

An Evaluation of Mental Capacity Assessment Documentation on Old Age Psychiatry Wards

A service improvement project

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CQC Reports

January 2016

- some staff had **difficulty applying** the Mental Capacity Act
- patients being **restrained** or given **covert medication** without evidence of consideration of the legislation
- patients were **admitted** to the ward without a formal capacity assessment
- **blanket assessments** of capacity had been made.

January 2017

- **Variable knowledge** of the MCA across the service
- **inconsistencies** across the wards for older people in the threshold for when a capacity assessment was triggered
- Trust could not demonstrate sufficient improvement across the whole service to meet the requirement of the relevant regulation
- On glade and bramble ward capacity assessments did not always evidence what considerations staff had made to show a decision was in the patient's best interest

Aims

To investigate the concerns raised by the CQC

To identify which decisions MCA assessments are being documented for

To identify which professionals are completing MCA assessments

To assess the quality of MCA assessment documentation

Standards

For all assessments there should be an explanation of a **clear specific single decision** to be made

For all assessments there is documentation of
-**what information** the patient was given to make the decision

- what **practical steps** were taken to support the patient to make decisions

For all assessments there is documented evidence of how a decision was reached that they could or could not

-understand

-weigh

-retain

-communicate information

Assessing the quality of MCA1 forms



Each MCA1 form was divided into 7 sections.

Each section was given a binary rating (sufficient/insufficient).

An overall rating of (sufficient/insufficient) was given to each MCA1 form if 4 or more sections were considered sufficient.

What do you think?

In groups, review the MCA documentation.

Do you think the evidence is sufficient or insufficient?

How could it be improved?

Q1: Is impairment/disturbance of the mind/brain present?

Q2: Can the person understand the information?

Q3: Can the person retain the information?

Q4: Can the person use or weigh information?

Q5: Can the person communicate a decision

Q6: Conclusion

Example 1

2677

Decision:

“can x decide regarding being admitted informally to F ward”

Q1:

“symptoms of low mood and anxiety”

Q2:

X was able to partake in the assessment, her thought process were logical and rationale, there was no evidence of confusion

Q3:

X was able to reflect on the points we had discussed and repeat information

Q4:

when options were discussed X was able to determine there was a possibility of her taking further overdoses

Q5:

there were no issues/barriers identified with regard to X verbally communicating her thoughts/feelings

Q6:

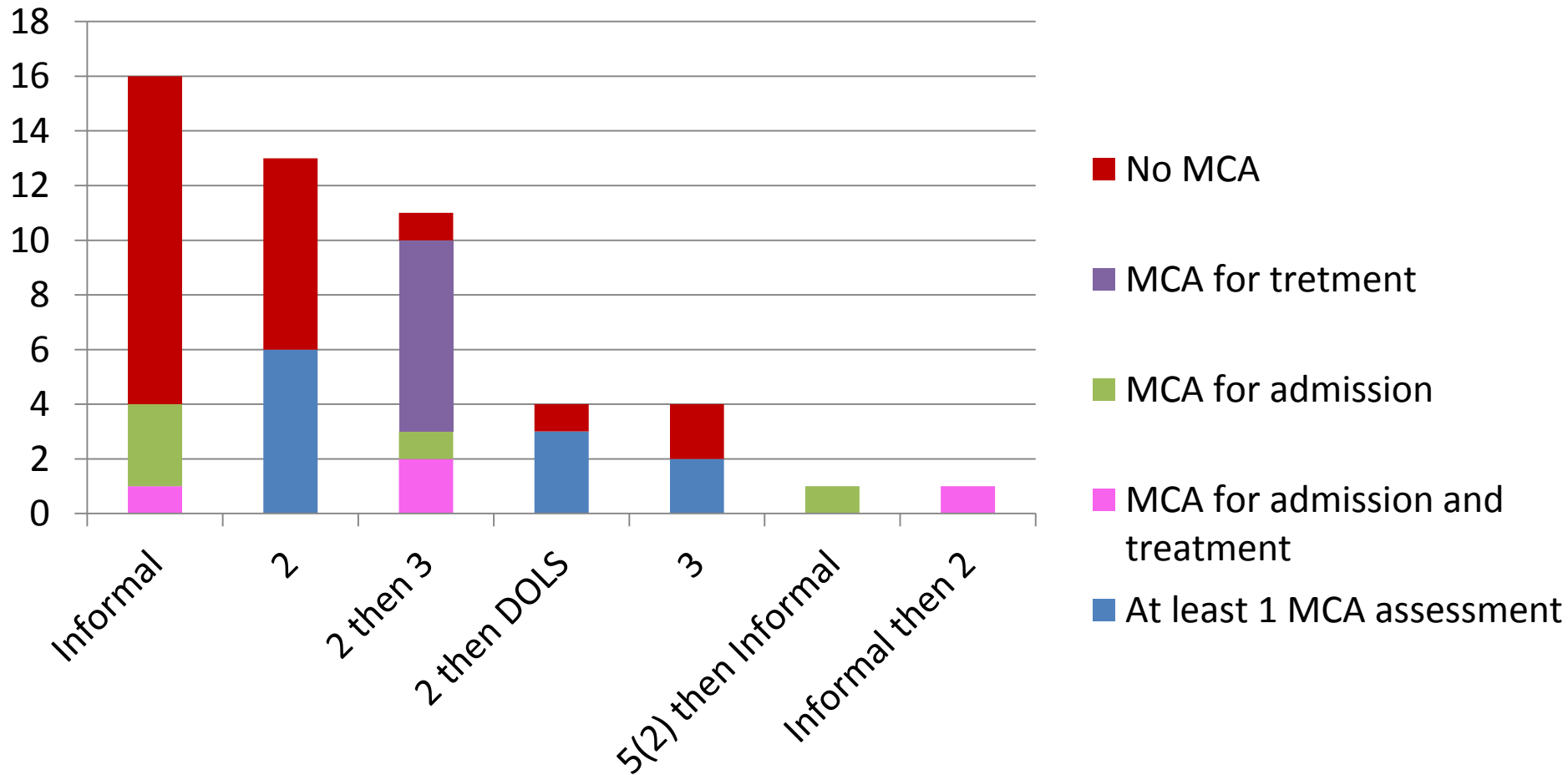
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Minimum information for informal Admission

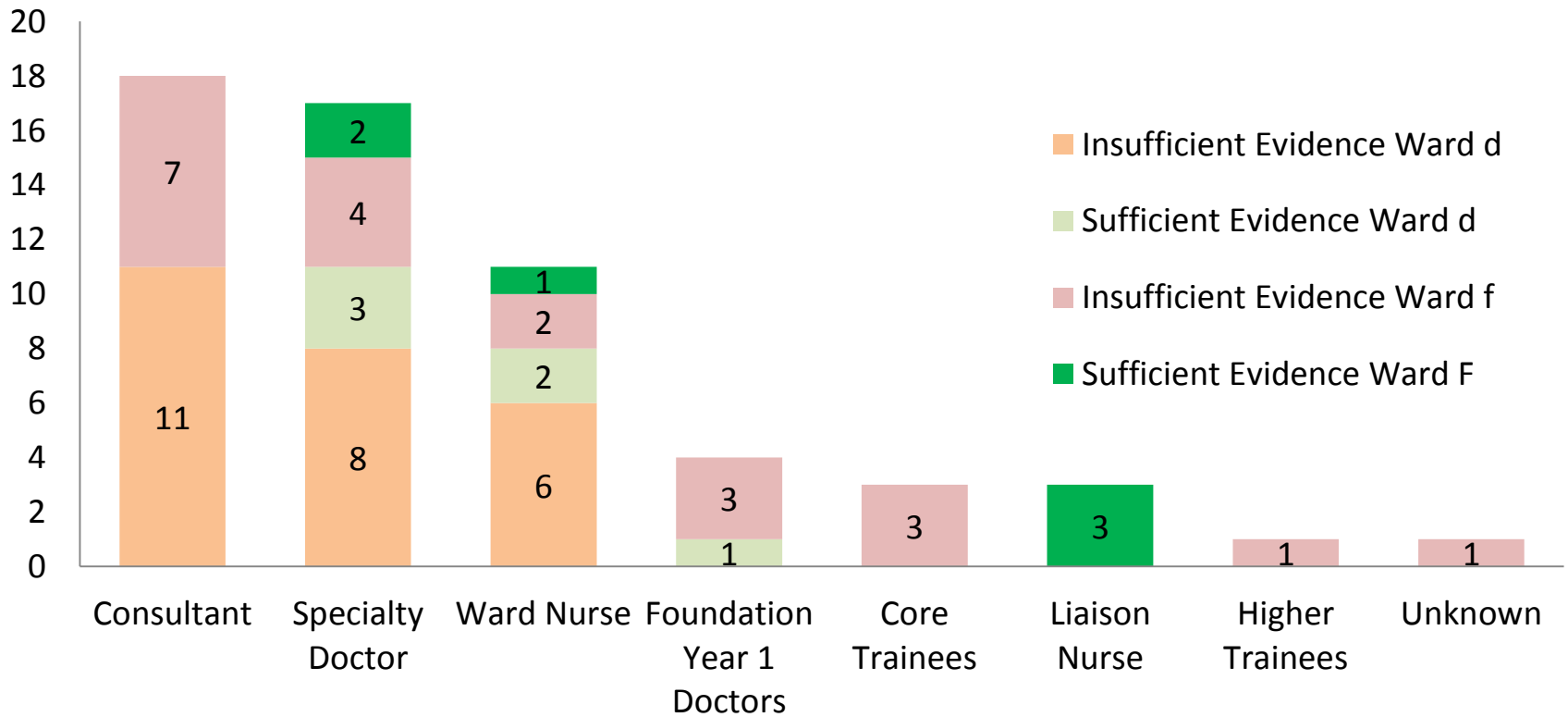
1. The person will be admitted for care and treatment for a mental disorder
2. The doors to the ward will be locked
3. Staff are entitled to carry out property and personal searches
4. The person will expect to remain on the ward until seen by a doctor (at least 24 hours)
5. The person will be required to inform nursing staff whenever they leave, telling them where they are going and the time of return
6. Nursing staff may refuse to agree to them leaving the ward if they believe the person is at risk or could pose a risk to others
7. If the person leaves the ward without informing staff or does not return at the time they say the staff will contact the police
8. The person's description will be recorded by staff to enable the above
9. The consequences of not being admitted to the ward

Steve Chamberlain, chair of the AMHP network, college of social work based on Justice Baker.

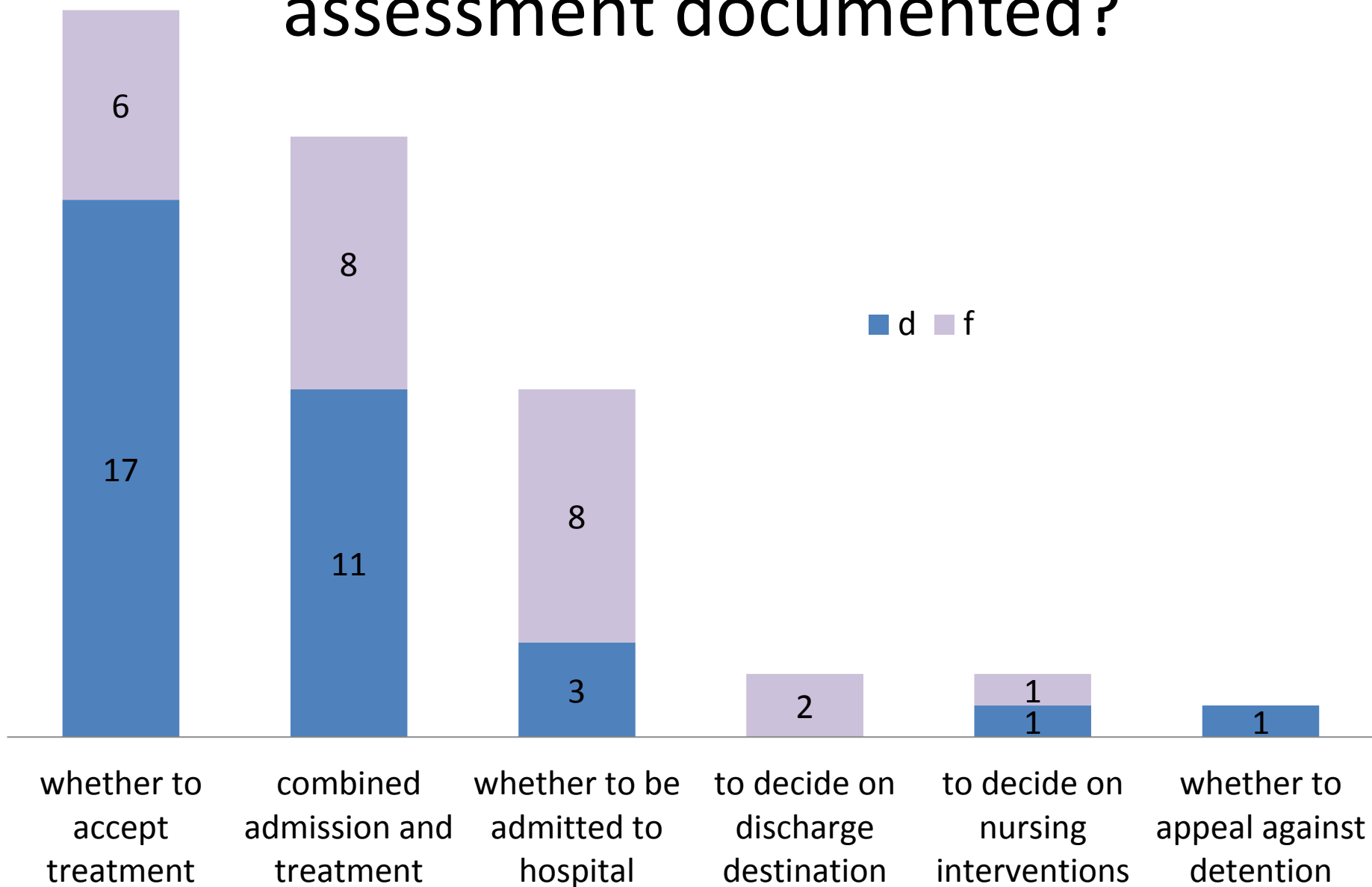
Did MHA status affect MCA assessment frequency?



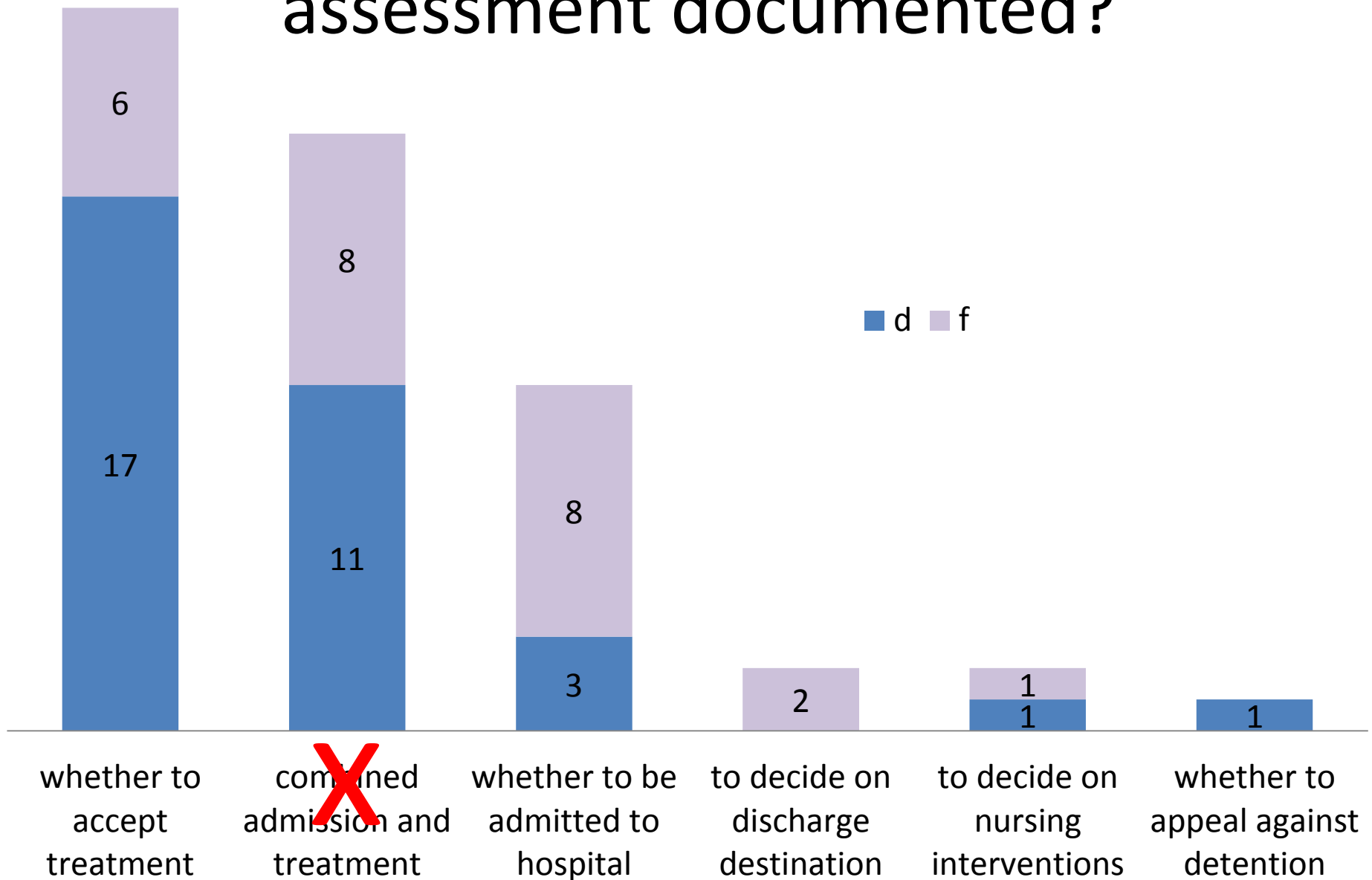
Quality of documentation by profession



For which decisions was an MCA assessment documented?



For which decisions was an MCA assessment documented?



Example 2

5539

Decision:

to decide if X has capacity to make decisions regarding his physical health medications

Q1:

X has Alzheimer's dementia which can indicate fluctuating cognition and ability to retain any information given

Q2

X asked each specific physical problem i.e. low vitamin d he did not understand when told he nodded but could not respond in any context

Q3

x asked repeatedly about the information given. he could not recall any information about physical medication

Q4

X after being given the relevant information could not weigh up or make an informed decision

Q5:

X couldn't verbalise any decision and did not engage with written information

Q6:

X lacks capacity as he cannot understand retain weigh and communicate a decision on physical medication at this time

Minimum treatment information

- Illness requiring treatment
- Nature of the treatment
- Purpose of the treatment
- Risks/side effects of the treatment
- Risks of not having the treatment
- Alternative treatment options

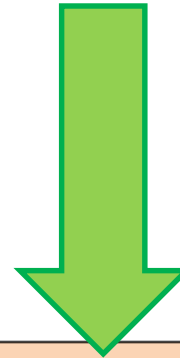
RDASH Draft Guideline

- **All informal patients must** have a capacity assessment documented.
- Patients **detained** under the mental health act **should** have a capacity assessment documented as part of the mental health act assessment by the AMHP
- **All patients must** have a capacity assessment documented for whether to take prescribed medications (for physical and mental health).
- Documentation **must list all the medications prescribed**, their potential benefits, potential side effects, and the risks of not taking them.

New MCA1 Form

DONCASTER SAFEGUARDING ADULTS PARTNERSHIP BOARD
 Mental Capacity Act 2005
Record of a Mental Capacity Assessment – For adults age 16 and over

FORM MCA1 Draft November 2016



STAGE 2 – Determining the person’s ability to make the decision

This form has been developed to support your compliance with the Mental Capacity Act 2005. There is a statutory requirement for anyone undertaking a Mental Capacity assessment to have regard to the Code of Practice for the Mental Capacity Act 2005.

Name of Relevant Person		Reference Number	
Date of Birth		NHS Number	
Present Address			

Q1. What is the specific decision relevant to be made?
If there is more than one decision to be made separate assessments should be carried out
Clearly state the decision to be made:

Q2 Details of person carrying out the assessment?
Please provide details of the person who is proposing to take the step in question in the person’s best interests.

Name		Role	
Organisation		Team	
Email Address		Tel. Number	

Q3 Has anyone been consulted for the purpose of this assessment? Please give details of person/s consulted below

	Yes	No
Name	Role/ Status	Contact Details

Q4 It is important to do everything practical to help a person make a decision for themselves before concluding that they lack capacity to do so.
What practical steps have been taken to promote the person’s ability to make the decision themselves



Q.6 What information have you given to the person which is relevant to the available options
Outline what information was given to the person and in what format:

Option 1

Option 2

Options 3

Thank you

- <http://www.scie.org.uk/mca-directory/mca-tailored-for-you/health/index.asp>
- Keene AR, Butler-Cole V, Allen N, Bicarregui A, Kohn N, Akhtar S. Mental Capacity Law Guidance Note: Capacity Assessments. Essex Chambers; August 2016. Available from: <http://www.39essex.com/content/wp-content/uploads/2016/08/Capacity-Assessments-Guide-August-2016.pdf>