**Mental Capacity Assessment – Best Practice 2**

**Section 1: The decision in question**

* Hospital discharge planning and support at home following recent ill health.

**Section 3: Support given to make the decision / maximise capacity**

I visited J on several occasions during his hospital admission. J was asleep on most visits so I did not attempt to assess his capacity as he was drowsy. On the third occasion, J was sat out of bed, he was alert and able to hear me clearly. The ward bay was quiet and calm. I used clear and concise language during the assessment. I used verbal memory prompts and repeated the information given several times.

**Does the person have an impairment of, or disturbance in the functioning of their mind or brain?**

* Yes

**Please describe the nature of the impairment*,*** *e.g. a brief summary of the diagnosis (is it permanent, temporary, fluctuating), the source of any information and how the diagnosis might impact on decision making:*

* Delirium due to sepsis

**If the impairment is fluctuating or temporary would it be appropriate to delay the assessment:**

* No

**Please explain why** (i.e. risk, urgency etc)

* Unable to delay the assessment as J is in an acute medical bed and deemed medically fit to leave hospital.

**Do you consider the person able to understand the information relevant to the decision?**

* No

**Evidence:** J struggled to understand the information put to him for discharge planning. He was unable to identify he was in hospital and unable to recognise his needs. When asked about home, J was unable to give any information other than he "lives with his family". J was not able to elaborate any further.

When discussing about his care at home, J told me he was "ok", he informed me he was able to walk. I spoke about having care at home, J was verbally unresponsive to this but did nod his head. I was unable to establish if J understood what was being discussed. His verbal answers were limited and his gestures unreliable.

**Do you consider the person able to retain the information relevant to the decision?**

* No

**Evidence:** J was unable to recall the information discussed few short moments after the conversation. When asked what we had spoken about, J replied "I don't know" I used memory prompts by telling J we had spoken about going home and the help he needs.

J was unresponsive and turned to look out of the window. Any attempts to re-engage with him failed.

**Do you consider the person able to use or weigh up the information as part of the decision making process?**

* No

**Evidence:** J was not able to understand information. He cannot identify his needs and therefore unable to weigh up the pros and cons of discharge options.

**Do you consider the person able to communicate their decision?**

* Yes

**Evidence:** J is able to communicate verbally but this is limited. He also uses gestures, mainly nods his head but his responses were unreliable and inconsistent.

**Assessment - Section 7 - 9**

**Section 7: Conclusion**

I consider that the person does not have the capacity to make the decision.

*You should be able to show that, on the balance of probabilities, the person lacks capacity and a best interests decision should now be made.*

**Rationale:** J has been diagnosed with a delirium as a result of sepsis. He has struggled to engage in the assessment process and unable to demonstrate he understood the options put to him for discharge. He could not recognise his needs or any risks of going home without support from carers. Js family report an improvement over recent days and are hoping he will respond better in his own home environment. Medics have informed the family Js delirium may resolve very slowly. Capacity will need to be revisited when J is at home. At this time, J lacks capacity to make a decision regarding his care and support at home. He was unable to demonstrate understanding, ability to weigh up or retain information. His responses were unreliable and inconsistent.