## DoLS Referral Checklist – Managing Authority should confirm they have undertaken the following tasks.

|  |  |
| --- | --- |
| **ACTION** | **CONFIRMED** |
| Capacity assessment Taken Place |  |
| Best Interest Decision Taken Place |  |
| Standard and Urgent Application Form Completed |  |
| e-mail Application to: dolsadmin@coventry.gov.uk  |  |
| All Original Application Forms to stay with persons records |  |
| Care /Support Plans have been attached to the Standard and Urgent Application Form |  |
| Once person has been assessed and authorisation decision made then inform CQC – via CQC Notification Form  |  |

## 13 - Deprivation of Liberty Safeguards – Flowchart A –is an authorisation needed?

**The Person:**

* Is over 18yrs
* Has a mental disorder (e.g. brain injury, dementia, learning disability)
* Lacks capacity to consent to residing in this place
* Is not subject to any powers of the Mental Health Act which would conflict with a DoL
* Does not have any other valid decision making authorities (advance decision, LPA, Deputy) which would conflict with a DoL

**The restrictions are considered to be in the person’s best interests because:**

* They are necessary to protect the person from harm
* They are a proportionate response to the likelihood and severity of the potential harm
* Consideration has been given to reducing or eliminating the restrictions

The person does appear to be deprived of their liberty and the restrictions cannot be reduced at present

It is possible to minimise the restrictions to a level at which the person will not be deprived of their liberty?

An application for DoLS **must** be made (see appendix B)

**Take immediate action** to reduce the restriction, monitor and keep under review

**AND**

* The person is not free to leave **and**
* They are subject to continuous supervision and control

**AND**

**Examples of the measures that may be in place to restrict the person’s freedom:**

* Close observation and supervision
* Sedative medication
* Distraction/persuasion to control behaviour
* Refusing requests for discharge, preventing them from leaving and bringing them back if they do leave
* Equipment used to restrict freedom e.g. bedrails, tip back chairs, fixed tables, lap straps, helmets, splints, locked doors, keypads, baffle handles, pressure mats, tagging devices
* Physical intervention techniques used
* Restriction on social activities or contacts with other people
* Restrictions on movement within the place of residence

**AND**

## 14 - Deprivation of Liberty Safeguards – Flowchart B–the application process

**Preparation: the following information will be required:**

* The persons age
* Why the authorisation is needed
* Any relevant medical information
* Any diagnosis of mental disorder
* Your assessment that the person lacks capacity to consent to reside in this place
* Your best interest decision that care/treatment/support are required
* The persons communication style and language
* What restrictions are being used and what has been tried that was less restrictive
* What harm will the person come to if not deprived of their liberty
* Relevant assessments and care/support plans
* Who there is to consult with – whether an IMCA will be required
* Whether there is an advanced decision to refuse treatment, a lasting power of attorney or court appointed deputy

##

**Unplanned situation:** the person is already deprived of their liberty

**Planned situation:** application needed in advance of admission, can be up to 21 days prior to the move

**Complete** [**Form 1**](http://www.coventry.gov.uk/downloads/file/16015/request_a_dol_authorisation) (urgent and standard authorisation) and submit to Supervisory Body with relevant assessments and care/support plans

**Complete Standard Authorisation section of** [**Form 1**](http://www.coventry.gov.uk/downloads/file/16015/request_a_dol_authorisation)and submit to Supervisory Body with relevant assessments and care/support plans

* **Inform the relevant person and other relevant parties:** including relatives, carers and IMCA already involved
* **Facilitate the assessment process** by providing assessors with prompt access to:
* The relevant person who will need to be interviewed in private
* Relevant care/support records
* Staff involved in caring for the person

**Take appropriate action depending on the outcome of the application** (see flowchart C)

If an extension is required for an urgent authorisation, request this by completing the final section of [Form 1](http://www.coventry.gov.uk/downloads/file/16015/request_a_dol_authorisation) and submittingto the Supervisory Body

**IDENTIFY AND ALERT THE RELEVANT SUPERVISORY BODY**

15 Deprivation of Liberty Safeguards – Flowchart C Managing Authority’s responsibilities following an application

Authorisation **not granted**

Standard Deprivation of Liberty Safeguards authorisation **is granted**

* Formally **notify** [**Care Quality Commission**](https://www.cqc.org.uk/content/notifications)of the outcome of the application
* Urgently take any action necessary to **ensure persons safety**

Formally **notify** [**Care Quality Commission**](https://www.cqc.org.uk/content/notifications)of the outcome of the application

**Complying with conditions**

Ensure any conditions attached to the authorisation are implemented – alert Supervisory Body immediately if any changes occur

**Supporting the relevant person and their representative**

* Monitor whether the persons representative maintains regular contact with the person
* Alert the Supervisory Body if the representative does not see the person regularly
* Ensure that the person and their representative are aware of their rights to request a review or appeal

**Requesting Further Authorisation**

If it is likely that Deprivation of Liberty will still be required when an authorisation comes to an end, a new application using [Deprivation of Liberty Form 2](http://www.coventry.gov.uk/downloads/file/16016/request_a_further_dol_authorisation) must be submitted to the Supervisory Body before the existing authorisation expires.

**Complying with the outcome of a review**

* Ensure compliance with any amended conditions
* If the authorisation is terminated, inform all relevant people

**Requesting a [Review Deprivation of Liberty Form 10](http://www.coventry.gov.uk/downloads/file/16019/request_a_review_of_a_dol)**

If there is a change in the persons circumstances relevant to the Deprivation of Liberty Authorisation e.g.

* Arrangements are being Form made to discharge the person
* The person no longer appears to meet one of the qualifying criteria (e.g. they have regained capacity)
* One or more of the conditions attached to the authorisation needs to be amended

[**Suspending an authorisation (Form 7)**](http://www.coventry.gov.uk/downloads/file/16017/request_a_suspension_of_a_dol_authorisation)

This is likely to be a rare occurrence and will only be needed if the person is sectioned under the Mental Health Act or that accommodating the person in the care home or hospital now conflicts with a Guardianship or Community Treatment Order