

Case ID Number:

**DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1**  
**REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION**

Request a **Standard Authorisation** only (***you DO NOT need to complete pages 6 or 7***)

Grant an **Urgent Authorisation** (***please ALSO complete pages 6 and 7 if appropriate/required***)

Full name of person being deprived of liberty

Joe Bloggs

Sex

M

Date of Birth (*or estimated age if unknown*)

01.01.1940

Est. Age

75

Relevant Medical History (*including diagnosis of mental disorder if known*)

Dementia

Sensory Loss

Communication Requirements

Name and address of the care home or hospital requesting this authorisation

Lawn Care Home, Station Road, Sutton in Ashfield, NG17 5GA

Telephone Number

01623 \*\*\*\*\*

Person to contact at the care home or hospital, (including ward details if appropriate)

Name

Terence Moore

Telephone

01623 \*\*\*\*\*

Email

tmoore@lawunch.com

Ward (if appropriate)

Usual address of the person, (if different to above)

Telephone Number

01623 \*\*\*\*\*

Name of the Supervisory Body where this form is being sent

Nottinghamshire County Council

How the care is funded

Local Authority  
*please specify*

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*

21.10.2015

(this is 7 days after the date this form has been signed)

### 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.

#### Examples -

Ensuring that necessary prescribed medication is given

Other medical treatment

Nursing care

Assistance with mobilising safely

Assistance with activities of daily living (such as dressing, eating, eating properly, using the toilet, personal hygiene)

Care and supervision to prevent the person from coming to harm

Assistance with behaving appropriately towards others

Occupational therapy

In order to provide appropriate levels of care to Mr Bloggs we are required in his best interest to ensure necessary medication is administered for his physical and mental health.

We are required to provide Mr Bloggs with personal care such as washing dressing and assistance with meals as Mr Bloggs is required to have 1-1 input during meal times

Mr Bloggs also requires equipment to maintain his safety including a locked door which Mr Bloggs is not given the code to exit and is not allowed to leave except with an escort, we also use a tilt chair and bed alarms during the night.

Due to high levels of agitation Mr Bloggs requires a behaviour management plan including 1-1 at meals, escorted visits from the unit, PRN medication and occasional time out in his room.

- 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.

PLEASE NOTE THESE ARE EXAMPLES FOR ILLUSTRATION PURPOSES ONLY OF TYPES OF RESTRICTIONS AND RESTRAINTS THAT MAY BE USED. THIS IS NOT AN EXHAUSTIVE LIST! PLEASE RECORD HERE ALL RESTRICTIONS AND RESTRAINT USED IN YOUR HOME FOR THE INDIVIDUAL YOU ARE CONSIDERING FOR A DEPRIVATION OF LIBERTY.

a)

1. Mrs Bloggs requires supervised contact with Mrs Bloggs.
2. Mr Bloggs will not be discharged to the care of his wife.
3. Mr Bloggs is not be allowed to leave the care home without an escort.
4. The door to the care home is locked and no attempt will be made to teach him to use the combination numbers.
5. Medication is provided to control behaviour on regular and PRN basis.
6. Covert medication is given to Mr Bloggs.
7. Mr Bloggs is assisted with personal care tasks by 2 staff- often he objects to this.
8. Mr Bloggs is seated in a tilt chair several hours a day which he cannot get out of alone.
9. Mr Bloggs has a bed alarm on his bed to alert staff when he leaves his bed in the night.

b)

1. Supervised contact is the least restrictive as it means Mrs Bloggs can visit when she chooses but protects Mr Bloggs until the safeguarding investigation has been completed.
2. Mr Bloggs lacks insight into the safeguarding concerns and is unable to protect himself.
- 3/4. Mr Bloggs would not be able to maintain his own safety outside the home and therefore can only leave with an escort.
5. Mr Bloggs is increasingly agitated with the provision of prescribed medication.
6. Mr Bloggs will not take his medication if it is not hidden in his food, prompting him or trying to get him to take it other ways causes him to become distressed and agitated.
7. Without assistance with personal care tasks Mr Bloggs would not wash or changes his clothes. 2 staff are required as Mr Bloggs can become agitated and aggressive.
8. Mr Bloggs needs secure seating as he lacks insight into the risk of him falling when mobilizing alone.
9. Mr Bloggs is increasingly disorientated in the night and puts himself and others at risk wandering into other rooms and trying to leave, the alarm alerts staff who can respond and support him quickly.

c)

Mr Bloggs was supported in the community by a large care package 4 times a day, day care 3 times a week with medication and CPN input. However his behaviour continued to be unmanageable and the risks became too high and Mr Bloggs required 24 hour care to maintain his safety. Covert medication was used as a last resort as is the least distressing way of administering medication to Mr Bloggs.

d)

- 1/2 Mrs Bloggs may hurt Mr Bloggs physically or emotionally and neglect his care needs if allowed to take him home.
- 3/4 Mr Bloggs was allowed to the leave the care home unescorted he would be at risk of death from road traffic and risk of exploitation from others due to his vulnerability.
- 5/6 Without covert medication Mr Bloggs would not take his medication regularly and would be at risk of deteriorating physical health and mental health.
7. Without regular input from staff Mr Bloggs would be at risk of self-neglect and deteriorating skin conditions due to incontinence as water low score show he is at high risk.
8. If Mr Bloggs was allowed to mobilise independently he would be put at risk of physical injury, falls and fractures.
9. Without the bed alarm Mr Bloggs would be at risk of injury due to wandering through the home alone and entering other residents bedrooms and has previously been hit when he tried to enter another residents bed, he would also be at risk of falls and injury.

INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT		
Family member or friend	Name	Mrs Bloggs (wife)
	Address	10 Rumour Street Sutton in Ashfield Notts NG17 7GH
	Telephone	01623 *****
Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
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	Signature required here	Print Name	e.g. Terence Moore - Manager
Date	14.10.2015	Time	10.40am
<b>I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION</b> <i>(Please sign to confirm)</i>			

**RACIAL, ETHNIC OR NATIONAL ORIGIN**

*Place a cross in one box only*

White	<input checked="" type="checkbox"/>	Mixed / Multiple Ethnic groups	<input type="checkbox"/>
Asian / Asian British	<input type="checkbox"/>	Black / Black British	<input type="checkbox"/>
Not Stated	<input type="checkbox"/>	Undeclared / Not Known	<input type="checkbox"/>
Other Ethnic Origin <i>(please state)</i>	<input type="checkbox"/>		

**THE PERSON'S SEXUAL ORIENTATION**

*Place a cross in one box only*

Heterosexual	<input checked="" type="checkbox"/>	Homosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Undeclared	<input type="checkbox"/>
Not Known	<input type="checkbox"/>		

**OTHER DISABILITY**

*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.*

*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.*

*Place a cross in one box only*

Physical Disability: Hearing Impairment	<input type="checkbox"/>	Physical Disability: Visual Impairment	<input type="checkbox"/>
Physical Disability: Dual Sensory Loss	<input type="checkbox"/>	Physical Disability: Other	<input type="checkbox"/>
Mental Health needs: Dementia	<input checked="" type="checkbox"/>	Mental Health needs: Other	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Other Disability (none of the above)	<input type="checkbox"/>

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	✓

**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	Signature required here if need to grant an urgent	Print name	e.g. Terence Moore - Manager
Date	14.10.2015	Time	

**REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION**

*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*

An Urgent Authorisation is in force and a Standard Authorisation has been requested for this person.

The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of  DAYS (*up to a maximum of 7 days*)

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 (*please record your reasons*):

Reason/s the extension is required to be input here

***Please now sign, date and send to the SUPERVISORY BODY for authorisation***

Signature	Signature required here if requesting an extension to the urgent authorisation	Date	14.10.2015
-----------	--	------	------------

**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	