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| Case ID Number: **17725** | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2**  **REQUEST FOR A FURTHER STANDARD AUTHORISATION** | | | | |
| Full name of person being deprived of their liberty | **Joe Bloggs** | | Sex | **M** |
| Date of Birth  *(or estimated age if unknown)* | **01.01.1940** | | Est. Age | **77** |
| Name and Address of Managing Authority (care home or hospital) requesting this authorisation | **Lawn Care Home, Station Rd, Sutton-in-Ashfield, Notts, NG17 5GA** | | | |
| Person to contact at the care home or hospital, (include ward details if appropriate) | Name | **Elaine Paget (Manager)** | | |
| Telephone | **01623 \*\*\* \*\*\*** | | |
| Email | **epaget@lawnch.com** | | |
| Ward (*if appropriate)* |  | | |
| **THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:**   * *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:**  **Mr Bloggs is under a DoLS authorisation which expires in 21 days’ time, we believe that this authorisation needs to continue for the following reasons:-**   * **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.** | | | | |
| **THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:**  A further Standard Authorisation is required to start on this date  **The day after the current authorisation expires.**  so it is force immediately after the expiry of the existing Standard  Authorisation. | | | | |

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| **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.*  **Please list any changes here.** | | | |
| Signature | **E. Paget** | Print name | **Elaine Paget (Manager)** |
| Date | **28.11.2017** | Time | **16:55** |
| **I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION** *(Please sign to confirm)* | | **I have informed Mr Bloggs’ wife and daughter.** | |