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| **BEST INTERESTS DECISION RECORD FORM** |

**Record of actions taken to make a best interest decision**

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| **Name of Person:** | Ahmed |
| **Name and Role Of Decision Maker:** | A social worker |
| **Date and Time of assessment:** | 3/4/2025 – [WAS IT A BEST INTERESTS MEETING IN PERSON ON TEAMS? IF SO, WHAT TIME? IF NOT A FORMAL BI MEETING, PLEASE CLARIFY THIS AND STATE WHEN THE BI CONSULTATION TOOK PLACE WITH OTHERS] |
| **Please give the name and status of anyone who assisted with making this best interest decision:** | |
| |  |  | | --- | --- | | **Name** | **Status** | | Ahmed | The person | | Caroline Smith | Neighbour | | Dr. Arnold | Consultant in hospital |   [WHAT ABOUT FAMILY?] | |
| **Description of the decision to be made:** | |
| Where Ahmed should go when he leaves hospital? [COULD BE WORDED IN A CLEARER WAY, E.G. TO DECIDE ON WHAT CARE AND ACCOMMODATION ARRANGEMENTS ARE IN AHMED’S BEST INTERESTS WHEN HE LEAVES HOSPITAL]  [COULD ALSO INCLUDE A REASON FOR WHY THE DECISION NEEDS TO BE MADE NOW, ALTHOUGH SEE ‘RELEVANT CIRCUMSTANCES’ SECTION BELOW] | |

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| **PART 1 – MENTAL CAPACITY TO MAKE THIS DECISION AT THIS TIME**  **Every adult should be assumed to have the mental capacity to make a decision**  **unless it is proved that they lack capacity.** | | |
|  | **Response** | **If the response is YES, please provide your comments, including a description of the mental impairment and how it is affecting the person’s ability to make the decision.** |
| Has the person been deemed to not have the mental capacity to make this particular decision at this moment in time? |  | Yes [WOULD BE HELPFUL TO KNOW WHEN THE CAPACITY ASSESSMENT TOOK PLACE AND A REMINDER OF WHAT THE DECISION WAS] |
| If you have answered **YES**, **PROCEED TO PART 2 of this document.**  If you have answered **NO**, **then the person is the decision maker** | | |

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| **PART 2 – DETERMINING BEST INTERESTS** | |
| **Working out what is in someone’s best interests cannot be based simply on someone’s age, appearance, condition, or behaviour.** | **Please provide your commentsbelow** |
| **The Persons Wishes:** What are the person’s past and present known wishes, feelings, and values? How have these been taken into account? | I am unsure of Ahmed’s views at this time. He lacks capacity to make the decision and he is unable to communicate clear views on the decision.[SO WHAT IF HE LACKS CAPACITY? HE MAY STILL HAVE IMPORTANT VIEWS] He has said some things in Punjabi, and his daughter [WHY WASN’T THE DAUGHTER CONSULTED!?] has said that this means he wants to be near family, but I have not been able to verify this. [HOW CAN THIS BE EXPLORED FURTHER?]  No previous views identified. [FAIR ENOUGH, BUT SW SHOULD OUTLINE STEPS TAKEN TO IDENTIFY PREVIOUS VIEWS] |
| **Written statements:** Have you considered any written statement made by the person when they had capacity? | No. [DOES THE SW MEAN NO, THEY HAVEN’T CONSIDERED WRITTEN STATEMENTS? OR NO, THERE ISN’T ANY WRITTEN STATEMENTS?] |
| **Encourage Participation:** What have you done to enable the person to take part in making the decision? | I met with Ahmed on the hospital ward when I assessed his mental capacity to make the decision. At the end of that I told him that we would be making a decision about where he should go when he left hospital and asked him if that was ok. He nodded. [DO WE THINK THIS IS ENOUGH TO ENCOURAGE PARTICIPATION?]  Because he is unable to mobilise, he has been unable to attend any further meetings. [UNREASONABLE – HOW COULD AHMED HAVE BEEN SUPPORTED TO ATTEND MEETINGS OR BE INVOLVED IN SOME DISCUSSIONS?] |
| **Regaining Capacity:** Is the person likely to have the mental capacity to make this decision at some date in the future and if so can the decision be delayed until then? | No. [SW SHOULD CONFIRM WHY NOT] |
| **Independent Mental Capacity Advocate:** Is it appropriate for an IMCA to be instructed regarding this decision? If so, what is the IMCA’s view?  [See Chapter 10 of MCA Code of Practice] | No. Not needed. [ALTHOUGH THIS MAY BE RIGHT, IT WOULD BE HELPFUL FOR THE SW TO REFER TO WHY AN IMCA IS NOT NEEDED – I.E. FRIEND/FAMILY MEMBER INVOLVED] |
| **Relevant Circumstances:** What are the views of other people who know the person best, including any Care Act advocate? | Ahmed has now been in hospital for 4 weeks following a serious fall at home, which caused him to break his hip. The hip has been replaced and he is now ready for discharge. [THIS IS HELPFUL]  I have assessed him as requiring support once discharged from hospital and he lacks capacity to consent to the care and support he needs once discharged. [THIS IS DECENT, BUT SOME MORE DETAIL ABOUT HIS NEEDS WOULD BE HELPFUL]  I have spoken to:  Caroline Smith (neighbour) [WHEN?] – Caroline has said it is in Ahmed’s best interests to move to a care home as she doesn’t want to have to keep worrying about him living at home alone. She explained that she is very fond of him, but that she loses sleep because of the stress and is unable to support anymore because of her own health. [PURPOSE OF BI IS TO ALSO HEAR WHAT OTHERS THINK AHMED’S VIEWS WOULD BE, NOT JUST TO HEAR WHAT THE PERSON CONSULTED THINKS/WANTS]  Dr. Arnold (consultant) [WHEN] – He thinks that Ahmed needs time to recover outside of hospital. He thinks a care home is needed. [THIS MAY BE ALL THE DR SAID, BUT SW COULD HAVE ASKED FOR MORE DETAIL OR MORE OF A RATIONALE; INCLUDING ASKING DR. IF AHMED HAD SHARED ANY WISHES OR FEELINGS WITH THEM SINCE BEING IN HOSPITAL]  WHY WASN’T FAMILY CONSULTED?!!!!!!!!!!!! |
| **Least restrictive option:** How have you given consideration to the least restrictive options for the person? | The least restrictive option is for Ahmed to go home. [IT’S ENCOURAGING THE SW HAS CONSIDERED THIS, BUT IDEALLY SHOULD IDENTIFY WHETHER THIS OPTION IS VIABLE, AND IF NOT, WHY NOT?] |
| **Other Considerations:** What other factors have you considered such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision? | N/A - [INADEQAUTE – AHMED HAS SEEMINGLY SAID THAT BEING CLOSE TO FAMILY IS IMPORTANT. WHAT ELSE? IS AHMED RELIGIOUS? DOES HIS FAITH OR CULTURE NEED TO BE CONSIDERED IN THE DECISION] |
| **Disagreement or challenges:**  Is there any objection from anyone else to this decision? Is a best interests meeting required? | No disagreements. Everyone thinks that it is in Ahmed’s best interests to move to a care home for further assessment. [THIS MAY WELL BE THE CASE, BUT WHY HAVE FAMILY NOT BEEN CONSULTED?!!!!!!!!!] |
| **The decision:** Having considered all the relevant circumstances, what decision / action do you intend to take? How is this decision in the best interests of the person? Describe any other options and explain why this one is the best for the person. | It is in Ahmed’s best interests to move to a care home to review his situation after discharge from hospital. [IT MAY WELL BE, BUT NEEDS MORE DESCRIPTION OF WHY THIS IS IN HIS BEST INTERESTS. WHY IS THIS OPTION NECESSARY AND PROPORTIONATE? WHY IS THE LEAST RESTRICTIVE OPTION NOT POSSIBLE?] |

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| **CONSIDERING THE OPTIONS:** Ensure you have carried out the necessary risk assessments and this is reflected in the best interest option chosen. Ensure wherever possible the least restrictive option is chosen, whilst being in the best interests of the person. | |
| **Description of Option 1:** | |
| Move to a care home for a period of further assessment. [FINE] | |
| **Advantages / Benefits** | **Disadvantages / Risks** |
| * Will keep Ahmed safe [‘WHAT GOOD IS IT MAKING SOMEONE SAFE IF IT MERELY MAKES THEM MISREABLE?’] * Will enable Ahmed to recover and to see if his condition improves to be able to return home in future. * [ANYTHING ELSE?] | * None. [IS IT POSSIBLE THAT AHMED MAY BE DEPRIVED OF HIS LIBERTY THERE? WHAT IF THE IDEA OF BEING IN A CARE HOME DISTRESSES HIM? IT’S NOT HIS OWN HOME ETC] |
| **Description of Option 2:** | |
| Move back home. | |
| **Advantages / Benefits** | **Disadvantages / Risks** |
| - None [OVERLOOKS THE IMPORTANCE OF SOMEONE’S HOME TO THEM, THAT IT’S A FAMILIAR PLACE ETC.] | - It’s not safe for Ahmed [IT MAY NOT BE FULLY SAFE, BUT SW NEEDS TO DEMONSTRATE (WHEN CARE PLANNING) WHY IT’S NOT ACHIEVABLE. REMEMBER SOME RISKS CAN STILL BE RUN]  - High risk of injury to Ahmed  - Everyone agrees that he would be better in a care home than at home. |
| **Description of Option 3:** | |
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| **Advantages / Benefits** | **Disadvantages / Risks** |
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| Details of Chosen Option | |
| Option 1 has been chosen. [FINE, BUT NEEDS A MORE DETAILED RATIONALE WHY UNDER THE SECTION ENTITLED ‘DECISION’] | |

**Date Assessment Completed:** 3/4/2025