

**Rotherham Doncaster and South Humber NHS Foundation Trust
Mental Capacity Act 2005**

New FORM MCA3 January 2014

Record of Best Interest meeting and decision

Name of person Best Interest decision needs to be made for		Organisation Ref No.	
Name of Best Interests Decision Maker		Role	
Date best interest decision making process started		Team	
Details of the decision to be made on behalf of person who lacks capacity as detailed on MCA1. Please be clear about the decision which needs to be made.			
Record of meeting to determining Best Interests			
Date of Meeting			
Name of Chair of Meeting			
Name and Role of Best Interest Decision Maker	Name		
	Role		
Name of Minute taker			
Purpose of the Meeting : The Best Interest Principle underpins the Mental Capacity Act 2005 as set out in Section 1 (5) <i>“An act done or decision made under the Act or on behalf of a person who lacks capacity must be done or made in his/her best interests”</i> This meeting should be an objective not subjective discussion to identify the needs and if possible to reach a decisions that are in the ‘Best Interests’ of the above named person			
Attendees (see signing in sheet for contact details)		Apologies (see signing in sheet for contact details)	
Name	Relationship	Name	Relationship

1. Has the person been assessed as lacking capacity to make this particular decision at this moment in time?	Yes	No	Date	Name of Assessor
2. Regaining Capacity If yes is the person likely to regain mental capacity to be able to make this decision?	Yes	No	Reasons for your opinion	
3. Was the person who the decision is being made for present at the meeting?	Yes	No	If no give reasons why	
4. Has an IMCA been appointed in relation to this decision?	Yes	No	Name of IMCA	
5 If Yes were the invited and are they present at the meeting	Yes	No	If No give reasons why	
Record of Discussions which took place in the meeting				
6. What are all the relevant circumstances and complex issues relating to the decision that needs to be made?				

7. Are there any **additional factors** such as family relationships which need to be taken into account?

8. What are the person's wishes, past and present views and feelings? (information from the person or interested parties)

9. Does the person have any particular belief and values which need to be considered?

10. Views of interested parties' present at the meeting i.e. Family members, professional, care staff, attorneys and deputies, IMCAs, which need to be taken into account. You should ask all interested parties what they consider to be in the persons best interest and record any information they have about the person wishes and feelings beliefs and values

Name	Role/Relationship	Views of interested parties

11. Details of any previous meetings with interested parties that may have taken place before this meeting including the outcome of the discussions

12. Considering the Options: **Ensure you have carried out the necessary risk assessments and this is reflected in the best interest option chosen.** Ensure wherever possible the least restrictive option is chosen, whilst retaining best interests.

Option 1 :-

Advantages /Benefits

Disadvantages/ Risks

Option 2:-

Advantages/ Benefits

Disadvantages/ Risks

Option 3 :-

Advantages/ Benefits

Disadvantages/ Risks

13. Record of Discussions regarding the impact of the decision on other people, relationships etc.

14. Summary of discussion (Chair)

FINAL DECISION

It is the responsibility of the decision maker to reach a final decision: As Decision Maker you must always avoid restricting the person's rights and provide care and treatment in the least restrictive way.

15. What is your decision? (*Record how you have come to your opinion and why other options were ruled out*)

16. Record of discussion regarding how the person is likely to react/respond to this decision being made for them?

17. Do all parties agree with the decision?

Yes		No	
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18. Details of any objections to the decision (list any objections and who they were made by)

Name/s of person/s objecting	Details of objection

19. Is a further meeting required?	Yes		No
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If yes date, time and venue of proposed next meeting	
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20. Is Legal Advice needed?	Yes		No	
21. Does the Deprivation of Liberty Safeguards need to be considered?	Yes		No	
22. Are there any safeguarding issues to consider? If yes has a referral been made?	Yes		No	
Further actions to be taken (list any action, name of person to take action and timeframe)				
Action		Name		Date to be completed
1	Notification of Decision to person who decision is being made for			
2				
3				
4				
5				
6				
Signature of Decision Maker				
Date final decision				
Date copy of decision record sent to Chair for approval				
Date decision record approved by Chair				
Name of person responsible for circulation of decision record				
Date copy of decision record sent to all relevant parties				
Details of Decision entered on Case Records		Yes	No	