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|  **Mental Capacity Assessment Levels** |
| **Aim – to provide a framework for appropriate and proportionate assessment of mental capacity** |
| **Level One – Day to Day Decisions - This form is designed for day to day decisions that do not require formal processes. This is particularly for Care Homes, Supported Living, Day Centres and Domiciliary Care, where staff are carrying out activities of daily living for example** |
| Assessment form developed  |
| Decision maker responsible for capacity assessment | Giving medication, activities of daily living including incontinence aids, leisure activities, etc. - Carers – informal and formal |
|  | Activities of Daily Living – Carers – informal and formal |
| How much do I write?  | Day-to-day recordsWhere a person is judged to lack capacity to consent to day-to-day care, elaborate record keeping is not required. However, if a practitioner’s decision is challenged, they must be able to describe why they had a reasonable belief of lack of capacity. The decision about the lack of capacity should always be recorded in the person’s case notes or file. Although this does not need to be done on a daily basis, the record should note the decision and note that it will be reviewed regularly. Recording decisions in this way will help staff to demonstrate why they had a reasonable belief in the person’s lack of capacity. For day to day decisions record assessments of capacity using the acronym of **C.A.R.E. I.D.**as an aide memoire or template.This should be written directly into the persons care and support records or you can use the [**level 1 Mental Capacity Assessment Form**](http://www.umccoventry.co.uk/assessing-mental-capacity/#5Assessment_Tools)**.** Either way the **C.A.R.E. I.D** system must be used.**C.A.R.E. I.D** stands for:

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| **C.A.R.E (stage 1 of the test )**This is identifying the elements of the test which the person is unable to do and why |

**C = C**ommunicate**A = A**bsorband **U**nderstand**R = R**etain**E = E**valuate* **C**ommunicate their decision (whether by talking, using sign language or any other means)
* **A**bsorb and understand the information relevant to the decision
* **R**etain that information for long enough to make the decision
* **E**valuate or use that information as part of the process of making the decision

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| **I.D.(stage 2 of the test)**This is identifying the **Impairment** of or **Disturbance** in the functioning of the mind or brain affecting decision making |

**I = I**mpairment**D = D**isturbance**Causal Link. (stage 3 of the test)**Is the reason the person cannot make the decision **because of** the Impairment or Disturbance in the functioning of the mind or brainIf the person is unable to do one or more of **C.A.R.E.** and the reason is because of their impairment or disturbance of the mind or brain, this is indicative that they lack capacity for the decision.***How C.A.R.E. I.D. works in practice.***This morning Mr. Doe was unable to decide what activities to attend. I showed Mr. Doe pictures of the activities he could choose from. Mr. Doe has a diagnosis of dementia and due to his very poor short-term memory he was unable to understand or retain the information relating to his choice of activities.  |
| **Level Two- For more serious decisions such as those involving:*** **setting up packages of care,**
* **reviewing packages of care**
* **safeguarding,**
* **accommodation**
* **serious medical treatment**
* **care that may involve deprivation of a person’s liberty**
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| Assessment tool developed |
| Decision maker responsible for capacity assessment | The practitioner responsible for proposing and/or carrying out the results of the decision e.g., Doctor, Nurse, Social Worker, Physiotherapist, Occupational Therapist , Speech and Language Therapist,These assessments should be recorded using the [Level 2 Mental Capacity Assessment Form](http://www.umccoventry.co.uk/level-2-mental-capacity-assessment-framework-online-form/) |