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| **LAS ID** |  | **SERVICE AREA/TEAM** |  |
| **Audit completed by** (print name) |  | **Date Audit Completed** | Click or tap to enter a date. |
| **Worker name** |  | **Role of worker** |  |

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| **Quality Assurance Measure** | **Yes/No/N.A** | **Source of Evidence**  |
| **EMPOWERMENT: *People being supported and encouraged to make their own decision to give informed consent.*** |
|  | The person is supported to make decisions for themselves wherever possible.* (*MCA Principle 1 - start by assuming capacity*)
 |  |  |
|  | There is clear documentation of why there is doubt about the individual’s capacity to make a specific decision at a specific time. * *(MCA Principle 2 - entitled to make unwise decisions*)
 |  |  |
|  | All practicable steps to support the person to understand the decision to be made have been taken. * (MCA *Principle 3 - was the person given all the support possible to make an informed decision*?)
 |  |  |
| **PREVENTION: *It is better to take action before harm occurs.*** |
|  | The protected characteristics of the person, as applicable, have been recognised and respected in order to mitigate the risk of discrimination and/or disadvantage |  |  |
|  | The Practitioner has identified fluctuating capacity when applicable, and has worked with the person to put in place an advance plan of how the person wants to be supported through times when they lack of capacity. |  |  |
| **PROPORTIONALITY: *The least intrusive response appropriate to the risk presented.*** |
|  | An assessment of mental capacity has been based on the person’s ability to make a specific decision at the time the decision needs to be made, this is evident in the case file and is clearly documented.  |  |  |
|  | There is clear evidence the Practitioner has complied with the Best Interest checklist.* (*MCA Principle 4 - Best Interest Decision*).
 |  |  |
| **PROTECTION: *Support and representation for those in greatest need.*** |
|  | All/any decision(s) made in a person’s Best Interests clearly evidence the least restrictive option chosen; one which promotes their well-being and safety, and restricts their rights, freedoms and liberty as little as possible. * (*MCA Principle 5 - Least Restrictive*)
 |  |  |
|  | Independent Mental Capacity Advocate (IMCA) has been considered and engaged as applicable. |  |  |
| **PARTNERSHIP: *Local solutions through services working with their communities.***  |
|  | The person’s past wishes, feelings, belief and values have been taken into account.  |  |  |
|  | There is clear evidence the Practitioner has consulted with family, Lasting Power of Attorneys and Deputies and other relevant individuals when making Best Interest decisions. |  |  |
| **ACCOUNTABILITY: *Accountability and transparency*** |
|  | All evidence is clear, robust and confirms why the requirements of the Mental Capacity Act (2005) apply and that **all 5 principles of MCA** have been clearly adhered too.  |  |  |
|  | Records will stand up to legal scrutiny. |  |  |

**AUDITOR COMMENTS:**

**ACTION PLAN: Initiation Date:** Click or tap to enter a date.

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| **Action**  | **Person responsible**  | **Date Completed**  |
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