**<ORGANISATION NAME> BEST INTEREST DECISION OBSERVATION CHECKLIST**

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| **BEST INTEREST DECISION OBSERVATION CHECKLIST**  |
| **Observations** | **Yes** | **No** |
| Has the staff member **looked at the care plan** before providing care? |  |  |
| Does the staff member **explain the care** they are giving even if the service user can’t understand this? |  |  |
| Does the staff member **provide care to meet the best interest decision** according to the care plan? |  |  |
| Does the staff member **talk to the service user** even if the service user cannot understand them? |  |  |
| Has the staff member **completed the daily diary** to show they have given the care required to meet the best interest decision? |  |  |
| If applicable, does the staff member **record any issues** with meeting the best interest decision? |  |  |
| Is the best interest decision **helping** the service user? |  |  |
| Is the best interest decision **still in date**? |  |  |
| Does the service user still have the **same capacity** issues they had when the decision was made?  |  |  |