



Additional Guidance on Completing the DoLS Form 1

INTRODUCTION

Many managing authorities are still struggling with the completion of the DoLS form 1. Providers should always refer to the new ADASS guidance when completing the forms as well their DoLS Code of Practice ([click here](#)). The following brief guide provides additional guidance and screenshots to help managing authorities complete the DoLS Form 1.

There is also additional guidance recently published by the Law Society on DoLS. To access this guidance [click here](#).

WHAT TO EXPECT AFTER YOUR FORM 1

APPLICATION HAS BEEN SENT

After you have submitted your DoLS application, we will send you confirmation that the application has been received and a letter explaining that due to the current climate the original timescales (7 days for Urgent Authorisations, 14 if extended or 21 days for requesting a Standard Authorisation) will not be met. We will strive to send this letter within 2 weeks however there are occasions this does not occur . If you haven't received the letter, please contact us to request this.

Around the same timeframe we will call in regards to the application to prioritise the application using the ADASS priority tool.

| | |
|---|--------------------------|
| Request a Standard Authorisation only (<i>you DO NOT need to complete Part D</i>) | <input type="checkbox"/> |
| Grant an Urgent Authorisation (<i>please ALSO complete Part D</i>) | <input type="checkbox"/> |

We have noticed on some DOLS applications that many managing authorities forget to select the option to request a Standard Authorisation when they are issuing themselves an urgent authorisation.

| | |
|--|--|
| The relevant person's address prior to admission or placement e.g. home address | |
| How long has the person been a resident / patient at the care home / hospital? | |

It is important that the previous address for the person you are making a DOLS application is entered. The reason is if the funding is provided by Cambridge & Peterborough CCG and their previous address would suggest either they were an ordinary resident of Cambridge or Peterborough, then the application would need to be sent to Cambridgeshire County Council or Peterborough City Council. We are also asking how long the person has been a resident for at the care home and hospital as it could be possible they were placed there before the Mental Capacity Act came into effect in 2005.

| | | |
|------------------------|--|--|
| How the care is funded | Local Authority Please Specify | |
| | CCG Please Specify | |
| | Local Authority and CCG (jointly funded) | |
| | Self-funded by person or family <input type="checkbox"/> | Funded through insurance or other <input type="checkbox"/> |

It is important to specify who is funding the care when it concerns the Local Authority or CCG as in some cases they may need to be sent to another Supervisory Body. Especially in cases of where funding is provided by Cambridge & Peterborough CCG. The previous address of the relevant person would help us identify if it belongs to Cambridgeshire County Council or Peterborough. When placements are jointly funded, the Supervisory Body will be the one that is funding the majority of the placement so this will vary as a percentage (e.g. 90% Local Authority and 10% CCG or vice versa).

If the funding is however provided by Essex County Council it will need to be sent to the DOLS team at Essex County Council. This would apply to their equivalent of CCG as well.

If a person is self-funding their care under private arrangements, they usually acquire an ordinary residence in the area in which their care home is located. Therefore, if a self-funder becomes in need of a deprivation of liberty authorisation, it is the local authority in which the care home is located that is responsible for performing the supervisory body role. In some cases a care home may be located within boundaries that are shared by different local authorities. In such scenarios, the Supervisory Body would be the council whom the care home pays their business rates to.

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED:

If standard only – within 21 days from the date of signature on page 5

*If an **urgent authorisation** is also included – within 7 or 14 days based on the date of signature on page 7 (Part D)*

Please refer to the DoLS Guide for calculating the dates on page 3

If you are requesting a standard authorisation, the date entered would be 21 days from the date the form is signed by the registered manager. If the form is signed and dated on 13 July 2015, the standard authorisation would begin from 02 August 2015.

If however you are issuing yourself an urgent authorisation, the urgent authorisation would expire on 19 July 2015 (7 days) or if the urgent authorisation was extended for a further 7 days, 26 July 2015 (14 days).

The date for standard authorisation would begin from 20 July 2015 (7 days) or 27 July 2015 (14 days). Please note that the date the form is signed is inclusive within the stated timescales of standard or urgent authorisations.

Alternatively you can use a day counter wheel to calculate 7, 14 and 21 days.

PURPOSE OF THE STANDARD AUTHORISATION

- *Please describe the care and / or treatment this person is receiving 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, how much choices the person has and any medical treatment they receive.*
- *Please submit documentary evidence that the person lacks capacity to give valid consent to the placement in this care home or admission to this hospital 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 this section it is best to describe in detail the care plan that the person is under and phrases such as “24 hour care” is vague. Does it mean that the person has 1:1 support for 24/7 or is there a night rota in place at the care home.

For example it is better to say: “Mrs X has to be reassured and redirected by staff at least 4-5 times a day as she is distressed and wants to leave.”

rather than: “Mrs X says she wants to leave.”

It is better to say: “1:1 support is in place at all times of day, when John is in his room or moving around the building, when he has meals or takes part in social events. However at night there is less support and no checks are made beyond the routine checks.”

rather than: “John has 1:1 support.”

We will require the Care Plan and Mental Capacity Assessment for the relevant person to be attached as it does help the Best Interest Assessor to prepare for the assessment prior to the meeting at the care home.

We are also requesting that the Mental Capacity Assessment around their ability to consent to be accommodated in the care home or hospital is attached as this is your supporting evidence for applying for a Standard Authorisation. If they have been placed by social services, they should be providing this information to the care home and it can be used as part of the evidence.

- *Explain why within the care / treatment regime that you are providing, the person is not free to leave and why they are under continuous or complete supervision and control.*
- *Describe the restrictions you have put in place which are necessary to ensure the person receives care and treatment.*
- *Describe why less restrictive options are not possible including risks of harm to the person.*
- *Indicate the frequency of the restrictions you have to put in place.*

When it comes to the question of “free to leave” we want to know if the person would be allowed to leave to live at home or another care home of their own volition. It is highly unlikely they would be free to leave due to their mental capacity.

You also need to justify why the care that is provided meets the ‘acid test’ of continuous supervision and control. For example if they are placed in a Dementia Unit, why are they segregated from the other units.

If you have tried least restrictive options, please indicate what they were and why it had failed. Ideally if you can indicate the frequency of the restrictions for example how often they are medicated with sedation.

| Part B | | |
|---|--|--|
| INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT | | |
| Family member or friend | Name and relationship to relevant person | |
| | Address | |
| | Telephone | |

On this page it is asked to list any or all individuals that are to be consulted as part of the Best Interest Assessment. This may include family members or friends, a donee of a Lasting Power of Attorney for Health & Welfare, a deputy that was appointed for Health & Welfare by the Court of Protection and finally any IMCAs that are involved. If no one is indicated as a person to consult this will affect the next question in whether a IMCA needs to be instructed which we will discuss on the next page.

| WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED | |
|---|--|
| <i>Place a cross in EITHER box below</i> | |
| 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 | |

This is self explanatory and important as part of the DOLS Assessment. If you have identified that the relevant person has no one to consult then we as the Supervisory Body need to instruct a 39A IMCA. This is important as 39A IMCAs work with the person being assessed to ascertain their views and wishes to ensure they remain at the centre of the decision making process.

| WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION (primarily for hospital cases only) | |
|---|--|
| <i>Place a cross below as applicable</i> | |
| The person has made an Advance Decision that may be 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 | |

This is primarily for hospitals to complete however care homes can complete this section if they wish. It is possible that the relevant person had made a advance decision about a specific treatment(s) that they did not want to receive in future. Advance decisions are legally binding as long as they fulfil certain requirements, and this means that they must be followed by doctors and other medical professionals. It is very important that 1 of the 3 options are indicated when it comes to completing the DOLS application. A combination of the 2nd and 3rd option can be used together.

| THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT 1983 REGIMES | |
|---|--|
| <i>Place a cross below if any of those options apply, otherwise leave the boxes blank</i> | |
| Hospital treatment regime | |
| Community treatment regime | |
| Guardianship regime | |

This section has been changed on the form as the previous version was vague and the information provided was wrong, this has now been simplified to how it was asked in the old forms.

A hospital treatment regime is unofficially known as “sectioning” under the Mental Health Act.

A community treatment regime can be arranged and this means that the individual will have supervised treatment when they have left the hospital.

Guardianship is used to encourage people who live in the community to use services or to live in a particular place. It is often used with people who lack the mental capacity to avoid danger or being exploited, but can also be used for people with mental capacity who are considered to be vulnerable because of their mental health problems

PLEASE SIGN AND DATE TO CONFIRM THE FOLLOWING STATEMENT**I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION**

| | |
|-----------|--|
| Signature | |
| Date | |

It is very important that the individuals listed under Interested Persons are informed that you have applied for a standard authorisation. Unfortunately general / public awareness of Mental Capacity Act and Deprivation of Liberty Safeguards is limited compared to the Mental Health Act. It is suggested that guidance is provided to the Interested Persons so that they understand what Deprivation of Liberty Safeguards are. The Best Interest Assessor and Section 12 Doctors will contact the Interested Parties as part of the assessment process as they take into account their views. It is helpful that they are advised that they will be contacted.

AN URGENT AUTHORISATION IS NOW GRANTED

This Urgent Authorisation comes into force immediately.

It is to be in force for a period of: days

The maximum period allowed is seven days.

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

| | | | |
|----------|--|------------|--|
| Signed | | Print name | |
| Position | | | |
| Date | | Time | |

Please note that an urgent authorisation can only last for 7 days (14 days if extended). The urgent begins & includes the day, the form is signed and dated. As an example if the form is signed on a Monday, the urgent authorisation will expire on Sunday at 23:59pm. The standard authorisation would begin from Monday at 0:00 am. These were the original intentions with timescales of 7 days (urgent authorisation), 14 days (extension of urgent authorisation) and 21 days (request for standard authorisation) however since the Supreme Court ruling in March 2014, timescales are not achievable due to the number of referrals being received by DOLS teams in England and Wales.

Contact Details and where to send DoLS referrals

To contact the DoLS Team please call 01223 715581

To submit the completed referral, please send it by email, fax or post.

Email: Mca.Dols@cambridgeshire.gov.uk

Fax: 01223 475950

Mental Capacity Act & Deprivation of Liberty Safeguards Team

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