

Mental Capacity Assessment (MCA and DOLS) Competencies

Name:	Role:
Base:	

Competency Statement:

The participant demonstrates clinical knowledge and skill in applying the principles of the Mental Capacity Act without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate the knowledge and skill in applying the principles of the Mental Capacity Act				
a) Understand the need to assist someone in making their own decision, including: i) Demonstrating effective communication with service user / patient ii) Demonstrate ability to work with “unwise decisions” and ensure ongoing support while protecting autonomy	Questioning / Observation			
b) Use the two-stage test of capacity Including: i) Demonstrate ability to recognise impairment or disturbance of the person’s mind or brain or seek assistance ii) Demonstrate ability to identify when impairment/ disturbance is impacting on a particular decision ii) demonstrate ability to asses persons ability to understand, retain, use or weigh and communicate decision	Questioning / Observation			
c) Understand the process of making best interests determinations. Including: i) Demonstrate ability to use best interests checklist ii) Involve the family and carers in best interest decisions	Questioning / Observation			
d) Understand who else can make decisions, including: i) demonstrate ability to identify Lasting Power of Attorney, deputy, advance decision to refuse treatment	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
and how to test validity of each				
e) Understand the relevance of European Convention of Human Rights Article 8 "right to private and family life	Questioning / Observation			
f) Understand the concept of restraint within MCA, including i) Demonstrate the ability to identify lack of capacity and risk when considering constraint ii) Demonstrate ability to analyse likelihood and seriousness of risk iii) Demonstrate understanding of proportionality where restraint is involved	Questioning / Observation			
g) Understand the Deprivation of Liberty Safeguards	Questioning / Observation			
h) Understand the role of an Independent Mental Capacity Advocate (IMCA)	Questioning / Observation			
i) Maintain accurate, complete and up-to-date records	Questioning / Observation			
j) Supervise and teach other staff and professionals in training (e.g. student nurse) how capacity is assessed and supported in this setting	Questioning / Observation			

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in applying the principles of the Mental Capacity Act and Deprivation of Liberty safeguards

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Health Care Professional / Assessor Signature	Verifier signature	Comments