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| Case ID Number: **17725** |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10****REVIEW** |
| Full name of person being deprived of liberty | **Joe Bloggs** |
| Date of Birth *(or estimated age if unknown)* | **01.01.1940** | Est. Age | **77** |
| Name and address of care home or hospital where the person is deprived of liberty | **Lawn Care Home, Station Rd, Sutton-in-Ashfield, Notts, NG17 5GA** |
| Name and address of organisation or person requesting the review  | **Elaine Paget (Manager)** |
| Contact details of organisation or person requesting the review | Name | **Elaine Paget** |
| Telephone | **01623 \*\*\* \*\*\*** |
| Email | **epaget@lawnch.com** |
| Name of the Supervisory Body where this form is being sent  | **Nottinghamshire County Council** |
| **A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS**  *(place a cross in all boxes that apply)* |
| The person no longer meet the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed |  |
| The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person’s circumstances |  |
| *Please give details:***Tick the appropriate box above and record any changes to the reason the DoL was authorised e.g.****Examples** * **Mr Bloggs was admitted to ward 17, Wavey Lane Hospital, Sutton-in-Ashfield, Notts on the 30.11.2017.**
* **Mr Bloggs is no longer prescribed any mental health medication as he has become much calmer and more settled.**
* **Any changes to care arrangements.**
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| **REVIEW TO CEASE A DOLS AUTHORISATION** |
| The Managing Authority requests a review, because the person is, or is about to be discharged so the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest’s requirement. |
| The person has left / is due to leave the care home on | **To be completed if moved from the care home.** |
| The person is due to be / has been discharged from hospital on | **To be completed if moved from hospital.** |
| The person’s new address is | **The address where the person has moved to.** |
| This follows a best interest decision (attached) made on |  |
| It is no longer in their best interest to be accommodated in this care home or hospital because:**Examples*** **Due to a chest infection Mr Bloggs was admitted to hospital (see above); it is likely that he will require nursing care due to deterioration in his overall health and that he will not be returning to us.**
* **The person died on the 30.11.2017.**
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| Signed *(on behalf of the Managing Authority)* | Signature | **E. Paget**  |
| Print Name | **Elaine Paget (Manager)** |
| Date | **Date of signature** |

***The remainder of this form will be completed by the Supervisory Body***

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| **SUPERVISORY BODY’S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE** |
| The Supervisory Body has decided to refuse the request for a review for the following reasons: |
| This review is therefore complete and the existing Standard Authorisation will continue to be in force until: |
| The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out: |
| **REQUIREMENT** | **MET** | **NOT MET** | **CHANGE OF REASON** |
| Age requirement |  |  |  |
| No Refusals requirement |  |  |  |
| Eligibility requirement |  |  |  |
| Mental Health |  |  |  |
| Mental Capacity |  |  |  |
| Best Interests requirement |  |  |  |
| **OUTCOME OF REVIEW (select one option below)** |
| At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from: |
| Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above. |
| All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:subject to any variation in conditions shown below: |
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| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

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| **REVIEW OF CONDITIONS – Please note that the conditions can be reviewed alone without the need for a review of best interests or other requirements** |
| There has not been any **significant** change in the person’s circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force. |  |
| The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.  |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| Signed*(on behalf of the Supervisory Body)* | Signature |  |
| Print Name |  |
| Date |  |