|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | **Yes** | **No** | **COMMENTS** |
|  |  |  |  |
| DATE OF ASSESSMENT RECORDED |  |  |  |
| TIME OF ASSESSMENT RECORDED |  |  |  |
| VENUE OF ASSESSMENT RECORDED |  |  |  |
| SIGNED BY ASSESSOR? |  |  |  |
| ANYONE NAMED THAT THE CLIENT WANTED INVOLVED? |  |  |  |
| WERE THEY PRESENT AT THE ASSESSMENT? |  |  |  |
| DETAILS OF LPA/EPA/DEPUTYSHIP RECORDED if applicable |  |  |  |
| ADRT IDENTIFIED if applicable |  |  |  |
| IMCA details recorded if applicable |  |  |  |
| DATE IMCA REQUESTED RECORDED? |  |  |  |
| DATE IMCA VISITED RECORDED? |  |  |  |
| IMCA REPORT RECEIVED? |  |  |  |
| IF NOT RECEIVED WAS THIS CHASED UP BEFORE FINAL DECISION MADE? |  |  |  |
| DECISION CLEARLY IDENTIFIED? |  |  |  |
| DETAILS OF PEOPLE CONSULTED RECORDED? |  |  |  |
| **QUESTION** | **Yes** | **No** | **COMMENTS** |
| COMMUNICATION ISSUES IDENTIFIED? |  |  |  |
| WHAT COMMUNICATION AIDS IF ANY WERE USED? |  |  |  |
| RELEVANT INFORMATION PROVIDED TO CLIENT BEFORE THE ASSESSMENT - DID ASSESSOR RECORD WHAT WAS PROVIDED? |  |  |  |
| PERSONS WISHES IDENTIFIED? |  |  |  |
| IMPAIRMENT OR DISTURBANCE OF BRAIN OR MIND IDENTIFIED? |  |  |  |
| CONSIDERATION OF WHETHER ASSESSMENT COULD BE DELAYED? |  |  |  |
| CAUSATIVE NEXUS IDENTIFIED? |  |  |  |
| EXAMPLES OF QUESTIONS ASKED RECORDED? |  |  |  |
| EXAMPLES OF CLIENTS RESPONSES RECORDED? |  |  |  |
| HOW RETENTION WAS ASSESSED IS RECORDED? |  |  |  |
| OUTCOME RECORDED |  |  |  |
| CAPACITY ASSESSMENT PART 1 COMPLETED |  |  |  |
| CAPACITY ASSESSMENT PART 2 COMPLETED |  |  |  |
| CAPACITY ASSESSMENT PART 3 COMPLETED |  |  |  |
| CAPACITY ASSESSMENT PART 4 COMPLETED |  |  |  |
| **QUESTION** | **Yes** | **No** | **COMMENTS** |
| ANY FEEDBACK FROM CLIENT ABOUT THE PROCESS RECORDED? |  |  |  |
| ANY FEEDBACK FROM OTHERS INVOLVED ABOUT THE PROCESS RECORDED? |  |  |  |
| ANY DISAGREEMENTS section completed |  |  |  |
|  |  |  |  |

GENERAL COMMENTS FROM DISCUSSION WITH STAFF

1. Where do you get the forms from

2. Are there any sections you do not understand or need more help with

3. Do you attach the completed form on Care Director

4. Do you know about the umc coventry site/ share it with citizens, families etc

5. Do you know about the adult social care policies and procedures site on sharepoint

6. If you could ask the MCA lead to do one thing that would make the process easier what would that be