



MCA14 – MCA2 Sample 3 (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:	Jane	Surname:	Smith
Electronic Database No. (& System)	Y0999233 (Carebase)	Date and Time of Assessment	20 th February 2010 – 10.30am
Date of Birth	04.11.1968	Gender:	Female
Permanent Address (incl post code)	12 The Avenue Chelmer Street Essex CM1 1AB		
Home Phone Number	01236 123456		

Temporary Address (incl. post code) if not at home	26 The Avenue Chelmer Street Essex CM1 1AC		
Name of Contact Person	Mrs Julie Smith	Phone Number	01236 123456
Nature of this Address	Mother's home address, Jane has been living with her mother for the past 5 months.		

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

- | | | |
|---|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Any other Mixed Background | <input type="checkbox"/> Black African |
| <input checked="" 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	Julie Smith	Name	Billy Smith (aged 26)
Address incl. post code	26 The Avenue Chelmer Street Essex CM1 1AC	Address incl. post code	Appt 3, Rosenbaum Glessen Cologne, Germany
Phone Number	01236 123456	Phone Number	0047 645 987654
Relationship with Individual	Mother	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	Billy is next of kin but has requested the SW and medics liaise with his grandmother (Julie) as he is working in Germany and is struggling to come to terms with consequences of RTA that injured both his mother and killed his wife

If this is a SOVA Investigation, Give the name of the Safeguarding Lead	
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1.3 Decision Maker and Assessor Details

Assessor 1: The Decision Maker		Assessor 2	
Name	Maggie Mitchell	Name	Dr David Jones
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>M Mitchell</i>	Signature	<i>David Jones</i>
Designation	Social Worker	Designation	Responsible Clinician
Address incl. post code	LTM Team County Hall Chelmsford, Essex CM1 6KL	Address incl. post code	Neurology Team Broomfield Hospital Chelmsford, Essex CM2 9KG
Phone Number	01236 789654	Phone Number	01236 369258
Mobile	N/A	Mobile	N/A
Fax	01236 456123	Fax	01236 852741
Email		Email	

	Maggie.mitchell@essex.co.uk		D.jones@middlessexhospital.co.uk
Established Relationship with Individual?	Yes, Maggie has been working with Jane for the past 6 months	Established Relationship with Individual?	Yes, David has been working with Jane since the RTA 9 months ago

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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What is the individual’s presenting condition?		
<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Dementia	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Learning Difficulties	
<input type="checkbox"/> Mental Health Issues	<input checked="" type="checkbox"/> Acquired Brain Injury	
<input type="checkbox"/> Other Cognitive Impairment e.g. stroke		

1.5 The Capacity Assessment

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

What is the exact decision to be made, or action to be taken?

Jane (and her daughter-in-law) were involved in a serious Road Traffic Accident. Jane’s daughter-in-law Anna was driving and was killed in the accident and Jane sustained significant head injuries and broke her ankles and left femur. The accident was caused by another road driver’s actions. Jane has been slowly recovering from the accident and has made a full recovery from the physical injuries but is still slowly recovering from the head injury (ABI). It is not anticipated that Jane could live independently in her own home without significant adaptations being made to the house. Jane has some mobility difficulties and a degree of cognitive impairment as a result of the accident; the permanency of these disabilities is difficult to assess at the present time as Jane continues to make slow progress and re-learn skills lost as a result of her head injury. Her acquired brain injury is a primary closed brain injury. As a result of her injuries, Jane struggles with the following cognitive difficulties

- shortened attention span
- memory problems and amnesia
- problem solving deficits
- problems with judgment
- inability to understand abstract concepts
- an inability to accept more than one- or two-step commands simultaneously

and the following motor deficits:

- poor coordination
- decreased endurance
- inability to plan motor movements
- delays in initiation

Jane has some apraxia and some aphasia and easily becomes fatigued.

Since Jane left hospital she has been living with her elderly mother in her mother’s bungalow and has received support through a care package. Jane wants to return to her own home and has consistently stated this wish to her Social Worker over several weeks. Jane’s mother (Julie) agrees that Jane should have her own place, try living at home. The difficulties Jane has experienced in her behavioural and emotional behaviour since the accident (emotional liability, mood changes and occasional aggressive outbursts) have made it difficult for her elderly mother (Julie, aged 78) to cope with Jane in her bungalow. In addition Julie has acknowledged that her small bungalow feels very cramped with the two of them. Julie has confided to Jane’s SW that she feels terribly guilty but she wishes Jane were not living there and then perhaps the two of them would both be able to manage better.

This assessment is being held to ascertain whether Jane has the capacity to consent to some of the compensation monies from the insurance company (following the RTA) being spent to adapt her present accommodation. These adaptations will include a shower room downstairs and adaptations to the bathroom and a variety of other adaptations – including installation of handrails and a stair lift and a variety of safety devices.

What is the individual’s presenting condition?

<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Dementia	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Learning Difficulties	
<input type="checkbox"/> Mental Health Issues	<input checked="" type="checkbox"/> Acquired Brain Injury	
<input type="checkbox"/> Other Cognitive Impairment e.g. stroke		

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Can they retain the information long enough to make a decision?	<input checked="" type="checkbox"/> Yes	<input 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
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Write below the details of the discussion
YOU MUST PROVIDE SUFFICIENT EVIDENCE TO EXPLAIN YOUR ANSWERS TO THE ABOVE QUESTIONS
(continue on a blank sheet of paper if necessary)

Jane has been taken to her own home in the past week and a comprehensive ADL assessment has taken place. This ADL identified that a number of changes would be required to the property to enable Jane to live there safely. Jane would not be able to manage to live independently (even with the support of a care package). Jane understands that changes will need to be made to her home (which she owns) and is able to acknowledge when she is at home that she will need a shower and toilet downstairs and that a stair lift that will help will make her mobility difficulties much easier to manage.

Jane's presenting difficulties are described above. This assessment was planned for 10.30 in the morning – a time when Jane is generally functioning at her optimum level. The professionals conducting the assessment both know Jane well and have explained the present dilemma to Jane carefully and over several days to ensure that Jane has the optimum possibility of understanding the decision that needs to be made.

Jane's aphasia and apraxia have shown a persistent improvement over the past few months and she is able to comprehend that without changes being made to her own home, it will be difficult for her to live there. We asked Jane – “do you think any changes are needed to your house for you to be able to live there”. Jane said she needed a shower. When prompted that there was a shower upstairs, Jane answered that she meant she “will need one downstairs and also a toilet downstairs cause I can't get upstairs very quickly” (The only bathroom facilities in the property at the moment are situated upstairs). Jane also spoke about needing a lift or “something” to help her get upstairs as she cannot manage stairs on her own yet. Jane agreed she would need help at home but stated this was just until she got better (it is difficult for professionals to determine exactly how much more recovery Jane will make from her injuries).

We asked Jane how these changes should be paid for and Jane told us she had some money (because of the crash) to spend to help her. We all understood Jane meant the compensation payment she had received. Jane was however completely unable to tell us how much money she had received or how much the changes to her home might cost. Jane also could not tell us what income she receives (she has a personal pension and receives benefits) nor that she had received an insurance payout (as she had an insurance policy that came into force when she had the RTA). Jane could not tell us where her money was kept – “in a bank I suppose” – she was unable to say which one or how she got money out of the bank when she needed it. Jane said her mum gave her money when she needed it. Jane appeared to find it difficult to focus and was clearly becoming exhausted, but told us several times she'd like purple and blue tiles in a new shower room. We agreed to meet the following morning and as we were leaving Jane told us she wanted the cooker changed so she could reach it more safely.

Although both assessors agreed that Jane clearly understands that changes need to be made in her own home and can identify many of these, we concluded that Jane did not have capacity to consent to her monies being spent in relation to this decision as she was unable to weigh up the pros and cons and the impact on her bank

We met Jane again the following morning. Jane could recall meeting us the previous day and greeted us both by name, She said she could remember our conversation the previous morning and reminded us she wanted purple and blue tiles in the shower room. We advised Jane we were concerned that we wanted to make sure she understood how these changes to her home would be paid for as this was her money that was being spent. Jane said she knew she got very muddled and said “I know I just want to go home and I trust my mum to sort out the money for me so I can go home. I don't want to be at mum's. I just want to be at home and choose to watch what I want on TV”. Jane re-iterated several times that she just wanted to go home and it would be ok “as long as I have purple and blue tiles in the shower”. During the course of our conversation with Jane, Jane repeatedly said I don't want stay at her mum's, that I'm not a little girl, and that “I'll feel better once I'm home”. Jane was able to acknowledge that she would miss having company all the time but said Mum's (House) is only down the road

Once again, Jane could not tell us how much money she had available to spend on any necessary alterations, nor how spending this money might affect her income (as much is invested), nor how the propose changes might affect the value of her home, nor how much these alterations might cost (a provisional estimate obtained by her mother had cost all the changes at between £30k - £45k). Jane is however entirely consistent in her expressed wish to go home and superficially has capacity to consent to changes being made to her home (being able to state in some detail what changes she wants made). We have however concluded that Jane does not have capacity to make this decision at the moment as she is unable to weigh up the pros and cons of this decision – to acknowledge or understand how much these changes might cost or the impact on her finances - for example these changes would lead to a decrease in her monthly income.

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	This decision is primarily about management of finances (in the context of change of accommodation). There is no information to suggest that Julie (Jane's mum) will not advocate effectively and appropriately for Jane or act in her best interests.
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 checked="" 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 type="checkbox"/> Yes	<input type="checkbox"/> No

**What is your best interests' decision, after consideration of all the relevant factors?
YOU MUST PROVIDE SUFFICIENT EVIDENCE TO EXPLAIN YOUR ANSWERS TO THE ABOVE QUESTIONS**

Jane is clearly wishing to return to her own home and wants the changes to be made to enable this to happen. Both Julie (her mother) and Billy (her son) have been consulted and believe that all possible actions should be taken to ensure Jane is able to return home. Billy has commented how much his mother valued her independence prior to the RTA and that he thinks his mother will be happier and feel she is making more progress if she can get home. Billy has also advised that he believes his mother's social life will improve – his Granny's bungalow is small and it is difficult for his mother's friends to visit her there. Julie is clear that she believes strained family relationships will improve if they have a little more space from each other. Julie has expressed anxiety that at times Jane will be alone as a 24 hour care package is not being considered. Jane's SW agreed to explore Telecare options.

Detailed quotes will be obtained from at least three builders in respect of the alterations required to Jane's home and Jane will be involved in determining the specification of these changes – such as her request for purple and blue tiles in the shower.

It is agreed that a second MCA2 assessment will be conducted in respect of the management of Jane's monies to determine if she has capacity to consent to her mother being a donee of LPA (PA) at the present time.

ASSESSOR 1: DECISION MAKER		ASSESSOR 2	
Name (print)	Maggie Mitchell	Name (print)	Dr David Jones
Signature	<i>M Mitchell</i>	Signature	<i>David Jones</i>
Date	20.02.2010	Date	20.02.2010

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:	<ul style="list-style-type: none"><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
Any further information? Including copies of relevant information, contact details etc	

DO NOT COPY

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. 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 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
- 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, 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 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.