Best Interests Decision Making

Self Audit Questionnaire

The completion of this self audit questionnaire is intended to help you reflect on the best interests decision making process, and demonstrate/evidence compliance to the MCA-2005.

Name of person	
Swift No:	
Total time taken to make a Best interests decision	
Name of Decision Maker	
Profession/Job Role	

Self Audit Questionnaire

What was the decision to be made?
Has the person been assessed as not having the capacity to make the decision? **Yes/No** (please specify)
Have you involved the person in the decision to be made? **Yes/No** (please specify)
Have you involved the family/friends/ IMCA in the decision making process? **Yes/No** (please specify)

Have you involved other professionals in the decision making process? **Yes/No** (please specify)
Have you taken into account the persons past wishes/cultural/religious/ethnic/likes/ dislikes? **Yes/No** (please specify)
Have you reached agreement to the decision reached from all those needed to be consulted? **Yes/No** (please specify)
Have you been unable to reach a shared agreement to the decision? **Yes/No** (please specify)
Did you need to convene a Best Interests Meeting? **Yes/No** (please specify)
Did you appraise and record the advantages and disadvantages of each option? **Yes/No** (please specify)
Have you recorded all those that have been consulted in the decision making process? **Yes/No** (please specify)
Did you achieve an agreed outcome at the Best Interest Meeting? **Yes/No** (please specify)

If no agreed outcome was reached have you informed the MCA/DOLs Team to arrange a review of the decision to be made and the best interests decision process? **Yes/No** (please specify)
Have you recorded the reason(s) for disagreement? **Yes/No** (please specify)
Does the person agree to the outcome reached? **Yes/No** (please specify)
Is the outcome of the best interests decision making process likely to impose restrictions on the person? **Yes/No** (please specify)
If the person does not agree to the best interests decision reached, have you developed an agreed plan of implementation? **Yes/No** (please specify)
Is there a need to seek legal advice on the disposal of the decision reached? **Yes/No** (please specify)
Have you informed your Team Manager/ Service Manager on the best interests process/outcome and areas of concern? **Yes/No** (please specify)

When completed send electronically to DOLS@wigan.gov.uk for monitoring and auditing purposes.