

# Deprivation of Liberty in Hospitals and Care Homes

---

Adult Social Care

*4 January 2016*

---

**ADULT AND COMMUNITY SERVICES  
STAFF GUIDANCE, POLICY & PROCEDURE**

**Deprivation of Liberty in Hospitals and Care Homes**

EFFECTIVE:	January 2016
CATEGORY:	Mental Capacity Act 2005 (Schedule A1), Safeguarding & DoLS
KEYWORDS:	Deprivation of Liberty, Safeguarding
ISSUED BY:	DMG
CONTACT & LEAD AUTHOR:	Christiane Plaum
PROCEDURES CANCELLED OR AMENDED:	N/A
REMARKS:	This guidance sets out how to complete a deprivation of liberty best interest assessment for people in Hospitals and Care Homes, complying with ADASS, DoH and Care Act guidance, encouraging participation and considering less restrictive options.
Review Date	November 2016
DMG LEAD	Janet Cole
DMT SPONSOR	Derek Oliver
DESIGNATION:	Assistant Director

**AS A MANAGER YOU SHOULD ENSURE THAT:**

- You read, understand and, where appropriate, act in accordance with the policy
- All people in your workplace who need to know see this procedure, are aware of its content and you ensure that all staff act in accordance with the policy
- This document is available in a place to which all staff members in your workplace have access

**AS AN OFFICER OR MEMBER OF STAFF YOU SHOULD ENSURE THAT:**

- You read, understand and, where appropriate, act on this information
- Discuss any issues with your manager or supervisor which you do not understand

CONTENTS:

1. Foreword.....	4
2. Introduction .....	4
2.1. The Mental Capacity Act .....	5
2.2. An Overview of the Deprivation of Liberty Safeguards.....	5
2.3. What is deprivation of liberty? .....	6
2.4. Recognising Deprivation of Liberty .....	7
2.5. Deprivation of Liberty in Domestic Settings .....	11
2.6. Who is covered by the Deprivation of Liberty Safeguards?.....	11
2.7. When can a person be deprived of their liberty?.....	12
2.8. Restraint/restrictions in the context of Deprivation of Liberty Safeguards .....	12
2.9. Reducing the risk of deprivation of liberty occurring.....	13
3. The DOLS Procedure for Standard and Urgent Authorisations.....	14
3.1. Role of LBRuT Safeguarding Adults & DoLS Team.....	15
3.2. Role of the DoLS Administrator .....	15
3.3. Requests from Care Homes and Hospitals out of Borough.....	15
3.4. Role of the Safeguarding/DoLS Coordinator .....	16
3.5. The Deprivation of Liberty Safeguards' Six Assessments.....	16
3.6. Role of the Supervisory Body .....	19
3.7. Role of the Managing Authority .....	20
3.8. Application process for a Standard Authorisation .....	21
3.9. Application process for an Urgent Authorisation .....	22
3.10. Who to inform that an application has been made.....	23
3.11. When assessments conclude that the relevant person meets the DoLS requirement.....	24
3.12. When assessments conclude that the relevant person does not meet requirements.....	26
3.13. When an application for authorisation is refused .....	26
4. Role of Best Interest Assessor .....	28
4.1. Best Interest Assessor Process.....	29
4.2. Requests from a 3 <sup>rd</sup> party for an application for an authorisation for a deprivation of liberty .....	30
5. The role of the Relevant Person's Representative.....	31
5.1. Who can be a Relevant Persons Representative? .....	32
5.2. The Managing Authority's responsibilities toward the Relevant Persons Representative...	33
6. The Independent Mental Capacity Advocate (IMCA) .....	33
6.1. Instructing a section 39C IMCA to act when there is no Relevant Persons Representative available.....	34
6.2. Instructing a section 39D IMCA to act during a Standard Authorisation for a deprivation of liberty to support the relevant person or their (unpaid) representative .....	35
7. Reviews .....	36
8. Record Keeping .....	38
9. Monitoring and Quality Assurance.....	38
APPENDIX 1 – DoLS FORMS .....	40
Form 1: Standard and Urgent Authorisation Request .....	41

Form 2: Request for Further Authorisation .....	49
Form 3: BIA Combined Assessment.....	51
Form 3A: Best Interest Assessment – No Deprivation .....	61
Form 4: Mental Health, Eligibility, Mental Capacity Assessments .....	65
Form 5: Standard Authorisation Granted.....	70
Form 6: Standard Authorisation Not Granted.....	75
Form 7: Suspension of Standard Authorisation .....	77
Form 8: Termination of Representative .....	79
Form 9: Standard Authorisation has Ceased.....	81
Form 10: Request a Review of Authorisation.....	82
Form 11: IMCA Referral .....	86
Form 12: Notification to Coroner.....	88
APPENDIX 2 – Overview of Richmond DoLS Process.....	89
APPENDIX 3 – Supervisory Body Board.....	91
APPENDIX 4 – Relevant Person’s Representative appointment process.....	93
APPENDIX 5 – FWi DoLS workflow .....	94

## 1. Foreword

This is a joint guidance document for staff in Richmond upon Thames working in:

- Richmond Council, Adults and Communities
- Richmond Clinical Commissioning Group (CCG).
- Care Homes registered under the Health & Social Care Act 2008
- Acute & Community Hospitals – including Hospices, except Hospice at Home
- South West London & St Georges Mental Health Trust

This policy places explicit responsibilities on all key partner agencies. All partners agree to work in accordance with this policy and are committed to continually developing good practice and monitoring standards.

This guidance document is also for staff working within these professional roles outside Richmond upon Thames, where the customer or patient (who lacks the capacity to consent to care or treatment in circumstances that might be considered a “deprivation of liberty”) is likely to be placed in - or returning to - Richmond upon Thames.

This document provides guidance about the Deprivation of Liberty Safeguards, and how these safeguards link into the Mental Capacity Act 2005. It provides information about the specific roles in these processes, their incumbent responsibilities and how they should be applied. It also links in to the Deprivation of Liberty Safeguards Code of Practice which can be downloaded from the Department of Health website: [www.dh.gov.uk/en/publications](http://www.dh.gov.uk/en/publications).

To ensure consistency the term “relevant person” is used throughout this guidance document wherever possible, as a term of reference for either the customer or patient. In addition the term “Managing Authority” is used wherever possible to refer to a Care Home or Hospital and “Supervisory Body” is used wherever possible to refer to the Local Authority (Richmond upon Thames Council) or the appropriate Primary Care Trust (NHS Richmond and Twickenham Primary Care Trust).

## 2. Introduction

The principle of all service provision is to meet a person’s needs and aspirations in the least restrictive way, enabling people to retain as much control, choice and self-determination as possible over the way in which they wish to lead their lives.

Some people lack the capacity to consent to particular types of treatment or care that others have assessed as being in their best interests. The Mental Capacity Act 2005 provides a framework for acting and making decisions for these individuals.

Sometimes a decision made in a person’s best interests can mean they are at risk of being deprived of their liberty and it is important to recognise where this is happening or has the potential to occur.

Due consideration should always be given to the least restrictive options for providing care. Where restrictions of liberty are unavoidable, professionals and others making decisions on

what is in the best interests of the person must be clear and sure of the benefits the individual will gain from the care and treatment proposed. These benefits must be significantly greater than other treatment and care delivered in an alternative, less restrictive way or setting.

## 2.1. The Mental Capacity Act

The Deprivation of Liberty Safeguards (DoLS) are in addition to - but do not replace - other safeguards in the Mental Capacity Act 2005. This means that decisions made and actions taken, for a person who is subject to a deprivation of liberty authorisation, must fulfil the requirements of the Act in the same way as for any other person.

Any action taken under the Deprivation of Liberty Safeguards must be in line with the principles of the Act, which are:

- a) A person must be assumed to have capacity to make a decision unless it is established that they lack the capacity to make that decision.
- b) A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- c) A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- d) An act done or decision made under the Act, for or on behalf of a person who lacks capacity, must be done or made in their best interests.
- e) Before the act is done or the decision is made, regard must be given to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

For further practitioner guidance on mental capacity and best interest decision making please refer to the Mental Capacity Act 2005 Code of Practice.

## 2.2. An Overview of the Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards provide legal protection for those vulnerable people who are, or may become, deprived of their liberty within the meaning of Article 5 of the European Court of Human Rights (ECHR) in a Hospital or Care Home, whether placed under public or private arrangements. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where, in a person's own best interests, deprivation of liberty appears to be unavoidable<sup>2</sup>.

The safeguards relate only to people aged 18 and over. If it appears that a person under the age of 18 may be deprived of their liberty then deprivation of liberty in domestic settings or other safeguards must be considered, such as the existing powers of the court, particularly those under section 25 of the Children Act 1989, or use of the Mental Health Act 1983.

---

<sup>2</sup> Mental Capacity Act 2005 - Deprivation of liberty safeguards: Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice

The Deprivation of Liberty Safeguards are about ensuring that there are appropriate safeguards in place when it is deemed that a person, who lacks the capacity to decide the matter for themselves, needs to receive care or treatment, in their best interests, in a hospital or care home, in circumstances that deprive them of their liberty.

The safeguards do not:

- introduce a new system for determining whether a person, who lacks capacity to decide the matter for themselves, should receive care or treatment;
- provide any new power to take and convey people to Hospitals or Care Homes;
- apply to people detained under the Mental Health Act 1983.

Every effort should be made, in both commissioning and providing care or treatment, to prevent deprivation of liberty. If deprivation of liberty cannot be avoided, it should be for no longer than is necessary.

People who suffer from a disorder or disability of the mind, such as dementia or a profound learning disability, and who lack the mental capacity to consent to the care or treatment they need, should be cared for in a way that does not limit their rights or freedom of action.

People falling within this vulnerable group should only be deprived of their liberty when they lack capacity to consent and it has been assessed as in their best interests in order to protect them from harm.

The safeguards provide for deprivation of liberty to be made lawful through '**Standard**' and '**Urgent**' Authorisation processes. These processes are designed to prevent arbitrary decisions to deprive a person of liberty and give a right to challenge deprivation of liberty authorisations.

The deprivation of liberty safeguards mean that a '**Managing Authority**' (i.e. the relevant Hospital or Care Home) must seek authorisation from a '**Supervisory Body**' in order to lawfully deprive someone of their liberty. Before giving an authorisation, the Supervisory Body must be satisfied that the person has a mental disorder and lacks capacity to decide about their residence or treatment. The Supervisory Body is the Local Authority.

In deciding whether or not an application is necessary, a Managing Authority should consider the 'Acid Test' for deprivation of liberty as outlined by the Supreme Court Judgement in March 2014. It is neither necessary nor appropriate to apply for a deprivation of liberty authorisation for everyone who is in a hospital or care home.

### 2.3. What is deprivation of liberty?

The problem with the deprivation of liberty safeguards had been to determine what amounts to a 'deprivation of liberty'. Although the DoLS Code of Practice provided some examples, it did not set out a test so this issue was left to be determined by the Courts.

On 19 March 2014, the Supreme Court made a definitive judgement in the cases of Cheshire West and P&Q which has important consequences for care homes, independent hospitals and supported living providers.



The Supreme Court ruled that the criteria for deprivation of liberty would be an 'acid test' as follows:

- The person is subject to continuous supervision and control
- The person is not free to leave
- The person has not got the mental capacity to consent to their care and treatment.

In all cases, the following are not relevant to the application of the test:

- The person's compliance or lack of objection
- The relative normality of the care arrangements (whatever the comparison made)
- The reason or purpose behind them

Where the 'acid test' for DoLS is met, managing authorities are obliged to request an authorisation from the supervisory body.

## 2.4. Recognising Deprivation of Liberty

The following examples are quoted from the Law Society's guidance documents 2015 which can be downloaded from the following website: [www.lawsociety.org.uk/support-services/advice](http://www.lawsociety.org.uk/support-services/advice).

Factors which are likely to be taken into account when considering whether a deprivation of liberty is taking place in a **care home**:

In a **residential care home for older adults**

- A keypad entry system;
- Assistive technology such as sensors or surveillance;
- Observation and monitoring;
- An expectation that all residents will spend most of their days in the same way and in the same place;
- A care plan providing that the person will only access the community with an escort;
- Restricted opportunities for access to fresh air and activities (including as a result of staff shortages);
- Set times for access to refreshment or activities;
- Limited choice of meals and where to eat them (including restrictions on residents' ability to go out for meals).
- Set times for visits;
- Use of restraint in the event of objections or resistance to personal care;
- Mechanical restraints such as lap straps on wheelchairs;
- Restricted ability to form or express intimate relationships;
- Assessments of risk that are not based on the specific individual; for example, assumptions that all elderly residents are at a high risk of falls, leading to restrictions in their access to the community.



In addition to the measures described in above the following additional features may be present in a **care home with nursing:**

- Use of medication for mental health problems
- The need for restraint in the event of objections to personal care (which must be recorded in the resident's care plan.
- The need for interventions to protect staff: for example, removal of residents' false teeth to prevent biting.

In addition to the measures described above the following additional features may be present in **care homes for those with severe and enduring mental health problems:**

- Having to take part in specified programmes (e.g. sex offender treatments) as a condition of a conditional discharge or CTO;
- Being required to comply with medication as a term of a conditional discharge or CTO;
- Having to avoid certain settings (such as playgrounds);
- Being required to live in the care home as a term of a conditional discharge;
- A requirement to be escorted when going out (whatever the risk being guarded against);
- A curfew;
- Having to observe an exclusion zone;
- Restrictions on contact with victims or other persons.

In addition to the measures described above, the following additional features may be present in **care homes for adults with learning disabilities:**

- A perimeter fence with a locked gate;
- Keypads on doors which residents cannot unlock;
- A structured routine;
- Monitoring and observation;
- Use of medication, including PRN;
- Use of physical interventions of any type in response to challenging behaviours;
- Use of sanctions such as "time out";
- Residents being told to spend time in a "quiet room" as part of de-escalation;
- A care plan which provides that a resident must be escorted outside the care home (including where this results from physical needs e.g. a resident who needs someone to push their wheelchair);
- Restrictions on developing sexual relations;
- Mechanical restraints e.g. lap straps;
- Decisions about contact with friends and family taken by others.

These questions may help establish whether an individual is deprived of their liberty in this context:

- Are any of the liberty-restricting measures described above applied to the resident concerned? If so which and for what reason?
- Are there any restrictions on the person's contact with others? If so do they restrict contact beyond the home's usual visiting arrangements?
- Is the person's access to the community restricted in anyway? For example must they be escorted? What would staff do if they left the home alone or sought to do so?
- Is the person required to be at the care home at specified times?

- Must the person be escorted either within or outside the care home?
- Is the person required to say where they are going when leaving the care home?
- Is the person required to take part in a programme of treatment? What happens if they do not?
- Is the person required to take medication? What are the arrangements for this? What happens if they do not take it?
- Is the person required to remain abstinent from alcohol or drugs?

Factors which are likely to be taken into account when considering whether a deprivation of liberty is taking place in the **hospital**:

- Continuous monitoring;
- Length of time sedated and/ or ventilated and/or intubated;
- The use of restraint to bring about admission;
- The use of restraint /medication being used forcibly during admission;
- Staff taking decisions on a person's behalf regarding treatments and contact with visitors;
- Duration of the restrictions
- The patient not being free to leave;
- The package of care taken as a whole

The following are examples of potentially liberty-restricting measures that may be found in an **A&E Department**:

- Physical restraint and the duration of any restraint;
- The use of sedation;
- The use of catheters and/or intravenous drips;
- The observation and monitoring levels;
- The requirement for a person to remain in a certain area of A&E department and restricting the person to that area;
- The requirement that the person does not leave the A&E department pending further tests or transfer.

Factors which are likely to be taken into account when considering whether a deprivation of liberty is taking place in an **intensive care unit**:

- Continuous monitoring (almost a certainty in ICU);
- Length of time sedated and/or ventilated and/or intubated;
- The use of restraint to bring about admission;
- The use of restraint /medication being used forcibly during admission;
- Staff taking decisions on a person's behalf regarding treatments and contact with visitors;
- Duration of the restrictions
- The patient not being free to leave the ICU;
- The amount of time it is likely to take for the patient to recover capacity once they are taken off ventilation/ sedation;
- The amount of time the patient is likely to remain in the ICU before moving from the ICU to a an acute ward, or a rehabilitation ward;
- The package of care taken as a whole

The following are examples of potentially liberty restricting-measures that may be found in an

**acute ward:**

- Physical restraint;
- Baffle-locks on ward doors;
- Mittens, or forms of restraint used to prevent a patient removing or interfering with a nasogastric feeding tube, or intravenous drip;
- Raised bedrails;
- Catheter bag attached to bed;
- A patient being placed in a chair and being unable to move from the chair without assistance;
- Frequency and intensity of observation and monitoring levels;
- The requirement for a patient to remain in a certain area of the ward;
- The requirement that a patient does not leave the ward, accompanied by a plan that, if he does he will be returned to the ward.

Factors to be taken into account when considering whether a deprivation of liberty is taking place in a **hospice setting:**

- That the circumstances are no longer covered by a consent given on admission;
- Administering sedatives to decrease anxiety and agitation;
- Chemical restraint;
- Constant supervision in case of terminal agitation; and
- Restricting movement of patients who are mobile, so that they are not free to leave the hospice grounds because they may be a danger to themselves.

These questions may help establish whether an individual is deprived of their liberty in this context:

- What liberty-restricting measures are being taken?
- When are they required?
- For what period will they endure?
- What are the effects of any restraint or restrictions?
- What are the views of the person, their family or carers?
- How are any restraints or restrictions to be applied?
- Are there less restrictive options available?
- Is force or restraint (including sedation) being used to admit the patient to a hospital to which the person is resisting admission?
- Is force being used to prevent a patient leaving the hospital, hospice, or ambulance where the person is persistently trying to leave?

**This is NOT an exhaustive list and other factors may arise in particular cases.**

Before the Supreme Court judgement, the European Court of Human Rights (ECHR) held that the question of whether someone has been deprived of liberty depends on the particular circumstances of the case in question.

Specifically, in its October 2004 judgment in *HL v UK*, the ECHR said:

*“to determine whether there has been a deprivation of liberty, the starting point must be the*

*specific situation of the individual concerned and account must be taken of a whole range of factors in a particular case such as type, duration, effects and manner of implementation of the measure in question. The distinction between a deprivation of, and restriction upon, liberty is merely one of **degree or intensity** and not one of nature or substance.”*

While the ‘acid test’ has made it easier to determine what counts as deprivation of liberty, assessors will still have to consider the relevant person’s concrete situation and make reference to type, manner, duration and effect of the restrictive measures as well as to the accumulative effect that all the measures have on the individual.

## 2.5. Deprivation of Liberty in Domestic Settings

The Supreme Court decided in March 2014 that deprivation of liberty can occur in domestic settings. Therefore, where there is or is likely to be a deprivation of liberty in a domestic setting, this must be authorised by the Court of Protection, because the Deprivation of Liberty Safeguards authorisations currently do not apply to domestic settings but only to care homes and independent hospitals.

## 2.6. Who is covered by the Deprivation of Liberty Safeguards?

The Deprivation of Liberty Safeguards cover patients in Hospital and people in Care Homes registered under the Health & Social Care Act 2008, whether placed under public or private arrangements.

The safeguards apply to people aged 18 and over who:

- (i) Have a disorder or disability of mind **and**
- (ii) Lack the capacity to give consent to the arrangements made for their care or treatment **and**
- (iii) For whom such care (in circumstances that amount to a deprivation of liberty within the meaning of Article 5 of the European Convention of Human Rights) is considered, after an independent assessment, to be a necessary and proportionate response in their best interests to protect them from harm.

These safeguards cannot be used to detain people in hospital - if they are thought to object to being in hospital or to receiving treatment – for the treatment of a mental disorder in situations where the Mental Health Act 1983 could be used.

It is anticipated that the people who need to be covered by the Deprivation of Liberty Safeguards will mainly be those with significant learning disabilities or people suffering from dementia but will include a minority of others who have suffered physical injury, such as acquired brain injury.

The Deprivation of Liberty Safeguards do not apply to people other than those identified within the above settings. For example, those living within their own home, a sheltered or an extra care sheltered housing scheme are not covered by DoLS; should a person in such a setting be deprived, or at risk of being deprived, of their liberty then an application should be made to the Court of Protection.

## 2.7. When can a person be deprived of their liberty?

Depriving someone who lacks the capacity to consent to the arrangements made for their care or treatment of their liberty is a serious matter and the decision to do so should not be taken lightly. The Deprivation of Liberty Safeguards make it clear that a person may only be deprived of their liberty:

- a) in their own best interests to protect them from harm
- b) if it is a proportionate response to the likelihood and seriousness of the harm, and
- c) if there is no less restrictive alternative.

Under no circumstances must deprivation of liberty be used as a form of punishment, or for the convenience of professionals, carers or anyone else. Deprivation of liberty should not be extended due to delays in moving people between care or treatment settings, for example when somebody awaits discharge after completing a period of hospital treatment.

The safeguards apply regardless of whether the care is arranged privately or by a public body. Under the Human Rights Act 1998, the duty to act in accordance with the ECHR applies only to public authorities. However, all states that have signed up to the ECHR are obliged to make sure that the rights set out in the ECHR apply to all of their citizens. The Mental Capacity Act 2005 therefore makes it clear that the Deprivation of Liberty Safeguards apply to both publicly and privately arranged care or treatment.

## 2.8. Restraint/restrictions in the context of Deprivation of Liberty Safeguards

The Deprivation of Liberty Code of Practice 2007 provides areas of consideration regarding what is permissible under the Mental Capacity Act 2005 in relation to restraint or restriction.

The Mental Capacity Act 2005 states at s.6.4 that someone is using restraint if they:

- Use force – or threaten to use force – to make someone do something that they are resisting, or
- Restrict a person's freedom of movement, whether they are resisting or not.

The following are examples of scenarios involving restraint, restriction and deprivation:

- Preventing a person from leaving a care home or hospital unaccompanied in a specific situation because there is a risk that they would try to cross a road in a dangerous way, is likely to be seen as proportionate restraint to prevent the person from coming to harm. It is unlikely that this act would, on its own, constitute a deprivation of liberty
- Locking a door to guard against immediate harm is unlikely, in itself to amount to a deprivation of liberty.
- Actions that are immediately necessary to prevent harm, may not, in themselves, constitute a deprivation of liberty.



Paragraphs 6.40 to 6.48 of the Mental Capacity Code of Practice contain guidance about the appropriate use of restraint. Restraint is appropriate when it is used to prevent harm to the person who lacks capacity and it is a proportionate response to the likelihood and seriousness of the harm. Appropriate use of restraint falls short of deprivation of liberty.

The European Court of Human Rights has also indicated that the duration of any restriction is a relevant factor when considering whether or not a person is deprived of their liberty. This suggests that actions that are immediately necessary to prevent harm may not, in themselves, constitute a deprivation of liberty.

**Managing Authorities should consider reducing the level of restraint and change the care they are providing if there is a less restrictive option.**

## **2.9. Reducing the risk of deprivation of liberty occurring**

Providers and commissioners of care can reduce the risk of taking steps that amount to a deprivation of liberty, by minimising the restrictions imposed and ensuring that decisions are taken with the involvement of the relevant person and their family, friends and carers.

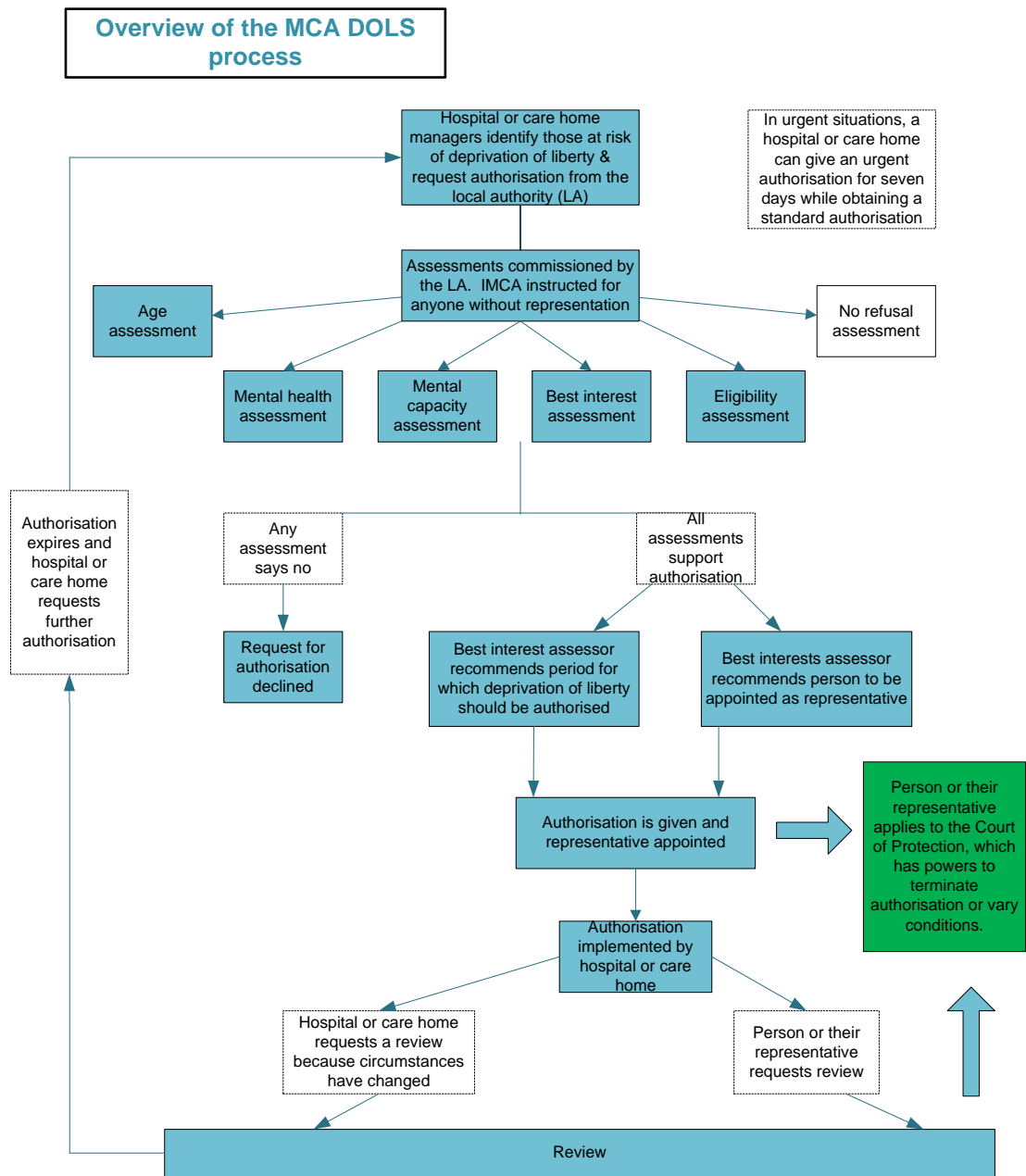
The processes for staff to follow are:

- a) Make sure that all decisions are taken (and reviewed) in a structured way, and reasons for decisions recorded.
- b) Follow established good practice for care planning.
- c) Make a proper assessment of whether the person lacks capacity to decide whether or not to accept the care or treatment proposed, in line with the principles of the MCA/DoLS Code of Practice.
- d) Before admitting a person to hospital or residential care in circumstances that may amount to a deprivation of liberty, consider whether the person's needs could be met in a less restrictive way.
- e) Any restrictions placed on the person while in Hospital or in a Care Home must be kept to the minimum necessary, and should be in place for the shortest possible period.
- f) Take proper steps to help the relevant person retain contact with family, friends and carers. Where local advocacy services are available, their involvement should be encouraged to support the person and their family, friends and carers.
- g) Review the care plan on an ongoing basis. It may well be helpful to include an independent person, possibly via an advocacy service, in the review.

### 3. The DOLS Procedure for Standard and Urgent Authorisations

There are some circumstances in which depriving a person, who lacks capacity to consent to the arrangements made for their care or treatment, of their liberty is necessary to protect them from harm and is in their best interests. To obtain authorisation to deprive someone of their liberty the following process should be followed. (For all DoLS forms see Appendix 1.)

**An authorisation for deprivation of liberty does not, it itself, give authority to treat people, nor do anything else that would normally require their consent.**



Overview from 'Mental Capacity Act 2005- Deprivation of liberty safeguards: Code of Practice to supplement the main Mental Capacity Act Code of Practice'



### 3.1. Role of LBRuT Safeguarding Adults & DoLS Team

The LBRuT's Safeguarding Adults & DoLS Team has responsibility for the day to day management of the DoLS process. It consists of the Head of Safeguarding & DoLS, two DoLS Co-ordinators, a Lead DoLS Administrator, and DoLS Administrative Assistants. The team has responsibility for:

- Receiving and processing the applications from Managing Authorities
- Ensuring all assessments are completed by appropriate assessors and within timescales
- Supporting the Supervisory Body
- Providing information and advice to Managing Authorities, Health and Social Care Staff and other interested parties

### 3.2. Role of the DoLS Administrator

The DoLS Administrators, with support from the DoLS Coordinators, have the responsibility for receiving authorisation requests from Managing Authorities (care home or hospital) and for recording the necessary information in Frameworki (FWi). On receipt of an authorisation request, the DoLS Administrators must acknowledge receipt of the request (urgent/standard/3<sup>rd</sup> party) and upload it on to FWi. They must also check whether LBRuT is the responsible Supervisory Body.

The DoLS Administrators will also:

- Send all relevant paperwork to Best Interest Assessor and section 12 doctor to enable them to complete the assessment
- Monitor all current requests to ensure they are authorised or rejected within timescale
- Monitor current authorisations to ensure that timely reminders are sent to Managing Authorities re the need to review and/or reassess
- Send all relevant correspondence to Managing Authorities, service user and representatives
- Complete Independent Mental Capacity Advocate (IMCA) referrals where appropriate

The DoLS Administrators are responsible for providing support to the Supervisory Body and they will ensure that all information is properly logged on FWi.

**For an overview of the process from the receipt of the application from the Managing Authority, see flowchart in Appendix 2**

### 3.3. Requests from Care Homes and Hospitals out of Borough

On receipt of any requests for authorisations the DoLS Administrators must check whether the relevant person is placed out of Borough. The LBRuT is responsible for commissioning all DoLS assessments for individuals who have ordinary residency status even if they are placed in a Care Home or Hospital out of Borough.

If the relevant person is placed out of Borough but with LBRuT as the responsible Supervisory Body, the DoLS Administrators must arrange for all 6 assessments to be completed. Depending on distance, it is possible to send either one of LBRuT's Best Interest Assessors and S12 Doctors/Mental Health Assessors to complete the assessments or, alternatively, the completion of these assessments can be commissioned from the Host Authority i.e. the Borough where the relevant person is placed.

If a Section 39A IMCA is needed for the DoLS assessment process, this will be provided by the Host Authority as part of the wider contractual agreement they will have with the IMCA service in that Borough.

If an IMCA is needed as a Relevant Persons Representative, the DoLS Administrator will commission this service appropriately. Depending on the location of the Care Home or Hospital it may be possible to use the LBRuT IMCA service (KAG). However, given that the Relevant Person's Representative will need to visit the relevant person every six weeks this may not be appropriate and the Host Authorities IMCA service may need to be used.

On receipt of an application from the Managing Authority, the DoLS administrators will check the validity of the application. Applications will be referred back to the Managing Authority if insufficient fundamental details are included. In the event of this occurring, the time scales for completion will start again on receipt of the new application from the Managing Authority. These corrections may not cause a delay of more than two working days.

On receipt of a completed authorisation request from a Managing Authority, the DoLS Administrators will identify whether the relevant person has someone to support them, who is not engaged in providing care or treatment in a professional capacity or for remuneration. If they do not have anybody, the DoLS Administrators will make a referral to an Independent Mental Capacity Advocate to support the relevant person.

The DoLS Administrator will allocate a Best Interest Assessor to undertake up to 4 of the six qualifying assessments and will commission a Mental Health Assessor to undertake the remaining assessments. Mental Health Assessors will have undertaken the relevant training necessary for their particular role i.e. standard training for Deprivation of Liberty Mental Health Assessors.

In the event that an Urgent Authorisation is in place the DoLS Administrator will notify the Best Interest Assessors and any IMCA appointed of the seven day timescale in which the assessments need to be completed. An Urgent Authorisation can be extended by a further seven days.

### **3.4. Role of the Safeguarding/DoLS Coordinator**

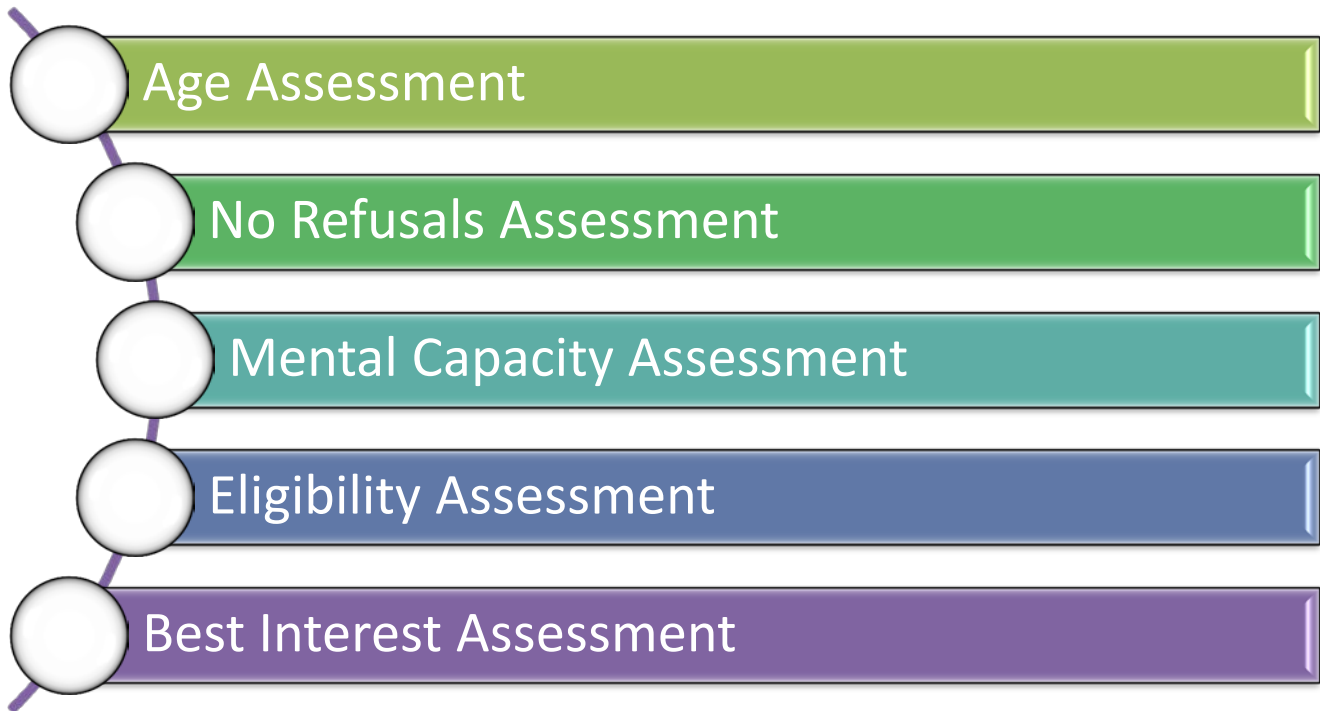
The DoLS Co-ordinators represent and act on behalf of the Supervisory Body. They will support the Lead DoLS Administrator as required. They will also authorise Deprivation of Liberty on behalf of the Supervisory Body.

### **3.5. The Deprivation of Liberty Safeguards' Six Assessments**

As soon as the Supervisory Body has confirmed that the request for a Standard Authorisation should be pursued, it must obtain the relevant assessments to ascertain whether the

qualifying requirements of the Deprivation of Liberty Safeguards are met. Assessments must be completed within 21 days for a Standard Authorisation, or where an Urgent Authorisation has been given, before the Urgent Authorisation – including any extension – has expired.

The six assessments that are required to be completed are:



The six assessments do not have to be completed by six different assessors; however, there must be at least two assessors and they must each make their own decisions. The following table explains at a glance the type of assessment that is required, its purpose and who it should be undertaken by:

Type of Assessment	Purpose of the assessment
<b>Age Assessment</b>	<u>Undertaken by Best Interests Assessor.</u> The purpose of the assessment is to confirm whether the relevant person is aged 18 or over.
<b>No Refusals Assessment</b>	<u>Undertaken by Best Interests Assessor.</u> The purpose of the assessment is to establish whether an authorisation to deprive the relevant person of their liberty would conflict with another existing authority for decision-making for that person; such as a valid decision by a Court Appointed Deputy or an advanced decision to refuse treatment.
<b>Mental Capacity Assessment</b>	<u>Undertaken by Section 12 Doctor or Best Interests Assessor.</u> The purpose of the assessment is to establish whether the relevant person lacks capacity to decide whether or not they should be accommodated in the relevant care home or hospital to

	be given the care or treatment.
<b>Mental Health Assessment</b>	<p><u>Undertaken by Section 12 Doctor</u></p> <p>The purpose of the assessment is to establish whether the relevant person has a mental disorder within the meaning of the Mental Health Act 1983. This means any disorder or disability of mind, including learning disabilities although excluding dependence on alcohol or drugs.</p> <p>It is not an assessment to determine whether the relevant person requires mental health treatment but specifically if a disorder exists.</p>
<b>Eligibility Assessment</b>	<p><u>Undertaken by Section 12 Doctor</u></p> <p>The purpose of the assessment is to clarify the relevant person's status or potential status under the Mental Health Act 1983. For example a person would not be eligible for a deprivation of liberty authorisation if they are detained as a hospital inpatient under the Mental Health Act 1983 or if the authorisation, if given, would be inconsistent with an obligation placed on them under the Mental Health Act 1983 such as guardianship which stipulates where they must live.</p>
<b>Best Interests Assessment</b>	<p><u>Undertaken by the Best Interests Assessor</u></p> <p>The purpose of the assessment is to establish if deprivation of liberty is occurring or is going to occur and if so, whether:</p> <ul style="list-style-type: none"> <li>▪ It is in the best interests of the relevant person to be deprived of their liberty</li> <li>▪ It is necessary for them to be deprived of liberty in order to prevent harm to themselves and</li> <li>▪ Deprivation of liberty is a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm.</li> <li>▪ There is no less restrictive option.</li> </ul>

**It is recommended that the best interests assessment is not started until there is a reasonable expectation that the other qualifying requirements are met.**

Where an 'equivalent assessment' to any of these assessments has already been obtained, it may be relied upon instead of obtaining a fresh assessment. An example could be a recent assessment carried out for the Mental Health Act 1983.

An **equivalent assessment** is an assessment that:

- Has been carried out in the preceding 12 months, not necessarily for the purpose of a deprivation of liberty authorisation.
- Meets all the requirements of the deprivation of liberty assessment, **and**
- The Supervisory Body accepts and sees no reason why it should no longer be accurate.

Deciding to use an equivalent assessment **should NOT** be done routinely

### General provisions concerning assessments

Assessors may examine and take copies of records which they consider may be relevant to their assessment. Assessors should list in their specific assessment which records they have examined.

As soon as possible after carrying out their assessments, the assessors must send these to the DoLS team and the DoLS Administrators will give copies of the assessment report(s) to:

- The registered person for the Managing Authority
- The relevant person and their representative, and
- Any IMCA involved.

Assessors should be mindful of the importance of the principles of confidentiality and information sharing within the DoLS process (see Key References Section) recognising that they will be consulting with a range of people who will require reassurance about the use and retention of the information provided.

### 3.6. Role of the Supervisory Body Board

A Supervisory Body is responsible for:

- Ensuring the process is clear and consistently applied
- Considering requests, commissioning the required assessments (either by a section 12 doctor, Mental Health Assessor or Best Interest Assessor)
- and where all six assessments are satisfied, for authorising the deprivation of liberty.

### Membership in the Supervisory Body Board

The London Borough of Richmond upon Thames (LBRuT) Supervisory Body Board will consist of nominated officers who will hold delegated authority to authorise Deprivation of Liberty of Safeguard Authorisations on behalf of the Supervisory Body. The Supervisory Body Board and its members retain strategic oversight (see Appendix 3 for terms of reference of



the Supervisory Body Board).

Where the Deprivation of Liberty Safeguards are applied to a person in a registered Care Home in England or Wales the appropriate Supervisory Body is the Local Authority in which the person is ordinarily resident.

If the person is of no fixed abode, then the appropriate Supervisory Body is the Supervisory Body for the Local Authority in which the Care Home is located.

If the person has moved from one Local Authority to a Care Home in another Local Authority – without the Local Authority where they previously resided making the arrangements for the placement - then that person is ordinarily resident in the Local Authority in which the Care Home is situated.

There are two types of authorisations, **Standard** and **Urgent**. A Managing Authority must request a Standard Authorisation when it appears likely that, within the next 28 days a person will be accommodated in their Hospital or Care Home in circumstances that amount to a deprivation of their liberty. Wherever possible an application to the relevant Supervisory Body must be made in advance. Where this is not possible, and the Managing Authority believes it is necessary to deprive a person of their liberty in their best interests, they must give themselves an Urgent Authorisation and then obtain a Standard Authorisation within 7 days; this can be extended for another 7 days.

### 3.7. Role of the Managing Authority

A **Managing Authority** has responsibility for applying for authorisation of deprivation of liberty for any person who may come within the scope of the Deprivation of Liberty Safeguards.

In the case of an NHS hospital, the Managing Authority is the NHS body responsible for the running of the hospital in which the relevant person is, or is to be, a resident.

In the case of a Care Home or a private Hospital, the Managing Authority will be the person registered, or required to be registered as the Registered Manager, under the Health and Social Care Act 2008.

If a healthcare or social care professional thinks that an authorisation is needed, they should inform the Managing Authority. This might be as a result of a care review or needs assessment but could happen at any other time too.

Managing Authorities should have their own procedure in place that identifies:

- Whether deprivation of liberty is or may be necessary in a particular case and which steps they should take to assess whether to seek authorisation
- What action they should take if they need to request an authorisation in a particular case and who will do it.
- Who in the Managing Authority needs a request (including requests for renewal of a DoLS authorisation) and who has an authorisation pending?
- Who in the Managing Authority has an authorisation in place at any given time and with what restrictions and conditions?

- How to record all of the above on care plans and general documentation.
- How to ensure regular reviews are taking place which identify if the situation still meets the criteria for DoLS.
- Who acts as the person's RPR.
- Which practical and reasonable steps have been taken to avoid a deprivation of liberty from occurring in any particular case?

### **3.8. Application process for a Standard Authorisation**

A Managing Authority must apply for a Standard Authorisation. The application should be made in writing to the Supervisory Body. A standard form is available for this purpose (DoLS Form 1, see appendix 1).

In England, the request from a Managing Authority for a Standard Authorisation must include:

- a) The name and gender of the relevant person
- b) The age of the relevant person or, where this is not known, whether the Managing Authority reasonably believes that the relevant person is aged 18 years or older
- c) The address at which the relevant person is currently located, and the telephone number at the address
- d) The name, address and telephone number of the managing authority and the name of the person within the Managing Authority who is dealing with the request.
- e) The purpose for which the authorisation is requested and whether the relevant person meets the 'acid test' for DoLS.
- f) The date from which the authorisation is sought, and
- g) whether the Managing Authority has given an Urgent Authorisation and, if so, the date on which it expires.

A request for a Standard Authorisation must also include the following information, if it is available or could reasonably be obtained by the Managing Authority:

1. any medical information relating to the relevant person's health that the managing authority reasonably considers to be relevant to the proposed restrictions to their liberty
2. the diagnosis of the mental disorder (within the meaning of the Mental Health Act 1983 but disregarding any exclusion for persons with learning disability) from which the relevant person is suffering
3. any relevant care plans and needs assessments (these documents do not need to be attached; they should be summarised in the request.)
4. the racial, ethnic or national origins of the relevant person



5. whether the relevant person has any special communication needs
6. details of the proposed restrictions on the relevant person's liberty
7. whether it is necessary for an Independent Mental Capacity Advocate (IMCA) to be instructed
8. where the purpose of the proposed restrictions to the relevant person's liberty is to give treatment, whether the relevant person has made an advance decision that may be valid and applicable to some or all of that treatment
9. whether there is an existing Standard Authorisation in relation to the detention of the relevant person and, if so, the date of the expiry of that authorisation
10. whether the relevant person is subject to any requirements of the Mental Health Act 1983, and
11. the name, address and telephone number of anyone named by the relevant person as someone to be consulted about their welfare, anyone engaged in caring for the person or interested in their welfare, any donee of a Lasting Power of Attorney granted by the person, any deputy appointed for the person by the court, and any IMCA who has already been instructed.

If there is an existing authorisation, then information that has not changed does not have to be resupplied.

In the vast majority of cases, it should be possible to plan in advance (up to 28 days) so that a **Standard Authorisation** can be obtained before the deprivation of liberty begins. There may, however, be some exceptional cases where the need for the deprivation of liberty is so urgent that it is in the best interests of the person for it to begin while the application is being considered. In that case, the Managing Authority may give an **Urgent Authorisation** for up to seven days.

### 3.9. Application process for an Urgent Authorisation

A Managing Authority can give itself an Urgent Authorisation for deprivation where:

- It is required to make a request to the Supervisory Body for a Standard Authorisation, but believes that the need for the person to be deprived of their liberty is so urgent that the deprivation needs to begin before the request is made, or
- It has made a request for a Standard Authorisation, but believes that the need for a person to be deprived of liberty has now become so urgent that deprivation of liberty needs to begin before the request is dealt with by the Supervisory Body.

This authorisation will make the deprivation of liberty lawful for seven days provided a Standard Authorisation has been applied for. The Managing Authority must notify the Supervisory Body on the Standard Authorisation that an Urgent Authorisation has been given.

The Managing Authority must keep a written record of any Urgent Authorisations given, and

be able to show that they have made a reasonable decision based on their professional judgement after taking into account all the relevant factors. For this process DoLS Form 1 (see Appendix 1) is to be used.

If there are exceptional reasons why a Standard Authorisation request cannot be dealt with within the seven day period of the Urgent Authorisation, the Managing Authority may ask the Supervisory Body to extend the duration of the Urgent Authorisation **for a maximum of a further seven days**. (DoLS Form 1).

It is the responsibility of the Supervisory Body to decide whether circumstances exist for an extension to the authorisation. The supervisory body may only extend the duration of the Urgent Authorisation if:

- The Managing Authority has made a request for a Standard Authorisation
- There are exceptional reasons why it has not yet been possible to make a Standard Authorisation, **and**
- It is essential for the deprivation of liberty to continue while the Supervisory Body makes its decision.

### 3.10. Who to inform that an application has been made

The Managing Authority should tell the relevant person's family, friends and carers, and any IMCA already involved in the relevant person's case that it has applied for an authorisation of deprivation of liberty, unless it is impractical or impossible to do so or undesirable in terms of the interests of the relevant person's health or safety. Anyone who is engaged in caring for the relevant person or interested in their welfare, or who has been named by them as a person to consult, must be given the opportunity to input their views on whether deprivation of liberty is in the best interests of the relevant person, as far as is practical and appropriate. The views of the relevant person about who to inform and consult should be taken into account.

The Managing Authority must notify the Supervisory Body if it is satisfied that there is no one who should be consulted in determining the relevant person's best interests, except those providing care and treatment for the relevant person in a professional capacity or for remuneration. In such a case, the Supervisory Body must instruct an IMCA to represent and support the relevant person before any assessments take place.

**All requests for DoLS authorisations must be made to the Richmond DoLS Office.**

**Contact details are as follows:**

**Civic Centre, 2nd Floor, 44 York Street, Twickenham, TW1 3BZ,**

**Tel: 0208 831 6337,**

**[dols@richmond.gov.uk](mailto:dols@richmond.gov.uk) (Via secure email!)**

### **The Supervisory Body must:**

Notify the Managing Authority if it does not extend the authorisation, inform the Managing Authority of its decision and the reasons for it.

### The Managing Authority must:

- Where possible ensure that the relevant person understands the effect of the authorisation and the right to challenge the decision.
- Provide copies of the Urgent Authorisation to the relevant person and all those also involved.
- The Managing Authority is responsible for ensuring that it does not deprive a person of their liberty without an authorisation. If a request for an authorisation is refused, it will need to review the relevant person's actual or proposed care arrangements to ensure that a deprivation of liberty is not allowed to either continue or commence.

### 3.11. When assessments conclude that the relevant person meets the DoLS requirement

#### All assessments are positive

If all the assessments in the assessment process indicate that the relevant person meets all the qualifying requirements, then the Supervisory Body must give a deprivation of liberty authorisation and complete Form 5 (granting authorisation). Authorised Signatories are appointed for the respective Supervisory Body who may attach conditions to the authorisation.

LBRuT's Supervisory Body will also satisfy itself that the assessments are of a quality and standard that meet the requirements of best practice and that there is good evidence for the conclusion reached. Where the Authorised Signatory acting for the Supervisory Body is not clear of the evidence for the conclusion, they will discuss this with the relevant assessor(s). The assessors' reports are independent of the Supervisory Body, but the Supervisory Body must perform a scrutiny role in ensuring the integrity of assessments, in fulfilling the Supervisory Body's responsibilities and in ensuring the rights of the relevant person are safeguarded.

The Supervisory Body cannot give a Standard Authorisation if any of the requirements are not fulfilled.

The Supervisory Body must set the period of the authorisation, which may not be longer than that recommended by the Best Interests Assessor.

When the Supervisory Body gives a Standard Authorisation, it must do so in writing and must state the following:

- a) the name of the relevant person
- b) the name of the relevant Hospital or Care Home
- c) the period during which the authorisation is to be in force (which may not exceed the period recommended by the Best Interest Assessor)
- d) the purpose for which the authorisation is given (i.e. why the person needs to be deprived of their liberty)

e) any conditions subject to which the authorisation is given, and

The Supervisory Body may attach conditions to the authorisation. Where the Supervisory Body does not attach the conditions recommended by the Best Interest Assessor, it should discuss the matter with the Best Interest Assessor in case the rejection or variation of the conditions would significantly affect the other conclusions the Best Interest Assessor reached in their report.

It is the responsibility of the Supervisory Body to appoint a representative for the relevant person: the Relevant Persons Representative.

As soon as possible after giving the authorisation, the Supervisory Body must give a copy of the authorisation to:

- the Managing Authority
- the relevant person
- the Relevant Person's Representative
- any Independent Mental Capacity Advocate (IMCA) involved, and
- every interested person named by the Best Interest Assessor in their report as somebody they have consulted in carrying out their assessment.

The Supervisory Body must also keep a written record of any Standard Authorisation that it gives.

The Managing Authority must take all practical and possible steps to ensure that the relevant person understands the effect of the authorisation and their rights around it. These include their right to challenge the authorisation via the Court of Protection, their right to request a review, and their right to have an IMCA instructed, along with the process for doing so. Appropriate information must be given to the relevant person both orally and in writing. Any written information must also be given to the relevant person's representative. This must happen as soon as possible and practical after the authorisation is given.

A deprivation of liberty authorisation – whether Urgent or Standard – relates solely to the issue of deprivation of liberty. It does not give authority to treat people, nor to do anything else that would normally require their consent. The arrangements for providing care and treatment to people in respect of whom a deprivation of liberty authorisation is in force are subject to the wider provisions of the Mental Capacity Act 2005.

If a person who is subject to a Standard Authorisation moves to a different Hospital or Care Home, the Managing Authority of the current Hospital or Care Home must inform the Supervisory Body about the change in circumstances and the new Hospital or Care Home must request a new Standard Authorisation. The application should be made before the move takes place.

If the move has to take place so urgently that this is impossible, the Managing Authority of the new Hospital or Care Home will need to give an Urgent Authorisation and simultaneously make a Standard Authorisation request.

### **3.12. When assessments conclude that the relevant person does not meet requirements**

If any of the assessments reasonably conclude that one of the requirements is not met, then the assessment process should stop immediately and authorisation may not be given. In such circumstances the Supervisory Body will:

- inform anyone still engaged in carrying out an assessment that they are not required to complete it
- notify the Managing Authority, the relevant person, any IMCA involved and every interested person consulted by the Best Interest Assessor that authorisation has not been given (a standard form is used for this purpose), and
- provide the Managing Authority, the relevant person and any IMCA involved with copies of those assessments that have been carried out. This must be done as soon as possible, because in some cases different arrangements will need to be made for the person's care

If the reason the Standard Authorisation cannot be given is because the eligibility requirement is not met, it may be necessary to consider making the person subject to the Mental Health Act 1983. If this is the case, it may be possible to use the same assessors to make that decision, thereby minimising the assessment processes.

As soon as possible after making the decision NOT to give authorisation the DoLS Administrator will distribute copies of Form 6 to:

- The Managing Authority
- The Relevant Person
- The Relevant Person's Representative (if applicable)
- Any Independent Mental Capacity Advocate instructed for the purpose in relation to the relevant person's detention and
- Every interested person named by the Best Interest Assessor in their report as somebody they have consulted in carrying out their assessment.

**A full list of all forms for Supervisory Bodies and Managing Authorities is included in the Appendices**

### **3.13. When an application for authorisation is refused**

Without an authorisation being approved by the Supervisory Body, the Managing Authority is responsible for ensuring that the relevant person is not deprived of their liberty.

The commissioners of care (a Supervisory Body, or private funder) are responsible for ensuring that any care package commissioned is in compliance with the Code of Practice for the Mental Capacity Act 2005, and does not include an inappropriate deprivation of liberty.

The actions that Managing Authorities and commissioners of care should consider if a request is turned down will depend on the reason why the authorisation has not been given.



Reason authorisation declined	Action required
Best Interests Assessor concluded that the person was not in fact being, or going to be, deprived of liberty	No action is likely to be necessary.
Best Interests Assessor concluded that the proposed deprivation of liberty was not in the person's best interests	<p>The Registered Manager of the Managing Authority (in conjunction with the commissioner of the care) will need to consider how the care plan could be changed to avoid deprivation of liberty.</p> <p>They should:</p> <ul style="list-style-type: none"> <li>▪ Examine carefully the reasons given in the Best Interest Assessor's report</li> <li>▪ Discuss, where helpful, with the Best Interest Assessor.</li> <li>▪ Where appropriate, discuss the matter with family and carers.</li> </ul> <p>If the person is not yet a resident in the Care Home or Hospital, the revised care plan may not involve admission to that facility.</p>
The Mental Capacity Assessor concluded that the person has capacity to make decisions about their care	The Managing Authority will need to consider, in conjunction with the Supervisory Body, how to support the person to make such decisions.
The person does not have a mental disorder	The care plan will need to be modified to avoid a deprivation of liberty.
There is a valid refusal by an attorney or deputy for Health and Welfare or an applicable and valid advance decision	Alternative care arrangements will need to be considered
There is a question about the refusal	A decision may be sought from the Court of Protection.
The person is under 18	Use of the Children Act 1989 may be considered.

Where the Best Interest Assessor comes to the conclusion that the best interests requirement is not met, but it appears that the relevant person is being deprived of their liberty, the Best Interest Assessor must inform the Supervisory Body and explain in their assessment why they have reached that conclusion. The Supervisory Body will need to liaise with the Managing Authority in order to ensure that a deprivation of liberty is not permitted to continue in the absence of an appropriate authorisation. The person's care plan and the provision of care must be reviewed immediately and the changes made as soon as possible. The steps taken to end the deprivation of liberty should be recorded in the care plan. Where possible it will be important to involve family, friends and carers in speedily deciding how to prevent the unauthorised deprivation of liberty from continuing.

It is the responsibility of the Managing Authority to comply with the law in this situation and it will need to keep the person's care under review to ensure that unlawful deprivation of liberty does not arise in future.

Should the Supervisory Body have continuing doubts about the matter, it should alert the Care Quality Commission (CQC). For further details regarding the Care Quality Commission, their website can be accessed on: [www.cqc.org.uk/](http://www.cqc.org.uk/)

#### 4. Role of Best Interest Assessor

The procedure for the training and management of Best Interest Assessors who are employed within the Borough is co-ordinated by the Safeguarding Adults and DoLS team in collaboration with the Learning and Development team and information will be provided on request.

Independent Assessors – Best Interest or Mental Health Assessors – must provide evidence of their qualifications and training and undergo the necessary relevant enhanced CRB checks before commencing work for the Borough. Independent Assessors must ensure that they have adequate indemnity insurance and be willing to provide evidence of this.

The BIA is required to provide an independent and objective view of whether or not there is a genuine justification for deprivation of liberty, taking into account all the relevant views and factors. In some cases a single organisation will be both the Managing Authority and the Supervisory Body and the DoLS do not prevent it from acting in both capacities. However, in England the regulations specify that in such a situation the best interest assessor cannot be an employee of the Supervisory Body/Managing Authority, or providing services to it.

The BIA will – at the direction of the Safeguarding Adults and DoLS team (on behalf of the Supervisory Body) – complete up to 4 of the 6 DoLS assessments

The BIA will also:

- Recommend someone to be appointed as the Relevant Person's Representative
- Recommend a period for which the deprivation of liberty should be authorised.
- Attach conditions, where appropriate, which the Supervisory Body should consider.
- Undertake reviews of DoLS Authorisations
- Liaise with other Assessors within the process
- Involve the relevant person in the assessment process as much as is possible and practical, and help them to participate in decision-making.
- Provide an independent and objective view of whether or not there is a genuine justification for deprivation of liberty, taking into account all the relevant views and factors
- Collate their assessments and forward the conclusion of each, either individually or collectively to the Authorised Signatory for the Supervisory Body.

If translators are required, independent translators should be instructed. Family members should not usually act as interpreters for other members of their family.



#### 4.1. Best Interest Assessor Process

The first task of the Best Interests Assessor (BIA) is to establish whether deprivation of liberty is currently occurring or is going to occur within the next 28 days, since there is no point in the assessment process proceeding further if deprivation of liberty is not an issue.

If the BIA considers that deprivation of liberty is occurring or is likely to occur with 28 days they should start a full Best Interest Assessment.

In addition to undertaking their own assessments the BIA will be required to liaise with all the others assessors within the process. It is the responsibility of the BIA to consider the assessments in their report to the Authorised Signatory for the Supervisory Body.

Within the process of assessment, the BIA and section 12 doctor must involve the relevant person in the assessment process as much as is possible and practical, and help them to participate in decision-making. The relevant person should be given the support needed to participate and the appropriate means for communication or language where applicable.

##### **Considerations for BIAs:**

- Whether any harm to the person could arise if the deprivation of liberty does not take place
- What that harm would be
- How likely that harm is to arise – i.e. is the level of risk sufficient to justify a step as serious as depriving a person of their liberty
- What other less restrictive care options are there which could avoid deprivation of liberty
- If deprivation of liberty is currently unavoidable, what action could be taken to avoid it in the future?

**And** as far as is practical and possible, seek the views of and record, name and address of every interested person such as:

- Anyone the relevant person has previously named as someone they want to be consulted
- Anyone involved in caring for the person
- Anyone interested in the person's welfare (for example, family carers, other close relatives, friends/regular visitors, or an advocate already working with the person) and

If the Best Interest Assessment supports deprivation of liberty the BIA must:

- State what the maximum duration should be for a period not exceeding 12 months. Set out the reasons for selecting the period stated, and
- Take into account any available indication of how likely it is that the relevant person's circumstances will change, including the expected progression of illness or disability

Deprivation of liberty should be for the minimum period necessary. When recommending the

authorisation period the BIA will need to be confident that there is unlikely to be a change in the person's circumstances that would affect the authorisation within that timescale.

Any safeguarding or quality assurance issues identified by the BIA during the assessment process must be reported to the Supervisory Body who will make necessary arrangements for them to be followed up by the appropriate team.

**All assessments must be sent to the Supervisory Body within timescale. If there are concerns regarding completion of reports, this MUST be flagged up with the Supervisory Body immediately.**

If the BIA has been asked to undertake an assessment to establish whether an unauthorised deprivation of liberty is occurring, this needs to be clearly recorded in the assessment report. The report is passed to the Supervisory Body.

If the report finds that the relevant person is subject to an unauthorised deprivation of liberty, the Managing Authority should have requested a Standard Authorisation in relation to the relevant person. The authorisation process starts from the beginning as described above.

The following steps must be taken:

- The Managing Authority must provide the Supervisory Body with the information that is required and it must complete Form 1. If the Managing Authority considers that the present care and/or treatment that has been found to amount to deprivation of liberty care should continue while the assessments are carried out, it must give itself an Urgent Authorisation by completing the relevant parts of DoLS Form 1.
- The Best Interests Assessor, Section 12 doctor, IMCA and the six assessments will be arranged by the DoLS Administrator, with support from the DoLS Coordinator, on behalf of the Supervisory Body.
- If an Urgent Authorisation form is issued then the necessary assessments must be completed within the period of the Urgent Authorisation.

#### **4.2. Requests from a 3rd party for an application for an authorisation for a deprivation of liberty.**

The Deprivation of Liberty Safeguards include measures for responding to situations where someone in a Care Home or Hospital is thought to be deprived of their liberty but without proper authorisation.

If an individual believes that someone is being deprived of their liberty without proper authority, the Mental Capacity Act allows for them to ask the Managing Authority to request a Standard Authorisation. This can be done on the phone or by sending an informal letter and the information included should be:

- Name of the person they are concerned about
- Name of the relevant Hospital or Care Home
- An explanation of why it is thought the person is being deprived of their liberty (as far as they are able to).

In such circumstances, the DoLS Co-ordinator, acting on behalf of the Supervisory Body, must select and appoint a person who is suitable and eligible to carry out a Best Interest Assessment to consider whether the relevant person is being deprived of their liberty. Depending on the outcome of this assessment it may subsequently be necessary for the Supervisory Body to commission the s12 doctor or Mental Health Assessor to complete their assessments.

If the Best Interest Assessment concludes there was no deprivation of liberty, there is no need for the other assessments to be completed, unless there is information to suggest the person is detainable under the Mental Health Act 1983; in which case a S12 doctor or Mental Health Assessor will need to complete the Eligibility Assessment.

**The use of letters is not mandatory but any oral or written request should include the information highlighted.**

Any request to assess whether or not there is an unauthorised deprivation of liberty should be brought to the attention of the DoLS Co-ordinator.

The Supervisory Body does not, however, need to arrange such an assessment where it appears to the Supervisory Body that the request they have received is frivolous or vexatious. For example where the person is very obviously not being deprived of their liberty or where a recent assessment has been carried out which concluded there was no deprivation and the circumstances have not since changed which would merit a reassessment.

## 5. The role of the Relevant Person's (Paid) Representative

Once a Standard Authorisation has been granted, a Relevant Persons Representative (RPR) must be appointed by the Supervisory Body as soon as possible to represent the person who has been deprived of their liberty.

The Supervisory Body must appoint an RPR for every person issued with a Standard Authorisation for deprivation of liberty. The representative is appointed at the time the authorisation is granted or very shortly thereafter.

The RPR role is:

- to maintain contact with the relevant person, and
- to represent and support the relevant person in all matters relating to the operation of the deprivation of liberty safeguards, including, if appropriate, triggering a review, using an organisations' complaints procedure on the person's behalf or making an application to the Court of Protection.

If the RPR has insufficient contact with the relevant person, for whatever reason, the relevant person may effectively be unable to access important review and appeal rights.

If the RPR does not maintain an appropriate level of contact with the relevant person, the

Managing Authority will need to consider informing the Supervisory Body.

When the Managing Authority is reviewing the relevant person's care plan, it should consider whether the RPR is in sufficient contact with the relevant person to offer effective support. Records kept by the Managing Authority regarding frequency of contact will support this consideration.

The Supervisory Body must appoint the RPR in writing. The potential representative needs to indicate their willingness to be selected as the representative should they be offered the appointment to the Best Interest Assessor. The Best Interest Assessor is required to complete the relevant page on form 3 which is the selection of a representative. If the Best Interest Assessor cannot find somebody who is willing and able to take on the RPR role, they will recommend a paid representative (RPPR). See Appendix 4 for the appointment process for both RPR and RPPR.

If the RPR has been sent a form which they fail to sign, then they cannot be appointed. In that event the Supervisory Body must instruct a 39C IMCA, if appropriate, until the situation has been resolved and an RPR has been officially appointed. If necessary, the Safeguarding/DoLS Co-ordinator must contact the potential RPR and explain the importance of signing the form i.e. it is the written confirmation of the RPR's willingness to take on this role and is required to validate the appointment. If the form is signed the 39C IMCA will be informed and their involvement will end.

**This is a crucial role in the deprivation of liberty process, providing the relevant person with representation and support that is independent of the commissioners and providers of the services they are receiving.**

### 5.1. Who can be a Relevant Persons Representative?

To be eligible as the relevant person's representative (RPR), a person must be:

- 18 years of age or over
- willing to be appointed, and
- able to keep in contact with the relevant person.

The person must not be:

- prevented by ill health from carrying out the role of representative
- financially interested in the relevant person's Managing Authority
- a close relative of a person who is financially interested in the Care Home or the Hospital
- if the person is deprived of liberty in a Care Home or Hospital, employed by, or providing services to, that Care Home or Hospital
- employed to work in the relevant person's Supervisory Body in a role that is, or could be, related to the relevant person's case.

The appointment of an RPR is in addition to, and does not affect, any appointment of an attorney or deputy. The functions of the RPR are in addition to, and do not affect, the authority of any attorney, the powers of any deputy or any powers of the court.

There is no presumption that a Relevant Persons Representative should be the same as the

person who would be their nearest relative for the purposes of the Mental Health Act 1983.

## 5.2. The Managing Authority's responsibilities toward the Relevant Persons Representative

Immediately after a Standard Authorisation has been issued, the Managing Authority must take all practical and appropriate steps to ensure that the relevant person and the RPR understand:

- the effect of the authorisation
- their right to request a review
- the formal and informal complaints procedures that are available to them
- their right to make an application to the Court of Protection to seek a variation or termination of the authorisation, and
- their right to request the support of an IMCA.

In providing information to the relevant person and their representative, the Managing Authority should take account of the communication and language needs of both the relevant person and their representative.

**Provision of information should be seen as an ongoing responsibility rather than a one-off activity.**

## 6. The Independent Mental Capacity Advocate (IMCA)

In line with the provisions of the Mental Capacity Act 2005, anyone who does not have family or friends who can be consulted will have an Independent Mental Capacity Advocate (IMCA) instructed to support and represent them during the assessment process.

### **Section 39A IMCA**

Section 39A of the Mental Capacity Act 2005 applies where an Urgent Authorisation is given or a Standard Authorisation is requested and there is not an existing authorisation in place. It also applies where an assessment is being undertaken to decide whether there is an unauthorised deprivation of liberty. The Managing Authority must ascertain whether there is anybody, other than people engaged in providing care or treatment in a professional capacity or for remuneration, whom it would be appropriate to consult in determining what would be in the best interest of the relevant person which the authorisation/assessment relates to. If there is not, the Managing Authority must notify the Supervisory Body who will instruct an IMCA to represent the person (Form 11- IMCA referral form)

An IMCA instructed at this stage of the DoLS process has additional rights and responsibilities compared to an IMCA who is instructed under the more general provisions of the Mental Capacity Act 2005.

IMCAs in this context have the right to:

- Give information or make submissions to assessors which assessors must take into account in carrying out their assessments



- Receive any copies of any deprivation of liberty assessments that are undertaken from the Supervisory Body
- Receive a copy of the outcome of the authorisation of deprivation of liberty, if authorised.
- Be notified by the Supervisory Body if they are unable to authorise an application for a deprivation of liberty.
- Apply to the Court of Protection for permission to take the relevant persons case to the Court in connection with a matter relating to the giving or refusal of a deprivation of liberty by a Supervisory Body.

### **Section 39C IMCA**

Section 39C provides for the appointment of an IMCA if a RPR's appointment ends while an authorisation is in force and the Managing Authority are satisfied there is nobody else appropriate to consult in determining the relevant persons best interest. Again, the Managing Authority must notify the Supervisory Body that this is the case, and the Supervisory Body must then instruct an IMCA to represent the relevant person (Form 11). The IMCA's role in this case comes to an end upon the appointment of a new RPR.

### **Section 39D IMCA**

Section 39D provides for the instruction of an IMCA by the Supervisory Body where the person does not have a paid RPR and:

- The relevant person or their RPR request that IMCA is instructed, by the Supervisory Body, to help them, or
- The Supervisory Body believes that instructing an IMCA will help to ensure that the relevant person's rights are protected.

### **Additional information**

Differences of opinion between an IMCA and any Assessor should ideally be resolved while the assessment is still in progress. Where disagreements cannot be resolved, the Supervisory Body should be informed of the conflict by the Best Interest Assessor, IMCA or Safeguarding/DoLS Co-ordinator before the assessment is finalised. The nominated Supervisory Body signatory should then consider what action might be appropriate.

Wherever possible, differences of opinion should be resolved informally in order to keep to a minimum the number of occasions on which it is necessary for an IMCA to make an application to the Court of Protection.

#### **6.1. Instructing a section 39C IMCA to act when there is no Relevant Persons Representative available.**

One of the key safeguards for people who are deprived of their liberty under the deprivation of liberty safeguards is the person's representative. The expectation is that this will be a family member who is both willing and able to do this. Where there is no family or friend who can take on this role, the Supervisory Body has to appoint someone who could be paid to undertake the role. The Managing Authority must notify the Supervisory Body, who must instruct an IMCA to represent the relevant person until a new representative is appointed.

The Supervisory Body may instruct a 39C IMCA to fill any gaps before the appointment of the person's representative in order to avoid the person going for long periods without someone in this role. For example, a 39C IMCA could be instructed to cover the gap between sudden death of a previous representative and the appointment of a paid representative.

## **6.2. Instructing a section 39D IMCA to act during a Standard Authorisation for a deprivation of liberty to support the relevant person or their (unpaid) representative**

39D IMCAs are only available when a Standard Authorisation is in place and the person has an unpaid Relevant Person's Representative (paid representatives are expected to understand their role and to provide the appropriate support). The intention of a 39D IMCA is to provide extra support to the relevant person or a family member or friend acting as their representative if they need it, to make use of the review of Court of Protection safeguards. Where a person has an unpaid representative, a 39D IMCA must be instructed if:

- The relevant person asks the Supervisory Body for the support of a 39D IMCA.
- Their representative asks the Supervisory Body for support
- The Supervisory Body believes that the person or their representative would benefit from support.

The DoLS Coordinator should instruct the DoLS Administrator to complete the standard form 11 specifying the need for a 39D IMCA.

**In any deprivation of liberty application, only one IMCA will be appointed.**

The role of the IMCA is to explain the authorisation to the relevant person and their RP(P)R: what it means, why it has been granted, why it is considered that the person meets the criteria for authorisation, how long it will last and how to trigger a review or challenge in the Court of Protection. The IMCA can also provide support with a review or with an application to the Court, for example to help the person to communicate their views.

The IMCA will have the right to make submissions to the Supervisory Body on the question of whether a qualifying requirement is reviewable or to give information, or make submissions, to any assessor carrying out a review assessment. Both the relevant person and their representative must be told about the IMCA service and how to request an IMCA.

An IMCA must be instructed if the person or their representative requests this provision. A request may be made more than once during the period of the authorisation. For example, help may be asked for at the start of the authorisation and then again later in order to request a review.

In addition, if the Supervisory Body has reason to believe that the review and Deprivation of Liberty Safeguards might not be used without the support of an IMCA, then they must instruct an IMCA. For example, if the Supervisory Body is aware that the person has selected a representative who needs support with communication, it should consider whether an IMCA is needed.



At any time when the relevant person does not have a representative, it will be particularly important for Supervisory Bodies to consider exercising their discretion to carry out a review if there is any significant change in the person's circumstances.

In LBRuT the IMCA Service is currently provided by Kingston Advocacy Group. KAG can be contacted at the following address and contact numbers:

KAG Advocacy  
Siddeley House  
50 Canbury Park Rd  
Kingston Upon Thames  
KT2 6LX  
Tel: 0782 554 9191  
Email: [imca@kag.org.uk](mailto:imca@kag.org.uk)  
Web: [www.kag.org.uk](http://www.kag.org.uk)

**A friend or family member is not considered to be acting in a professional capacity simply because they have been appointed as the person's representative for a previous application.**

## 7. Reviews

The Managing Authority must set out in the care plan clear roles and responsibilities for monitoring the DoLS and confirm under what circumstances a review is necessary. For example, if a person's condition is changing frequently, then their situation should be reviewed more frequently. In addition, the Supervisory Body must carry out a review if requested to do so by the relevant person or their representative, or the Managing Authority may also carry out a review at any other time. There are no restrictions on when a review can be requested.

In general, the grounds for requesting a review are that:

- The relevant person's circumstances have changed from those which formed the basis of the original application.
- The relevant person is ineligible because they now object to receiving mental health treatment in hospital in which case the Mental Health Act 1983 should be considered.
- There has been a change in the relevant person's situation and, because of the change, it would be appropriate to vary the authorisation.

**If a care home or hospital identifies that deprivation of liberty is no longer necessary then they must end it immediately, by adjustment of the care regime or whatever other change is appropriate.**

**The managing authority should apply to the supervisory body to apply to discharge the authorisation. While this review is happening, the person concerned should no longer be subject to deprivation of liberty.**

The Supervisory Body must carry out a review if one is requested by the relevant person, by their representative or by the Managing Authority. The Supervisory Body may itself decide to carry out a review without any request being made for one. The Supervisory Body may delegate this responsibility to another appropriate person in certain circumstances. The DoLS does not necessarily have to lapse during the time of the review.

Having given notice that a review is to be held, the Supervisory Body must then decide whether any of the qualifying assessments are reviewable. In essence what must be decided is whether evidence exists that the relevant person may no longer meet the criteria for being deprived of their liberty under the Mental Capacity Act 2005. In general, a review should be carried out if it is possible that the relevant person no longer meets one or more qualifying assessments but the Supervisory Body can request a review for other reasons

With one exception, the Supervisory Body must arrange for fresh assessments to be carried out for each qualifying requirements that appears to be reviewable. The exception is where it has been decided that the Best Interest requirement is reviewable on the sole ground that there has been a change in the person's case as a result of which the conditions of the Standard Authorisation need varying. This process would need to be undertaken by a commissioned Best Interest Assessor and signed off by the Authorised Signatory for the Supervisory Body. This may not necessarily be the same Best Interest Assessor who undertook the original assessments.

The Supervisory Body should record its decision following the receipt of the assessments. Any termination of the Standard Authorisation should be recorded by the Authorised Signatory for the Supervisory Body.

The reasons why a Standard Authorisation will cease to be in force are that:

- The Care Home or Hospital gave notice to the supervisory body that the relevant person has ceased to meet the eligibility requirement. 28 days have now elapsed since the notice was given without the suspension having been lifted.
- The Standard Authorisation has expired.
- A review of the Standard Authorisation has been completed and the review concluded that the relevant person no longer meets the requirements for being deprived of their liberty under the Mental Capacity Act 2005.
- Following a change in the place where the person was deprived of liberty, the Standard Authorisation has been replaced by a new Standard Authorisation and has therefore ceased to exist.
- The Court of Protection or another applicable court has made an order that the standard authorisation is invalid or that it shall no longer have effect.

- The relevant person has died.

Once a Standard Authorisation comes to an end, the Managing Authority cannot lawfully continue to deprive a person of their liberty. If they consider that a person will still need to be deprived of liberty after the authorisation ends, they need to request a further application to begin immediately after the expiry of the existing one, recognising that the process to complete a further authorisation can take up to 21 days.

Once commenced, the process for re-application follows the same process for requesting the previous authorisation, with the same assessment processes needing to take place. However, the need to instruct an IMCA will not usually arise because most people at this stage will already have a person appointed to represent their interests.

If a relevant person dies whilst subject to a DoLS authorisation, the local coroner's office needs to be notified which should be done by the Managing Authority using DoLS Form 12.

## 8. Record Keeping

It is essential that full records of assessments and decision making, including the identity or identities of decision maker(s) are kept and that the relevant forms are retained on the recording systems used by the Supervisory Bodies recording systems and on the records of the Managing Authorities. This will also include those forms which were completed and where the application for a deprivation of liberty was not authorised.

The current records management system used by the Local Authority is Frameworki (FWi).

## 9. Monitoring and Quality Assurance

The Managing Authority will be responsible for ensuring that:

- All request forms are completed adequately
- Any recommendations / conditions stipulated by the BIA are adhered to.
- Any requirements for Managing Authorities as specified in this policy are adhered to

The Supervisory Body will be responsible for ensuring:

- BIAs are adequately trained to undertake their role
- BIAs are given adequate training to facilitate undertaking assessments under DoLS
- Assessments undertaken by BIA's and Mental Health Assessors are of a suitable quality
- BIA warrants are maintained and renewed accordingly
- Mental Health Assessors and BIAs hold a current CRB/DBS check
- Any recommendations / conditions stipulated by the BIA are adhered to.

The Supervisory Body Board for both LBRuT and the NHS will formally meet as a Board every 2 months.

The Lead DoLS Administrator and DoLS Co-ordinator, with support from the Performance

team, will prepare a report to go the board which will include:

- Data collated for DMG and the Department of Health Return.
- Any issues arising throughout the DoLS process
- Feedback from BIAs and Mental Health Assessors
- Feedback from Managing Authorities
- Updates from the Department of Health
- Any other updates

## APPENDIX 1 – DoLS FORMS

FORM No.	FORM TITLE
<b>Completed by Managing Authority (MA)</b>	
1	STANDARD AND URGENT REQUEST
2	FURTHER AUTHORISATION REQUEST
7	SUSPENSION OF STANDARD AUTHORISATION
10	REVIEW REQUEST
12	NOTIFICATION TO CORONER
<b>Completed by Best Interests Assessor (BIA)</b>	
3	BIA COMBINED ASSESSMENT
3A	BIA NO DEPRIVATION
<b>Completed by Mental Health Assessor (MHA)</b>	
4	MENTAL HEALTH ELIGIBILITY CAPACITY ASSESSMENT
<b>Completed by Supervisory Body (SB)</b>	
5	STANDARD AUTHORISATION GRANTED
6	STANDARD AUTHORISATION NOT GRANTED
11	IMCA REFERRAL FORM
<b>Completed by Independent Mental Capacity Advocate (IMCA)</b>	
	IMCA REPORT

**Form 1: Standard and Urgent Authorisation Request**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1</b>			
<b>REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION</b>			
Request a <b>Standard Authorisation</b> only ( <i>you DO NOT need to complete pages 6 or 7</i> )			
Grant an <b>Urgent Authorisation</b> ( <i>please ALSO complete pages 6 and 7 if appropriate/required</i> )			
Full name of person being deprived of liberty			Sex
Date of Birth ( <i>or estimated age if unknown</i> )			Est. Age
Relevant Medical History ( <i>including diagnosis of mental disorder if known</i> )			
Sensory Loss		Communication Requirements	
Name and address of the care home or hospital requesting this authorisation			
Telephone Number			
Person to contact at the care home or hospital, (including ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward (if appropriate)		
Usual address of the person, (if different to above)			
Telephone Number			
Name of the Supervisory Body where this form is being sent			
How the care is funded	Local Authority <i>please specify</i>		



	NHS		Local Authority and NHS (jointly funded)	
	Self-funded by person		Funded through insurance or other	

## REQUEST FOR STANDARD AUTHORISATION

### THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED:

*If standard only – within 28 days*

*If an urgent authorisation is also attached – within 7 days*

### PURPOSE OF THE STANDARD AUTHORISATION

- *Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.*
- *Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, types of choice the person has and any medical treatment they receive.*

- *Explain why the person is or will not be free to leave and why they are under continuous or complete supervision and control.*
- *Describe the proposed restrictions or the restrictions you have put in place which are necessary to ensure the person receives care and treatment. (It will be helpful if you can describe why less restrictive options are not possible including risks of harm to the person.)*
- *Indicate the frequency of the restrictions you have put in place.*

INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT		
Family member or friend	Name	
	Address	
	Telephone	
	Email	
Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
	Email	
Anyone engaged in caring for the person or interested in their welfare	Name	
	Address	
	Telephone	
Any donee of a Lasting Power of Attorney granted by the person	Name	
	Address	
	Telephone	
Any Personal Welfare Deputy appointed for the person by the Court of Protection	Name	
	Address	
	Telephone	
Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005	Name	
	Address	
	Telephone	

**WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED**

*Place a cross in EITHER box below*

Apart from professionals and other people who are paid to provide care or treatment, this person has no-one whom it is appropriate to consult about what is in their best interests

There is someone whom it is appropriate to consult about what is in the person's best interests who is neither a professional nor is being paid to provide care or treatment

**WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION**

*Place a cross in one box below*

The person has made an Advance Decision that is valid and applicable to some or all of the treatment

The Managing Authority is not aware that the person has made an Advance Decision that may be valid and applicable to some or all of the treatment

The proposed deprivation of liberty **is not** for the purpose of giving treatment

**THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT (1983)**

Yes

No

*If Yes please describe further e.g. application/order/direction, community treatment order, guardianship*

**OTHER RELEVANT INFORMATION**

Names and contact numbers of regular visitors not detailed elsewhere on this form:

Any other relevant information including safeguarding issues:

PLEASE NOW SIGN AND DATE THIS FORM			
Signature		Print Name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION <i>(Please sign to confirm)</i>			

RACIAL, ETHNIC OR NATIONAL ORIGIN			
<i>Place a cross in one box only</i>			
White		Mixed / Multiple Ethnic groups	
Asian / Asian British		Black / Black British	
Not Stated		Undeclared / Not Known	
Other Ethnic Origin <i>(please state)</i>			

THE PERSON'S SEXUAL ORIENTATION			
<i>Place a cross in one box only</i>			
Heterosexual		Homosexual	
Bisexual		Undeclared	
Not Known			

OTHER DISABILITY			
<p><i>While the person must have a mental disorder as defined under the Mental Health Act 1983, there may be another disability that is primarily associated with the person. This is based on the primary client types used in the Adult Social Care returns.</i></p> <p><i>To monitor the use of DoLS, the HSCIC requests information on other disabilities associated with the individual concerned. The presence of "other disability" may be unrelated to an assessment of mental disorder or lack of capacity.</i></p> <p style="text-align: right;"><i>Place a cross in one box only</i></p>			
Physical Disability: Hearing Impairment		Physical Disability: Visual Impairment	
Physical Disability: Dual Sensory Loss		Physical Disability: Other	
Mental Health needs: Dementia		Mental Health needs: Other	
Learning Disability		Other Disability (none of the above)	

No Disability			
<b>RELIGION OR BELIEF</b>			
<i>Place a cross in one box only</i>			
None		Not stated	
Buddhist		Hindu	
Jewish		Muslim	
Sikh		Any other religion	
Christian (includes Church of Wales, Catholic, Protestant and all other Christian denominations)			

**ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURRING, OR ABOUT TO OCCUR, AND YOU REASONABLY THINK ALL OF THE FOLLOWING CONDITIONS ARE MET**

**URGENT AUTHORISATION**

*Place a cross in EACH box to confirm that the person appears to meet the particular condition*

The person is aged 18 or over	
The person is suffering from a mental disorder	
The person is being accommodated here for the purpose of being given care or treatment. <b>Please describe further on page 2</b>	
The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment	
The person has not, as far as the Managing Authority is aware, made a valid Advance Decision that prevents them from being given any proposed treatment	
Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection under the Mental Capacity Act 2005	
It is in the person's best interests to be accommodated here to receive care or treatment, even though they will be deprived of liberty	
Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise	
The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application	

does not prevent an Urgent Authorisation being given			
The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately before the request for the Standard Authorisation is made or has been determined			
<p><b>AN URGENT AUTHORISATION IS NOW GRANTED</b></p> <p>This Urgent Authorisation comes into force immediately.</p> <p>It is to be in force for a period of: <input style="width: 150px; height: 25px;" type="text"/> days</p> <p><b><i>The maximum period allowed is seven days.</i></b></p> <p>This Urgent Authorisation will expire at the end of the day on: <input style="width: 150px; height: 25px;" type="text"/></p>			
Signed		Print name	
Date		Time	

<b>REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION</b>	
<i>If Supervisory Body is unable to complete the process to give a Standard Authorisation (which has been requested) before the expiry of the existing Urgent Authorisation</i>	
<p>An Urgent Authorisation is in force and a Standard Authorisation has been requested for this person.</p> <p>The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of <input style="width: 150px; height: 25px;" type="text"/> DAYS (<b><i>up to a maximum of 7 days</i></b>)</p> <p>It is essential for the existing deprivation of liberty to continue until the request for a Standard Authorisation is completed because the person needs to continue to be deprived and exceptional reasons are as follows (<i>please record your reasons</i>):</p>          <p><b><i>Please now sign, date and send to the SUPERVISORY BODY for authorisation</i></b></p>	
Signature	
Date	



**RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED**

This part of the form must be completed by the **SUPERVISORY BODY** if the duration of the Urgent Authorisation is extended. **The Managing Authority does not complete this part of the form.**

The duration of this Urgent Authorisation has been extended by the Supervisory Body.

It is now in force for a **further**  days

**Important note: The period specified must not exceed seven days.**

This Urgent Authorisation will now expire at the end of the day on:

<b>SIGNED</b> (on behalf of the Supervisory Body)	Signature			
	Print Name			
	Date		Time	

**Form 2: Request for Further Authorisation**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2 REQUEST FOR A FURTHER STANDARD AUTHORISATION</b>			
Full name of person being deprived of their liberty		Sex	
Date of Birth <i>(or estimated age if unknown)</i>		Est. Age	
Name and Address of Managing Authority (care home or hospital) requesting this authorisation			
Person to contact at the care home or hospital, (include ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward <i>(if appropriate)</i>		
<p><b>THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:</b></p> <ul style="list-style-type: none"> <li>• <i>Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.</i></li> <li>• <i>Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, types of choice the person has and any medical treatment they receive.</i></li> </ul>			

**THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:**

A further Standard Authorisation is required to start on this date so it is force immediately after the expiry of the existing Standard Authorisation.

**OTHER RELEVANT INFORMATION**

*Please include details of any changes previously given in Form 1 e.g. in the care plan, medical information, person's behaviour or visitors.*

Signature		Print name	
Date		Time	
<p><b>I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION</b> <i>(Please sign to confirm)</i></p>			

**Form 3: BIA Combined Assessment**

Case ID Number:							
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 3</b>							
<b>AGE, MENTAL CAPACITY, NO REFUSALS, BEST INTERESTS ASSESSMENTS AND SELECTION OF REPRESENTATIVE</b>							
This combined form contains 4 separate assessments and includes selection of representative. If any assessment is negative there is no need to complete the others unless specifically commissioned to do so by the Supervisory Body.							
<b>Please indicate which assessments have been completed</b>							
<i>(*Supervisory Bodies will vary in practice as to who completes the Mental Capacity Assessment)</i>							
Age		Mental Capacity*		No Refusals		Best Interests	
This form is being completed in relation to a <b>request</b> for a Standard Authorisation							
This form is being completed in relation to a <b>review</b> of an existing Standard Authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005.							
Full name of the person being assessed							
Date of birth					Est. Age		
<i>This also constitutes the Age Assessment. If there is any uncertainty regarding the person's age, please provide additional information at the end of the form.</i>							
Name and address of the care home or hospital in which the person is, or may become, deprived of liberty							
Name of the Assessor							
Address of the Assessor							
Profession of the Assessor							
Name of the Supervisory Body							
The present address of the person if different from the care home or hospital stated above.							

In carrying out this assessment I have met or consulted with the following people		
NAME	ADDRESS	CONNECTION TO PERSON BEING ASSESSED

The following interested persons have not been consulted for the following reasons		
NAME	REASON	CONNECTION TO PERSON BEING ASSESSED

**I have considered the following documents** (e.g. current care plan, medical notes, daily record sheets, risk assessments)

DOCUMENT NAME:	DATED:

MENTAL CAPACITY ASSESSMENT	
The following practicable steps have been taken to enable and support the person to participate in the decision making process:	
In my opinion the person <b>LACKS</b> capacity to decide whether or not they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment, and the person is unable to make this decision because of an impairment of, or a disturbance in the functioning of, the mind or brain.	
In my opinion the person <b>HAS</b> capacity to decide whether or not they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment	
<b>Stage One:</b> What is the impairment of, or disturbance in the functioning of the mind or brain?	
<b>Stage Two:</b> Functional test	
<p><b>a. The person is unable to understand the information relevant to the decision</b></p> <p><i>Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings.</i></p>	
<p><b>b. The person is unable to retain the information relevant to the decision</b></p> <p><i>Record how you tested whether the person could retain the information and your findings. Note that a person's ability to retain the information for only a short period does not prevent them from being able to make the decision.</i></p>	
<p><b>c. The person is unable to use or weigh that information as part of the process of making the decision</b></p> <p><i>Record how you tested whether the person could use and weigh the information and your findings.</i></p>	
<p><b>d. The person is unable to communicate their decision (whether by talking, using sign language or any other means)</b></p> <p><i>Record your findings about whether the person can communicate the decision.</i></p>	
<b>Stage Three:</b> Explain why the person is unable to make the specific decision because of the impairment of, or disturbance in the functioning of, the mind or brain.	



**NO REFUSALS ASSESSMENT**

To the best of my knowledge and belief the requested Standard Authorisation **would not** conflict with an Advance Decision to refuse medical treatment or a decision by a Lasting Power of Attorney, or Deputy, for Health and Welfare.

To the best of my knowledge and belief the requested Standard Authorisation **would** conflict with an Advance Decision to refuse medical treatment or a decision by a Lasting Power of Attorney, or Deputy, for Health and Welfare.

*Please describe further:*

There is not a valid Advance Decision, Lasting Power of Attorney or Deputy for Health and Welfare in place

<b>BEST INTERESTS ASSESSMENT</b>	
<b>MATTERS THAT I HAVE CONSIDERED AND TAKEN INTO ACCOUNT</b>	
I have considered and taken into account the views of the relevant person	
I have considered what I believe to be all of the relevant circumstances and, in particular, the matters referred to in section 4 of the Mental Capacity Act 2005	
I have taken into account the conclusions of the mental health assessor as to how the person's mental health is likely to be affected by being deprived of liberty	
I have taken into account any assessments of the person's needs in connection with accommodating the person in the hospital or care home	
I have taken into account any care plan that sets out how the person's needs are to be met while the person is accommodated in the hospital or care home	
In carrying out this assessment, I have taken into account any information given to me, or submissions made, by any of the following: <ul style="list-style-type: none"> <li>(a) any relevant person's representative appointed for the person</li> <li>(b) any donee of a Lasting Power of Attorney or Deputy</li> <li>(c) any IMCA instructed for the person in relation to their current or proposed deprivation of liberty</li> </ul>	
<b>BACKGROUND INFORMATION</b>	
<i>Background and historical information relating to the current or potential deprivation of liberty. For a review look at previous conditions and include comments on previous conditions set.</i>	
<b>VIEWS OF THE RELEVANT PERSON</b>	
<i>Provide details of their past and present wishes, values, beliefs and matters they would consider if able to do so:</i>	
<b>VIEWS OF OTHERS</b>	

<p><b>THE PERSON IS DEPRIVED OF THEIR LIBERTY</b></p> <p>In my opinion the person is, or is to be, kept in the hospital or care home for the purpose of being given the relevant care or treatment in circumstances that deprive them of liberty</p> <p><b>Note:</b> <i>if the answer is No then the person does not satisfy this requirement</i></p>	<p>YES</p>	
	<p>NO</p>	
<p><b>The reasons for my opinion:</b></p> <p><b>Note:</b> <i>Consider the concrete situation of the person including type, duration, effects and manner of implementation of the measures in question in order to determine whether they meet the acid test of continuous (or complete) supervision AND control AND are not free to leave.</i></p> <p><b>Objective:</b> <i>Applying the acid test should provide evidence of confinement in a particular restricted space for more than a negligible period of time. Refer to the descriptors in the DoLS Code of Practice in light of the acid test.</i></p> <p><b>Subjective:</b> <i>Evidence that the person lacks capacity to consent to being kept in the hospital or care home for the purpose of being given the relevant care or treatment.</i></p> <p>The placement is imputable to the State because:</p>		
<p><b>It is necessary to deprive the person of their liberty in this way in order to prevent harm to the person.</b></p> <p>The reasons for my opinion are:</p>	<p>YES</p>	
	<p>NO</p>	
<p><i>Describe the risks of harm to the person that could arise which make the deprivation of liberty necessary. Support this with examples and dates where possible. Include severity of any actual harm and the likelihood of this happening again.</i></p>		
<p><b>Depriving the person of their liberty in this way is a proportionate response to the likelihood that the person will otherwise suffer harm and to the seriousness of that harm.</b></p>	<p>YES</p>	
	<p>NO</p>	
<p><i>With reference to the risks of harm described above explain why deprivation of liberty is justified. Detail how likely it is that harm will arise (i.e. is the level of risk sufficient to justify a step as serious as depriving a person of liberty?). <b>Why is there no less restrictive option?</b> What else has been explored? Why is depriving the person of liberty a proportionate response to the risks of harm described above?</i></p>		

<p><b>This is in the person’s best interests.</b></p> <p><i>Note: you should consider section 4 of the Mental Capacity Act 2005, the additional factors referred to in paragraph 4.61 of the Deprivation of Liberty Safeguards Code of Practice and all other relevant circumstances. Remember that the purpose of the person’s deprivation of liberty must be to give them care or treatment. You must consider whether any care or treatment can be provided effectively in a way that is less restrictive of their rights and freedom of action. You should provide evidence of the options considered. In line with best practice this should consider not just health related matters but also emotional, social and psychological wellbeing.</i></p>		<b>YES</b>
		<b>NO</b>

The reasons for my opinion are:

After giving your reasons above you should now carry out analysis of the benefits and burdens or each option identified.

**Option 1:**

Benefits:

Burdens:

**Option 2:**

Benefits:

Burdens:

*(Repeat process if there are more options)*

**BEST INTERESTS REQUIREMENT IS NOT MET**

*This section must be completed if you decided that the best interests requirement is not met.*

For the reasons given above, it appears to me that the person **IS, OR IS LIKELY TO BE**, deprived of liberty but this is not in their best interests.

In my view, the deprivation of liberty under the Mental Capacity Act 2005 is not appropriate. Consequently, unless the deprivation of liberty is authorised by the Court of Protection or under another statute, the person is, or is likely to be, subject to an unauthorised deprivation of liberty.

A Safeguarding Adult enquiry must be considered for any unauthorised deprivation of liberty. Please place a cross in the box if a referral has been made.

Date of Referral: \_\_\_ / \_\_\_ / \_\_\_

*Please offer any suggestions that may be beneficial to the Safeguarding Adult process, commissioners and / or providers of services in deciding on their future actions or any others involved in the resolution process.*

**BEST INTERESTS REQUIREMENT IS MET**

*The maximum authorisation period must not exceed one year*

In my opinion, the maximum period it is appropriate for the person to be deprived of liberty under this Standard Authorisation is:

\_\_\_\_\_

**The reasons for choosing this period of time are:** *Please explain your reason(s)*

**DATE WHEN THE STANDARD AUTHORISATION SHOULD COME INTO FORCE**

I recommend that the Standard Authorisation should come into force on:

<b>RECOMMENDATIONS AS TO CONDITIONS (Not applicable for review)</b>	
<b>Choose ONE option only</b>	
I have no recommendations to make as to the conditions to which any Standard Authorisation should or should not be subject (proceed to the <b>Any Other Relevant</b> information section of this form).	
I recommend that any Standard Authorisation should be subject to the following conditions	
1	
2	
3	
4	
<b>RECOMMENDATIONS AS TO VARYING ANY CONDITIONS (Review only)</b>	
<b>Choose ONE option only</b>	
The existing conditions are appropriate and should not be varied	
The existing conditions should be varied in the following way:	
1	
2	
3	
4	
<b>SHOULD ANY RECOMMENDED CONDITIONS NOT BE IMPOSED:</b>	
I would like to be consulted again, since this may affect some of the other conclusions that I have reached in my assessment.	
I do not need to be consulted again, since I do not think that the other conclusions reached in this assessment will be affected.	
<b>ANY OTHER RELEVANT INFORMATION</b>	
<i>Please use the space below to record any other relevant information, including any additional conditions that should or should not be imposed and any other interested persons consulted by you.</i>	
<b>RECOMMENDATIONS, ACTIONS AND / OR OBSERVATIONS FOR CARE MANAGER / SOCIAL WORKER / COMMISSIONER / HEALTH PROFESSIONAL</b>	



<b>SELECTION OF REPRESENTATIVE – place a cross (X) in one box</b>	
<i>(Note that the Best Interests Assessor must confirm below whether the proposed representative is eligible before recommending them )</i>	
The relevant person has capacity to select a representative and wishes to do so. <b>Name of person selected:</b>	
The relevant person who lacks capacity to select a representative but has a Lasting Power of Attorney, or Deputy, for Health and Welfare, this decision is within the scope of their authority and they have selected the following person <b>Name of person selected:</b>	
Neither the relevant person nor their Donee or Deputy wish to, or have the authority to, select a representative and therefore the Best Interests Assessor will select and recommend a representative.	
<b>RECOMMENDATION OF REPRESENTATIVE – place a cross (X) in one box</b>	
I recommend that the Supervisory Body appoints the representative selected by the relevant person above and confirm that they are eligible and would in my opinion maintain contact with the person, represent and support them in matters relating to or connected with the Standard Authorisation if appointed. <i>(Read guidance notes for clarification of eligibility)</i>	
I have selected and recommend that the Supervisory Body appoints the representative identified below. In so doing I confirm that: <ul style="list-style-type: none"> <li>the person this assessment is about (who may have capacity but does not wish to select a representative) and / or their Donee or Deputy does not object to my recommendation;</li> <li>the proposed representative agrees to act as such, is eligible, and would in my opinion maintain contact with the person, represent and support them in matters relating to or connected with the Standard Authorisation if appointed. <i>(Read guidance notes for clarification of eligibility)</i>.</li> </ul>	
Please tick this box if this section is being completed because an existing representative's appointment has been terminated before it was due to expire and it is necessary for the Supervisory Body to appoint a replacement	
Full name of recommended representative	
Their address	
Telephone number(s)	
Relationship to the relevant person	
Reason for selection	
<b>If you are not able to name a representative please place a cross in the box and record your reason below</b>	
<b>PLEASE NOW SIGN AND DATE THIS FORM</b>	
Signed	Date
Print Name	Time

**Form 3A: Best Interest Assessment – No Deprivation**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 3A BEST INTEREST ASSESSMENT – NO DEPRIVATION</b>			
This form is being completed in relation to a request for a standard authorisation.			
This form is being completed in relation to a review of an existing standard authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005.			
Full name of the person being assessed			
Date of birth (or estimated age if unknown)		Est. Age:	
Name and address of the care home or hospital where the person is, or may become, deprived of liberty			
The present address of the person being assessed if different from above.			
Name and address of the Assessor			
Profession of the Assessor			
Name of the Supervisory Body			
<b>MATTERS THAT I HAVE CONSIDERED AND TAKEN INTO ACCOUNT</b>			
<b>Note:</b> before embarking on the full best interests assessment consultation process, the Best Interests Assessor may first wish to check that there is prima facie evidence that a deprivation of liberty may be occurring, or is likely to occur, since, if it is apparent that there is no deprivation of liberty, the full best interests consultation process will be unnecessary.			
I have considered and taken into account the views of the relevant person			
I have considered what I believe to be all of the relevant circumstances and, in particular, the matters referred to in Section 4 of the Mental Capacity Act 2005			
I have taken into account the conclusions of the mental health assessor as to how the person's mental health is likely to be affected by being deprived of liberty			
I have taken into account any assessments of the person's needs in connection with accommodating the person in the hospital or care hom			

I have taken into account any care plan that sets out how the person's needs are to be met while the person is accommodated in the hospital or care home.	
In carrying out this assessment, I have taken into account any information given to me, or submissions made, by any of the following: (a) any relevant person's representative appointed for the person (b) any IMCA instructed for the person in relation to their deprivation of liberty	

**In carrying out this assessment I have met or consulted with the following people:**

NAME	ADDRESS	CONNECTION TO PERSON BEING ASSESSED

**BACKGROUND INFORMATION**

**Note:** Background and historical information relating to the current or potential deprivation of liberty. This sets the context: why is the person in that particular care home or hospital; why do they need residential care; what else has been tried; what else has failed.

**VIEWS OF THE RELEVANT PERSON**

--

## IEWS OF OTHERS

**Note:** Record the documents used in the assessment, e.g. current care plans, medical notes, daily record sheets, risk assessments etc, as well as conversations with interested persons and the Mental Health Assessor.

## BEST INTEREST ASSESSMENT

### WHY THE PERSON IS NOT DEPRIVED OF THEIR LIBERTY

*In my opinion although the person is, or is to be, kept in the hospital or care home for the purpose of being given care or treatment the circumstances do not amount to a deprivation of liberty for the following reasons:*

## ANY OTHER RELEVANT INFORMATION

*Please use the space below to record any other relevant information and any other interested persons consulted by you. This should include observations on any care planning issues.*

**PLEASE NOW SIGN AND DATE THIS FORM**

Signed	
Date	
Time	

**Form 4: Mental Health, Eligibility, Mental Capacity Assessments**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 4 MENTAL CAPACITY, MENTAL HEALTH, and ELIGIBILITY ASSESSMENTS</b>			
This combined form contains 3 separate assessments; if any assessment is negative there is no need to complete the others unless specifically commissioned to do so by the Supervisory Body.			
<b>Please indicate which assessments have been completed</b> <i>(*Supervisory Bodies will vary in practice as to who completes the Mental Capacity assessment)</i>			
Mental Capacity*		Mental Health	Eligibility
This form is being completed in relation to a request for a standard authorisation.			
This form is being completed in relation to a review of an existing Standard Authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005.			
Full name of the person being assessed			
Date of birth <i>(or estimated age if unknown)</i>		Est. Age	
Name of the care home or hospital where the person is, or may become, deprived of liberty			
Name and address of the Assessor			
Profession of the Assessor			
Name of the Supervisory Body			
The present address of the person being assessed if different from the care home or hospital stated above.			



<b>MENTAL CAPACITY ASSESSMENT</b> <i>Place a cross in ONE of the following boxes</i>	
The following practicable steps have been taken to enable and support the person to participate in the decision making process. <b>Please describe these steps:</b>	
In my opinion the person <b>LACKS</b> capacity to make their own decision about whether they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment because of an impairment of, or a disturbance in the functioning of the mind or brain	
In my opinion the person <b>HAS</b> capacity to make their own decision about whether they should be accommodated in this care home or hospital for the purpose of being given the proposed care and/or treatment	
<b>Stage One:</b> What is the impairment of, or disturbance in the functioning of the mind or brain?	
<b>Stage Two:</b>	
a. <b>The person is unable to understand the information relevant to the decision:</b> <i>Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings.</i>	
b. <b>The person is unable to retain the information relevant to the decision:</b> <i>Record how you tested whether the person could retain the information and your findings.</i>	
c. <b>The person is unable to use or weigh that information as part of the process of making the decision:</b> <i>Record how you tested whether the person could use and weigh the information and your findings.</i>	
d. <b>The person is unable to communicate their decision (whether by talking, using sign language or any other means):</b> <i>Record your findings about whether the person can communicate the decision.</i>	

e. **Conclusion** (including any further input needed).

*Record the conclusion of the assessment stating clearly whether the person is unable to make the specific decision as a result of the impairment or disturbance in the functioning of their mind or brain. Explain why the person's inability to decide the matter is because of their impairment of, or disturbance in the functioning of the mind or brain:*

**MENTAL HEALTH ASSESSMENT**

In carrying out this assessment, I have taken into account any information given to me, and any submissions made by any of the following:

- (a) The relevant person's representative
- (b) Any IMCA instructed for the person in relation to their deprivation of liberty
- (c) I have consulted the Best Interests Assessor for any relevant information about possible objections to treatment, including whether any donee or Deputy has made a valid decision to consent to any mental health treatment.

Place a cross in **EITHER** box below

In my opinion the person **IS NOT** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability).

*Provide a rationale for your opinion, including details of their symptoms, diagnosis and behaviour*

In my opinion the person **IS** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability).

*Provide a rationale for your opinion, including details of their symptoms, diagnosis and behaviour*

In my opinion, the person's mental health and wellbeing is likely to be affected by being deprived of liberty in the following ways:

### ELIGIBILITY ASSESSMENT

Reference to Cases A to E refers to the cases of ineligibility for DoLS described in **MCA Schedule 1A**

Answer **ALL** of the following questions Yes or No, by placing a cross in the relevant box.

The person is detained under section 2, 3, 4, 35-38, 44, 45A, 47, 48 or 51 of the Mental Health Act 1983 (Case A).	Yes	
	No	
The person is subject to s17 leave or conditional discharge (Case B), or Community Treatment Order (Case C), or Guardianship (Case D), and a Standard Authorisation would be incompatible with a Mental Health Act requirement (e.g. as to residence)	Yes	
	No	

If you have answered "Yes" to either of the above, the person is ineligible for DoLS.

*Please give reasons/explanation for your answer:*

### Hospital Cases Only (Case E)

The purpose of detention is to receive medical treatment for mental disorder <i>Please explain further:</i>	Yes	
	No	
In my opinion this person could be detained under the Mental Health Act (on the assumption that the person cannot be assessed and treated under the Mental Capacity Act 2005) <i>Please explain further:</i>	Yes	
	No	

If the answer to both of the above statements is **YES** please consider the next two statements  
If either of the below are ticked the person is ineligible for DoLS

The person objects, or would object if able to do so, to some or all of the medical treatment for a mental disorder <i>Please explain further:</i>		Yes	
Are the deprivation of liberty safeguards the least restrictive way of best achieving the proposed care and treatment? <i>Describe the least restrictive way of best achieving the proposed care and treatment:</i>		No	
<b>PLEASE NOW SIGN AND DATE THIS FORM</b>			
Signed		Date	
Print Name		Time	
<i>In order to safeguard their rights please request that the person is assessed under the Mental Health Act and confirm this below:</i>			
<b>CONFIRMATION OF REQUEST FOR MENTAL HEALTH ACT ASSESSMENT</b>			
Date and Time of request for Mental Health Act Assessment			
Name of Person to which the request was made			

**Form 5: Standard Authorisation Granted**

Case ID Number:		
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 5 STANDARD AUTHORISATION GRANTED</b>		
Full name of the person being deprived of liberty		
Name and address of the care home or hospital where the deprivation of liberty is authorised		
Name and address of the Supervisory Body		
Person to contact at the Supervisory Body	Name	
	Telephone	
	Email	
<b>THE SUPERVISORY BODY'S DECISION</b>		
This standard authorisation is to come into force on:		
Date:	<input style="width: 250px; height: 25px;" type="text"/>	Time: <input style="width: 250px; height: 25px;" type="text"/>
This standard authorisation is to expire at the end of the day on:		
Date:	<input style="width: 250px; height: 25px;" type="text"/>	
The reasons for this period are:		
<i>(The period specified must not exceed the maximum period specified in the best interests assessment)</i>		
<b>THE PURPOSE OF THE AUTHORISATION</b> <i>is to enable the following care or treatment to be given in the hospital or care home.</i>		

**CONDITIONS TO WHICH THE STANDARD AUTHORISATION IS SUBJECT:**

This standard authorisation **IS NOT** subject to any conditions.

This standard authorisation **IS** subject to the following conditions set out immediately below.

1	
2	
3	
4	
Any additional conditions placed by the Supervisory Body authoriser	
5	
6	

*The care home or hospital staff must comply with these conditions. (The Supervisory Body should consult the Best Interests Assessor if their recommendations are not being followed and they have indicated in their assessment report that they would like to be consulted again in that event, since some of the other conclusions that they have reached in their assessment may be affected).*



<b>The authorisation is granted because the Supervisory Body has received written copies of all required assessments and concludes each qualifying requirement is met for the following reasons.</b>	
<b>AGE REQUIREMENT</b>	
The Supervisory Body has seen evidence to confirm that the person is over 18	
<b>NO REFUSALS REQUIREMENT</b>	
The person has not made an Advance Decision or appointed a Lasting Power of Attorney for Health and Welfare under the MCA 2005 and no Deputy for Health and Welfare has been appointed by the Court of Protection <b>or</b>	
Any Advance Decision the person has made does not prevent them being given the treatment proposed, and any decisions made by a donee of a Lasting Power of Attorney or Deputy for Health and Welfare do not conflict with the proposals for their accommodation, treatment or care	
<b>MENTAL HEALTH REQUIREMENT</b>	
The Supervisory Body has seen current evidence that the person is suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with a learning disability) <b>or</b>	
An equivalent Mental Health Assessment is being used, dated	
<b>ELIGIBILITY REQUIREMENT</b>	
The Supervisory Body has seen current evidence that accommodating the person is not ineligible to be deprived of liberty by the MCA 2005 by virtue of falling into one of the Cases A-E set out in paragraph 2 of Schedule 1a to the MCA 2005, <b>or</b>	
An equivalent Eligibility Assessment is being used, dated	
<b>MENTAL CAPACITY REQUIREMENT</b>	
The Supervisory Body has seen current evidence that the person lacks capacity to make their own decision about whether they should be accommodated in the care home or hospital for the purposes of being given care and or treatment. This is because of an impairment or disturbance in the functioning of their mind or brain, <b>or</b>	
An equivalent Mental Capacity Assessment is being used, dated	
<b>BEST INTERESTS REQUIREMENT</b>	
The Supervisory Body has seen current evidence provided by the Best Interest Assessor. This confirms that it is in the person's best interests to be deprived of their liberty and that the deprivation is necessary to prevent harm to the person, and the deprivation is a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm, <b>or</b>	
An equivalent Best Interests Assessment is being used, dated	

### EVIDENCE OF SUPERVISORY BODY SCRUTINY

The authoriser should indicate why they concur with the conclusions of the assessors reports and demonstrate overall scrutiny of the process:

Signed (*on behalf of the Supervisory Body*)

Signature

Print Name

Date

### APPOINTMENT OF A REPRESENTATIVE - 1<sup>st</sup> copy to be retained by representative

#### Details of the person to be appointed

The Supervisory Body appoints the person named below to represent the relevant person, in so doing it confirms that they meet the eligibility requirements of the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005. This person was identified as representative by:

The Relevant Person

The Best Interests Assessor

The Best Interests Assessor indicated that they were not able to select an eligible person as representative. It is therefore necessary for the Supervisory Body to select a representative for this person.

Full name of Relevant Person's Representative

Address

Telephone

Email

Relationship to Relevant Person

This appointment lasts for the same period as the Standard Authorisation to which it relates.

**APPOINTMENT OF A REPRESENTATIVE**

**2nd copy – to be returned to Supervisory Body**

**Details of the person to be appointed**

The Supervisory Body appoints the person named below to represent the relevant person, in so doing it confirms that they meet the eligibility requirements of the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005. This person was identified as representative by:

The Relevant Person	
---------------------	--

The Best Interests Assessor	
-----------------------------	--

The Best Interests Assessor indicated that they were not able to select an eligible person as representative. It is therefore necessary for the Supervisory Body to select a representative for this person.	
--	--

Full name of Relevant Person's Representative	
---	--

Address	
---------	--

Telephone	
-----------	--

Email	
-------	--

Full name of Relevant Person	
------------------------------	--

Relationship to Relevant Person	
---------------------------------	--

This appointment lasts for the same period as the Standard Authorisation to which it relates.

**Agreement of the appointed representative:**

I am willing to be appointed as this person's representative under the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005 and I am aware of the functions that I am expected to perform

<b>Signed</b>	
---------------	--

<b>Date</b>	
-------------	--

**Please now return this page only to the Supervisory Body indicated below**

Name and address of the Supervisory Body	
--	--

Person to contact at the Supervisory Body	Name	
---	------	--

Telephone	
-----------	--

Email	
-------	--

**Form 6: Standard Authorisation Not Granted**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 6 STANDARD AUTHORISATION NOT GRANTED</b>			
Full name of the person who has been assessed			
Name and address of the care home or hospital who requested the authorisation			
Name and address of the Supervisory Body			
Person to contact at the Supervisory Body	Name		
	Telephone		
	Email		
<b>THE SUPERVISORY BODY'S DECISION</b>			
<p>The relevant Managing Authority made a request for a Standard Authorisation which was received on:</p> <p style="text-align: center;">Date: <input style="width: 200px; height: 20px;" type="text"/></p> <p style="text-align: center;">Time: <input style="width: 200px; height: 20px;" type="text"/></p> <p>The Supervisory Body is prohibited from giving a Standard Authorisation in relation to that request.</p> <p>This is because the person was assessed as not meeting the following qualifying requirement(s) for being deprived of liberty under Schedule A1 to the Mental Capacity Act 2005:</p> <p><b>Note:</b> <i>there may be no completed assessment of some of the requirements. This is because when a person fails one requirement, a standard authorisation may not be given and all other on-going assessments must stop.</i></p> <p style="text-align: center;"><b>The following requirements are not met:</b></p>			
<b>REQUIREMENT</b>	<b>NOT MET</b>	<b>REQUIREMENT</b>	<b>NOT MET</b>
Age requirement		No Refusals requirement	
Mental Health requirement		Eligibility requirement	
Mental Capacity requirement		Best Interests requirement	

Not assessed (State reasons for not assessing in box i.e. deceased, moved, discharged):

### EVIDENCE OF SUPERVISORY BODY SCRUTINY

*The authoriser should indicate why they concur with the conclusions of the Assessors' reports and demonstrate overall scrutiny of the process:*

### IF THERE APPEARS TO BE AN UNAUTHORISED DEPRIVATION OF LIBERTY

The best interests assessment report included a statement that it appeared to the assessor that this person is, or is likely to be, subject to an unauthorised deprivation of liberty.

*The authoriser should now consider whether an Adult Safeguarding referral should be made, if not already made by the Best Interest Assessor and whether an application to the High Court or Court of Protection should be made.*

Signed (*on behalf of the Supervisory Body*)

Signature

Print Name

Date

**Form 7: Suspension of Standard Authorisation**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 7 SUSPENSION OF STANDARD AUTHORISATION</b>			
Full name of the person who is subject to the Standard Authorisation			
Date of birth <i>(or estimated age if unknown)</i>		Est. Age	
Name and address of the care home or hospital stated on the Standard Authorisation			
Person to contact at the care home or hospital, (include ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward		
Current location of the person who is subject to the Standard Authorisation			
Name of the Supervisory Body			
<b>NOTICE THAT THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT</b>			
<p>The above person no longer meets the eligibility requirement for a Standard Authorisation under Schedule A1 to the Mental Capacity Act 2005.</p> <p>The Standard Authorisation is suspended from the time this notice is given.</p> <p>The Standard Authorisation no longer authorises the care home or hospital to deprive the person of their liberty for as long as it is suspended.</p>			
<b>REASON WHY THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT</b>			
<i>Please select one of the reasons below with reference to Schedule A1 to the Mental Capacity Act 2005</i>			
The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48 or 51.			
Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983.			
Accommodating the person in this care home or hospital now conflicts with a requirement imposed under the Mental Health Act 1983. (Guardianship or Community Treatment Order for example.)			
Accommodating the person in this care home or hospital now conflicts with a Guardianship Order			
Signed <i>(on behalf of the Managing Authority):</i>	Signature		
	Print Name		
	Date of notice (also the date on which the Standard Authorisation is suspended )		



**Please select one option**

**NOTICE THAT THE RELEVANT PERSON MEETS THE ELIGIBILITY REQUIREMENT AGAIN**

During the previous 28 days the Managing Authority gave the Supervisory Body notice that the above person no longer met the eligibility requirement for a Standard Authorisation. The effect of that notice was to suspend the Standard Authorisation.  
The Managing Authority now gives the Supervisory Body notice that the person once again meets the eligibility requirement for the following reasons and the Standard Authorisation ceases to be suspended when this notice is given.

Signed <i>(on behalf of the Managing Authority)</i>	Signature	
	Print Name	
	Date	

**NOTICE THAT THE STANDARD AUTHORISATIONS HAS CEASED TO BE IN FORCE**

28 days or more have lapsed starting on the date on which the Standard Authorisation was suspended. In that time, the suspension has not ceased to be suspended. The Standard Authorisation ceased to have effect at the end of the 28 day period (give date):

Signed <i>(on behalf of the Managing Authority)</i>	Signature	
	Print Name	
	Date	

### Form 8: Termination of Representative

Case ID Number:		
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 8 TERMINATION OF APPOINTMENT AS REPRESENTATIVE</b>		
Full name of person being deprived of liberty		
Name and address of representative previously appointed for the person	Name	
	Address	
Name and address of the care home or hospital where the person is being deprived of liberty	Name	
	Address	
Name of the Supervisory Body		
Person to contact at Supervisory Body	Name	
	Telephone	
	Email	
Your appointment as the person's representative is to terminate on:		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 20px;"></div> <span>because: <i>(place a cross in one box)</i></span> </div>		
1	The Standard Authorisation will expire on that date.	
2	The person selected you to be their representative and they have informed the Supervisory Body that they now object to you continuing to be their representative.	
3	A donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection who selected you has now informed the Supervisory Body that they now object to you continuing to be the person's representative.	
4	The Supervisory Body is satisfied that you are not maintaining sufficient contact with the person in order to support and represent them.	
5	The Supervisory Body is satisfied that you are no longer eligible, or were not eligible at the time the appointment was made.	
6	You are no longer willing to act as the person's representative	

7	The Supervisory Body is satisfied that you are not acting in the best interests of the person	
8	The Supervisory Body have been notified of the death of the person's representative	

**The Supervisory Body's reasons:**

If your appointment is to be terminated on points 4 or 5 on Page 1, the Supervisory Body's reasons for deciding that particular ground applies are as follows:

If you wish to make any representations as to why your appointment should not terminate on this date then please make them to the Supervisory Body before:

If no such representations are received this will then constitute notice of termination from the date stated on page 1.

Signed (on behalf of the Supervisory Body)	Signature	
	Print Name	
	Date	

**Form 9: Standard Authorisation has Ceased**

Case ID Number:	
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 9 STANDARD AUTHORISATION CEASED</b>	
Full name of the person being deprived of liberty	
Name and address of the care home or hospital where the person is being deprived of liberty	
<p>A STANDARD AUTHORISATION GRANTED ON <input type="text"/></p> <p>UNTIL <input type="text"/> has <b>ceased</b> to be in force because:</p> <p style="text-align: right;"><i>Please tick the box that applies</i></p>	
It has expired	<input type="checkbox"/>
It has been reviewed and the person no longer meets the requirements for being deprived of liberty	<input type="checkbox"/>
The person has moved and a new Standard Authorisation has been granted which replaces the existing one	<input type="checkbox"/>
The person has died	<input type="checkbox"/>
The Standard Authorisation was suspended more than 28 days ago because the Managing Authority gave the Supervisory Body notice that the person ceased to meet the eligibility requirement.	<input type="checkbox"/>
The Court of Protection has made an order that the Standard Authorisation is invalid or shall no longer have effect	<input type="checkbox"/>
It has ceased to be in force for some other reason which is:	<input type="checkbox"/>
Signed ( <i>on behalf of the Supervisory Body</i> )	
Print Name	
Dated	

**Form 10: Request a Review of Authorisation**

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10 REVIEW</b>			
Full name of person being deprived of liberty			
Date of Birth <i>(or estimated age if unknown)</i>		Est. Age	
Name and address of care home or hospital where the person is deprived of liberty			
Name and address of organisation or person requesting the review			
Contact details of organisation or person requesting the review	Name		
	Telephone		
	Email		
Name of the Supervisory Body where this form is being sent			
<b>A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS</b>			
<i>(place a cross in all boxes that apply)</i>			
The person no longer meet the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed			
The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances			
<i>Please give details:</i>			

REVIEW TO CEASE A DOLS AUTHORISATION		
The Managing Authority requests a review, because the person is, or is about to be discharged so the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest's requirement.		
The person has left / is due to leave the care home on		
The person is due to be / has been discharged from hospital on		
The person's new address is		
This follows a best interest decision (attached) made on		
It is no longer in their best interest to be accommodated in this care home or hospital because:		
Signed <i>(on behalf of the Managing Authority)</i>	Signature	
	Print Name	
	Date	

***The remainder of this form will be completed by the Supervisory Body***



**SUPERVISORY BODY'S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE**

The Supervisory Body has decided to refuse the request for a review for the following reasons:

This review is therefore complete and the existing Standard Authorisation will continue to be in force until:

The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out:

REQUIREMENT	MET	NOT MET	CHANGE OF REASON
Age requirement			
No Refusals requirement			
Eligibility requirement			
Mental Health			
Mental Capacity			
Best Interests requirement			

**OUTCOME OF REVIEW (select one option below)**

At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:

Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above.

All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:

subject to any variation in conditions shown below:

1	
2	
3	
4	

5	
6	

**REVIEW OF CONDITIONS – Please note that the conditions can be reviewed alone without the need for a review of best interests or other requirements**

<p>There has not been any <b>significant</b> change in the person's circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force.</p>	
--	--

<p>The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.</p>	
---	--

1	
2	
3	
4	
5	
6	

Signed <i>(on behalf of the Supervisory Body)</i>	Signature	
	Print Name	
	Date	

**Form 11: IMCA Referral**

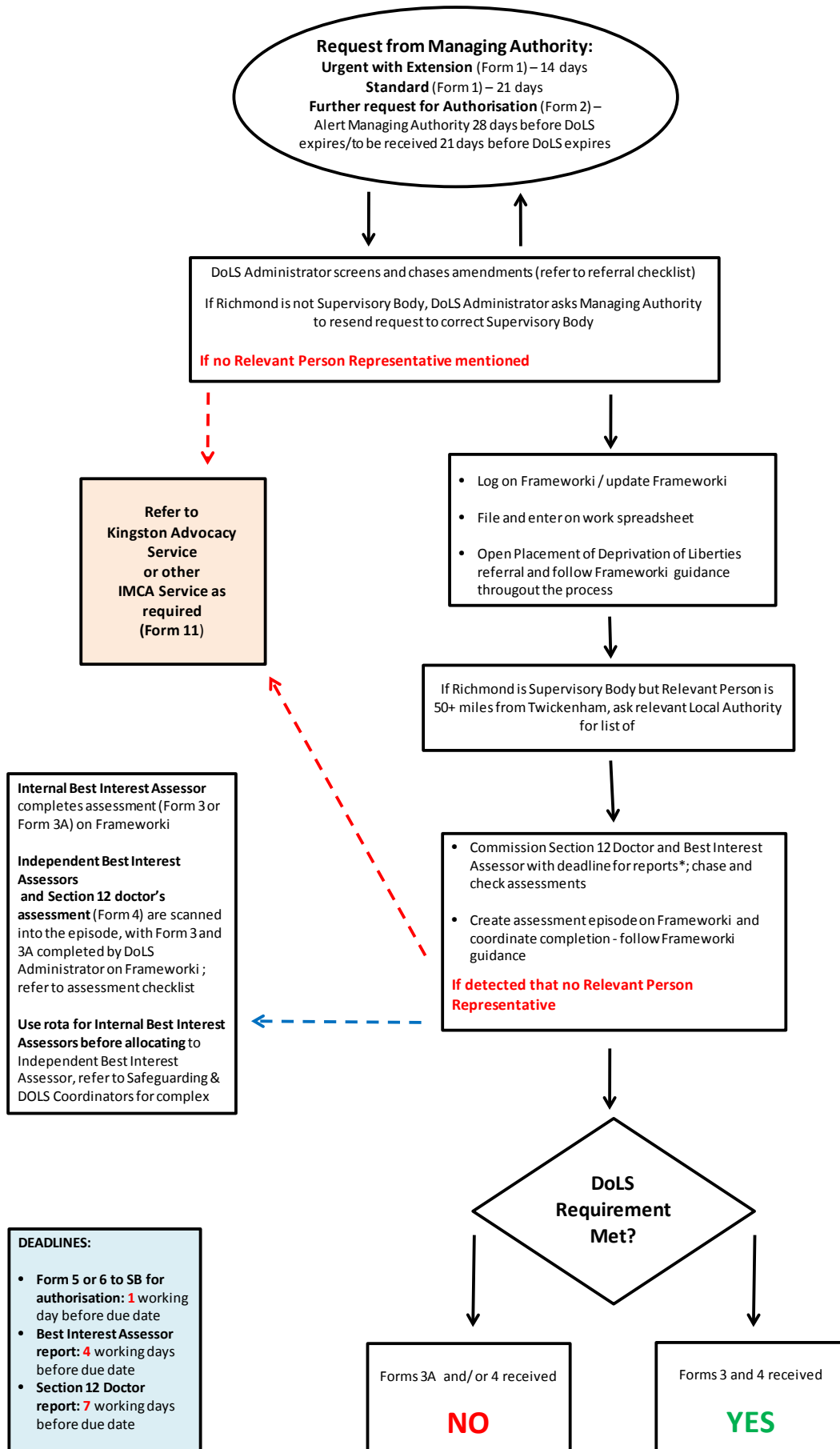
Case ID Number:		
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 11 IMCA REFERRAL</b>		
Full name of person being deprived of, or being assessed to be deprived of liberty	Name	
Name and address of the care home or hospital where the person is being deprived of, or being assessed to be deprived of liberty	Name	
	Address	
Person to contact at the care home or hospital, (include ward details if appropriate)	Name	
	Telephone	
	Email	
	Ward (if appropriate)	n/a
Name of the Supervisory Body instructing the IMCA	Name	London Borough of Richmond upon Thames
Contact person at Supervisory Body to receive IMCA submissions	Name	Sarah Jones/ Christiane Plaum
	Telephone	020 8831 6337
	Email	dols@richmond.gov.uk
IMCA Service to which this referral is being made	Name	KAG Advocacy
	Address	Siddley House 50 Canbury Park Road Kingston upon Thames Surrey KT2 6LX
<b>CONTACT DETAILS OF THE ASSESSORS</b>		
Mental Health Assessor	Name	
	Telephone	
	Email	
Best Interests Assessor	Name	
	Telephone	
	Email	

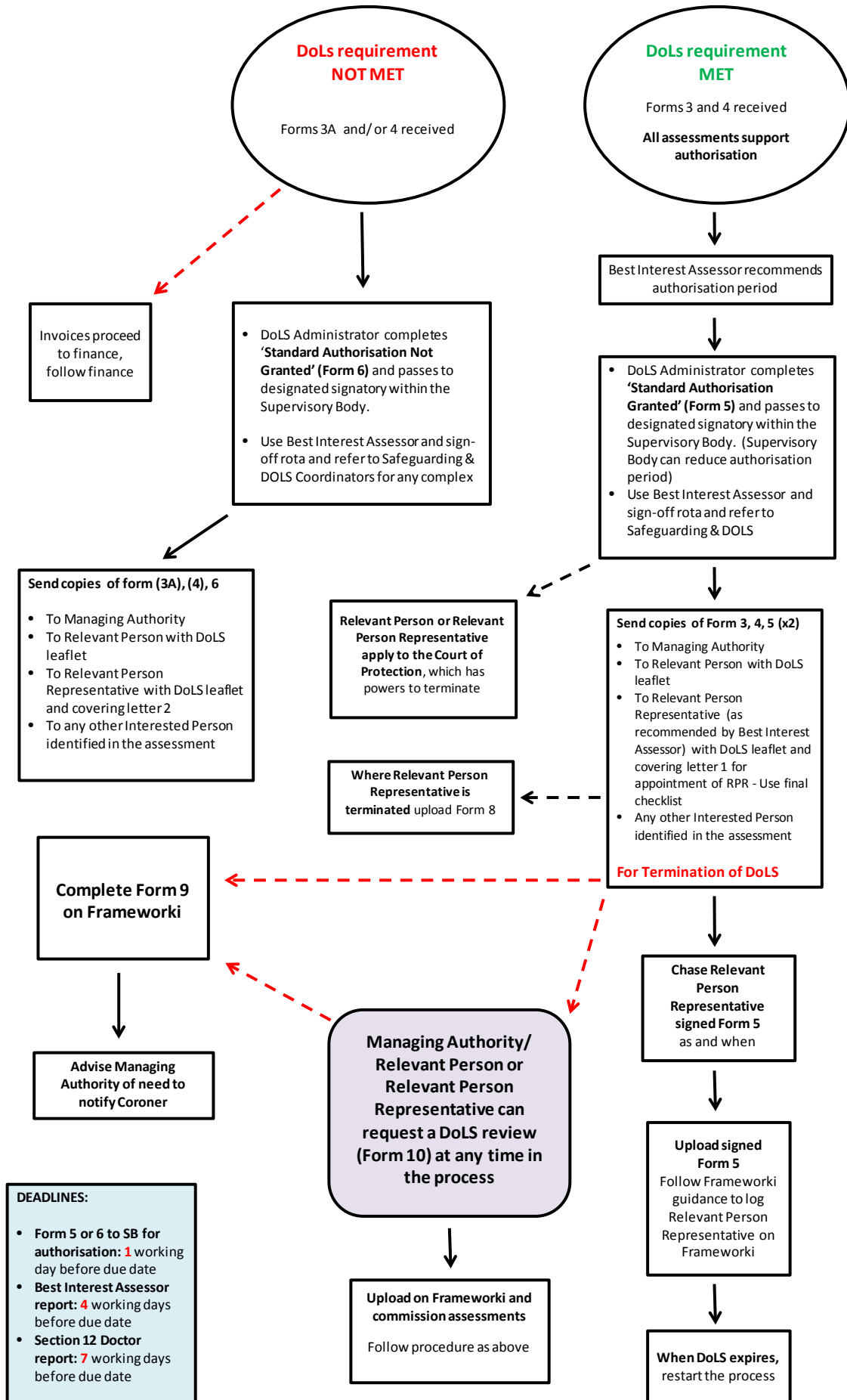
TYPE OF IMCA INSTRUCTION		(place a cross in one box)
39A	An Urgent Authorisation has been given, or a request for a Standard Authorisation has been made, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person's best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration).	
	An assessor has been appointed to determine whether or not there is an unauthorised deprivation of liberty, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person's best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration).	
39C	The person who is deprived of liberty is temporarily without a relevant person's representative	
39D	The person who is deprived of liberty has an unpaid representative who has requested the support of an advocate	
	The relevant person will benefit from the support of an advocate	
	The relevant person's representative will benefit from the support of an advocate	
	Without the help of an IMCA, the person / RPR would be <ul style="list-style-type: none"> <li>i. unable or unlikely to apply to Court or request a review or</li> <li>ii. they have already have failed to do so when it would have been reasonable to.</li> </ul>	
If applicable, state the anticipated duration of the IMCA role:		
The Supervisory Body should consider attaching any documents it believes will assist the work of an IMCA. The following documents are attached:		
Signed (on behalf of the Supervisory Body)	Signature	
	Print Name	
	Date	

**Form 12: Notification to Coroner**

Case ID Number:		
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12 NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY</b>		
Full name of person who was deprived of their liberty		
Date of Birth ( <i>or estimated age if unknown</i> )		Est. Age
<b>Date of Death</b>		
Location of person at time of death		
Name and address of the care home or hospital where the person was being deprived of their liberty		
Name and contact details of family member/RPR		
Name of the Supervisory Body		
Person to contact at Supervisory Body	Name	
	Telephone	
	Email	
Contact details of the GP	Name	
	Address	
	Telephone	
<b>SUBMITTING THIS NOTIFICATION</b>		
<p>Before the doctor has signed the Death Certificate, the <b>Managing Authority must send a copy of this notice to the local Coroner's Office.</b> This is so the Coroner can commence an investigation under Section 1(2)(c) of the Coroner's and Justice Act 2009.</p>		
<p>As soon as practicable the Managing Authority must also give a copy of this notice to the following:</p> <ol style="list-style-type: none"> <li>1. The Supervisory Body for the hospital or care home</li> <li>2. Any IMCA instructed for the person</li> <li>3. Every person named by the Best Interests Assessor in their report as an interested person whom they have consulted in carrying out their assessment</li> </ol>		
Signed <i>(on behalf of the Managing Authority)</i>	Name	
	Print Name	
	Date	

**APPENDIX 2 – Overview of Richmond DoLS Process**







## APPENDIX 3 – Supervisory Body Board

### Deprivation of Liberty Safeguards (DoLS) Supervisory Board

#### Terms of Reference

#### 1. Purpose of the Supervisory Board.

To ensure that the London Borough of Richmond upon Thames (LBRuT) meets its statutory obligations in relation to the Deprivation of Liberty Safeguards under the Mental Capacity Act.

The Board will have a strategic overview of the statutory decision making, reporting and quality assurance of authorisations in line with the legal requirements.

#### 2. Membership

The following officers will constitute the DoLS Supervisory Board:

- Head of Assessment and Commissioned Services
- Head of Early Intervention, Prevention and Rehabilitation
- Head of Learning Disability Services and Mental Health
- Associate Director; Social Work
- Head of Safeguarding and DoLS
- Lawyer

Meetings will be chaired by the Heads of Service on a rotational basis.

#### 3. Functions of the Board

- A. To receive monthly reports from Heads of Safeguarding and DOLS on
- Number of authorisations requested and authorised
  - Number of authorisations out of timescale and reasons why
  - Number of Best Interest Assessors (BIAs) and section 12 doctors engaged in work on behalf of the borough
  - Assurance on the qualifications and quality of BIAs and section 12 doctors engaged in work on behalf of the borough
- B. To quality assure the execution of authorisations on behalf of the Borough and obtain assurance on compliance with agreed process.
- C. To obtain overview of the effectiveness and sufficiency of IMCA and RPR support for DoLS processes
- D. To receive feedback on the quality of Managing Authorities' requests and how any concerns are being managed.

- E. To notify the Care Governance Board of concerns, learnings and recommended changes in DoLS process
- F. To consider whether there are any trends in authorisation requests that might need to be addressed via the Safeguarding Adults Procedure.

#### **4. Accountability**

The Supervisory Board will report to the Care Governance Board.

The Supervisory Board will provide at least 6 monthly summaries to the Care Governance Board.

#### **5. Role of Head of Safeguarding and DoLS**

Act as a secretariat for the Board and undertake the following activities:

- Ensure meetings are arranged on a bi-monthly basis
- Ensure agendas are prepared and agreed with Chair
- Ensure minutes are taken, records appropriate and located on shared drive
- Ensure routine reports are presented to Board

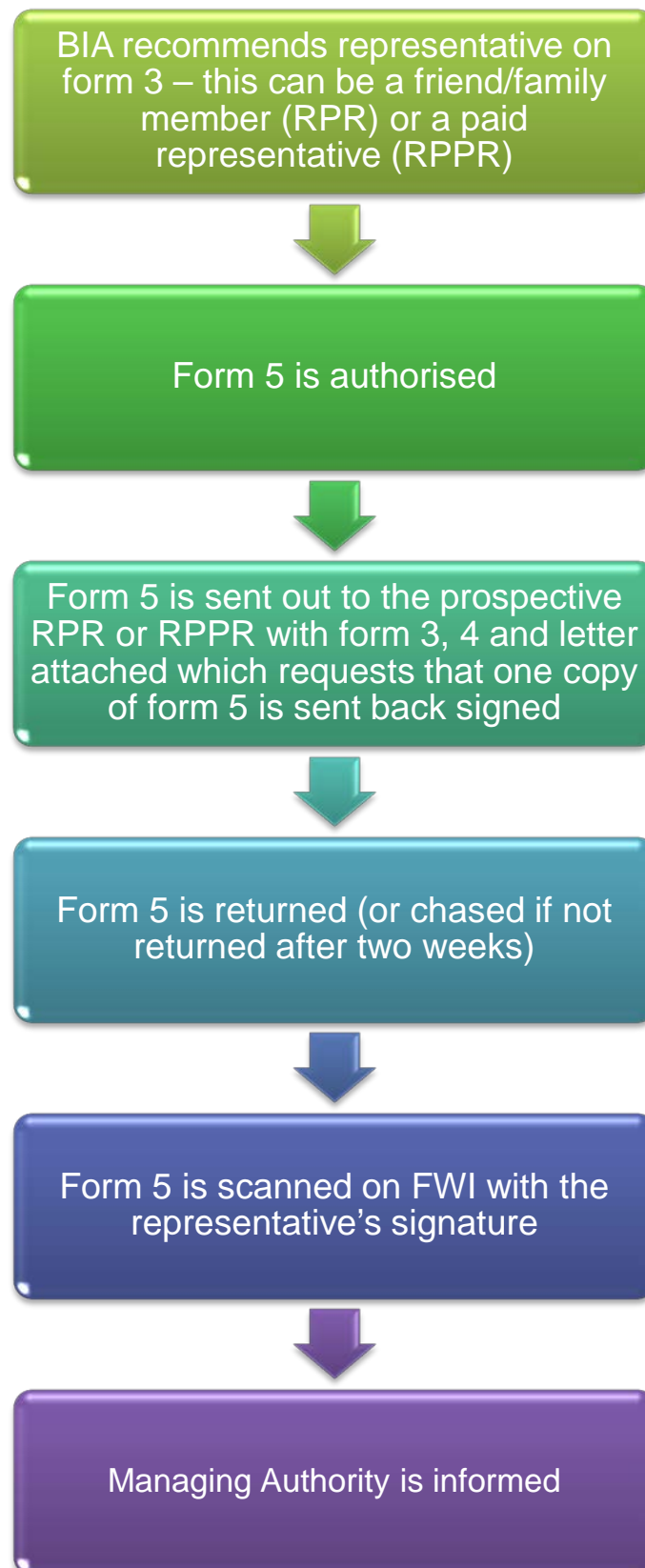
#### **6. Meeting Frequency**

Meetings of the Supervisory Body will take place bi-monthly.

#### **7. Review**

These terms of reference will be reviewed annually.

**APPENDIX 4 – Relevant Person’s Representative Appointment Process**



**APPENDIX 5 – FWi DoLS workflow**

**Placement Deprivation Of Liberties Workflow**

