

Case ID Number:								
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1</b>								
<b>REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION</b>								
Request a <b>Standard Authorisation</b> only ( <i>you DO NOT need to complete pages 6 or 7</i> )								
Grant an <b>Urgent Authorisation</b> ( <i>please ALSO complete pages 6 and 7 if appropriate/required</i> )							<b>X</b>	
Full name of person being deprived of liberty		Ann Example				Sex F		
Date of Birth ( <i>or estimated age if unknown</i> )		19.12.1936				Est. Age 79		
Relevant Medical History ( <i>including diagnosis of mental disorder if known</i> )								
Mrs. Example has a diagnosis of dementia with Lewy Bodies, and Chronic Obstructive Pulmonary Disease. She is prescribed medication for COPD.								
Sensory Loss		None		Communication Requirements		Spoken English. Identify Specific Communication needs. Is an interpreter required		
Name and address of the care home or hospital requesting this authorisation				An NHS FT A Hospital A Road				
Date of Admission		02.02.2016		Respite?	N	Date From	Date To	
Telephone Number		01642 654321						
Person to contact at the care home or hospital, (including ward details if appropriate)		Name		Jason Jones (Ward Manager)				
		Telephone		01642 654321				
		Email		jason.jones@ahospital.nhs.net				
		Ward (if appropriate)		Ward 22				
Usual address of the person, (if different to above)		36, One Street Stockton-on-Tees TS17 1TU						
Telephone Number		01642 123456						
Name of the Supervisory Body where this form is being sent				Stockton-On-Tees Borough Council				
How the care is funded		Local Authority <i>please specify</i>						
		NHS				Local Authority and NHS (jointly funded)		<b>X</b>
		Self-funded by				Funded through insurance or other		

person

## REQUEST FOR STANDARD AUTHORISATION

### THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED:

9.2.2016

*If standard only – within 21 days*

*If an urgent authorisation is also attached – within 7 days*

### 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.
- 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.

Mrs. Example was admitted to A Hospital due to increased confusion, and a chest infection which requires further investigation. A Hospital is providing the following care and support to Mrs. Example:

- Issuing prescribed medication.
- Medical investigations, including full examination, blood tests, urine tests, x-ray, CT Scans if required
- Assistance with meeting all personal care needs.
- Prompting for nutritional needs.
- Regular checks throughout the day and night, due to Mrs. Example becoming very unsettled and wandersome, particularly during the night.
- Distraction techniques to manage challenging behaviours.

Mrs. Example has a choice over her daily her food and drink choices.

- 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.

Mrs. Example was admitted to ward 22, A Hospital on 02.02.2016 from Tees View Care Home with acute confusional state.

### Why the person meets the “acid test” for deprivation of liberty

#### 1. Mrs. Example is not free to leave – Give examples

The ward, along with all side rooms are locked via a keypad system. The code is not shared with Mrs Example. Mrs. Example has to be reassured and redirected by staff at least 4-5 times per day, as she is distressed and wants to leave. She is not free to leave the premises without being accompanied by a family member/friend, or a member of staff. This is because the hospital is next to a busy road, and if going out alone, Mrs. Example would be in danger of becoming disorientated, wandering onto the road, putting herself at serious risk of death from road traffic. If it was agreed that Mrs Example was able to leave the ward we would expect her to return at an agreed time. If she did not then staff would look for her and may call the police if required.

#### 2. Supervision and control – Give specific examples.

Mrs Example is supported on a 1:1 basis for any investigative procedures. 1:1 support is in place for periods throughout the day. This includes for all personal care which is necessary because without this supervision, Mrs. Other would not wash or change her clothes. This would present risks around self-neglect, and deteriorating skin conditions. She is also supervised at mealtimes, to ensure that her nutritional needs are met and because of the immediate risk of choking.

Mrs. Example is prone to wandering, particularly throughout the night when she can become unsettled. She is checked on regularly throughout the day and night by ward staff.

**INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT**

Family member or friend	Name	Mr Jim Example
	Address	36, One Street Stockton-on-TeesTS17 1TU
	Telephone	01642 123456
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	<i>Medical Staff/ Social Worker/Care Manager /Care Home details</i>
	Address	
	Telephone	
Any donee of a Lasting Power of Attorney granted by the person	Name	Mr Jim Example
	Address	36, One Street Stockton-on-TeesTS17 1TU
	Telephone	01642 123456
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	<b>X</b>

**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	<b>X</b>
The proposed deprivation of liberty <b>is not</b> for the purpose of giving treatment	

**THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT (1983)**

Yes		No	<b>X</b>	<i>If Yes please describe further e.g. application/order/direction, community treatment order, guardianship</i>
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S.A.M.P.

**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	Jason Jones (signature required)	Print Name	Jason Jones
Date	02.02.2016	Time	11:40

**I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION** *(Please sign to confirm)*

Jason Jones (signature required)

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**RACIAL, ETHNIC OR NATIONAL ORIGIN** *Place a cross in one box only*

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

**THE PERSON'S SEXUAL ORIENTATION** *Place a cross in one box only*

Heterosexual	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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)	X
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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 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	X
The person is suffering from a mental disorder	X
The person is being accommodated here for the purpose of being given care or treatment. <b>Please describe further on page 2</b>	X
The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment	X
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	X
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	X
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	X
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	X
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	X
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	X

**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:

**8.2.2016**

Signed	Jason Jones (signature required)	Print name	Jason Jones
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Date	02.02.2016	Time	11:40
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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

7

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

Signature	Jason Jones (signature required)	Date	2.2.2016
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**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	

SAMPLE