###### 

###### Understanding

###### You.

###### N2: Best Interests decision (previously BI checklist)

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| This Best Interests decision record can only be used if it has been established that the person lacks mental capacity to make their own decision. The form ‘**N1 Assessment of Mental Capacity**’ is the document to record the capacity assessment.  This is the standard format for recording Best Interests decisions where there is consensus about the conclusion. If there is a dispute about the person’s Best Interests this should be addressed in a Best Interests meeting which has a separate, more detailed, recording format.  The Decision Maker is responsible for establishing that the person lacks capacity to make their own decision for making the decision in his/her best interests. The Decision Maker must be familiar with chapter 5 in the MCA Code of Practice to be able do this. In determining Best Interests, the Decision Maker should avoid assumptions based on the person’s age, appearance, condition or behaviour(s).  The following people should be consulted when determining Best Interests:   * anyone named by the person as someone to be consulted on the matter in question * anyone engaged in caring for the person * anyone with an interest in their welfare including close relatives * anyone who has been given a Lasting Power of Attorney by the person * any deputy appointed for the person by the Court of Protection   A referral to the Independent Mental Capacity Advocate (IMCA) service should be made whenever a person who lacks mental capacity has no family or friends who are appropriate to consult in making a decision about:   1. serious medical treatment **or** 2. long-term care and health moves (more than 28 days in hospital /8 weeks in a care   home), **or**   1. residential or nursing care home reviews. |

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| **Person this decision is about** | | | | | |
| Last name |  | | First name |  | |
| AIS number |  | NHS number |  | RIO number |  |
| Date filled in |  | | | | |

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| **Decision to be made** (Please be as specific as possible) | | | | |
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| **Decision maker details** | | | | |
| Name | |  | Job title |  |
| Organisation and address | |  | Phone number |  |
| **The assessment of mental capacity in relation to this decision was made by** | | | | | |
| Name | |  | Job title |  |
| Date |  | | | |

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| **The best interests checklist** | | | | | | | | | |
| For each question please record in the spaces provided, any action taken, and any information obtained. | | | | | | | | | |
| 1 | **Has this person been assessed as lacking capacity to make this specific decision?** | | | | | | | select | |
| If yes, proceed to question 2. If no, a capacity assessment must be recorded in relation to this decision. | | | | | | |  | |
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| 2 | **Does anyone hold a valid Lasting Power of Attorney or a Court deputyship giving them authority to make this decision?** | | | | | | | select | |
| If yes, the person holding the LPA or deputyship is the decision-maker. If no, proceed to question 3. | | | | | | |  | |
|  | | | | | | | | |
| 3 | **3a. Is the decision under consideration for medical treatment?** If yes, go to question 3b. If no go to question 4. | | | | | | | select | |
| **3b. Has the person made an Advance Decision to refuse this treatment?**  If yes, the Advanced Decision is legally binding if valid. If no, proceed to question 4 | | | | | | | select | |
|  | | | | | | | | |
| 4 | **Is it likely that the person will regain capacity in relation to this decision question?**  If yes, go to question 5. If no, proceed to sections 6, 7, 8 and 9 | | | | | | | select | |
|  | | | | | | | | |
| 5 | **Can the decision wait until the person regains mental capacity?** | | | | | | | select | |
| If yes and it is reasonable to wait then you must do so. If no, proceed to sections 6, 7, 8 and 9 | | | | | | |  | |
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| 6 | **What practicable assistance has this person been given to participate in the decision making process?** | | | | | | | | |
|  | | | | | | | | |
| 7 | **People consulted as part of this decision-making process** | | | | | | | | |
| **Name** | | | **Relationship to person** | **How consulted** | | | | **Date** |
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| 8 | **Any interested people who were not consulted** | | | | | | | | |
| **Name** | | | **Reason they were not consulted** | | | | | |
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| 9 | **Options considered** | | | | | | | | |
| **Options** | | **Describe** | | | | | | |
| **Option 1** | |  | | | | | | |
| P’s views | |  | | | | | | |
| Others’ views | |  | | | | | | |
| Decision maker’s opinion about main advantages or disadvantages to P | |  | | | | | | |
| Preferred or rejected and reasons? | |  | | | | | | |
| **Option 2** | |  | | | | | | |
| P’s views | |  | | | | | | |
| Others’ views | |  | | | | | | |
| Decision maker’s opinion about main advantages or disadvantages to P | |  | | | | | | |
| Preferred or rejected and reasons? | |  | | | | | | |
| **Option 3** | |  | | | | | | |
| P’s views | |  | | | | | | |
| Others’ views | |  | | | | | | |
| Decision maker’s opinion about main advantages or disadvantages to P | |  | | | | | | |
| Preferred or rejected and reasons? | |  | | | | | | |
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| **Conclusion** | | | | | | | | | |
| **Decision-maker’s statement**  **In reaching the following decision about insert name Best Interests I have consulted all those interested in his/her welfare and taken account of all relevant factors in accordance with Section 5 of the Mental Capacity Act 2005 and its Code of Practice. I believe there is consensus about this decision among all of those involved.** | | | | | | | | | |
| **The decision made** | | | | | | | | | |
|  | | | | | | | | | |
| Signature | |  | | | | Date |  | | |
|  | | | | | | | | | |
| **This form should be stored in the person’s electronic social care records** | | | | | | | | | |
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