

PROCEDURE AND AUDIT CHECKLIST

Consent and mental capacity procedure checklist

Source anchors

- [CQC Regulation 11, need for consent](#)
- [Mental Capacity Act 2005](#)
- [Mental Capacity Act Code of Practice](#)
- [GMC decision making and consent](#)
- [CQC Regulation 17, good governance](#)
- [CQC Regulation 13, safeguarding](#)

How to use this checklist

Use this checklist to audit whether consent and mental capacity decisions leave a clear, lawful evidence trail. It can be used quarterly, after a consent incident, after a complaint, after a safeguarding concern, before governance review, or before an inspection-readiness review.

This checklist is not only about signed forms. It checks whether the person was supported to decide, whether information was understandable, whether refusal was respected, and whether best-interests decisions were properly reasoned.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every **Part met** or **Not met** item should create an action with an owner and due date.

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill & Sign, Markup or comment tools. Use those tools to tick boxes and type into the lines.

Service details

SERVICE NAME

LOCATION

DATE COMPLETED

COMPLETED BY

REGISTERED MANAGER

CLINICAL LEAD OR CARE LEAD

MCA LEAD, WHERE USED

PERIOD REVIEWED

1. Consent process and information

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Staff know when consent is required. Evidence: Staff interview, induction record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Consent information explains the proposed care or treatment, risks and alternatives where relevant. Evidence: Leaflet, consent template, record sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Information is provided in a way the person can understand. Evidence: Accessible format record, communication note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Consent is voluntary and free from pressure. Evidence: Record sample, staff interview.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Consent is reviewed when care, treatment, risk or wishes change. Evidence: Review note, care plan.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Higher-risk procedures have suitable written or structured consent records. Evidence: Consent form, clinical record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

2. Capacity assessment

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Capacity is presumed unless there is evidence to question it. Evidence: Record sample, staff interview.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Capacity assessments are decision-specific and time-specific. Evidence: Capacity assessment sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 The person is supported to decide before capacity is judged absent. Evidence: Support record, communication note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 The two-stage capacity test is recorded with reasoning. Evidence: Capacity assessment sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
5 Unwise decisions are not treated as lack of capacity. Evidence: Refusal record, supervision note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Capacity assessments are reviewed where the decision or person's condition changes. Evidence: Review record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

3. Refusal, withdrawal and safeguarding

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Refusal or withdrawal is respected where the person has capacity. Evidence: Refusal record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Consequences and alternatives are explained and recorded. Evidence: Record sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Safeguarding, coercion or undue influence is considered where refusal appears concerning. Evidence: Safeguarding decision note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Staff know how to stop or pause care safely where consent is withdrawn. Evidence: Staff interview, procedure.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Repeated refusal triggers review of risk, communication or care planning. Evidence: Care plan review, risk assessment.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Complaints or incidents about consent are linked to learning actions. Evidence: Incident or complaint sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

4. Best interests and lawful authority

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Best-interests records show the decision, options and reasoning. Evidence: Best-interests record sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 The person's wishes, feelings, beliefs and values are considered. Evidence: Record sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Relevant people are consulted where appropriate. Evidence: Consultation note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Less restrictive options are considered. Evidence: Best-interests record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
5 Attorney, deputy, advance-decision or IMCA routes are checked where relevant. Evidence: LPA, deputy, advance-decision or IMCA evidence.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Legal or safeguarding advice is sought for complex or contested decisions. Evidence: Advice note, escalation record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

5. Training and staff competence

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Staff taking consent have role-appropriate training. Evidence: Training matrix.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Staff who assess capacity are competent for the task. Evidence: Competence record, supervision note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 MCA Lead or named adviser is available where the service needs one. Evidence: Role list, procedure.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Staff know when to escalate consent, refusal or capacity concerns. Evidence: Staff interview, escalation route.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Consent and MCA learning from incidents or complaints is shared. Evidence: Team briefing, supervision note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Consent templates and staff guidance are reviewed against current guidance. Evidence: Template review, governance minutes.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

6. Audit and governance

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Consent audit runs at a stated cadence. Evidence: Audit schedule, completed audit.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Capacity and best-interests records are sampled where relevant. Evidence: MCA audit sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Audit actions have owners, due dates and completion evidence. Evidence: Action log, improvement actions.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Consent or MCA risks are added to the risk register where needed. Evidence: Risk register, governance minutes.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
5 Registered Manager reviews overdue consent or MCA actions. Evidence: Governance minutes, dashboard.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Learning links to training, supervision, safeguarding and record keeping. Evidence: Linked records, action evidence.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

7. Summary judgement

Which consent or capacity decision has the weakest evidence trail?

Which service activity carries the highest consent risk?

Which refusal, withdrawal or best-interests decision needs review?

Which consent or MCA action is overdue?

What would a CQC inspector see if they asked for consent evidence today?

8. Action log

Action	Source check	Owner	Due date	Completion evidence

9. Completion

Sign-off	Name	Date
Completed by		
Reviewed by Registered Manager		

This checklist is a working tool. It does not replace live regulator guidance, legal advice, professional standards, safeguarding advice, advocacy advice or clinical judgement.

Related reading

- Sample policy: [Consent policy](#)
 - Sample policy: [Mental Capacity Act policy](#)
 - Related procedure checklist: [Record keeping and confidentiality checklist](#)
 - Related procedure checklist: [Safeguarding adults checklist](#)
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An example for guidance, not a ready-to-use checklist. Adapt it to your own service, procedures, roles and local arrangements. It is guidance, not legal advice, and you are responsible for checking that any document you use is current.