare) <input type="checkbox"/> Lasting Power of Attorney (property & affairs) <input type="checkbox"/> Other – such as Ordinary Power of Attorney or Appointeeship <input type="checkbox"/> Court Appointed Deputy (property & affairs) <input type="checkbox"/> Court Appointed Deputy (personal welfare) <input type="checkbox"/> Advocate already involved <input type="checkbox"/> Advance Decision <input type="checkbox"/> Advance Directive / Living Will
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Any further information? Including copies of relevant information, contact details etc	
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### Where do I send my MCA2 Form?

- In **Southend Local Authority**, copies of ALL completed MCA2 forms should be sent electronically to: [sarahrange@southend.gov.uk](mailto:sarahrange@southend.gov.uk). Telephone: 01702 534404.
- In **Essex Local Authority**, copies of MCA2 forms completed by Essex County Council Teams should be sent electronically to: [adult.safeguards@essex.gov.uk](mailto:adult.safeguards@essex.gov.uk) or faxed to 01245 550355 (confidential fax). If you require guidance or need some advice, please ring 01245 434861.
- In **Thurrock Local Authority**, copies of ALL completed MCA2 forms should be sent electronically to: [safeguardingadults@thurrock.gov.uk](mailto:safeguardingadults@thurrock.gov.uk)
- In **All NHS Trusts**, copies of MCA2 forms should be sent to the appropriate MCA Lead.
- **All IMCA Requests** (Essex Local Authority or All NHS Trusts) must be sent either electronically to [adult.safeguardsunit@essex.gov.uk](mailto:adult.safeguardsunit@essex.gov.uk), by fax 01245 550355 (confidential fax) or by post to the Adult Safeguards Unit, County Hall, Chelmsford, Essex, CM1 1YS.

## Guidance for Completing the MCA2 Form

### All adults (16 and over) are presumed to have capacity.

Therefore assessments of capacity must only be conducted where there are doubts about an individual's ability to make a specific decision, or consent to a specific action.

**The only way to prove a lack of capacity is by carrying out a capacity assessment.**

**Assessments of capacity for significant decisions should be conducted by two people:**

- **One assessor must be the decision maker**
- **One assessor must be a registered qualified professional (this can be the same person)**

Wherever possible, one person must also have an established relationship with the individual. However if a decision needs to be made urgently, the assessment can be made solely by the decision maker.

Assessments must be done as soon as possible, unless you can evidence that it is in the individual's best interests to wait (if for example, the decision isn't an emergency, and you believe that they may be more receptive to information at a later time of the day).

This form will assist you in carrying out the assessment of capacity. If you need further information, visit [www.essex.gov.uk](http://www.essex.gov.uk) or call the Essex County Council Adult Safeguards Unit on 01245 434 861.

MCA2 assessments of capacity are entirely separate to either discharge care planning or decisions that an adult is medically fit for discharge.

Assessments of capacity must be recorded immediately on the MCA2 form, signed and dated by both people who have jointly undertaken the assessment.

### Assessing Capacity

Care should be taken to ensure that all practicable (do-able) steps are taken to facilitate an individual's optimum performance in this assessment; including provision of communication aides. Where an interpreter is required, this should be a professional interpreter.



Remember that you must **evidence** your findings in each question – for example, how did you *know* that the individual could / couldn't understand the information you gave them? What did they say / do to make you reach that conclusion?

A positive answer must be achieved for all parts of question 1.5 to conclude that the individual has capacity. If a conclusion about an individual's capacity in respect of a specific decision can not be reached, assessors working within Essex Local Authority Boundaries can request a consultation (second opinion) through the Adult Safeguards Unit. Assessors from other Local Authorities should consult their line manager or seek legal advice.

For more technical guidance concerning assessing capacity, see MCA19.

## **Making a Best Interests Decision**

If the individual does not have capacity, they cannot consent, therefore decisions about proceeding will need to be made on the basis of the individual's best interests. Consultation must occur where appropriate with any person holding Lasting Power of Attorney; Enduring Power of Attorney, Court Appointed Deputy, IMCA, Family & friends.

Decisions made by the Decision Maker in an individual's **best interests** must be the **least restrictive** possible.

It is legally the sole responsibility of the Decision Maker to determine if the individual has capacity in respect of the specific question detailed in section 6 "Reason for Capacity Assessment above" (*Note a positive answer must have been achieved for all parts of question 8*). If a conclusion about an individual's capacity in respect of a specific decision can not be reached, assessors working within Essex Local Authority Boundaries can request a consultation (second opinion) through the Adult Safeguards Unit. Assessors from other Local Authorities should consult their line manager or seek legal advice.

The best interests' decision and the assessment as a whole should show that the decision maker has made a decision on the best available evidence and has taken into account conflicting views.

The MCA provides legal protection from liability for carrying out care if:

- The principles of the MCA have been observed
- The decision maker can demonstrate they assessed capacity
- The decision maker reasonably believes the person lacks capacity with regard to the decision
- The decision maker reasonably believes the action is in the best interests of the person

Ordinarily a person representing the interests of the person should be consulted before making a decision. However, in emergency situations it will be often in the best interests of the person to provide urgent care without delay.

If there is a dispute then it should be clearly identified. If there is a dispute then the following things can assist the decision maker:

- Involve an advocate who is independent of all parties involved
- Get a second opinion
- Hold a case conference
- Go to mediation
- An application can be made to the Court of Protection for a ruling

## **The IMCA Service**

IMCAs are mental capacity advocates for people who do not have mental capacity to make the decision in question. They will represent the person when there is no-one else to do so, and after investigation, will make a recommendation to the decision maker detailing what they think should be done in the person's best interests.