# Mental Capacity Act (MCA) 2005 questionnaire for General Practice and Out of Hours Services

**1. INTRODUCTION**

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about it. It applies to all those involved in providing health and social care in England and Wales. The Act is supported by a Code of Practice 2007 which gives guidance on its implementation.

**1. Practice name and address \***

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**2. Email \***

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**3. Telephone \***

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**4. Name of person completing the questionnaire. \***

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**2. ABOUT YOUR PRACTICE**

This questionnaire should take you under 30 minutes to finish. It is a voluntary questionnaire that your practice can complete to help assess compliance with the Mental Capacity Act. It has been designed by Barnet, Enfield and Haringey CCGs as part of work being undertaken to raise awareness and implementation of the Act.

**5. What is the practice list size? \***

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**6. Please indicate the prevalence of the following conditions as a percentage of the practice list size \***

|  | 0-10% | 10-20% | 20-30% | 30-40% | 40-50% | 50-60% | 60-70% | 70-80% | 80-90% | 90-100% |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dementia |  |  |  |  |  |  |  |  |  |  |
| Severe Mental Health Condition |  |  |  |  |  |  |  |  |  |  |
| Learning Disability |  |  |  |  |  |  |  |  |  |  |
| Head Injury |  |  |  |  |  |  |  |  |  |  |
| Stroke |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |

**7. Are you a named practice for a care home? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**If yes, please give details about the type of care home(s) and numbers of patients registered with the practice.**

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**3. POLICY**

**8. Does your practice have a Mental Capacity Act Policy \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**9. Does your practice have a Mental Capacity Lead or Champion? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**10. Does you MCA policy outline when and how a capacity test should be undertaken? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**11. Does your MCA policy explain best interests?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**12. Does your practice have a mental capacity assessment checklist? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**13. Does your practice have a best interests decision checklist? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**4. TRAINING**

**14. Do staff have easy access to the Mental Capacity Act Code of Practice? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**15. Are all clinical staff trained in the Mental Capacity Act? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**16. Are all clinical staff trained on the Deprivation of Liberty Safeguards? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**17. Are all clinical staff kept up to date with relevant case law? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**18. If yes, how is this done? \***

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**19. Do staff records reflect attendance of any Mental Capacity Act or Deprivation of Liberty Safeguards training? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**20. Do staff understand the difference between lawful and unlawful restraint? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**21. How is use of restraint recorded and monitored? \***

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**5. CAPACITY ASSESSMENT**

**22. When is person's mental capacity to consent to care or treatment assessed? \***

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**23. How does the practice make a capacity assessment? \***

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**24. How are mental capacity assessments recorded? \***

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**25. Does the practice use the two stage test for capacity? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**26. Does the practice use the four stage test to establish a person's capacity to make a particular decision? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**6. BEST INTEREST DECISION MAKING**

**27. How does the practice support patients to enhance their ability to make are many decisions as possible for as long as possible? \***

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|  |

**28. How does the practice involve the patient, their family and carers in the decision making process? \***

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**29. How is the best interests of the patient who lacks capacity decided? \***

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**30. How are best interests decisions recorded? \***

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**31. Do staff know when a patient should have access to an Independent Mental Capacity Advocate? \***

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**7. COMPLIANCE**

**32. What information on compliance with the Mental Capacity Act 2005 does the practice collect? \***

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**33. How is this information used to improve compliance with the Act?**

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**8. ADVANCE CARE PLANNING**

**34. How does the practice check and record information on Advance Decisions to Refuse Treatment, Advance Statements of wishes and Lasting Powers of Attorney? \***

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