

DoLS Form 1 Guidance for NCC portal

Managing Authority Guidance for completing the DoLS referral

Please ensure the information you submit is accurate as we use this to prioritise our referrals.

Check each box that applies to the person in question *

- 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 for care or treatment
- The person has not, after an assessment by the Managing Authority, made a valid advance decision not to be treated (SADNT), that prevents them being given any proposed treatment
- Accommodating the person here, and giving them the proposed care or treatment, does not:
 - fall on the managing authority to assess, or fall with a valid decision made by a donee of a Lasting Power of Attorney (LPA) or Welfare Powers 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 consents to it, or for the managing authority to assess, subject to an application or order under the Mental Health Act 1983 or if they are, that order or application does not prevent or grant authorisation being given
 - The need for the person to be deprived of liberty here is so urgent that it is appropriate for this application to be made immediately before the request for the standard authorisation is made or has been determined

You have indicated the person does not meet the criteria for DoLS. If you require further advice, please contact the Nottinghamshire DoLS Team on 0115 904 0128 or by email depr-locum.liber@nottscc.gov.uk

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Every box must be ticked for the person to be eligible for a DoLS assessment. The blue message at the bottom will only disappear once all criteria has been ticked.

Personal details of person being deprived of their liberty

First name *

Surname *

Date of birth *

Sex (as per Health system) *
 Male
 Female
 Intersex
 Unknown

NHS Number *

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The next section is personal details. Please ensure these are accurate before submitting. If an interpreter is required please state this is in the 'Communication Requirements' box.

Care home or hospital requesting this authorisation

Managing Authority Name *

Email Address *
This email address will be the one that the holding letter is sent to

Address *

Managing Authority Post Code *

Telephone number *

Previous address (where the person was admitted from e.g. home address, Care Home or hospital) *

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This section is all about the name of the Managing Authority.

Please note - the Managing Authority name is the name of the Care Home/Hospital NOT the manager's name.

The 'Main DoLS contact name' could be your DoLS lead or the person who mainly deals with DoLS.

Is this a Nottinghamshire County Council referral? If the service user is funded by another authority then click "No"

Yes No

CC/C Location ID *

Name of the supervisory body where this form is being sent *
You should only submit forms to Nottinghamshire County Council here

Nottinghamshire County Council

How is the care funded? *

- Local authority
- NHS
- Local authority and NHS
- Self funded by person
- Funded through insurance

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If a Local Authority other than Nottinghamshire County Council fund this placement the referral should not come to us.

Purpose of the authorisation

Please select all the relevant boxes below.

Objection evidenced by the Relevant Person *

Distress evidenced by the Relevant Person *

Objection evidenced by the Family *

Distress evidenced by the Family *

Lack of agreement regarding the care plan by one or more family member *

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Objection - for example exit seeking, asking/attempting to leave - how is this managed by staff?
Distress - for example resisting care, refusing support or medication.
Is the family objecting to the placement or Care Plan?

Challenging behaviour requiring significant restrictions *

Restricted access to phones, internet, social media and contact with others *

Does the person have long periods of 1:1 (or higher) support *

Potential 21a challenges to the Court of Protection by the Relevant Person or others *

21a cases already in the Court of Protection *

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Challenging behaviour and restrictions - is the person refusing restrictions you deem are in their best interests?
has 1:1 support been increased or decreased recently? Why?

Is the person subject to Guardianship, CTO or Conditional Discharge (s37(4C)) *

Unclear diagnosis or possibility of change *

Variable fluctuating mental capacity *

Adult safeguarding concerns *

Use of sedation or mood-altering medication, including PRN and covert medication *

CCTV or similar in the Relevant Persons room *

Significant restrictions on movement - confined to a specific area for a considerable period *

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Is the person likely to regain capacity depending on cognitive impairment?
 How often does the person lack capacity? Is it more often than not or specific to certain times of the day?
 Do you have safeguarding concerns around resisting restrictions?
 What sedation or mood-altering medication is used including any psychotropic, anti-psychotic or anti-depressant medication? How often? Is any covert medication plan approved by GP/Prescriber?
 If CCTV or similar is used in person's room why? How is that the least restrictive option? Same for restricted movement.

Could the person's needs be met in the community or in a less restrictive placement? *

End of life pathway *

DoLS applicable but none of the above factors apply * No

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Is the person on End of Life fast track? Are they being administered anticipatory medications? Do you believe it would be intrusive to the person and their family to complete a DoLS assessment at this time?
 If the person is settled and happy but you believe lacks capacity then DoLS is applicable but none of the above applies.

Interested persons

Name *

Address *

Telephone number *

Relationship *

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Enter as many people here as needed by clicking 'Add Person' after each set of details. If there's no one please put N/A. Interested people include: partner (spouse or civil partner), children or step children, parents and step parents, brothers and sisters, half-brothers and sisters and step brothers and sisters, grandparents, Court appointed Deputy, Donee of a lasting power of attorney.

Whether it is necessary for an Independent Mental Capacity Advocate (IMCA) to be instructed * Agent from professionals and other people who are paid to provide care or treatment, this person has more when it's 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 * 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

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Please answer these to the best of your knowledge.

The person is subject to some element of the Mental Health Act (1983) Yes No

If Yes please describe further *

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The term 'element' in this question refers ONLY to detention under the Mental Health Act.
 S17 leave - please speak to the Responsible Clinician.

If you would like to discuss a referral or require support in completing a new one, please contact the team on Deprivation.Liberty@nottscg.gov.uk