

**A**chieving  
**C**are  
**T**ogether  
2026

#NorfolkACT2026

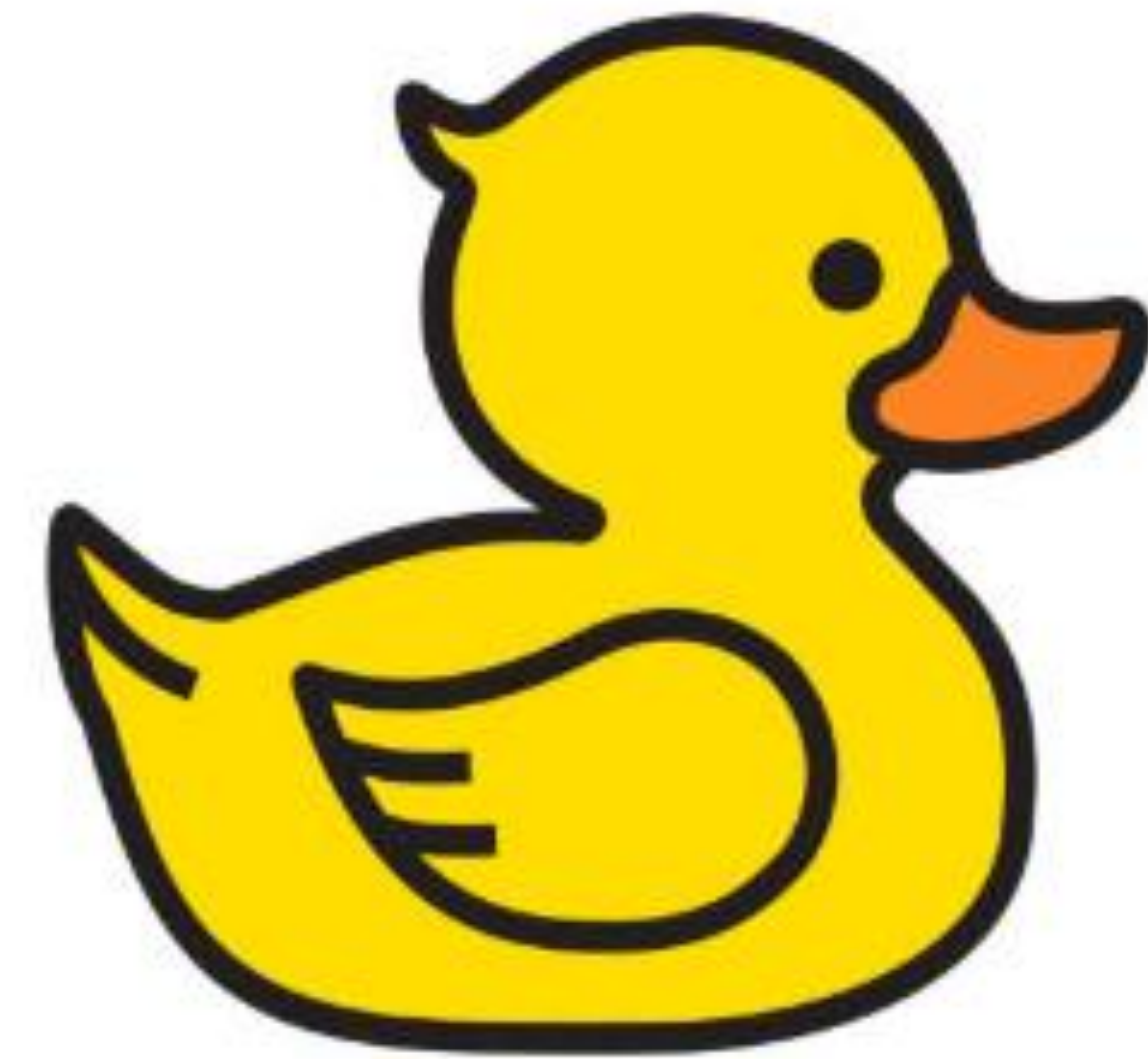
# Achieving care together

Improving quality and sustainability in the adult social care market and key priorities for us all.

3 March 2026



As a provider, are you confident about what should be recorded, and how, when completing a Mental Capacity Assessment and Subsequent Best Interest Decision?



- Staff must have a “reasonable belief” that the person lacks capacity before acting without consent.
- To hold that belief, staff must show they took “reasonable steps” to check capacity at the time the decision was needed.
  - Documentation is the evidence of those reasonable steps — without it, staff cannot demonstrate compliance with the MCA.
  - Capacity assessments must be decision-specific and time-specific, so recording them ensures this legal requirement is met.
- When capacity is lacking, staff must show that any act taken was in the person’s best interests — documentation demonstrates this decision-making process.
- Although formal clinical assessments are not required for everyday care, staff must still be able to explain and justify their reasoning if challenged.

“Why do we record MCAs?”

**Clear records protect staff by showing:**

- What steps were taken to assess capacity
- Why they believed the person could not decide
  - Why their action was in the person's best interests

**Good documentation reduces the risk of:**

- Safeguarding concerns
- Family complaints
- Regulatory action
- Legal liability

**Recording MCA decisions ensures the person's rights, wishes, and autonomy are central and respected. Consistent documentation provides transparency, accountability, and auditability, supporting high-quality, lawful care.**

**“Why do we record MCAs?.”**

In 2023 we produced a Heat Map. This looked at compliance across all of the individual PAMMS questions.

This identified that the area that was most non – compliant was the recording of MCA’s (section A03).

Across 306 PAMMS the following ratings were applied:

- Excellent – 0
- Good- 144
- Requires Improvement - 116
- Poor – 30
- Not assessed 16

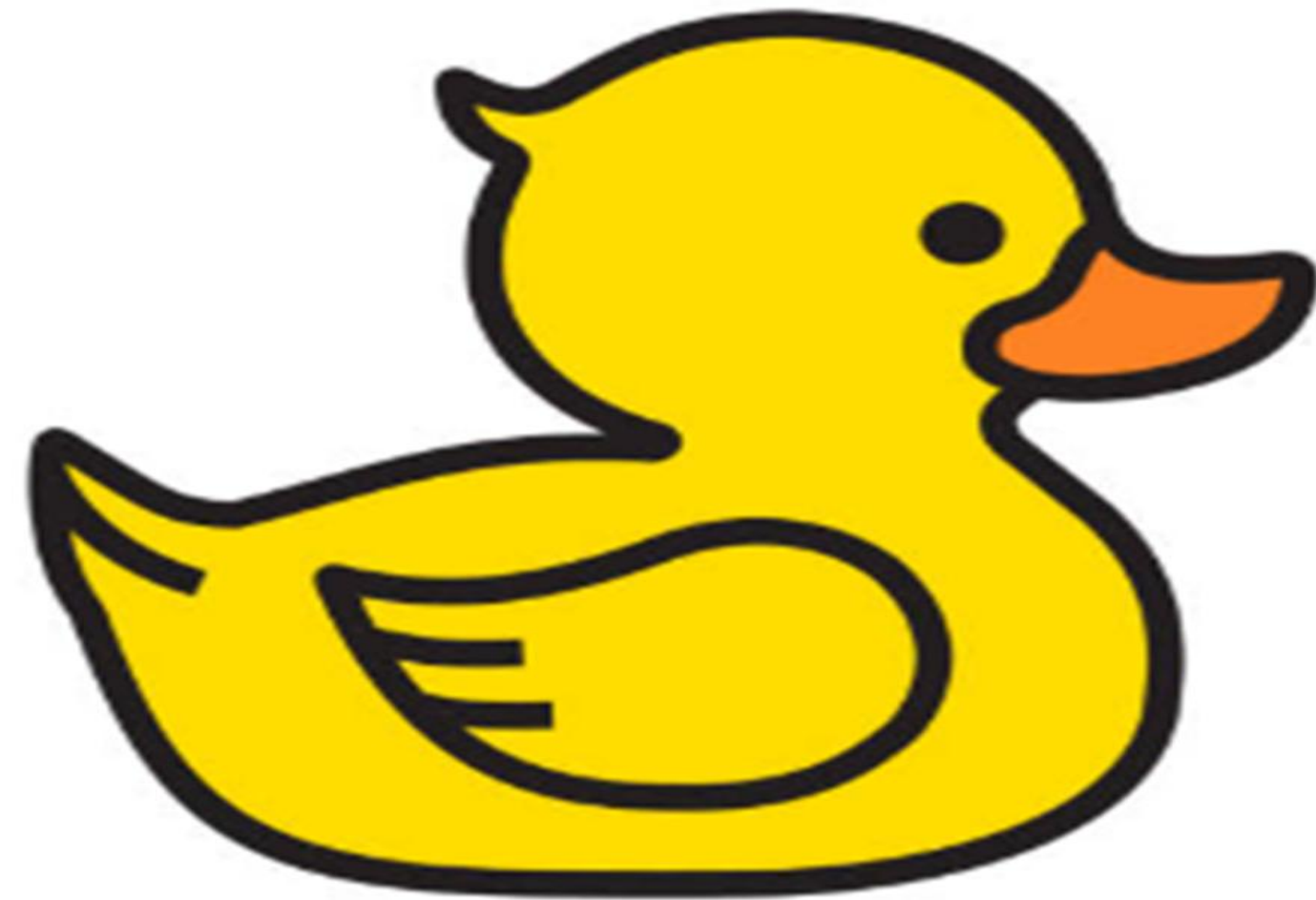
“Is there a problem?.”

IQS, following the findings of the heat map project looked at the specific issue of “recording of MCAs” and produced a Template that contained an example that would support as guidance and could also be used as a blank document by providers who wanted to.

In 2023 IQS started to trial the template with providers they were actively working with. Sense today have provided the ACT conference with an overview of their journey towards compliance, using the template.

# IQS response

**We couldn't put the document in here, so we have printed it out so here is another duck!**



## Decision specific

Are we the people who should be doing the MCA?

Filling the Gaps- people not filling each box

## Generic entries

Lack of detail around those included in the decision making

Weighing up in the best interest's decision (Questions 4-6)

Understanding around an LPOAs role in a best interest decision

Application of template in digital care planning systems

# Common Issues

Where people have used the template, we have seen an improvement in the quality of MCA's being produced. We have recently reviewed the heat map and have identified that the markets overall compliance in A03 has improved:

We have awarded 4 Excellent's – this means we have moved to 8<sup>th</sup> place in the top 10 most "excellent" areas in section A

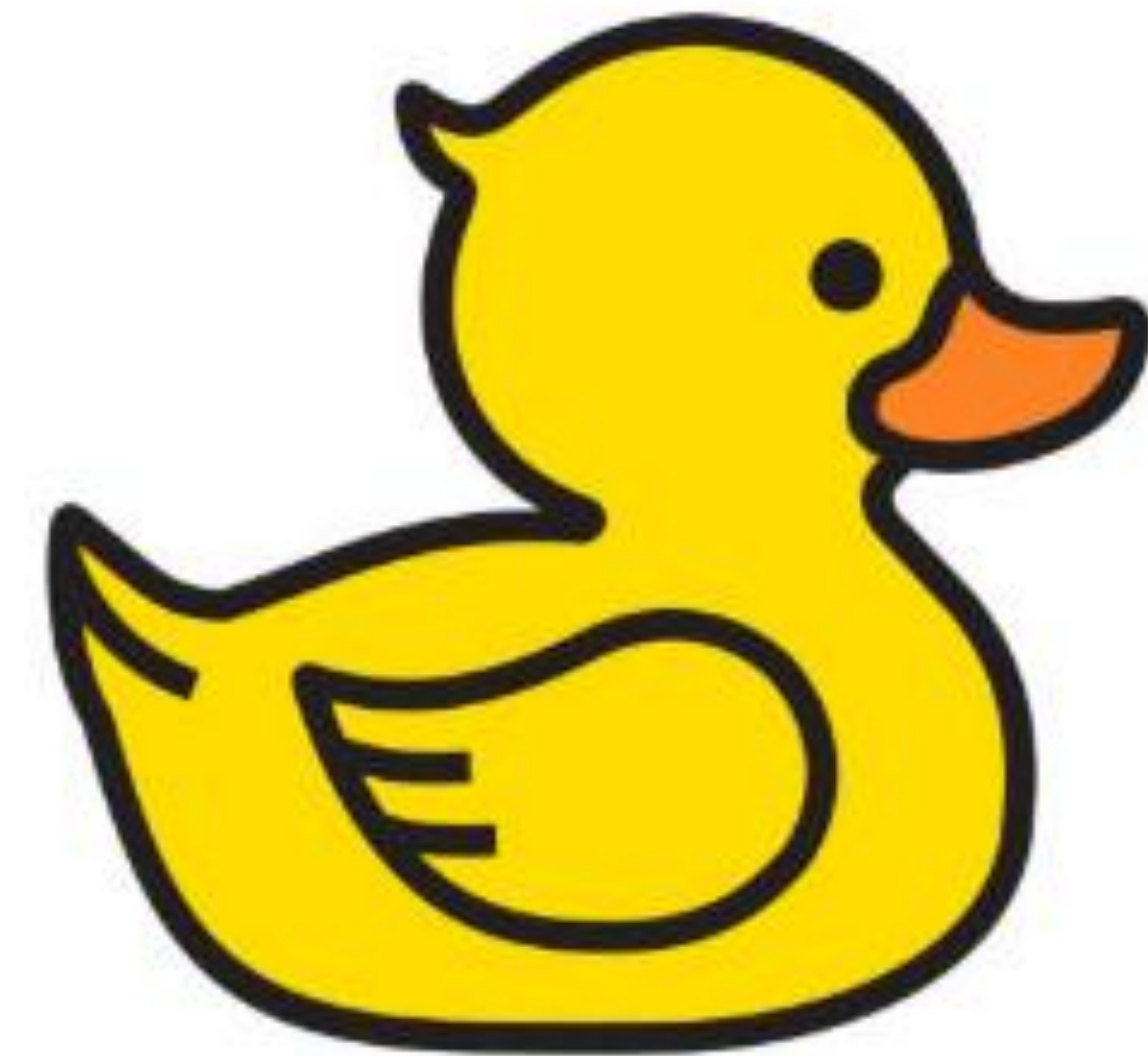
We have moved from 49.66% to 56.33% ratings of "Good".

We Have seen a 2% decrease in Ratings of "Requires Improvement"

Ratings of "Poor" have halved from 30 in 2023 to 15 in 2026.

# Has it made a Difference?

Thinking back to our earlier discussion, do you feel clearer and more confident about what needs to be recorded — and how to structure it — when completing Mental Capacity Assessments and Subsequent Best Interest decisions ?





# Thank You

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