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| 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 **77** | | |
| 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 Rd, Sutton-in-Ashfield, Notts, NG17 5GA** | | | | | | |
| Telephone Number | | **01623 \*\*\* \*\*\*** | | | | | | | | |
| Person to contact at the care home or hospital, (including ward details if appropriate) | | Name | | **Elaine Paget (Manager)** | | | | | | |
| Telephone | | **01623 \*\*\* \*\*\*** | | | | | | |
| Email | | **epaget@lawnch.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  Please provide details of funding authorities with contact name and number. | | | Local Authority *please specify* | |  | | | | | |
| NHS | |  | | Local Authority and NHS (jointly funded) | | * **Please specify which LA or NHS body.**   **Nottinghamshire County Council** | |
| Self-funded by person | |  | | Funded through insurance or other | |  | |

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| **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* | **27.11.2017 (this is 7 days after the date this form was 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 including details of the medication either for physical or mental health including dosage and whether this is given overtly or covertly.** * **Other medical treatment e.g. physiotherapy, occupational therapy or speech and language team.** * **Nursing care; pressure area care.** * **Assistance with mobilising safely.** * **Assistance with activities of daily living (such as dressing, eating, using the toilet, personal hygiene) please give further details including whether this is accepted or resisted or if the person becomes anxious or distressed. Frequency of assistance and their response.** * **Any objection to the placement from the person, friends or family, and any Court of Protection proceedings.** * **Care and supervision to prevent the person from coming to harm** * **Assistance with behaving appropriately towards others**   **Examples of wording:**   * **In order to provide appropriate levels of care to Mr Bloggs we are required in his best interests to ensure the following 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 is accepting of all support in the morning; as the day progresses he becomes more confused and generally becomes distressed in the form of shouting and flailing his arms. At such times the care staff provide verbal re-assurance and encouragement and explain gently what they are doing and why. One carer will talk to Mr Bloggs whilst the other assists with direct care.** * **Mr Bloggs also requires equipment to maintain his safety, he requires the use of a walking frame which he has to be prompted to use, staff provide supervision when he mobilises due to the high level of falls risk. There is a locked door for which Mr Bloggs is not given the code, he is not allowed to leave except with an escort. A bed alarm is used during the night.** * **Due to high levels of agitation during the evening, Mr Boggs requires a behaviour management plan including 1-1 at meals, 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.*   **Due to the consequences of dementia Mr Bloggs requires 24 hour nursing care in a locked door environment. Mr Bloggs would not be able to maintain his own safety outside the home and therefore can only leave with an escort. He was admitted on 29/11/2015 on a permanent basis. The admission was supported by Nottinghamshire County Council Social Care Team (give details of current allocated worker and team if known).**    *Please ensure that you include the admission date and the nature of the placement – e.g. respite or long-term. If the person is on an end of life care pathway this needs to be highlighted.*  **Mr Bloggs was supported in the community by a large care package, carers 4 times a day, day care 3 times a week with medication and community psychiatric nurse 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.**  **Without regular input from staff Mr Bloggs would be at risk of self-neglect and deteriorating skin conditions due to incontinence as waterlow score shows he is at high risk. If Mr Bloggs was allowed to mobilise independently he would be put at risk of physical injury, falls and fractures.**  *Please note that 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 restraints used in your home for the individual you are considering for a Deprivation of Liberty authorisation.*   * **Mr Bloggs will not be allowed to leave the care home without an escort.** * **The door to the care home is locked and no attempt will be made to teach him to use the combination numbers.** * **Medication is provided to control behaviour on regular and PRN basis.** * **Mr Bloggs is increasingly agitated when staff attempt to administer prescribed medication.** * **Mr Bloggs will not always take his medication and sometimes this has to be disguised in his food - prompting him or trying to get him to take it in other ways causes him to become distressed and agitated.** * **Mr Bloggs is assisted with personal care tasks by 2 staff- often he objects to this.** * **Mr Bloggs has a bed alarm on his bed to alert staff when he leaves his bed in the night.** * **Mr Bloggs lacks insight into safeguarding concerns and is unable to protect himself.** * **Without assistance with personal care tasks Mr Bloggs would not wash or changes his clothes; 2 staff may be required as Mr Bloggs can become agitated and aggressive.** * **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.** * **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 resident’s bedroom, he would also be at risk of falls and injury.** * **Mr Bloggs is reliant on staff to escort him to and from his room and to the communal areas of the care home. Mr Bloggs is not able to access other areas of the care home e.g. kitchen, laundry.** | |

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| **INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT** | | |
| Family member or friend | Name | **Mrs Genie 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 | **Faye Wheeldon (Social Worker)** |
| Address | **Lawn View House,**  **Adults Team Central,**  **Station Rd,**  **Sutton-in-Ashfield,**  **Notts,**  **NG17 5GA.** |
| Telephone | **0115 \*\*\* \*\*\*** |
| Any donee of a Lasting Power of Attorney granted by the person | Name | **Ms Julie Goodmonth (daughter) – Holds both Health and Welfare and Property and Affairs Lasting Powers of Attorney which are registered. A copy of each is held with us.** |
| Address | **Sea View Cottage,**  **Coastal Road,**  **Broadstairs,**  **Kent.** |
| Telephone | **07971 \*\*\* \*\*\*** |
| 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 |  |

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| **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 | | | | | | | | **Wife and daughter as noted above** |
| **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.*** | | | |
| ***Please note this only refers to someone who is currently subject to a Section of the Mental Health Act – please add details if this applies.*** | | | | | | | | |
| **OTHER RELEVANT INFORMATION** | | | | | | | | |
| **Names and contact numbers of regular visitors not detailed elsewhere on this form:**  **Community psychiatric nurse – Jeremy Kool, Millbank, The Hospital, Mary Seacole Way, Sutton-in-Ashfield, Notts, Tel: 0115 \*\*\* \*\*\***  **NHS Continuing Healthcare – Frances Blue, NHS House, Ravenshead, Notts. Tel: 0115 \*\*\* \*\*\*** | | | | | | | | |
| **Any other relevant information including safeguarding issues:**  **Record any safeguarding issues either in the past or currently and qualify the information e.g. Investigation completed and there are no concerns or on-going.**  **1 year ago there was a safeguarding investigation in relation to Mrs Bloggs roughly handling her husband when attempting to deliver personal care whilst he was in the care home. This was investigated and all visits were supervised for 12 months.** | | | | | | | | |
| **PLEASE NOW SIGN AND DATE THIS FORM** | | | | | | | | |
| Signature | | **E. Paget** | | | | Print Name | **Elaine Paget (Manager)** | |
| Date | | **21.11.2017** | | | | Time | **20:05** | |
| **I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION** *(Please sign to confirm)* | | | | | | **Yes, I advised Mrs Bloggs and Ms Goodmonth on the 23.11.2017.** | | |

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| **RACIAL, ETHNIC OR NATIONAL ORIGIN**  *Place a cross in one box only* | | | | | | | | |
| White | |  | | | Mixed / Multiple Ethnic groups | |  | |
| Asian / Asian British | |  | | | Black / Black British | |  | |
| Not Stated | |  | | | Undeclared / Not Known | |  | |
| Other Ethnic Origin *(please state)* | | |  | | | | | |
| **THE PERSON’S SEXUAL ORIENTATION**  *Place a cross in one box only* | | | | | | | | |
| Heterosexual |  | | | | Homosexual | |  | |
| Bisexual |  | | | | Undeclared | |  | |
| Not Known |  | | | |  | | | |
| **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 | | | |  | | 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 | | | |  | |  | |  |
| **RELIGION OR BELIEF**  *Place a cross in one box only* | | | | | | | | |
| None | | | |  | | Not stated | |  |
| Buddhist | | | |  | | Hindu | |  |
| Jewish | | | |  | | Muslim | |  |
| Sikh | | | |  | | Any other religion | |  |
| Christian  (includes Church of Wales, Catholic, Protestant and all other Christian denominations) | | | | | | | | * **Quaker** |

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| **ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURING, 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. ***Please describe further on page 2*** | | | |  |
| 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.  **7**  It is to be in force for a period of: days  ***The maximum period allowed is seven days.***  **27.11.2017**  This Urgent Authorisation will expire at the end of the day on: | | | | |
| Signed | **E. Paget** | Print name | **Elaine Paget (Manager)** | |
| Date | **21.11.2017** | Time | **20.35** | |

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| **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):*  **Please add information here as per the guidance above.**  ***Please now sign, date and send to the SUPERVISORY BODY for authorisation*** | | | | | | | |
| 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: | | | | | | | |
| **SIGNED**  (on behalf of the Supervisory Body) | | Signature |  | | | | |
| Print Name |  | | | | |
| Date |  | | | Time |  |